Member News

Visit www.sdsma.org for the latest news and information.

For Your Benefit:

Your Communications Link

Effective communication is a key that unlocks many doors, and pertinent, timely information is essential to your continuing success and viability as a physician.

As a member, you can stay up to date on important issues and events by logging on to the SDSMA's new and improved Web site, www.sdsma.org. Each month you also receive an issue of *South Dakota Medicine*, the journal of the SDSMA, and twice each month via e-mail you will receive *E-News*, the electronic news bulletin of the SDSMA. During the state legislative session, the SDSMA enhances its advocacy efforts by keeping you informed through *In Session*, a document that will be e-mailed to you that offers the opportunity to view what legislation the SDSMA is tracking and supporting or opposing, along with weekly legislative recaps and a look ahead at the upcoming agenda. *E-News* and *In Session* are both offered to you in an easy-to-download PDF format, which provides you with a quick means of accessing even more information on the topics that interest you with a simple click of your mouse. Also, *South Dakota Medicine*, *E-News* and *In Session* are available in member-secure areas on www.sdsma.org for your convenience. Throughout the year, SDSMA's communication efforts also produce health alerts and public-awareness campaigns to disseminate health issues of importance to the media and public.

There are even more SDSMA member benefits to tell you about, and you'll hear about them in the months to come. If you'd like more information regarding our communication programs, give us a call at 605.336.1965, visit www.sdsma.org, or e-mail Andrew Johnson, Communications Director, at ajohnso@sdsma.org. As always, **thank you** for your membership in the SDSMA.

"For Your Benefit" is the Association's monthly update on programs and services available to physicians through their affiliation with SDSMA.

Congress Considers Electronic Prescribing Mandate

Congress is currently considering recently introduced legislation that would mandate e-prescribing for Medicare beginning in 2011. Lawmakers also expressed frustration with the lack of movement toward allowing e-prescribing of controlled substances.

Sponsors of the two e-prescribing bills tried to incorporate their terms into the legislation that replaced the impending physician reimbursement cuts, but the language was not included in the last-minute Medicare package passed by Congress in late December.

The proposed legislation would have adopted the following measures:

- Penalize doctors who write Medicare prescriptions by hand instead of electronically after January 1, 2011
- Give physicians one-time Medicare grants to help offset the startup costs of e-prescribing
- Award bonuses to physicians for e-prescribing in Medicare
- Grant one- or two-year waivers to practices that face difficulties in acquiring and implementing e-prescribing technology, especially if they are rural, small or solo practices

The SDSMA and the American Medical Association (AMA) have not taken a formal position on the bills. They support the voluntary adoption of health information technology and federal government efforts to promote it. However, the SDSMA and AMA strongly oppose mandates of this nature that ultimately regulate physician autonomy.

Source: SDSMA Staff

Medical Student Section Grateful for Support

The Medical Student Section (MSS) of the AMA/SDSMA is grateful for the financial support it has received from the Seventh District Medical Society and the Black Hills Medical Society.

The MSS has representatives that attend AMA and SDSMA meetings, arrange presentations and speakers for medical students, and represent the medical profession in elementary school education programs and community projects. Some of the various community service projects throughout the state the MSS has supported through grants in the past with their volunteerism include diabetic screenings, meals at soup kitchens, Habitat for Humanity, remodeling work at both a women's shelter and the Ronald McDonald House. Thanks to the support these donated funds will provide, medical students will be able to further develop their education and community-based involvement in health-promotion activities.

Source: SDSMA Staff

Advance Directive Brochure Now Available

Recently, the SDSMA played an active role in a collaborative effort to better educate South Dakota citizens about important issues that may arise either unexpectedly or at end of life. The collaboration, which included members representing the South Dakota State Bar Association, South Dakota Association of Healthcare Organizations (SDAHO), Sanford Health, Avera McKennan, Countryside Hospice in Pierre and SDSMA, received a grant from Comprehensive Cancer Control to develop, print and distribute an easy-to-understand patient-education brochure detailing why South Dakotans, no matter what stage they're at in life, should consider completing an advance directive, along with definitions of important terms commonly used when discussing end-of-life care. The brochure also details three different advance-directive forms currently acceptable in South Dakota – Comfort One, Durable Power of Attorney and Living Wills – and links to other Web sites containing even more information.

The SDSMA is currently storing a limited number of brochures for free distribution to its members and/or their facilities (postage/delivery fees will be billed to recipient). The brochure is posted on the SDSMA's Web site at http://www.sdsma.org/publichealthscience/healthscienceinit/documents/AdvanceDirectiveFinal.pdf. To order brochures from the SDSMA, please contact Donna Toay at 605.336.1965 or dtoay@sdsma.org. Due to limited supply, requests for a large number of brochures may result in an additional cost to cover printing expenditures.

Also, if you would like your hospital or organization's logo added to the brochure for an additional cost, the SDSMA can help facilitate your request. Please contact Andrew Johnson at 605.336.1965 with inquiries.

Source: SDSMA Staff

Member Recognition

Are you a member of the SDSMA who has been recognized for an honor, award, election, appointment or other noteworthy achievement? Or, do you know of a colleague that deserves recognition for a recent accomplishment? If so, please send items for consideration to *South Dakota Medicine*, PO Box 7406, Sioux Falls, SD 57117-7406, or e-mail them to Andrew Johnson, staff editor, at ajohnso@sdsma.org. Unless otherwise directed, the member-directory photo of the doctor being recognized will be used alongside mention of his or her accomplishments.

Source: SDSMA Staff

The Issue Is…

Health Care Reform

Thank you for your membership and support of the South Dakota State Medical Association. One of the benefits of your membership is a monthly update on policy issues that are of importance to you as a physician. This month we want to address health care reform.

Among the most important professional and public health issues for the next few years is comprehensive reform of our increasingly complex health care system. Systematic change is needed in order to meaningfully influence broad-based barriers – both financial and non-financial – that impede patient access to high-quality care.

As directed by a state statute, the Zaniya Project Task Force was established to develop a plan to provide access to affordable, comprehensive health insurance to all South Dakotans. As a result of task force's work, 17 recommendations and strategies were drafted. Below, we've highlighted two recommendations of particular significance.

Recommendation 8: Leverage Existing Funds and Public-Private Partnerships to Support Health Care for the Uninsured.

This recommendation directs the state to work with public and private-sector partners to identify funds supporting health care that are not currently recognized by the federal Department of Health and Human Services. These funds would enable the state to access additional Medicaid funds to pay for services for uninsured, low-income Medicaid subsidy expansion groups. As a result, Governor Rounds has asked the health systems to evaluate a program called the Medicaid Upper Payment Limit to determine the feasibility of generating $16 million, thus qualifying the state to receive $26 million in enhanced federal funding. The entire amount would then be available to the health systems if a plan were developed for expanding health coverage to more South Dakotans.

Recommendation 10: Encourage Informed Consumer Choice

This recommendation provides for a "neutral, credible" source that consumers can use to access national, state and/or other sources of comparative data relative to health provider performance (e.g. pricing, quality indicators, etc.). As a result of this recommendation, work is being done by the South Dakota Department of Health and the South Dakota Association of Healthcare Organizations (SDAHO) to introduce legislation during the 2008 state legislative session.

For more information, including a complete copy of the Zaniya report, go to: http://www.sdsma.org/publichealthscience/healthscienceinit/ZaniyaProjectTaskForce.cfm

"The Issue Is…" is the Association's monthly update on key policy issues of importance to physicians.

Medicare Cuts Avoided . . . For Now

In mid-December as the closing bell was fast approaching, Congress passed legislation replacing the looming 10.1 percent Medicare physician reimbursement cut scheduled to take effect on the first of the year with an increase of 0.5 percent through June 30, 2008. Although this increase will allocate an estimated $3.1 billion increase in spending for Medicare physician payments, the SDSMA and AMA are disappointed in the failure of Congress to provide only a temporary reprieve from future Medicare cuts. At minimum, organized medicine was lobbying for a two-year payment update that is paid for and that also creates a pathway for the long-term replacement of the flawed Medicare payment formula. Here is a breakdown of what was included – and not included – in the Medicare package.

Key components of the Medicare-SCHIP package:

- Replaces 10.1 percent cut with 0.5 percent increase in physician reimbursement rates through June 30, 2008
- Authorizes an additional 1.5 percent bonus for Medicare physician quality reporting initiative (PQRI) activities through December 31, 2008
- Extends floor for geographic adjustment factors and physician scarcity bonus through June 30, 2008
- Budget offsets: remove $1.5 billion from Medicare Advantage stabilization fund; eliminate physician payment fund carried over from 2006 Medicare package and reduce payments for some part B drugs
- Extends therapy cap exceptions, pathology billing exceptions and premium assistance for some low-income seniors for six months
- Extends the State Children's Health Insurance Program (SCHIP) through March 31, 2009, including additional funding for current enrollment

Key policies not included in the Senate Medicare package:

- Limitations on physician-owned hospitals
- Electronic prescribing requirement or reductions in payments for paper scripts
- Imaging provisions to reduce payments, mandate accreditation or establish appropriateness demonstration projects
- Change direction of Medicare's Quality Improvement Organization (QIO) program to focus on enforcement and require changes in QIO boards.
- Provisions to alter or supplant the role of the Relative Value Update Committee and provide Medicare with authority to make arbitrary payment cuts for rapidly growing services
- Create specialty-specific expenditure targets

It is clear that Congress adopted only a stop-gap solution; however, thanks to your calls, e-mails, letters and faxes, the cuts have been avoided … for now. It is imperative that physicians keep working with legislators in Washington toward a more complete resolution of the Medicare payment issue.

Decision Time

With the Medicare, Medicaid and SCHIP Extension Act of 2007 now signed into law, physicians have until February 15 to make changes to their 2008 participation status in the Medicare program. But the conversion factor adjustment is not the only change affecting 2008 Medicare payment rates. Payment changes will vary by service, specialty and location based on several other factors. With a 10 percent payment cut still scheduled to take place at the end of June, the 2008 Medicare participation decision is more complicated than it was previously, particularly because the decision to particpate is binding for the entire year. To read more on what the new legislation means for you and your practice, go to www.sdsma.org/practicemanagement/practiceissue/index.cfm, where a number of links can direct you to even more information on Medicare, such as the current participation options and the CMS Physician Center Web site.

Source: SDSMA Staff

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Physician-Hospi

Thank you for your membership and support of the South Dakota State Medical Association. "Practice Tips" provide advice and practical solutions for operating and managing a successful medical practice. This quarter we want to talk about the importance of physician-hospital relationships.

Research indicates that medical staffs and the hospital administration diverge on many issues related to health care delivery. The barriers standing in the way of more effective physician-hospital relationships were identified as economic and regulatory forces, lack of communication and/or miscommunication, and the deployment of resources being either insufficient or inefficient.

Together, the organized medical staff and the hospital administration are responsible for providing quality care, working continuously to improve patient care and outcomes, and ensuring a safe environment for patients, staff and visitors. The primary responsibility for the quality of

Two More NPI Deadlines are Fast Approaching

As of March 1, physicians who bill Medicare electronically must include their National Provider Identifiers (NPIs) on all Medicare claims in addition to any older IDs they may have been using. For most of the past year, the program has been allowing physicians to use their older "legacy" identifiers alone while they obtained new NPIs and made sure the personal information attached to all of the numbers was matching correctly.

After May 23, physicians will be required to use only NPIs on all electronic claims submitted to Medicare and all other health care payers, meaning that any information discrepancies must be resolved before then. Although the deadlines don't apply to physicians who file only paper claims, they do apply to those who send their claims to a clearinghouse that files electronically on their behalf.

To ensure your NPI is correct and all systems are a go, send a few small test claims now using only the NPI to determine if Medicare and other payers will accept it. Also, watch for the NPI warnings Medicare began issuing last summer on claims for physicians whose new NPI information did not match the information attached to their old IDs. Until these discrepancies are resolved, NPI use will result in claims rejections.

Visiting the NPI Web site, https://nppes.cms.hhs.gov/ or calling the NPI enumerator at 800.465.3203 can determine whether a physician's NPI information is correct. Also, calling the Medicare carrier can confirm whether the carrier has the correct information in its system. Physicians who find out they need additional Medicare PINs to match their new NPIs can complete this process through their carriers. Please remember that physicians need to keep their information up to date and are required to report changes to their NPI information within 30 days of the change.

Source: AMA and SDSMA Staff

South Dakota eHealth Collaborative

The South Dakota Department of Health is launching a new eHealth Collaborative which will include a broad spectrum of health care providers, payers and clinicians, as well as employers, consumers and information technology specialists. The collaborative adopted the following mission statement: "To collaboratively develop a long-range plan to facilitate the implementation of interoperable information technology to drive improvement in quality, safety and efficiency of health care in South Dakota."

This newly formed collaborative will work to address barriers as well as recommendations from the Zaniya Task Force related to health information technology. A set of four workgroups will be formed: Patient and Provider Education and Outreach; Legal and Patient Consent; Privacy, Security and Standards; and Payer and Provider Data Consensus.

The SD eHealth Collaborative will kick off with an inaugural meeting in Chamberlain at Cedar Shores Resort on March 12-13. At this meeting an overview of the state's health information technology assessment will be provided along with more information on the collaborative. The four workgroups will define their scope of work and deliverables that are to be provided to the rest of the collaborative in August. These deliverables will be compiled into an overall report to be used to move ahead with projects, as well as form any additional phases of work that may result from the project. The culmination of the collaborative workgroups will be released at the Second SD Health Information Technology Summit, which is tentatively scheduled for October 2008.

Source: SDSMA Staff

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care rendered and for patient safety vested is with the organized medical staff; however, these activities depend on mutual accountability, interdependence and responsibility of respective obligations.

The American Medical Association (AMA) House of Delegates recently adopted 12 detailed principles aimed at easing strained physician-hospital relationships, protecting medical staff self-governance, and improving health care quality and patient safety. For more information on the national efforts of the AMA, visit http://www.ama-assn.org/ama1/pub/upload /mm/21/i07rep-d.pdf.

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