It has been my honor to have been the editor of “Progress Notes” for the last two years. I will be stepping down from the post on October 1.

I am very pleased to report that “Progress Notes” will be (once again) in the highly capable hands of Rita Foster, who will be assuming the helm of the newsletter this fall.

I extend my appreciation to GMGMA’s Board, who presented me with the opportunity to be editor. I especially thank Elaine Cook, our Executive Coordinator, whose tireless work and unflagging good cheer made the quarterly deadlines much easier to meet.

Alan R. McMurray, Ed.D., FACMPE
Hello, fellow GMGMA members,

This will be my final letter to you as President—and what a great year it has been. As usual, healthcare continues to change and provide challenges, and GMGMA has been busy, along with our fellow states. GMGMA continues to be strong and is committed to giving our membership educational and networking opportunities, instructional materials, and tools needed as we move forward. We hope that everyone took the opportunity to complete the recent survey regarding our future meetings. Your Board will take this information and discuss changes needed to make our meetings a continued success.

I send a personal “thank you” to two people who will be leaving the GMGMA Board—but not GMGMA! They have both given endless hours of dedication, compassion, and time to GMGMA.

- **Ruby Patterson** joined GMGMA in 1990 and has served as Conference Committee Chair for many years.
- **Ginny Skipper-Collins** joined GMGMA in 2000 and has served from Membership Committee Chair all the way to President in 2011-2012.

These two ladies have worn many “hats” over the years, and I cannot begin to list everything that each of them has done for GMGMA.

Another Board Member who deserves special praise is **Annette Sloan**. She has served on the Board in many roles, including President. Most recently, she has served as a Co-Chair for our Tri-State meetings with NC and SC—including this year, in which GA was the host state. I am taking this opportunity to extend my appreciation to Annette for her many hours of devotion and service to GMGMA.

As you all know, we recently had to say a final goodbye to a special colleague and friend, Keener Lynn. Words cannot express how much Keener will be missed. Please read the editor’s article about Keener in this edition of “Progress Notes”.

If you are interested in serving on one of our GMGMA committees, please contact us. Ellen Nichol will be our next President of GMGMA beginning October 1, 2014.

We look forward to seeing you at our annual GMGMA Governmental Forum on Friday, November 7, 2014, at the Atlanta Airport Marriott Gateway in Atlanta. Also please mark your calendars for our next Annual Conference, April 26-28, 2015, at Grove Park Inn.

Respectfully,

Pam Patterson, FACMPE
GMGMA President 2013-2014
Pam.Patterson@longstreetclinic.com
In Memoriam
Keener Lynn, FACMPE

*When someone you love becomes a memory, the memory becomes a treasure.*
*Author Unknown*

J. Keener Lynn joined GMGMA in 1991, and he served the organization with enthusiasm and professional élan. He became a Board member in 2003, serving as President for the 2006-2007 session and, following that, as the coordinator for the annual GMGMA Governmental Forum. More recently, he served as a special legislative correspondent, sending tweets and emails about national and state legislative issues.

Keener (along with Lamar Sims) was instrumental in formalizing our ties/relationship and workings/camaraderie with the Medical Association of Georgia and legislative sessions. His legislative efforts were not only appreciated by the state, but by MGMA. He was given a special award in Denver by the Southern Section in recognition of his work in keeping his fellow medical office managers informed.

His pursuit of knowledge extended beyond his work with GMGMA. Last year he completed his master’s degree from Texas Tech University.

Many comments and tributes about Keener were shared on GMGMA's listserv. GMGMA Board member Michael Cullen made a remark that sums up many of the comments:

*No words can truly describe how wonderful a human being God has graced us with in Keener. Because of his infectious smile, one couldn’t help smile when in his presence. Keener, you will be missed.*
Planning a methodology for adjustments of payments for higher need/risk patients.

Using oncology as an example, he discussed the “mismatch” between revenues and patient care. Most of the oncologist’s direct patient-care time is spent on the first visit; and yet that, in our current system, is typically the service for which the oncologist is paid the least. Most of the revenue now is generated by chemotherapy treatments and drug costs. What if oncologists were paid more in keeping with their actual work and expertise? The factors Harold proposes include adjustments in Utilization and Cost, “Pathway” Use, and Quality. In addition, he proposes reductions in Drug Inventory.

Using Chronic Care as an example, he said that the current model has these predictable outcomes: PCPs are paid for periodic office visits, patients are often non-compliant in taking meds, 50% of such patients are hospitalized each year due to exacerbations, and specialists often see the patients only during hospital admissions. What if, he asked, the system was designed to pay PCPs for proactive care management? What if specialists were paid to co-manage the care? Can we provide additional resources (such as RNs) to increase care to these patients?

If we reduce hospitalizations sufficiently, Harold said that we could absorb an increase of 127% in ambulatory care for patients with chronic disease conditions. The hospitals would be encouraged to concentrate on margins (the difference between revenue and costs), not revenue by itself (which is based on volume). Hospital costs, he maintains, are not proportional to utilization. Certainly, fixed costs have to be covered, but there is also a reduction in variable costs with fewer admissions. There can be an increase in the hospital’s contribution margin, meaning that hospitals can receive less total revenue but actually be better off financially.

The goals are three-fold:
- Better Patient Care
- Higher Physician Pay
- Lower costs, overall

There are too many problems with the traditional FFS payment system to overcome, Harold said. The result of previous “reform” attempts are to cut services and to reduce payments to healthcare providers. There are no payment options for much of the care given (phone calls, emails, nursing care, obtaining prior-auths).

What if physicians were paid to manage patient care—not to perform procedures? If pay is based on improvements in patients’ conditions, not procedures given, Harold envisions a system in which physicians, hospitals, and payers can win (a “Win-Win-Win” solution)—while patients experience better care.

Developing Win-Win-Win Solutions
Harold said that five points have to be addressed:
- Redesign the way care is delivered—to improve quality and reduce costs.
- Analyze expected costs and savings. How much cost? Does it save money? Analyze the data (requiring current utilization to be reportable).
- Design a payment system that supports change and requires accountability for costs and quality outcomes.
- Design a payment system that supports change while maintaining accountability in costs and adequate payment.
- Design an appropriate internal compensation system (which will require a lot of work but is necessary because changing payments to the provider organization does not automatically change compensation to physicians)
- Getting Payers to use the new payment system

Currently, there is little incentive for health plans to support payment reforms. The “purchasers” of insurance coverage and physicians have common interests, but they may not be aware of the mutual interests. Harold presented a quote from an employer coalition in Wisconsin: “We’ve started talking directly to physicians, and we’ve discovered that what they want to sell is what we want to buy.”

According to Harold, Congress and the President agree that affordable care is needed. They don’t, however, agree on the methods. When CMS and Congress make decisions about “reform,” physicians tend not to do well with the outcomes. Once the purchasers of healthcare plans get involved, reform becomes much more possible. Physicians, purchasers, and patients, in common dialogue about common interests, can enable true payment reform to be achieved.

Whether your retirement is right around the corner or several years away, it’s important to recognize how assets in your portfolio can be allocated to maximize tax efficiency. Tax efficiency is one of the more controllable aspects of investing; however, it should not be the sole consideration when making decisions regarding your investments. A balanced portfolio will allow you to forecast your retirement income with a greater degree of accuracy.

There are three types of accounts into which you can invest your money for retirement, and these accounts are classified by how and when they are taxed. Understanding the different rules that apply for these types of accounts will allow you to develop a retirement plan commensurate with the desired level of risk that you are comfortable with undertaking.

### Taxable:
Examples of this would be bank/brokerage accounts, trust accounts, and holdings in stocks and bonds. Funds would be taxable based on interest, short-term gains, long-term gains, and dividends. These type of accounts are preferable for short-term investments because of the liquidity that they offer.

### Tax-Deferred:
IRAs, 401(k)s, and other pension plans are examples of tax-deferred accounts. Money in these accounts will grow tax-free but is taxed as ordinary income when withdrawn for retirement. Your tax bracket upon reaching retirement will largely be decided by the current tax rates set by the federal government if you hold the majority of your savings in a tax-deferred account.

### Tax-Advantaged:
Some examples of tax-advantaged accounts are Roth IRAs, Roth 401(k)s, and investment life insurance policies. Money in these accounts will grow tax-free and can be withdrawn tax-free during retirement as long as the guidelines for these accounts are followed.

General advice is to keep no more than 50% of your retirement savings in tax-deferred accounts.

There are a few ways you can shift money from a tax-deferred account to a tax-advantaged account. One example is a Roth conversion, also known as backdoor Roth IRA, which allows you to fund a Roth IRA using money that is held in a traditional Roth account. However, in the case of a Roth 401(k), opening one of these accounts will disqualify you from having a traditional 401(k).

Research has shown that tax-efficient allocation can add up to 0.75% to annual net returns. Holding broad-market equity investments in taxable accounts, while holding taxable bonds within tax-advantaged accounts, can generate higher and more certain returns by spreading the yield between taxable and municipal bonds.

Striking the right balance between assets in taxable, tax-deferred and tax-advantaged buckets should allow you to determine what tax bracket you want to fall in when you’ve reached retirement age. Several factors, such as inflation, longer life spans, and rising cost of healthcare, lead to uncertainty when developing a plan for retirement. However, maximizing the tax efficiency of your investments will allow you to remove a major variable from the equation so that you can calculate your retirement income with more certainty. Minimizing total taxes paid will ultimately increase longevity of a portfolio and allow you to keep a greater share of the wealth.

This article should not be construed as tax advice. You should consult with a tax professional that is familiar with your individual circumstances before taking any action.

Ellen Tyler, CFP, CIMA, CRPC
Larson Financial Group
Here are the current numbers of ACMPE members:

- Nominees: 110
- Certified: 88
- Fellows: 28
- Life/distinguished, honorary: 13

I am pleased to say that we have three new CMPEs from the May testing:
- Alisa Vaughn, Dawson Pediatrics in Dawsonville
- Dana Dixon, Coastal Perinatal Consultants of Savannah
- Kathy Pollard, Marietta Neurology & Headache Center

There are three new Nominees, but no new Fellows to report at this time.

Since Tri-State, I had a conference call with MGMA’s Southern Region. This call is generally scheduled for quarterly sessions.

My goals for this year are to seek five new CMPEs and one Fellow. I am pleased to report that Georgia has 10 new CMPEs this year (so far), meaning that the goal I set earlier has been reached.

As always, I would love to assist you in progressing through the College. Please feel free to email me (lrickey@northfultonpediatrics.com). It would be my pleasure to help any of you interested in joining—or advancing in—the College.

Linda Rickey, FACMPE
ACMPE Representative

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<th>Name</th>
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<td>John Howard</td>
<td>Resource Planning Group, Ltd</td>
<td>Sandy Springs</td>
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<td>Hyperbaric Physicians of Georgia</td>
<td>Marietta</td>
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<td>Virgil Bourne</td>
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<td>Maria L. Walker MD</td>
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<td>Aru Reddy</td>
<td>Reddy &amp; Associates, LLC</td>
<td>Athens</td>
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<td>Tara Wilson</td>
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The road to profitability for medical practices has been paved with pitfalls of late. Sweeping regulatory changes have burdened medical practices with excessive paperwork and compounded that pain with thinning margins. While working harder has become a necessity, working smarter may be the differentiating factor between practices that struggle and practices that thrive.

Real estate is a prime opportunity for medical practice managers to “work smarter.” Often, practice managers handle real estate matters on their own, rather than seek representation of a real estate professional. The decision to “go it alone” can be time consuming and may result in a suboptimal lease that leaves money on the table in the form of inefficient layouts, missed incentives, or above-market rates.

Practice managers may fail to realize that tenant representatives are paid by the landlord, making professional real estate representation essentially free when leasing space or purchasing a property. Real estate professionals bring value by providing information and expertise, but, as is the case with medical professionals, not all brokers are created equal.

Medical office space is highly specialized, and there are only a handful of Georgia brokers who concentrate primarily on medical offices. In addition to monitoring market rates, incentives, and availabilities, medical brokers stay informed about the strategies of hospital systems and the movement of medical practices. These brokers examine a practice’s strengths and objectives—and use this information to provide the best available real estate opportunity to their clients.

Signage, parking ratios, traffic counts, demographic trends, competition, referral networks—and efficient use of space—are factors that should be considered when making real estate decisions. If you are planning the next move for your practice, consider a medical real estate specialist. There is little downside and the possibility of solid upside, and your bottom line will thank you.

Spencer Coan, CAIA, CCIM
Senior Vice President – Investments
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MAG and GHA Promote Physician Engagement in Solutions that Improve Care Coordination and Reduce Readmissions

Resolution 115A was passed at the Medical Association of Georgia’s 2013 House of Delegates, establishing policy for a structure of regular communication and collaboration with the Georgia Hospital Association (GHA) on matters related to creating a high performing healthcare system in Georgia. MAG was awarded funding by the GHA under its Hospital Engagement Network (HEN) contract with the Center for Medicare and Medicaid Services (CMS) in response to an unsolicited proposal from the Department of Health Policy and Third Party Payer Advocacy.

MAG’s pilot objective includes promoting local participation by selected MAG physicians in clinical and practice management efforts designed to focus on care coordination using the framework of the patient-centered medical home (PCHM), including integration between and among healthcare and community resources. This nine-month project began this spring and will end December 2014. At present, we have three physician pilots across Georgia who are working directly with their respective hospitals to align transition and discharge management protocols and systems. These pilot practices represent the primary care practice spectrum from small, to mid-sized, to large. Each is a recognized PCMH or member of an ACO; each is versed in principles of care coordination.

The pilot project includes three different-sized pairs of practices/hospitals, including Albany-Albany Internal Medicine (Joseph Stubbs, M.D.)/Phoebe Putney Memorial Hospital in Albany; Augusta-Evans Medical Group (Christopher Apostol, M.D.)/University Hospital in Augusta; and Brooklet/Statesboro-Bohler Family Practice (Scott Bohlke, M.D.)/East Georgia Regional Medical Center in Statesboro.

The strategic aim of the MAG quality-focused pilot is to test and evaluate a replicable and sustainable model for physician engagement in solutions that improve care coordination and health outcomes for Georgians by utilizing MAG’s proven organizational structure to engage physician participation in support of ambitious goals of HHS’s Partnership for Patients. Because these relationships do not exist naturally in most communities and can present a challenge to the readmission problem, MAG has a unique opportunity to bring the physician community to the table to discuss promising innovations that call for collaborative cross-continuum teams that improve communication and care transitions.

Susan W. Moore
Director of Health Policy and Third Party Payer Advocacy
Medical Association of Georgia

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The app allows you to login to our mobile website with your username and password and gives you access to all your member website benefits. In addition, it allows you quickly to look up a Business Partner and access their website. Keep up with GMGMA News and Events, Access the Local Affiliate Chapters near you, GMGMA Social Media, and more!
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