Prognosis

The Newsletter of the Missouri Association of Osteopathic Physicians & Surgeons
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A complimentary issue of this Prognosis is being sent to all DOs and Osteopathic Medical Students in Missouri. To become a member, visit our website at www.maops.org.

MAOPS and AOA News

Check out the MAOPS Homepage for the most up-to-date information from MAOPS. New articles are posted weekly. Recent articles include:

- Leader Advocacy Appears in St. Louis Paper
- Tort Reform Challenged in Missouri
- AOA Joins MAOPS in Tort Reform Case
- AOA Issues Statement on ACA
- Medicare Shared Savings Program Provider Call
- AOA Practice Management Update
- Controversial ACGME Policy Impacts OMGE

MAOPS President Victoria Damba, DO, and Executive Director Brian Bowles, represented MAOPS at the Advocacy for Healthy Partnerships meeting in Seattle November 19-20. The program is sponsored by the AOA and Pfizer and provides advocacy training for state leaders.

MAOPS Executive Director Brian Bowles recently presented at the AOA Bureau of State Government Affairs in Orlando, Florida and at the AOA Advocacy for Healthy Partnerships in Seattle regarding the upcoming issues expected in Missouri’s General Assembly and Supreme Court. Brian asked for the AOA's assistance in providing data and resources to help raise awareness of Missouri's legislators regarding scope of practice issues. He also has requested and the AOA has agreed to sign on to the amicus brief filed by MAOPS, MSACOFP, MSMA and several other healthcare associations regarding the current challenge to the tort reform law.

Kevin P. Hubbard, DO, MAOPS Immediate Past President, attended an AOA hosted roundtable discussion in Orlando, Florida facilitated by Farzad Mostashari, MD, the National Coordinator for Health Information Technology. Dr. Hubbard expressed MAOPS member concern that none of the proprietary software for HIT “talk to each other” which makes the transition difficult and uncertain for physicians. He also pointed out there has been no data produced to date demonstrating healthcare outcomes improve as a direct or indirect result of HIT. Rather, HIT inclusion slows the work flow of participating physicians for a minimum of two to three years.

MAOPS is conducting a series of short surveys to gather member opinions on a variety of topics. Results from the first lightning survey are in. Here is what you told us:

- While seventy-seven percent of our members use text messaging, you overwhelmingly prefer emails for notifications of meetings, information about upcoming conventions and CME events, as well as for legislative updates during the Missouri legislative session.
- Only four percent of respondents are “very likely” to use a members-only social media discussion group. Thirty-three percent are “somewhat likely” and sixty-three percent are unsure or identified they would not use a discussion group.
- Five minute videos appear to be a good way to inform members as seventy-one percent stated they are “somewhat likely” or “very likely” to view these videos.
- Land-line phone use is fading with only thirty-one percent using frequently. Ninety percent use cell phones and ninety-seven percent use email frequently, while thirty-seven percent use Facebook.

A proposed policy by the Accreditation Council for Graduate Medical Education (ACGME) for Common Program Requirements standards will prohibit allopathic programs from accepting AOA approved post-graduate training. This means that DOs completing an osteopathic residency would be unable to participate in an allopathic fellowship. Also, osteopathic post graduates completing a traditional internship would be unable to transfer that credit to an allopathic program due to the proposed requirement for an ACGME-accredited PG-1 year. Allopathic post-graduate programs would still accept osteopathic students, but not osteopathic post-graduate training. The AOA and osteopathic specialty colleges have written to the ACGME to request reconsideration of the policy. The policy is currently slated to go into effect in 2014.
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QIOs Adversely Affected by Bill

Healthcare providers in Missouri stand to lose an important supportive service after the U.S. House of Representatives passed a deeply flawed trade bill in October.

Among the provisions of the Trade Adjustment Assistance Extension Act of 2011 are structural changes to the Medicare Quality Improvement Organization (QIO) program. Primaris, the official Medicare QIO for Missouri, believes these changes threaten the very important services provided by the QIO program.

Specifically, the new law calls for a more regionalized QIO program, replacing the state-based system we currently have. That means the free support providers enjoy from right here in Missouri could soon be coming from New York or Washington. The trade bill also includes less controversial items, such as extending the scope of QIO contracts from three-year to five-year periods.

Since 1983, Primaris has worked to establish strong relationships with Missouri physicians and other healthcare providers.

Providers know more than anyone that the healthcare profession in Missouri needs more support, not less. We urge you to contact your local House member and ask for a repeal of the QIO-related changes passed under this trade bill.

Rick Royer, CEO
Primaris

Want to make a difference?! Consider submitting a resolution to the MAOPS House of Delegates. Resolutions are the mechanisms for defining MAOPS policy on the issues that mean the most to Missouri DOs and their patients. All MAOPS district leaders recently received an email regarding the MAOPS House of Delegates and the process for submitting resolutions. Members are encouraged to discuss any potential policy issues with their district osteopathic association and work through the district to develop and submit resolutions to the House of Delegates. The 2012 MAOPS House of Delegates will be held May 2-3, 2012 in conjunction with the Missouri Osteopathic Annual Convention. Resolutions to be
considered by the House must be submitted by March 15, 2012.

If you’ve paid your 2012 dues, you may have noticed the “new and improved” way to pay online. Here’s the sequence; log in to the MAOPS website, select “Renew/Update Membership”, then “Renew” on the member portal page. You will arrive at a payment screen where you simply input your credit card information and in a few short minutes your dues will be paid. Also, please remember to make any updates to your address or education information on your member portal. If you have any questions, please don’t hesitate to call the Central Office.

The 114th Missouri Osteopathic Annual Convention will take place May 2-6, 2012 at The Lodge of Four Seasons, Lake Ozark, Missouri. Join your colleagues for exceptional CME sessions in the areas of OMT, Geriatrics, Practice Management, Gynecology/Andrology, Physician Health, Diabetes and Cardiology, including roundtable discussions with the Geriatrics, Diabetes, Gynecology/Andrology and Cardiology speakers.

Catch up with old friends and classmates at the ATSU and KCUMB alumni luncheons on the Thursday during convention where you can hear about the latest activities at the universities. On Thursday evening, a three-hour lake cruise promises loads of fun for our young physicians and MCACOI members. The 13th annual 5K run/walk and the MAOPS/AMAOPS Friday Family Fun Night are on the schedule. You won’t want to miss the luau and hog roast at the Fun Night – bring your whole family and relax and enjoy spring at the Lake of the Ozarks! Saturday events include the MAOPS/AMAOPS joint luncheon where Dr. James Polk, an ATSU grad formerly with NASA and now working in the Department of Homeland Security has been invited to speak. Finally, bring your family and help welcome incoming MAOPS President Robert Scanlon, II, DO, at the President’s Banquet and Reception on Saturday evening.

Remember to talk with your staff members and schedule time off to allow them to attend the second Annual Physician Office Staff Seminar which takes place during the annual convention. The concurrent seminar will feature nine hours of education including a team building program. For the first time, MAOPS has opened the convention to allied healthcare providers. Be sure to encourage them to attend as well!

Watch the website for all the convention details and watch your mail for the convention brochure! We hope to see you there!

MAOPS President Victoria Damba, DO and Executive Director Brian Bowles will host a reception for the ATSU-KCUMB Chapter of the National Osteopathic Women Physicians Association on January 19, 2012 at Pickler’s Famous in Kirksville from 4:00-5:30 PM. Dr. Damba, Brian, and other leaders of MAOPS encourage student organizations at KCUMB-COM and ATSU-KCOM to schedule visits by MAOPS leaders. To schedule a visit, student leaders can contact Brian at any time.

MAOPS set a record for post-graduate members in 2011. Help raise the bar in 2012! Renew your resident or fellowship membership now and encourage your fellow post graduates who are not MAOPS members to support the profession. Membership for post graduates is only $55, and often your training program will pay the bill!
The MSACOFP will hold its annual membership meeting on Saturday, January 28, 2012 from 9:30 to 11:00 am during the annual Winter Scientific Seminar at the Hilton Garden Inn, Independence, Missouri. All MSACOFP members are asked to attend. Included in the business meeting will be reports from ACOFP President-elect Paul Martin, DO, FACOFP, dist., MSACOFP committee chairs, MSACOFP President Bruce R. Williams, DO, student representatives from ATSU-KCOM and KCUMB-COM, and Executive Administrator Brian Bowles. Members will be asked for input on resolutions to be presented at the ACOFP Congress of Delegates in March, 2012.

Don't miss the opportunity to SAVE $100!! The Early Bird deadline for the 2012 Winter Scientific Seminar registration fee is fast approaching. If you plan to attend, be sure to get your registration in prior to December 31. Visit www.msacofp.org to register online or print a copy of the complete brochure. This year’s seminar with the theme “Focused Family Medicine” will be held January 26–29, 2012 at the Hilton Garden Inn, Independence, Missouri. Twenty-eight hours of AOA Category 1-A CME credits and twenty-seven hours AAFP Prescribed Credits are available! (Approval is pending.)

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All MAOPS members are reminded to renew their BNDD and DEA registrations and medical license!

- Missouri Board of Registration for the Healing Arts: http://pr.mo.gov/healingarts.asp

MO HealthNet Director Ian McCaslin, MD, reminds physicians that they must have implemented the X12 version 5010 standards for electronic healthcare transactions by January 1, 2012*. If a MO HealthNet provider is not compliant with 5010 standards for electronic health care transactions by January 1, 2012*, they cannot be reimbursed. Contact the Technical Help Desk at (573) 635-3559 or internethelpdesk@momed.com immediately if you do not know where to begin. MO HealthNet is currently conducting level two 5010 transaction testing. Partners do not have to contact the Technical Help Desk to submit 5010 test files if they already have an established agreement to send the same transaction in 4010. Partners may submit test files through their pre-established method, via the Upload HIPAA test file site on www.emomed.com or via FTP or NDM. The 5010 EDI Companion Guide is available under the eNews link at www.emomed.com to assist providers. For partners who do not have established transactions with MO HealthNet, they can review the Companion Guide, including 5010 updates. After a Trading Partner Agreement has been processed, step-by-step instructions can be found at www.emomed.com on how to test X12 files for production.

*IMPORTANT UPDATE: The Centers for Medicare and Medicaid Services (CMS) has announced a 90-day period of enforcement discretion with the new HIPPA transaction standards. Due to a testing backlog, CMS will not initiate enforcement action until March 31, 2012 with respect to any HIPPA covered entity that is not in compliance with the ASC X12 Version 5010, NCPDP Telecom d.0, and NCPDP Medicaid Subrogation 3.0 standards. The compliance date is still January 1, 2012.

The Bureau of Narcotics and Dangerous Drugs (BNDD) has begin issuing registrations to APRNs and PAs effective December 1. The BNDD has asked MAOPS to share the following information regarding new rules for the registration of advanced practice nurses (APRN) and physician assistants (PA) to prescribe controlled substances:

A certificate of authority or other required approval from their state licensing board is required. A BNDD registration must be obtained first, then a DEA registration.

**Did you know...**

About 28% of Missouri’s total budget will go to MO HealthNet in 2011?

**Physician Spotlight**

Logan Banks, DO

**COM:** ATSU-KCOM

**Undergraduate:** Truman State University

**Status:** Currently on faculty at the Cox Family Medicine Residency in Springfield, MO

**Specialty:** Family Medicine

**Hobbies:** I have a passion for international medical missions. After graduating from residency, I completed a fellowship in International Family Medicine. I took a course in tropical medicine, and further broadened my skills by learning how to perform dental extractions, abdominal ultrasound, and trauma/burn care. Then my family and I spent five months serving in a busy mission hospital in rural Kenya. My work there included ER/trauma surgery, OB call (I performed over fifty c-sections), and helping manage the adult and pediatric services. TB, malaria, and HIV were very common, and for as many patients recovered, it seemed there were an equal number of tragic cases that just presented too late for us to fully help recover. The need for medical assistance in the third world is great, and the experience is life-changing. I’m excited that I now get to help residents have that kind of experience!

**What good book have you read lately:** Pilgrim’s Progress by John Bunyan

**Tell us something about you that no one knows but everyone should:** I have the greatest wife in the world, and the two sweetest boys anyone could ask for.
APRNs and PAs may not purchase, stock, dispense, or administer controlled substances independently, but may prescribe independently if in a collaborative agreement.

Prescriptions may be issued in schedules III, IV, and V only. If the schedule III drug is an opiate-based pain medication, APRNs are limited to a 120-hour supply with no refills; PAs are limited to a 120-hour supply for all schedule III drugs.

When pharmacies dispense based upon these mid-level prescriptions, both the names of the mid-level prescriber and the collaborating physician must be printed on the container.

The rules, which became effective November 30, 2011, have been published in the Code of State Regulations available on the Secretary of State’s website.

The U.S. Supreme Court announced that it intends to hear oral arguments regarding the constitutionality of the Affordable Care Act in March, 2012 with a decision published by June. The four questions the court said it will hear include:

• Must the ACA be invalidated in its entirety because it is non-severable from the individual mandate that exceeds Congress’ limited and enumerated powers under the Constitution?

• Does the ACA’s mandate that virtually every individual obtain health insurance exceed Congress’ powers and if so, to what extent can the mandate be severed from the remainder of the ACA?

• Did Congress have the power to enact the minimum coverage provision?

• Is the suit brought by respondents to challenge the minimum coverage provision of the ACA barred by the Anti-Injunction Act?

The American Medical Association is opposing the ICD-10 diagnostic and procedural codes, citing that physicians have too much on their plate presently. The deadline to switch from the current HIPPA Version 2010 standards is October 13, 2013. The estimated cost for a three-physician practice to make the switch is $83,290. No funds to offset these costs are forthcoming from Health and Human Services as in the Medicare and Medicaid EHR incentive programs.

Research presented at the American Institute of Cancer’s annual conference indicates that a sedentary lifestyle can increase cancer risk. In fact, too much sitting increases the risk of developing cancer even in those who exercise regularly. Results from one study found that in post-menopausal women, taking frequent breaks from...
sitting not only was associated with smaller waist size, but also lower levels of bio-markers associated with elevated cancer risks. Study results suggest that frequent periods of short activity like standing up and/or walking for less than a minute reduced risk for biomarkers for cancer such as larger waist size, high triglyceride levels, and increased insulin resistance; all linked to cardiovascular disease and higher cancer risks.

The Department of Insurance in Delaware found that Blue Cross Blue Shield of Delaware broke the law by denying radiology tests to its insureds. BCBS of Delaware signed a contract with a company that guaranteed they would save money by denying high-tech imaging tests such as nuclear cardiac exams, breast biopsies, stress tests, etc.

Insurance companies have found that radiology benefit managers (RBM) are a profit center for their bottom line. This is done by redirecting a patient from a high tech diagnostic imaging center to a low tech center. We would like to hear from you. If you and/or your patient have experienced a similar situation please contact MAOPS at bradb@maops.org.

The European Union banned x-ray body scanners in November “in order not to risk jeopardizing citizens’ health and safety.” X-ray body scanners use ionizing radiation, a form of energy that has been shown to damage DNA and cause cancer. Although the amount of radiation is extremely low, equivalent to the radiation a person would receive in a few minutes of flying, several research studies have concluded that a small number of cancer cases would result from scanning hundreds of millions of passengers a year.

The U.S. Court of Appeals for the District of Columbia upheld the 2010 Affordable Care Act in a 2-1 decision in November. The ruling comes just as the Supreme Court has agreed to consider four other appellate opinions. The judge offering the opinion, a Reagan appointee who is reportedly well respected in the conservative judicial circle, said that while a direct requirement that Americans purchase a product or service seems intrusive, it is not unconstitutional. Judge Laurence Silberman stated, “It certainly is an encroachment on individual liberty, but is no more so than a command that restaurants or hotels are obliged to serve all customers regardless of race, that gravely ill individuals cannot use a substance that doctors described as the only effective palliative for excruciating pain, or that a farmer cannot grow enough wheat to support his own family. The right to be free from federal regulation is not absolute, and yields to the imperative that Congress be free to forge national solutions to national problems, no matter how local – or seemingly passive – their individual origins.”

An overwhelming number of physicians participated in the MAOPS 2012 legislative survey which was designed to gauge the level of importance of possible legislative actions in the upcoming 2012 General Assembly. The topics covered the medical spectrum—from PBM’s and transparency to reimbursement issues to midwifery. The membership was given a detailed description of each issue and asked to rate, in their opinion, the level of importance that MAOPS should place on the issue in regard to developing legislative priorities.

One thing became very clear; MAOPS physicians are very engaged and rated most of the issues as important to them. Not surprisingly, with all the cuts to Medicare/Medicaid, reimbursement issues were at the top of everyone’s mind. Medicare/Medicaid and private insurance were both listed as “very important” by eighty-eight percent and ninety percent of respondents, respectively. Prior authorizations and pharmacy benefit manager issues were also in the ninety percent range. Pharmacy benefit manager issues were broken down into three components: Electronic access, physician involvement in the decision making process, and increased transparency. These three items were rated as very or somewhat important by ninety percent of respondents.

MAOPS physicians made it very clear that in litigation cases, the losing side in the case should be liable for at least a portion of expenses of the winning side. More than ninety-six percent voted that the current system of “loser pay no cost” is unacceptable. Equally, a whopping ninety-five percent are very concerned that online care as proposed by some insurers would jeopardize the patient/physician relationship and continuity of care and should be opposed.

Lastly, scope of practice issues are always a concern of MAOPS physicians who strongly oppose the expansion of healthcare extenders’ scope of practice. With nurse practitioners likely seeking independent practice in Missouri this year, the membership has spoken and we will continue to advocate keeping the current collaborative practice structure in Missouri in place.

For all who participated in the survey, thank you! In a relatively short time you advocated for the profession and assisted in developing the legislative priorities for the Association. For more information contact Brad Bates.

Did you know...

In 2012, the ACA mandates employers to report the value of health coverage on employee W-2’s?