Holy MACRA! "Seismic Changes" Ahead with Medicare’s Major Pay Overhaul for Doctors

Federal health officials recently "unveiled a far-reaching overhaul of how it pays doctors and other clinicians" under Medicare, reports the Associated Press.

"The goal is to reward quality, penalize poor performance, and avoid paying piecemeal for services," AP reports. "Whether it succeeds or fails, it's one of the biggest changes in Medicare's 50-year history."

Click here to read more about the rules for MACRA - the Medicare Access and CHIP Reauthorization Act - with two new payment systems, or tracks, for clinicians.

The Wall Street Journal reports that new bonuses and penalties "would be paid or imposed depending on how well doctors do on measures of quality, electronic health records and managing costs. Doctors can also enter Medicare contracts that include quality and cost-control incentives and earn bonuses."

An early draft of the rule was opposed by physician groups that "feared doctors in small medical practices would suffer under the new formula," the Journal notes. "CMS officials have sought to allay those concerns by making it easy to avoid penalties in the first year,"
giving doctors more time to prepare, and with other changes they said would make it easier for doctors to participate."

Early reviews were mixed. The **AMA** praised CMS for its flexibility even as it got down in the weeds of a more than 2,000 page document. The **Medical Group Management Association** didn't sound as thrilled, saying the rules seem to become less flexible, leaving doctors to cool their heels before Medicare rules on either bonuses or penalties.

"The sheer magnitude of a 2,400 page regulation and its impact on physician practices can't be ignored," the MGMA warned.

The dual payment system comes as the Obama administration continues to link Medicare payments to measures of quality or costs, rather than the number of tests, visits and procedures.

Starting in 2018, clinicians can earn higher reimbursement by joining a leading-edge track (Alternative Payment Models) that involves higher risk, but also higher reward, for medical practices willing to participate. Medicare expects some 70,000 to 120,000 clinicians to use APMs.

"Most clinical practitioners - an estimated 590,000 to 640,000 - will be in a second track called the Merit-Based Incentive Payment System," AP reports. This brings more modest financial risks and rewards, and accountability for quality, efficiency, use of electronic medical records, and self-improvement.

Another 380,000 clinicians at small practices are expected to be exempt from the new system because they don't see enough Medicare patients or their billings don't reach a given threshold.

Despite the news reports, one health care consultant told the AP that many doctors remain unaware of the seismic changes ahead.

"MACRA is a huge change in how physicians are paid, and there is a wide spectrum on whether they are ready," said John Feore at Avalare Health.

Click [here](#) to visit CMS's educational website, and [here](#) for some other early reviews about the new rule.

And check out this blog, "The Ridiculous Costs of Health IT."

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**And the Winner Is . . .**

Congratulations are in order once again for MSV District 3/Richmond Academy of Medicine for receiving the 2016 MSVPAC
District Achievement Award last weekend at the Medical Society of Virginia's Annual Meeting.

This award was presented to the physicians of MSV District 3 for raising the highest total contributions to MSVPAC - over $64,000 since January 1, 2016. The physicians of MSV District 3 have demonstrated their leadership through their enormously successful fundraising efforts on behalf of the MSVPAC.

A special thanks to all RAM physicians who attended the MSV Annual Meeting on behalf of the Academy, on behalf of their specialty societies, or as an MSV designated delegate:

Dr. Sunil Sinha, an MSVPAC District 3 Director, presents this year’s MSVPAC District Achievement Award to Dr. Mark Monahan, RAM’s Legislative Committee Co-Chair.
CLICK HERE to see our delegates at work (and play) at this year's annual meeting.

Turning the tide against the addiction epidemic
Understanding the science and social context of the nation's addiction epidemic is key to taking effective steps to turn the tide of this often-deadly war raging across Virginia and the rest of the U.S.

Come hear S. Hughes Melton, MD, MBA, a recognized expert on this critical - and often vexing - issue. His talk - "Physicians and Addiction: A Case for Social Leadership" - will go beyond the hype and the headlines about opioid abuse. Academy members will be given practical steps to providing effective leadership to bring real change that makes sense for doctors and patients alike.

Join us on Tuesday, November 15th at the Country Club of Virginia for RAM's next General Membership meeting.

Cocktails at 5:30 p.m., dinner at 6:15 p.m., and Dr. Melton's presentation at 7:00 p.m.

Free to RAM Members. Guests are welcome --- $40 Guest fee.

CLICK HERE to register, call Lara at 804-622-8137 to reserve or email her at lknowles@ramdocs.org.

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Dr. Bear's "50 Ways to Practice Better Medicine"

The Fall 2016 edition of Ramifications brings you an insightful column by RAM President Dr. Harry Bear with his own 50 picks from the "Choosing Wisely" list posted by the American Board of Internal Medicine Foundation.

The print edition was mailed this week to your home or office!

Click here to read the new edition online. Check out Dr.
Isaac L. Wornom III's "What makes Richmond a fine place to be a doctor?" RAM Executive Director Jim Beckner's notes on new ideas and initiatives in the Academy ("Falling forward"). Dr. David Elliott's moving account about Doctors Without Borders near the Syrian border ("The surgeon becomes a thief"). Dr. Harvey V. Lanksford's high-altitude experiences ("From endocrine to Everest"). Dr. Nathan D. Zasler's deep dive into treating concussions ("Concussive brain injury: A primer for community physicians"). Dr. Richard P. Wenzel's global perspective on the Zika outbreak ("Zika virus: The latest pandemic").

And you'll learn much more about RAM's upcoming socials, family events and informative meetings!

Are "Meta Analyses" Tainted?

Click here as NPR reports on how commercial interests may be tainting a frequent aid to busy doctors trying to "untangle confusing and sometimes contradictory findings in scientific literature" - studies that are call "meta-analyses" and "systematic reviews."

Here's the background: "Doctors who had once relied on each other's expert opinions to select the best treatments gradually turned to careful scientific studies instead," NPR reports.

"But the number of studies mushroomed and often came to different conclusions. So in the 1990s, doctors and medical advisory committees started relying on studies that combined results from many different research projects to streamline the search for answers."

Dr. John Ioannidis, a professor of medicine health research and policy at Stanford University, has conducted many such studies, which try "to make some sense out of a very convoluted scientific and medical literature."

But things have gotten out of hand, he says -- first with too many meta-analyses that are "increasingly being generated by scientists who have financial interests in the outcome."
In a recent study on the subject, he chose as an example hundreds of studies of antidepressant drugs.

He told NPR: "About 80 percent of them have been funded or have some other conflicts of interest with manufacturers of these drugs. If you look at what their conclusions are, those that have been authored by industry employees, practically all of them, with one exception, have claimed that there are no caveats about antidepressants."

One must dive deep into nearly all the studies to find warnings about potential suicide risks, if the downsides are mentioned all.

As he wrote in his study: "The production of systematic reviews and meta-analyses has reached epidemic proportions. Possibly, the large majority of produced systematic reviews and meta-analyses are unnecessary, misleading, and/or conflicted."

Attend an Upcoming Legislator Meet & Greet

Please join us on Wednesday, November 30th or Wednesday, December 7th for one of our annual legislator meet and greets. Get to know your elected officials! Come out and enjoy light refreshments and a discussion of physicians' concerns. We want to see you there!

**WEDNESDAY, NOV. 30**
7:00 - 8:00 a.m.

**Henrico Doctors' Hospital**
*Forest Conference Room*
1602 Skipwith Road
Richmond, Virginia  23229

Come hear from Senators Rosalyn Dance and Siobhan Dunnavant and Delegates Buddy Fowler, John O'Bannon and Roxann Robinson.

**WEDNESDAY, DEC. 7**
6:00 - 7:00 p.m.

**Virginia Urology - Stony Point**
9105 Stony Point Drive
Richmond, Virginia  23235

Meet with Senators Siobhan Dunnavant and Glen Sturtevant
and Delegates Betsy Carr, Riley Ingram, Manoli Loupassi, Jimmie Massie, John O'Bannon and Chris Peace.

Click here to sign up for the 11/30/16 Meet & Greet at Henrico Doctors' Hospital from 7 - 8 a.m. Click here to sign up for the 12/7/16 Meet & Greet at Virginia Urology (Stony Point) from 6 - 7 p.m. Or email Lara Knowles at lknowles@ramdocs.org to register!

VOTE!

Cast your vote NOW in the RAM Board of Trustee elections!

Electronic polls are open until midnight on Monday, November 14. Click here to vote for FIVE Trustee positions for the 2017-2018 term.

You will be prompted to log in to vote. Note: If you have not yet created a password - or don't remember it - click "forgot password" and follow the prompts.

Questions? Email Kate Gabriel by clicking here or calling her at 622-8133.

Dr. Merritt Honored for Pioneering Work in Hand Surgery

Congrats to longtime RAM member Dr. Wyndell H. Merritt for a recent honor bestowed by the International Federation of Societies of Surgery of the Hand (IFSSH) as a "Pioneer of Hand Surgery" for his outstanding contributions to the field. Click here to learn more about the distinction for Dr. Merritt, a well-known plastic surgeon and hand surgeon.

The award will be presented at a conference in Buenos Aires, Argentina in late October.
Right Time, Right Care

Click [here](#) to read about "Right Care Action Week."

Sponsored by the [nonprofit](#) Lown Institute Right Care Alliance, it's an effort to refocus the nation's health system on "health care that is effective, affordable, needed and wanted by well-informed patients, and especially, free of clinical decisions that are made with financial or business consideration."

Thanks to RAM member [Dr. Mark Ryan](#) at VCU Family Medicine and Population Health for bringing this to our attention!

VP Biden Shoots for Moon in Cancer Research

**Vice President Joe Biden** says it's time to "re-imagine a cancer enterprise for the 21st Century," [reports](#) USA Today.

In his [final report](#) to [President Obama](#) this week, Biden covers the year's accomplishments for the "Cancer Moonshot" initiative and calls for changing incentives in the research system, enhanced prevention and screening efforts, engaging patients as "partners in research" with easy ways to share health information, expanded access to care and new therapies, and addressing rising drug prices.

His report was released with a [separate report](#) from the Cancer Moonshot Task Force to serve as a blueprint for future administrations. President Obama launched the federal task force in his 2016 State of the Union Address with the goal of making 10 years of progress toward a cure in five years' time.

"The insurance companies say I'm a terrible doctor. And I'm proud of it."

*If the new federal Medicare guidelines (see first item above) induce nausea, queasiness or any other bad side effect, this blog from*
"It's that time again," writes Dr. Lucy Hornstein, who blogs at Musings of a Dinosaur, and wrote a book with the same title.

"As the year draws to a close, various insurance plans try to finish collecting data to calculate bonus payments as 'incentives' for 'Quality' care. The only problem is that, as I've written before, all of their 'Quality' measures are in fact nothing but proxies for cost, most of which I have no control over."

She covers the gamut of quality measures where she falls short on colonoscopies ("Face it. There are a certain number of patients who are not going to do this. They actually say so: 'I am just not going to do that.'") to mammograms and pap tests to adolescent well visits ("Guess what! Did you know that adolescence isn't over at age 18? It goes well into your 20s, at least according to various insurance plans.")

"All I care about is taking care of my patients," she blogs. "My patients seem to think I do this pretty well." But after reviewing "the meaningless quality indicators generated by various insurance companies, I look like a terrible doctor... And I'm proud of it."

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"I am not your Provider"

What's in a word? Plenty, if you're a physician but people call you a "provider."

That's the view of physician and blogger Dr. Steven Goldsmith who writes in KevinMD.com. "Provider. Such a generic and seemingly inoffensive noun, and yet it repels me."

Click here to read how this has more than "mere lexicographic significance," and - in the medical context - "conveys an attitude that perpetuates the dysfunction of our health care system." It's a word currently favored by insurance companies, HMOs, government and some large clinics and hospitals.

Goldsmith thinks it's fine for "television news providers" or iPhone providers or mob bosses who provide protection. But for physicians, he writes, the designation "dishonors and betrays what traditionally
President Obama’s Special Handshake

In a story that could have come from the pages of a science fiction thriller, "For the first time, scientists have helped a paralyzed man experience the sense of touch through a mind-controlled robotic arm," reports The Washington Post.

The research from the University of Pittsburgh was featured during a recent visit by President Obama.

"It's amazing," Obama said when he shook the hand of Nathan Copeland, a 30-year-old with a robotic arm that sends signals to his brain that allow him to feel objects. He also gave him a fist bump.

The collaborative effort at the University of Pittsburgh and its Medical Center uses "electrodes smaller than grains of sand" that "were implanted in the sensory cortex of the man's brain. The electrodes received signals from a robotic arm. When a researcher pressed the fingers of the prosthesis," Copeland "felt the pressure in the fingers of his paralyzed right hand, effectively bypassing his damaged spinal cord."

RAM’s Transparency Push Gains Traction

RAM’s Legislative delegation’s "Proposal for Physician Participation in Efforts to Control Increased Healthcare Costs" was approved, with slight changes, at the Medical Society of Virginia’s Annual Meeting last weekend. Click here for the original resolution.

Click here for an article by the measure's chief advocate, Dr. Walter Lawrence Jr., a longtime RAM member who shares his experience trying to decipher his own medical bill.

"I was surprised recently to see that a charge from a reputable healthcare facility for a less-than-40
minute echocardiogram (heart ultrasound study) to evaluate my prosthetic aortic valve was a whopping $4,415," he begins in his piece, *Health care, heal thy bills.*

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**Clinton Widens Va. Lead, Trump Denies Pullout**

A new poll of Virginia voters left "even seasoned political observers... shocked" by results showing Democrat Hillary Clinton leading Republican Donald Trump by 15 points in Virginia, "all but ending the state's battleground status for 2016," reports The Washington Post.

"Clinton's 44 to 29 percent advantage in a Wason Center for Public Policy poll is more than double her lead in late September."

Dan Palazzolo, chair of UR's political science department, said he was surprised by the size of Clinton's lead three weeks before Election Day. "Virginia has gone from being a battleground state to a clear Democratic-leaning state."

The Post added that results from the poll indicated that "voters are rejecting Trump," while still having a "hard time embracing Clinton."

Click here for the Trump campaign's denial that it's conceding the Old Dominion and plans for a new $2 million TV ad buy.

CNN's Dana Bash blogs that Trump's staff "was not happy with what they say was a botched message from Trump campaign headquarters in New York to field staff in Virginia," which wasn't meant to stop, but merely to bolster operations in North Carolina.

"Sources say a driving force for Trump to compete in Virginia is his multiple properties there, including a hotel that opened last year on his winery near Charlottesville. Trump sources say the candidate is
especially focused on winning battleground states where he is invested through his business."

Still, Virginia's not on Trump's current travel schedule. "Three weeks before Election Day, Trump is going to Wisconsin - which most bewildered Republican officials, even some in the state, who say he has no chance of winning."

Because Our Members Are Amazing …

Click here to read a touching tribute that thanks physicians, nurses and other health care professionals for their daily care and compassion.

It was written by Peter DeMarco in tribute to his wife, Laura Levis, who passed away due to an asthma attack in Boston.

Advance Care Planning Forum: "Hope is not a plan"

JOIN US for a free screening of PBS Frontline's Being Mortal. Based on the best-selling book by Atul Gawande, MD, the documentary explores the hopes of patients and families facing terminal illness and their relationships with the physicians who treat them.

See the segment, then join in dialogue with families, caregivers and health care professionals, including leaders from Honoring Choices @ Virginia, the Academy's advance care planning initiative. Free Certificate of Attendance provided to health care professionals.

Please email agingstudies@vcu.edu if you wish to receive a Certificate of Attendance for this event.

November 3rd 6-8 p.m.
Alarming Increase in Fentanyl-Related Fatal ODs

Click here to read about an alarming increase in fentanyl-related overdose deaths in Virginia, with 288 in the first six months of this year - more than in all of 2015, according to a recent analysis of state data by The Virginian-Pilot.

"It's devastating to the individuals who are struggling with addiction and oftentimes fatal," said Attorney General Mark Herring. "No corner of the Commonwealth is immune from it."

Small, unregulated labs in China are blamed for making fentanyl that's then shipped to Mexico, where it's cut with heroin. While some addicts are avoiding it, Rosie Hebron, forensic epidemiologist with the state Dept. of Health, said the combo is "attracting a lot more users because they don't have to shoot up."

A Polio-Like Mystery in Chesterfield

This Washington Post article about "a mysterious, polio-like illness" begins in Chesterfield County when a three-year-old boy seemed perfectly healthy until he vomited.

When he woke up with a slight fever of 99 degrees, his mother figured he was coming down with a cold - until she found him collapsed on his bedroom floor.

"Mommy," she recalls him saying, "Help me, help me."

Carter Roberts had lost control of his right arm, then gradually over his legs and other muscles. He now can only wiggle a toe and move the left side of his face, the Post reports.

Through July, 32 new cases of AFM in the U.S. have been confirmed by the CDC, a sharp rise over last year's seven cases by the same
month. Federal officials are trying to gather more data on where cases have clustered, usually between August and December, with a peak in October.

Click here to read more about treatment and therapy options, which have been limited. As researchers try to find the cause and seek a cure, the Chesterfield mother, Robin Roberts, expressed frustration with how little is known about AFM, both among physicians and parents.

Valeant's Toxic Price Hike for Lead Poisoning Drug

A drug used to treat lead poisoning has caused a toxic reaction among hospitals and poison control centers after Valeant Pharmaceuticals jacked up the price more than 2,700 percent in a single year, reports STAT.

At issue: Calcium EDTA, which Valeant acquired in 2013 as part of a $2.6 billion deal to buy another company, Medicis.

"There's no justification for the astronomical price increases by Valeant, which limit availability of the drug to children with life-threatening lead poisoning," said Dr. Michael Kosnett, an associate clinical professor in the division of clinical pharmacology and toxicology at the University of Colorado's School of Medicine, who has contacted Congress about the price hike.

Valeant has been under fire before "for pharmaceutical greed," STAT reports. Click here to learn more.

State Unveils Prescription Monitoring Toolkit

Click here to check out the Virginia Department of Health Professions' new 2016 PMP Education Toolkit. As part of the DHP's Prescription Monitoring Program, it will provide news and updates to pharmacists, prescribers, stakeholder groups and others.

Email here for more information about PMP.

This Doctor Stood Up to Help, But Was Told to Sit Down

When someone cried out for a doctor aboard a recent Delta flight, Dr. Tamika Cross raised
her hand. She blogs on KevinMD to explain what happened next when she tried to help a woman whose husband fell ill two rows in front of her on a Detroit to Minneapolis flight.

"I naturally jumped into Doctor mode as no one else was getting up," writes the 28-year-old OB/GYN at Lyndon B. Johnson Hospital in Houston.

But she was rebuffed by a flight attendant who said, "Oh no, sweetie, put your hand down; we are looking for actual physicians or nurses or some type of medical personnel; we don't have time to talk to you."

When Dr. Cross tried to explain she is a physician, she was cut off again as flight attendants searched for a "real" doctor.

The egregious episode has spread on Facebook, turning her page "into a forum where minority professionals reflected on the difficulties they face from people who doubt their qualifications or abilities," reports The New York Times.

Dr. Cross told the Times that it wasn't the first time she'd encountered assumptions that as a black woman, she couldn't be a doctor, but rather must be something else, such as a nurse or even a janitor. Click here to read more about this case that the Times says illustrates the concept of "implicit bias," or the unconscious processing about race.

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Touch Base!

We draw from a wide range of print, online and medical journals to bring you information we hope is relevant to your practice of medicine.

But as a former reporter, I recognize that mistakes do happen. So please contact me if you have any concerns, complaints, or ideas/articles you'd like to share by clicking here or calling 622-8136.
Click [here](#) if you'd like to see some of my books. THANK YOU for being part of the Academy and its continuing conversation about the best practice of medicine.

And please check out some [back issues](#)!

**Chip Jones**  
**RAM Communications & Marketing Director**

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