

MMS News Briefs

THE MONTHLY NEWSLETTER OF THE MARIN MEDICAL SOCIETY

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Physician volunteers needed for H1N1 Alternate Care Site

MMS and the Marin County Public Health Department are seeking 30-40 physician volunteers to staff an H1N1 Alternate Care Site (ACS), in case all local hospitals are filled beyond functional surge capacity by the H1N1 pandemic. If this scenario occurs, physician volunteers will be needed for 8-hour shifts at the ACS, which will function around the clock.

To volunteer for the ACS, contact Dr. Peter Bretan by e-mail at

Bretan.surgery@usa.net. In your e-mail, please list your specialty, your cell phone number and your e-mail address. You can also reach Dr. Bretan by phone at 382-0339 (voicemail) or 892-0904 (office).

Physicians from all specialties are encouraged to volunteer for the ACS, a key component of the H1N1 pandemic disaster response plan developed by Public Health and MMS earlier this year. Physician staffing at the ACS will be provided by the MMS Disaster Preparedness Physician Volunteer Group, which Dr. Bretan is organizing. Even if the group is not needed for H1N1 response, it may be required for future disasters.

"The most important point is to have a core of doctors in Marin who are able to take care of any type of disaster situation," said Dr. Bretan. "This is doable."

To repeat, physician volunteers for the ACS should contact Dr. Bretan at Bretan.surgery@usa.net or 382-0339 or 892-0904.

Physicians invited to lunch with State Senator Leno on Oct. 21

All MMS and Sonoma County Medical Association members are invited to a brown-bag lunch with State Senator Mark Leno on Wednesday, Oct. 21, in Burns Hall at Petaluma Valley Hospital. The lunch, scheduled for 12:30 to 1:30 p.m., will allow MMS and SCMA members to speak with Leno regarding current health care legislation.

Petaluma Valley Hospital is located at 400 N. McDowell Blvd. in Petaluma, near the Washington Blvd. exit from Highway 101. To RSVP, contact Rachel Pandolfi at 707-525-4375 or rachel@scma.org.

CMA's Legislative Hot List at cmanet.org/news/hotlist.asp provides a summary and current status of CMA-sponsored bills in the California Legislature, as well as the progress of other significant legislation followed by CMA's Center for Government Relations. For more information on a specific bill, contact the lobbyist identified at the end of each bill summary.

MMS membership up 8% since 2008; invoices in the mail

Despite the recession and continuing turmoil in the health care system, membership in MMS has increased 8% since 2008. The current total is 280 active members and 52 retired. Membership in CMA increased this year as well, rising about 1% from 33,648 to 34,088, including retired members.

MMS members are reminded to return their 2010 Marin County Physician Directory verification forms, which were mailed in September along with dues invoices for next year. Members who pay their dues by Dec. 31 qualify for a 5% discount. Payments need to be at MMS by Dec. 31; **there is no grace period.**

If you need a copy of your invoice or have any questions about dues, contact Jessica Whittom at jessica@marinmedicalsociety.org or 924-3891. Nonmember physicians can complete a simple online application for MMS and CMA at marinmedicalsociety.org/join.asp.

New CPT codes for H1N1 vaccine, but billing questions remain

AMA has published a new CPT code specific to H1N1 vaccine administration (90470) and revised existing code 90663 to include the H1N1 vaccine. The new CPT codes are effective immediately. The Centers for Medicare and Medicaid Services (CMS) has also created unique HCPCS codes for administration of the H1N1 vaccine (G9141) and for the vaccine itself (G9142).

Because the vaccine is provided free of charge by the federal government, physicians will not be reimbursed for the vaccine itself. Practices have been instructed to submit claims for the vaccine, but for zero dollars. This will allow for proper vaccine tracking. Physicians will be reimbursed for administration of the vaccine.

There continues to be significant uncertainty regarding billing for H1N1 vaccinations. For example, some payors, clearinghouses, and physician billing systems may not be able to accommodate a zero dollar charge, and the practice would have to bill vaccine claims with a

\$0.01 charge. CMS has yet to clarify that billing \$0.01 to accommodate systems that can't process a \$0.00 charge would not be considered fraud.

For H1N1 billing questions, contact CMA's reimbursement help line at 888-401-5911 or drice@cmanet.org.

First doses of H1N1 vaccine to arrive Oct. 7

With H1N1 infections in California now classified as "widespread," state public health officials have announced that selected clinics and physician offices will receive small shipments of FluMist nasal spray vaccine by Oct. 7. If you have been identified to receive doses from this first small batch of vaccine, you will be notified a few days before the shipment is set to arrive at your location. Physicians are reminded that FluMist is not approved for pregnant women, or for patients with chronic health conditions, weakened immune systems, or a history of asthma.

The first shipments of vaccine to California providers are scheduled to total 400,000 doses. Larger shipments of the vaccine—in both the nasal spray and the traditional injectable form—are expected to arrive later in October. California is supposed to receive 6.25 million doses by early November, which should be more than enough to vaccinate all high-risk people. The state should receive 22 million doses by December.

If you have questions about where you fall on the priority list for vaccine, contact Marin County Public Health at 473-6007. Vaccine distribution decisions are being made at the local level based on a number of factors, including the number of patients in high-risk groups.

For more information, visit CMA's H1N1 resource center at www.cmanet.org/h1n1/.

CMA proposes medical liability amendments to health reform bills

CMA and Californians Allied for Patient Protection have developed amendments to the House and Senate health reform bills that would protect physicians from increased liability. CMA's proposed amendments would ensure that physicians are protected if they deviate from any clinical guidelines produced through clinical effectiveness research and other provisions in the health reform legislation.

CMA believes that physicians must be allowed to deviate from practice guidelines when in their clinical judgment it is in their patient's best interest, without being exposed to increased liability. CMA also believes that data gleaned from such research must not be independently used to establish standards of care or deny coverage, or be used as evidence in medical malpractice cases.

CMA's amendments would also prevent government performance-based value purchasing decisions—such as nonpayment for hospital-acquired conditions—from being used to create a presumption of medical negligence.

Rep. Henry Waxman, who chairs the Energy Commerce Committee, has expressed interest in including the CMA amendments in HR 3200, the House health reform bill. CMA has also approached Sen. Feinstein about offering these changes as floor amendments on the Senate side.

Three CMA-sponsored bills await signature

Three CMA-sponsored bills have passed the California Legislature and now await the governor's signature:

Unlawful rescission. AB 2 (De La Torre) would prevent the practice of health plans and insurers wrongfully rescinding coverage for patients after they become seriously ill. The bill would require insurers to obtain approval from an independent review organization before rescinding a patient's health insurance.

Peer review. AB 120 (Hayashi) bill would increase fairness and transparency in the peer review system, helping to ensure high quality care in California hospitals.

Osteopathic physicians. SB 606 (Ducheny) would make osteopathic physicians eligible for the Steven M. Thomson Loan Repayment Program. The program, currently open only to MDs, provides medical school loan repayment grants of up to \$105,000 in exchange for a three-year service commitment in a medically underserved area of the state.

For more information on these and other bills, visit CMA's Legislative Hot List at www.cmanet.org/news/hotlist.asp.

LETTERS

To the Editor:

I attended the August 25th Rep. Lynn Woolsey Town Hall meeting on health care reform and came away extremely disappointed at the present state of affairs. I offer the following 10 points for debate. My unstated general bias is that individual responsibility and local control are always more efficient and friendly than centrally imposed solutions. I hope that my 25 years on the front lines of clinical practice and many years in medical practice administration allow me some traction with these ideas. These 10 improvements probably "gore the ox" of both parties' sacred constituencies and therefore I hope have some merit.

1. Individuals who purchase private health insurance privately should be allowed to get the same tax deductions as small business presently enjoys. This change would allow more individuals to afford and choose to cover themselves with a health insurance policy. We should also encourage businesses to cover additional workers through incentives, not sticks (i.e., businesses need to be growing and hiring, not increasing overhead).

2. Force greater competition among Big Insurance by allowing companies from out of state to participate in contracts across state lines. There are only six major private options in California. Companies must offer at least a basic medical coverage plan in each market—one that doesn't force non-health care priorities that create contentiousness, e.g., cosmetic surgery, sex-change operations and abortion coverage (all could be optional, not mandated). More coverage plans would also mean a more competitive marketplace. We should also require insurers to pay a minimum "percentage of premium" for claims to providers and hospitals—say 85+% for all of us who are providing the services, the rest to the insurer for marketing, profit, executive bonuses, etc.

3. Continue to encourage patient/consumer participation in health care priorities by supporting HSAs, FSAs and high-deductible policies, where appropriate. Only if the consumer has a dollar in the game, will there be oversight of spending on a grassroots level.

4. All health insurance companies must accept people with pre-existing conditions into a common pool. No excuses. A nonpartisan actuary would assess risk in this pool over community risk rate and allow the pre-existing condition pool to receive tax incentives or a tax subsidy from the government to maintain a "community rated policy cost" similar to the individual or business policies, regardless of prior illness. We should also consider reductions in cost of policy to individuals for healthy behaviors, e.g. not smoking.

5. EMTALA law must be amended to allow the triage of non-ill patients from expensive hospital ER settings to lower-cost facilities. In many cases people are taking advantage of a system for critical emergencies for non-emergent, non-life threatening illness.

6. MICRA type malpractice tort reform should be adopted nationwide. Shakespeare was right—it's the lawyers.

7. Physicians, hospitals and other health providers who provide non-reimbursed necessary care for uninsured people should be able to claim a tax deduction equal to the value of that service. If we are willing to serve at all hours, the government should recognize our charity care.

8. Pharmaceutical companies should not be able to charge Americans an amount for the "average wholesale price" of a drug that exceeds what they sell the same drug for anywhere abroad.

9. Encourage local physician and hospital enterprise that allows more rational allocation of scarce monetary resources between a health care delivery team. We can do better than Washington.

10. Any mandates passed by Congress must apply to the health care plan that covers government employees, e.g., members of the House and Senate.

Mark Wexman, MD

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Note: Letters for MMS News Briefs or Marin Medicine should be addressed to the editor, Steve Osborn, at sosborn@marinmedicalsociety.org.

EVENTS

Interested in attending a seminar on risk management?

NORCAL Mutual Insurance has offered to provide free two-hour seminars on risk management to interested physicians. The seminars, which would include CME, would help physicians improve patient follow-up and tracking, understand informed consent, and apply risk-management documentation practices.

If you are interested in such a seminar, contact Jessica Whittom at jessica@marinmedicalsociety.org or 924-3891. Seminars will be scheduled based on physician response.

Wine tasting on Oct. 10 to benefit medical student AMA/CMA delegation

A wine tasting to benefit the North Bay AMA/CMA medical student delegation will be held in St. Helena on Saturday afternoon, Oct. 10. Medical students, physicians, spouses and guests from throughout the North Bay are invited to enjoy fine wines and cheeses at the Ehlers Estate Winery, 3222 Ehlers Lane, St. Helena. Cost is \$40 per person (\$20 for students). To RSVP, contact Sarah Zitsman at sarah.zitsman@tu.edu or 894-5250.

Breast cancer forum in San Rafael on Oct. 15

A free public forum on breast cancer in Marin County will be held at Osher Marin Jewish Community Center from 7 to 9 p.m. on Oct. 15. Speakers include Dr. Christopher Benz, a researcher at the Buck Institute, and Dr. Bobbie Head, a medical oncologist at California Cancer Care. Together with other speakers, they will address how the medical community is investigating breast cancer prevalence in Marin County.

Advance registration is required. To register, contact info@zerobreastcancer.org or call 507-1949.

PEOPLE

CEO of Colorado Medical Society to take helm at CMA

Alfred Gilchrist, CEO of the Colorado Medical Society and former director of government advocacy for the Texas Medical Association, will become chief executive of CMA in November. Gilchrist brings 30 years of experience to CMA, including groundbreaking achievements in patient rights, medical liability, and tobacco control measures.

"Alfred Gilchrist's invaluable experience and demonstrated talents at the state and federal level could not come at a more crucial time, as our nation discusses how to improve our health care system," said CMA President Dev GnanaDev, MD. "Alfred's leadership and vision will greatly enhance our efforts to expand access to quality health care, improve the public health, and maintain practice viability for the physicians of California."

CLASSIFIEDS

How to submit a classified ad

To submit a classified ad for MMS News Briefs or Marin Medicine, contact Nan Perrott at nperrott@rhscommunications.com or 707-525-4226. The cost is one dollar per word.

ABOUT MMS

The Marin Medical Society, a 501(c)(6) nonprofit association, supports local physicians and their efforts to enhance the health of the community. We are affiliated with the California Medical Association and the American Medical Association.

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