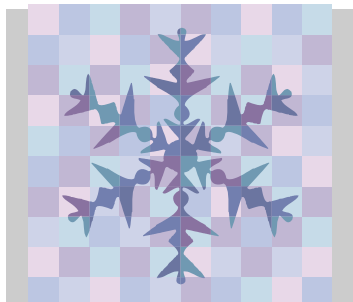


AMA Interim Meeting Update– Greetings from Houston TX

Contributed by Sheila Rege MD, AMA Delegate

December 2009



BENTON FRANKLIN COUNTY MEDICAL SOCIETY

The Society Pages

EDUCATION, SCIENCE AND PUBLIC HEALTH (COMMITTEE K)

NAP TIME FOR RESIDENTS? A mandated nap time for residents on call was recommended by an Institute of Medicine Panel. The AMA House of Delegates said this could actually worsen patient safety by disrupting the continuity of care. Surgeons have been especially outspoken about the detrimental effect of duty-hour rules on training. “Our colleagues in Europe are suffering with the fact that they have such restrictions on work hours that they cannot train neurosurgeons the way they should be trained. ... They turn out neurosurgeons who cannot pass the board of the American Board of Neurological Surgery.”

Medical Marijuana: The AMA refused to endorse state-based medical marijuana programs; but supported research on potential medical use.

Don't Ask, Don't Tell: A resolution adopted by the house calls on Congress to repeal the “don't ask, don't tell” law that requires gay soldiers to hide their sexual orientation from their physicians and others, and also mentioned concern about unequal access to health insurance benefits for this group.

Cell Phones and Driving Delegates voted for a ban on all handheld device use while driving. Delegates cited the growing evidence that the practice seriously distracts drivers and threatens road safety.

SERVICE, PRACTICE, INSURANCE AND RELATED TOPICS (COMMITTEE J)

Identity protection Delegates adopted policy that seeks ID-theft protections for physicians, following the August theft of a laptop computer from a BlueCross BlueShield Assn. employee.

Hospitalist Program Recommendations: Recommended 15 principles for all hospitalist programs: involving patients, medical staff and others in designing and implementing a hospitalist program; promoting a hospitalist model that focuses on team-based inpatient care; and tracking and reporting hospitalist performance measures against goals. *Updated November 10, 2009*

LEGISLATIVE ADVOCACY (COMMITTEE B)

Health Care Reform There was a 3 hour debate about the AMA Board supporting Obama's health care reform bill; but in the end the House of Delegates backed the AMA leadership's efforts on health system reform. The house also voted that reform legislation should include the repeal of Medicare's sustainable growth rate formula. *Updated November 9, 2009*

AMENDMENTS TO CONSTITUTION AND BYLAWS

Ethical guidance

Sixty percent of medical schools have reported incidents of medical students posting unprofessional content online, according to a study in the Sept. 23/30 Journal of the American Medical Association. AMA HOD asked for guidelines regarding online postings.

In other action, delegates directed AMA to examine the science and ethics of kidney transplant chains and other unconventional organ donation processes that have become more prevalent in recent years. One such donation chain took place over eight months, involved six transplant centers in five states and resulted in 10 kidney transplants.

But a controversial CEJA report offering ethical guidance on how to manage potential conflicts of interest associated with industry funding of continuing medical education was referred back to the council for further revisions. The report, which says doctors should avoid industry-supported CME when possible, had been referred back twice previously for changes.

The house reaffirmed existing policies on a range of end-of-life care matters and rejected a proposed resolution that called on the AMA to seek legal immunity for physicians who withdraw end-of-life care they believe to be futile. *Updated November 9, 2009*

UPCOMING EVENTS

GENERAL MEMBERSHIP MEETINGS

6:30-7:00 pm, Social Hour

7:00-8:30 Membership Business and
Presentation

2010 General Membership Meeting Dates

March 16, 2010

April 20, 2010

May 18, 2010

September 21, 2010

October 19, 2010

November 16, 2010

The CME Committee and I are currently finalizing the plans for our Spring programs, stay tuned for more information!!

Dues invoices were sent out in early November. As a reminder, you will be paying your county dues directly to us, NOT to the WSMA.

We are now able to accept credit cards (Visa and MasterCard). Please call the office if you have any questions.



The Society Ball

(formerly known as the Noel Ball)

*Will be held January 23, 2010 at
Meadow Springs Country Club*

SAVE THE DATE!

Benton Franklin County Medical Society 26th Annual
CME Seminar

February 19-20, 2010

Diabetes Related Complications

Depression in Adolescents

Pediatric Orthopedics and Sports Medicine

Breast Cancer Screening

Vitamin D Deficiency

Treatment Options for Prostate Cancer

Treatment for Heart Failure

Evidence Based Screening Measures

Management of Hypertension

Treatment of Dizziness in Primary Care

Treatment of Allergic Rhinitis

Gastroenterology Update

We are currently inviting exhibitors to participate in this event. Please refer your pharmaceutical representative to me if they are interested in participating. Thank you for your help!!

Applications for Membership

Second Notice:

If any member has information as to why any of the following applicants should not be a member of this Society, please furnish this information to the Board of Trustees.

Matthew Peterson MD

Board Certified Pain Medicine, Anesthesiology

Medical School: University of North Dakota (1998)

Internship: Providence Alaska Medical Center

Residency: University of Arizona

Recommended by: Mary Newman MD and Shannon Dramis DO

Medicare Q&A

Submitted by Sheila Rege MD

On October 30, the Centers for Medicare and Medicaid Services (CMS) released its final ruling regarding the 2010 Physician Fee Schedule. One of the major announcements in the Final Rule is the elimination of payment for consultation codes as of January 1, 2010. Physicians should not bill consultation codes to Medicare for dates of service past December 31. Instead, physicians will report either a new patient visit code (99201-99205) or established patient visit code (99211-99215) for outpatient services; or an initial hospital care visit (99221-99223) or subsequent hospital care visit (99231-99233) for inpatient services. Anyone who wants to read all the final rules is welcome to download the Oct. 30 document on <http://www.federalregister.gov/inspection.aspx#special>

Here are some Q&A to help sort through the confusion:

Question: How can CMS eliminate consultation codes?

Answer: CMS has the discretion to eliminate payment for existing CPT® codes. The codes will remain in the CPT book.

Question: What will happen if we still bill a consult code after January 1? Will it be denied? Will it be converted to the new patient code?

Answer: Do not bill consults for dates of service after 12/31/09 to CMS. For office visits, you will need to change them to either a new patient visit code (99201-99205) if they meet new patient criteria or established patient visit code (99211-99215) if they do not meet new patient criteria. You will need to do this conversion. Medicare will not do this for you. The inpatient consults will be billed as Initial Daily Care visits (99221-99223). Subsequent inpatient consults will be billed as they are today as subsequent daily care (99231-99233).

Question: How do all the other payers feel about this? Will they continue the consult codes or do away with them also?

Answer: Not sure, but the codes are still in the CPT book so this is probably dependent on your contract with the private payer. You should have your national organization (e.g. ACP, AAN) approach payers to understand their plans with the consult codes.

Question: The definition for billing a consult is very different than for a new patient. Which rules do we follow?

Answer: CMS explains in the final rule: "The major effects of the provision may actually simplify coding because physicians will use the office and hospital visit codes in place of consultations and will not have to determine whether the requirements to bill a consult are met."

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Larry Jecha, MD, MPH
Sheila Rege, MD AMA Delegate

The objectives of the Benton Franklin County Medical Society are to promote the art, science and practice of medicine and the practitioners who pursue these goals; to promote the care and well being of the patients of Benton and Franklin Counties; to protect and improve the health of the public; to provide medical education and to provide leadership for the members of the Society.

Please contact Nicole Austin with any questions, comments or information you would like added to the Newsletter.