

PRESCRIPTIONS

— BOONE COUNTY MEDICAL SOCIETY —



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BOONE COUNTY MEDICAL SOCIETY



Prescriptions is published monthly for members of the Boone County Medical Society (physician members in Boone, Cooper and Howard Counties) Deadline for submission of materials is the first of each month preceding publication.

*Disclaimer: BCMS does not assume responsibility for the statements of authors and opinions expressed are not necessarily those of *Prescriptions* or the BCMS nor should publications or advertisements be considered an endorsement by the BCMS.

TO TELL US WHAT'S ON YOUR MIND!!!

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PRESCRIPTIONS

VOLUME: 32 ISSUE: 4

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PRESCRIPTIONS MISSION STATEMENT:

“The Boone County Medical Society *“Prescriptions”* is to be used for communication among its members; to inform members of activities, highlight membership concerns and promote camaraderie. It is also intended as a forum to address community health needs.”



The Spirit of Compassion: Has It Grown Weak?

by Robert Bondurant, RN, LCSW
Executive Director, Missouri Physicians Health Program

Recently the Missouri Physicians Health Program (MPHP) initiated a new campaign called the Spirit of Compassion in which we sent a mailing to the entire MSMA membership. Our request for financial support of your program to help troubled physicians has of this writing generated a mere 10 responses from 4,000 members.

I am very aware of the difficult state of our economy. Many of the medical students, residents and senior physicians struggle to pay for the help they need. The MPHP helps by providing scholarships to at least lessen the burden for the costs of our services. The financial future is not looking better but even more ominous.

To me what happened in the early 1970's was nothing short of a miracle. A profession actually stepped forward to help their colleagues. The AMA and the Federation of State Medical Boards collaborated to provide a response to the concern for the high rate of suicide and substance abuse among physicians. It was physicians who blazed a new trail and showed other professions what could be done. Today, airline pilots, lawyers, nurses, social workers and psychologists have followed your example.

The MPHP was started in the late 1970's and was managed by Dr. Donald McIntosh from his home in Kansas City. In the mid 1980's, the MSMA stepped forward to support Dr. McIntosh in his compassionate work for his professional colleagues. The MSMA has provided the foundation for the program. They have supported our advocacy work before regulatory agencies, interventions, referral for treatment, intensive monitoring and our being available for any type of trouble a physician may have.

Recently I gave a lecture for a hospital based residency program. Afterwards, I received a phone call from a senior physician who attended the

lecture. He had an adult child with an alcohol problem and the physician/father needed some guidance and asked for help. The MPHP could not monitor the child but we could recommend resources and provide suggestions that could ease this father's burden and was most appreciative of our assistance.

We know and are experienced with more than just substance abuse. We provide a very broad range of services. We have professional staff located throughout Missouri. The MSMA has encouraged our wide range of services and statewide capability to serve physicians.

Many of our sister programs do not assist students or residents and assist only with alcohol and drug problems and have a limited geographical reach. The MPHP has provided very comprehensive services because of the financial support we are given by medical staffs, hospital administrators and individual donations. The MPHP is independent of the Missouri Board of Healing Arts and thus we do not benefit from licensing fees or tax dollars like some programs. By avoiding these sources of income, your program is able to remain independent and focus on advocacy alone.

The MPHP is not a new concept. We are over 30 years old (or 40 years from the time that Dr. McIntosh started his work). With age comes experience and wisdom. However, too often as a program or people get older, they can be neglected or even forgotten. Please don't let that happen to your MPHP. We are only as strong as our support. Recapture that Spirit of Compassion by responding to the opportunity to provide financial support and advocate for the program in your hospital, group practice, or organization. If you are a financial supporter, please renew your support by providing the resources we need to be there for you and your colleagues.

If you haven't received a request letter, please contact us. We want you to be a part of the Spirit of Compassion that began this program. Join us now! Get the spirit!

Missouri Physicians Health Program

Hotline

(800) 274-0933

St. Louis Administrative Offices

(800) 958-7124

info@themphp.org

Reprinted with permission from Missouri Medicine January/February 2015



Better, Smarter, Healthier

HHS sets clear goals and timeline for shifting Medicare reimbursements from volume to value

In a meeting with nearly two dozen leaders representing consumers, insurers, providers, and business leaders, Health and Human Services Secretary Sylvia M. Burwell today announced measurable goals and a timeline to move the Medicare program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they give patients.

HHS has set a goal of tying 30 percent of traditional, or fee-for-service, Medicare payments to quality or value through alternative payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements by the end of 2016, and tying 50 percent of payments to these models by the end of 2018. HHS also set a goal of tying 85 percent of all traditional Medicare payments to quality or value by 2016 and 90 percent by 2018 through programs such as the Hospital Value Based Purchasing and the Hospital Readmissions Reduction Programs. This is the first time in the history of the Medicare program that HHS has set explicit goals for alternative payment models and value-based payments.

To make these goals scalable beyond Medicare, Secretary Burwell also announced the creation of a Health Care Payment Learning and Action Network. Through the Learning and Action Network, HHS will work with private payers, employers, consumers, providers, states and state Medicaid programs, and other partners to expand alternative payment models into their programs. HHS will intensify its work with states and private payers to support adoption of alternative payments models through their own aligned work, sometimes even exceeding the goals set for Medicare. The Network will hold its first meeting in March 2015, and more details will be announced in the near future.

“Whether you are a patient, a provider, a business, a health plan, or a taxpayer, it is in our common interest to build a health care system that delivers better care, spends health care dollars more wisely and results in healthier people. Today’s announcement is about improving the quality of care we receive when we are sick, while at the same time spending our health care dollars more wisely,” Secretary Burwell said. “We believe these goals can drive transformative change, help us manage and track progress, and create accountability for measurable improvement.”

“We’re all partners in this effort focused on a shared goal. Ultimately, this is about improving the health of each person by making the best use of our resources for patient good. We’re on board, and we’re committed to changing how we pay for and deliver care to achieve better health,” Douglas E. Henley, M.D., executive vice president and chief executive officer of the American Academy of Family Physicians said.

“Advancing a patient-centered health system requires a fundamental transformation in how we pay for and deliver care. Today’s announcement by Secretary Burwell is a major step forward in achieving that goal,” AHIP President and CEO Karen Ignagni said. “Health plans have been on the forefront of implementing payment reforms in Medicare Advantage, Medicaid Managed Care, and in the commercial marketplace. We are excited to bring these experiences and innovations to this new collaboration.”

“Employers are increasingly taking steps to support the transition from payment based on volume to models of delivery and payment that promote value,” said Janet Marchibroda, Health Innovation Director and Executive Director of the CEO Council on Health and Innovation at the Bipartisan Policy Center. “There is considerable bipartisan support for moving away from fee for service toward alternative payment models that reward value, improve outcomes, and reduce costs. This transition requires action not only by the private sector, but also the public sector, which is why today’s announcement is significant.”

“Today’s announcement will be remembered as a pivotal and transformative moment in making our health care system more patient- and family-centered,” said Debra L. Ness, president of the National Partnership for Women & Families. “This kind of payment reform will drive

fundamental changes in how care is delivered, making the health care system more responsive to those it serves and improving care coordination and communication among patients, families and providers. It will give patients and families the information, tools and supports they need to make better decisions, use their health care dollars wisely, and improve health outcomes.”

The Affordable Care Act created a number of new payment models that move the needle even further toward rewarding quality. These models include ACOs, primary care medical homes, and new models of bundling payments for episodes of care. In these alternative payment models, health care providers are accountable for the quality and cost of the care they deliver to patients. Providers have a financial incentive to coordinate care for their patients – who are therefore less likely to have duplicative or unnecessary x-rays, screenings and tests. An ACO, for example, is a group of doctors, hospitals and health care providers that work together to provide higher-quality coordinated care to their patients, while helping to slow health care cost growth. In addition, through the widespread use of health information technology, the health care data needed to track these efforts is now available.

Many health care providers today receive a payment for each individual service, such as a physician visit, surgery, or blood test, and it does not matter whether these services help – or harm – the patient. In other words, providers are paid based on the volume of care, rather than the value of care provided to patients. Today’s announcement would continue the shift toward paying providers for what works – whether it is something as complex as preventing or treating disease, or something as straightforward as making sure a patient has time to ask questions.

In 2011, Medicare made almost no payments to providers through alternative payment models, but today such payments represent approximately 20 percent of Medicare payments. The goals announced today represent a 50 percent increase by 2016. To put this in perspective, in 2014, Medicare fee-for-service payments were \$362 billion.

HHS has already seen promising results on cost savings with alternative payment models, with combined total program savings of \$417 million to Medicare due to existing ACO programs – HHS expects these models to continue the unprecedented slowdown in health care spending. Moreover, initiatives like the Partnership for

Patients, ACOs, Quality Improvement Organizations, and others have helped reduce hospital readmissions in Medicare by nearly eight percent– translating into 150,000 fewer readmissions between January 2012 and December 2013 – and quality improvements have resulted in saving 50,000 lives and \$12 billion in health spending from 2010 to 2013, according to preliminary estimates.

To read a new Perspectives piece in the New England Journal of Medicine from Secretary Burwell:

<http://www.nejm.org/doi/full/10.1056/NEJMp1500445>

To read more about why this matters:

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-2.html>

To read a fact sheet about the goals and Learning and Action Network:

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-3.html>

To learn more about Better Care, Smarter Spending, and Healthier People:

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26.html>

2015 Physician Quality Reporting System Negative Payment Adjustment

Are you just now discovering that you have had negative payment adjustments of 1.5% since January 1, 2015 on your Medicare reimbursements? If so you were one of the individual or group practices who did not meet the criteria for satisfactory reporting the PQRS for the applicable reporting period.

PQRS is part of the effort to transform the healthcare delivery system by linking Medicare reimbursements to the quality of care delivered to Medicare beneficiaries. In order to do this, individual and group practices are required to participate in reporting quality metrics in order to help CMS evaluate the quality of care they deliver. Those that do not participate in one of the quality reporting initiatives saw a negative payment adjustment.

BOONE HOSPITAL CENTER STROKE REVIEW AND UPDATE February 7, 2015

Approximately 70 physicians met for this 4 hour CME credit seminar which BCMS was a financial contributor.

Managing the Wake-up Stroke: Can Advanced Stroke Imaging Make a Difference? **David Brummett**
Emergency Management of the Stroke Patient: Opportunity for Excellence **Peter Panagos**
Panel Discussion: Hot Topics and Controversies in Stroke Care
The Ethics of Stroke **Joel Shenker**



Panel Members:
David Brummett, Joel Shenker, Peter Panagos,



David Brummett



Peter Panagos



Joel Shenker

ACTS MARDI GRAS MISSOURI STYLE FUNDRAISER FEBRUARY 26, 2015

Breathing Life into Georgian Babies. Georgia's Kvemo Kartli region has Europe's highest stillbirth and neonatal mortality rates. ACTS Mardi Gras festival project provided funding for a team of MU physicians to go to Georgia to train and equip Georgian medical professionals in neonatal resuscitation. Funds raised during this evening will help cover training, purchasing reusable equipment and single use kits for eight hospitals in the region. Education also will be provided to help make prenatal care the norm in Kvemo Kartli. Columbia Rotary South was host for this event. If you are interested in learning more details about this project or making a donation, please contact BCMS.



Pat and John Cowden



Wilson Beckett, John Pardalos, Trish Blair



Trish Blair



Jerry Murrell



Lisa Thomas



Wilma Rajcher

**BCMS CME and GENERAL MEMBERSHIP MEETING
MARCH 3, 2015 at Courtyard by Marriott**

Speakers:

Jeffrey Copeland, MSMA President

Comparative Examination of Cancer – Cross Species Lessons

By: Jeffrey N. Bryan, DVM, MS, PhD, DACVIM



Jeffrey Copeland, MSMA President,
James Denninghoff



Hung Winn, BCMS Pres Elect; Jeffrey Copeland,
MSMA Pres; Bridget Early, BCMS Pres



Stacy Peters, Jeffrey Bryan, Walter Peters



Troy Scheidt, Jeffrey Bryan



Pam Gulley, John Pardalos, Mila Cunningham



Kim Cayce, Brian Milligan, Jessica Milligan

**BOONE COUNTY
MEDICAL SOCIETY
ALLIANCE**

The Alliance met on March 2, 2015 at the home of Shirley Pierce for a discussion by Nancy Russell on Boone County History and Ways to Preserve Our Local Heritage. Alliance members had a chance to take advantage of being in a historical property on the Pierce land.



Car Washes for Doctors' Day

At the BCMS March 3 General Membership Meeting the Alliance gave out a car wash coupon to all BCMS members in attendance in honor of Doctors' Day.

Members were extremely excited about this gift because everyone's car is a mess from the yucky weather we have been having. Thank you Alliance members!

Strawberry Hill Farms!

*Spring Plant
Fundraiser for BCMSA
Shop Daily 8:00 am - 7:00 pm
March 21st - Mid June*



*10% of your TOTAL purchases will
be returned to the Alliance for
Health Projects*

Name: _____

Address: _____

Total Purchase: _____

Date: _____



****** Present Coupon at time of Purchase*****
THANK YOU FOR YOUR SUPPORT!*

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THANK YOU FOR YOUR SUPPORT!*

WE NEED YOU NOW!

CALL FOR NOMINATING COMMITTEE AND NOMINEES FOR 2016 BCMS OFFICERS/BOARD

Since 1902 physicians in the Boone, Howard and Cooper Counties have benefitted from having a local organization representing the medical profession. The Boone County Medical Society asks that you step forward to influence the future direction of your medical society and make it more effective. Volunteers and nominees are needed for 2015 and beyond.

Nominating Committee

Our bylaws read that the Board of Directors shall serve as the Nominating Committee for officers. **There shall be three at large members of the Society nominated and elected at the June membership meeting by the general membership.** The Society President shall serve as Chairman of the Nominating Committee.

The Nominating Committee should meet by July 1 to begin its function of preparing a slate of officers to be nominated and elected at the September general membership meeting. The following candidates will be selected:

Officers: President, President elect, Secretary/Treasurer (one year terms)
Board Members: Currently have six board members

Call 573.814.1894 or email the office at bcms@socket.net to volunteer for the Nominating Committee or offer your name to be considered on the slate. The Board of Director's job will be easier if you would do this prior to our May 5 board meeting.

BOONE COUNTY MEDICAL SOCIETY
PRESENTS
DIG (DOCTOR INTEREST GROUP) MEETING

ENERGY MEDICINE GOING MAINSTREAM

By
JAMES DENNINGHOFF, M.D.

Join Dr. Denninghoff to learn about:

- 1. Energy medicine is the diagnostic and therapeutic use of energy.**
- 2. Energy medicine since 15,000 BC.**
- 3. The physiological impact energy medicine has on the human body.**
- 4. Live demonstration and handouts.**

Wednesday, May 13, 2015

6:30 Social with cash bar
7:00 Dinner and Presentation

D ROWE'S
1005 CLUB VILLAGE DR.
COLUMBIA, MO

RSVP BY MAY 6, 2015

Boone County Medical Society
573.814.1894; Fax: 573.814.3765; email: bcms@socket.net

(\$20 Charge for non-members)

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Wednesday, May 13, 2015
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D ROWES
1005 CLUB VILLAGE DR.
COLUMBIA, MO

JAMES DENNINGHOFF, M.D.

By

ENERGY MEDICINE GOING MAINSTREAM

BOONE COUNTY MEDICAL SOCIETY
PRESENTS DIG (DOCTOR INTEREST GROUP) MEETING