

PREScriptions

— BOONE COUNTY MEDICAL SOCIETY —



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BOONE COUNTY MEDICAL SOCIETY



Prescriptions is published monthly for members of BCMS (physician members in Boone, Cooper and Howard Counties). Deadline for submission of materials is the 15th of each month preceding publication.

MISSION:

The Boone County Medical Society's mission is to support the physicians of Boone, Howard and Cooper Counties and others across the State of Missouri in their efforts to provide high quality patient-centered care.

VISION:

The Boone County Medical Society will be an indispensable unifying voice for the physicians in Boone, Howard and Cooper Counties in:

- ⌘ Providing high quality continuing medical education.
- ⌘ Advocating for the physicians and patients of Boone, Howard and Cooper counties as well as others across the State of Missouri and
- ⌘ Providing mentorship for the next generation of physicians through professional development and active participation in organized medicine.

VALUES:

The Boone County Medical Society will embrace the values of leadership, professionalism, collegiality, advocacy, transparency, inclusiveness and fairness while pursuing its vision and mission.

PRESCRIPTIONS

VOLUME: 33 ISSUE: 4

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TOP 9 ISSUES THAT WILL AFFECT PHYSICIANS IN 2016

What issues should you follow closely in the year ahead? Crucial developments will emerge in health care regulations, legislation and the health insurance market—and many of them will profoundly impact your practice and patients. Taking a look ahead, we've identified nine of the top issues you'll want to watch in 2016.

1. Medicare reform. The elimination of the sustainable growth rate (SGR) formula with the passage of the Medicare Access and CHIP Reauthorization Act in 2015 was a giant leap forward for Medicare reform. The law paves the way for important payment reforms. The Merit-Based Incentive Payment System (MIPS) under development is intended to streamline the various reporting programs for physicians, and alternative payment models (APM) will support physicians in adopting new models of care.

Shaping the MIPS so that it fixes the problems of the current system and is beneficial for both physicians and patients will be at the heart of Medicare reform efforts in the coming year. The AMA will continue its work, which includes a task force of physicians from various states and specialties who already drafted and delivered to the Centers for Medicare & Medicaid Services (CMS) 10 principles to guide the foundation of the MIPS, which will streamline requirements for quality, electronic health records (EHR) and resource use.

The AMA also will offer additional resources to help physicians successfully participate in the new system. One resource you can check out already is the recently released the "Guide to physician-focused APMs," which outlines barriers in current payment systems, presents the three characteristics of successful payment models and details seven physician-focused APMs.

2. EHR meaningful use program. This burdensome regulatory program is scheduled to move forward next year, following the Centers for Medicare & Medicaid Services' (CMS) release of the meaningful use Stage 3 final rule late in 2015. The medical community immediately called on policymakers to put physicians back in control of their practices and put patients before bureaucracy after the rule was released and will continue these efforts this year.

The AMA's grassroots campaign Break The Red Tape is calling for physician-led and patient-focused medicine and pressing for a reset of Stage 3. Recommendations for the reset seek to alleviate meaningful use burdens and revise the program to improve flexibility, expand patient engagement and clear the way for increased health IT interoperability and innovation.

3. Insurance mergers. The nation's largest health insurers have proposed mergers that would reduce competition in the health insurance market. If approved, this consolidation would have a damaging impact on patients and physician practices by reducing health care access, quality and affordability.

In a letter to the U.S. assistant attorney general, the AMA urged the Department of Justice to block the proposed mergers and will continue to advocate to Congress and state policy makers to prevent this detriment to health care. Physicians also adopted new policy on the matter at the 2015 AMA Interim Meeting.

4. Provider networks and balance billing. Insurer networks are expected to continue narrowing, and out-of-pocket expenses for insured patients will continue to increase. In the face of these trends, the AMA will continue to work with states, the Department of Health and Human Services (HHS) and other groups to protect patients' access to care and seek solutions to unanticipated out-of-network bills while preserving incentives for insurers to contract and physicians' rights to fair payment.

5. Prescription drug abuse and addiction. A four-fold increase in opioid deaths in the last decade highlights the importance of the opioid overdose epidemic in the year ahead. The AMA Task Force to Reduce Opioid Abuse will continue to provide national leadership to stem this public health crisis. Solutions that need to be adopted this

year include use of prescription drug monitoring programs, evidence-based prescribing, a reduction in the stigma associated with substance use disorder, enhanced access to treatment and expanded access to naloxone—the lifesaving medication that can reverse the effects of an opioid overdose.

6. Graduate medical education (GME) funding and student debt relief. Critical funding for graduate medical education (GME) is in danger of being cut. The AMA’s Save GME grassroots campaign will continue to urge Congress to maintain funding. Grassroots activities also will focus on simplifying student loan application processes and improving repayment rules as part of the Higher Education Reauthorization Act.

7. Prescription drug costs. The cost of prescription drugs has soared in recent years, making it challenging for patients to afford their necessary medications. Pharmaceutical spending growth has shown no signs of abating. In November, physicians voted at the 2015 AMA Interim Meeting to convene a task force and launch an advocacy campaign to drive solutions and make prescription drugs more affordable.

The task force will develop principles to address pharmaceutical costs and support physicians and patients in local and national initiatives that will bring attention to rising prescription drug prices and help put forward solutions to make these drugs more affordable.

8. Health data security. Threats to health data security have been increasing over the past two years. A study found that 81 percent of health IT executives reported cyberattacks in that time span. Such endangerment of health data is expected to increase this year. With such private information so vulnerable to attack, appropriate protections for sharing and data storage must be a focal point for health IT. The AMA is working with the federal government to ensure better protections for health information.

9. Telemedicine. Already a growing trend in care delivery, telemedicine will see more widespread use in the upcoming year. The AMA intends to advance the Interstate Medical Licensure Compact of the Federation of State Medical Boards, which facilitates state licensure for telemedicine. The AMA also will advocate for the removal of arbitrary barriers to telemedicine coverage under

Medicare and promote AMA model state telemedicine legislation.

The above Top 9 Issues That Will Affect Physicians in 2016 and the AMA’s stand are from the AMA Advocacy Update, January 7, 2016.

In January 2015...

The AMA suggested that the top ten issues to impact physicians would be:

1. Time and expense devoted to administrative and regulatory requirements—no benefit to care delivery or outcomes.
2. Medicare physician payment system.
3. Adequate provider networks.
4. Patient prescription drug abuse and overdose.
5. Preventing Type 2 diabetes and heart disease.
6. Advances in clinical knowledge and information sharing.
7. Transformation of medical education.
8. Modernization of the AMA Code of Medical Ethics (a 167 year document).
9. Improved professional satisfaction and sustainability of practices.
10. Court rulings on critical health care issues.

While in 2014...

These were the top ten issues that were to impact physicians:

1. Reforming Medicare physician payment system.
2. Public release of physicians' Medicare claims data.
3. New Medicare conditions of participation for hospitals.
4. Patient safety in the balance with U.S. Supreme Court case.
5. Addressing the nation's prescription drug overdose crisis.
6. Data release under the Physician Payments Sunshine Act.
7. Report on the most and least competitive states among health insurers.
8. Electronic health record improvements.
9. Streamlining regulatory penalties.
10. Ebola.

AMA Wire, 12/16/14 and 1/11/15

MUltation 2016

January 20, 2016 held at Peachtree

Many thanks to the following BCMS member physicians who were mentors for this evening.

Ted Groshong
Raghav Govindarajan
David Klachko
Susan Zurowski
Greg Renner

Mary Muscato
Joseph Muscato
Debra Koivunen
Amy Zguta
Tomoko Tanaka



Mentor: Greg Renner



Mentor: Ted Groshong



Mentor: David Klachko



Haley Wansing, MSMA Membership



Mentor: Raghav Govindarajan

AREA CME EVENTS TO CHECKOUT



**2016 EXPLORING
MEDICAL MISSIONS
CONFERENCE**

***The Evidence Behind
Medical Missions***

LOCATION	DATES
Graceway Church, Kansas City, MO	Friday & Saturday May 20-21, 2016

Register Online at <http://www.inmed.us/events/exploring-medical-missions-conference/>

A CME and CNE Accredited Event
Hosted by the Institute for International Medicine & Graceway

3rd Annual

MISSOURI CENTRAL REGION TCD SUMMIT

Time Critical Diagnosis (STEMI, Stroke, Trauma)

Friday, April 15, 2016 • Courtyard by Marriott



Family Medicine

University of Missouri Health Care

University of Missouri Family Medicine Update

April 8-9, 2016 • Hampton Inn at the University of Missouri



Healthy Lives - Healthy Communities

Friday, April 29, 2016 • Courtyard by Marriott • Columbia, Missouri

For additional MU registration information please go to <http://medicine.missouri.edu/cme>

Dear Techie:

Viruses? Trojans? Spyware? What's the Difference?

You've probably heard all these terms countless times in news stories - first off, any kind of virus, trojan, or spyware falls under the broader category of "malware." Malware is short for "malicious software," and encompasses any kind of program designed to be harmful to your computer.

The most common types of malware are viruses, trojans, spyware, and scareware.

Viruses:

A virus, at its most basic, is a program that infects files and spreads throughout your computer through replication, rather like a real virus. The initial "infection" usually starts with a downloaded file that has an executable program attached. Unchecked, these programs can replicate and corrupt your files to the point that the computer is rendered useless.

Trojans:

Like its namesake, a trojan is a program that you "invite in" (and voluntarily install) because it claims to do something useful or harmless. However, it actually hides malicious coding within that can do any number of unwanted things, like creating backdoors for other harmful programs. Because you've given it permission to be there, the trojan has an easier time getting a pass from malware protection programs.

Spyware:

Does your toolbar look like the image to the right? Chances are you have some spyware on your device. Spyware is malware that collects information from you without your knowledge, and can include any passwords or credit card numbers you type in. In general, spyware doesn't harm your computer, as its purpose is to remain undetected as long as possible - however, the information it records can be used by identity thieves.



Scareware:

Scareware is a relatively new sort of malware that attempts to trick a user into thinking their computer is infected, even when it's not. The scareware directs the victim to download and purchase their (often useless) antivirus program, or just links directly to some actual malware. Some of these scareware messages attempt to hold computers or browsers "hostage" by blocking the screen until the virus link is clicked - they often look something like the graphic to the right (notice the alarming colors, jargon-y explanation text, and requirement that you act right now).

How to Protect Yourself:

The best way to protect yourself from malware is common sense - even if you're not a tech, there are warning signs you can still spot. If something feels off, it probably is!

- Files that end in .exe are executable programs - in other words, they are programs that do something to your computer. If you're downloading something that shouldn't be able to execute actions (like songs, pictures, or documents), NEVER open something that ends in .exe!
- Only download things from reputable sources. As a rule of thumb, if the site you're downloading from has more than one download button, one of those buttons links to a virus (and it's possible the "real" button does too)!
- If you're downloading a program or program update, always do so from the company's official website. If something seems "off" (say, typos or odd graphics/design), you may be on a fake site.

And as always, make sure you have a current, updated anti-virus program running at all times. A little protection and a wary eye can save you some headache down the road!

Reprint permission The Socket Connection January 2016

STROKE REVIEW

STROKE REVIEW & UPDATE

February 20, 2016

CME Seminar

Sponsored by Boone Hospital Center

Financial Contribution by BCMS

LEARN

Topics

Cardiac Causes of Stroke

Trung Tran

Hemorrhagic Strokes

Charles Bondurant

Current Trends in Stroke Care/Interventional
Case Studies

Allyn Sher and Andrew Getzoff

Pre-hospital and Emergency Stroke Management
2016 Update

Peter Panagos –Washington University

Note: 107 Registered for this event



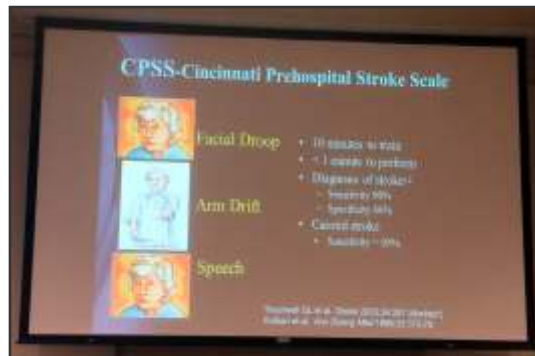
Charles Bondurant



Trung Tran



Allyn Sher



Gilbert Wilshire and **Daniel Vinson** have been appointed to be on the MO Physicians Health Program Physician Health Committee.

Again our thanks to the following BCMS members for being BCMS delegate representatives at the MSMA Convention:

Bridget Early
Raghav Govindarajan
Hung Winn
Steve Keithahn
Lisa Thomas
Ted Groshong
Jerry Murrell
Wilma Rajcher
Mila Cunningham
John Cowden
Richard Heimbürger
Amy Zguta – YPS Delegate

Thanks to our President Elect **Raghav Govindarajan** for being a presenter on Saturday morning, March 19 at the MSMA Convention General Sessions and Event on Acute Ischemic Stroke: Current Status & Future Directions

MONTHLY RETIRED PHYSICIAN LUNCHEON

Retired physician luncheon meets on the 3rd Wednesday of each month at 12:00PM (noon)

Watch for your postcard for location information or checkout our website for more details.

No reservation needed, just show up.



HAPPY BIRTHDAY
TO OUR MEMBERS

MARCH

3/01	Barry Gainor
3/01	Stephen Keithahn
3/02	Dana Bal
3/04	Elizabeth A. Peters
3/06	James A. Roller
3/06	Theodore J. Choma
3/07	Lisa Thomas
3/07	Boyd E. Terry
3/08	Erik Grossmann
3/08	Tony Spaedy
3/09	Dana M. King
3/09	Syed Naqvi
3/10	Paula McMurtry
3/13	Ellen B. McQuie
3/15	Ronald Carter
3/17	Norman S. Litofsky
3/17	J. Camp Newton
3/18	Howard Houghton
3/20	R. Raymond Cunningham
3/23	Raghav Govindarajan
3/24	Joseph Parks
3/24	Lenard L. Politte
3/26	Lynn Puckett

APRIL

4/01	Stephen Griffith
4/01	Matthew Smith
4/02	Mark P. Bryer
4/03	Turi McNamee
4/05	Todd M. Oliver
4/08	David M. Klachko
4/10	John Adams Jr.
4/14	Arnoldo Rivera
4/14	Kimberly Cayce
4/15	Elizabeth Wilson
4/16	Pardeep Sahota
4/19	George R. Nichols
4/21	Leo R. Landhuis
4/23	Elizabeth Heimbürger
4/23	Karen Edison
4/29	Brian D. Kleiber

GENERAL MEMBERSHIP MEETING

BCMS MARCH CME/GENERAL MEMBERSHIP MEETING

March 1, 2016
Boone Hospital Center Conference Room
BCMSA Guest Night

ISLAMIC PERSPECTIVE IN MODERN MEDICINE

BY
S. HASAN NAQVI, MD, FACP, FHM



Speaker: Dr Naqvi



Georgian Wine Toast



Magda Esebua, Stan Rios, John Pardalos, Giorgi Tsilosani, Trish Blair and Georgian physicians



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

25 Ways to Enjoy the Show in Missouri
By
Stephen Foutes, Missouri Division of Tourism

Join Mr. Foutes to learn about:

- 1. Tourism's Impact on Missouri's Economy**
- 2. A look at our 2016 Marketing Campaign**
- 3. A Selection of Places to Add to Your 2016 MUST SEE LIST**

Tuesday, May 3, 2016
6:30 Wine/beer social
7:00 Catered Dinner and Presentation

BOONE HOSPITAL CONFERENCE CENTER C
1600 E. BROADWAY, COLUMBIA, MO

RSVP BY APRIL 25, 2016

Boone County Medical Society

573.814.1894; email: bcms@socket.net; www.boonecountymedicalsociety.org (go to calendar tab, click on event and it will allow you to RSVP right there.)

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

25 Ways to Enjoy the Show in Missouri
By
Stephen Foutes, Missouri Division of Tourism

Tuesday, May 3, 2016
6:30 Wine/beer social | 7:00 Catered Dinner and Presentation
BOONE HOSPITAL CONFERENCE CENTER C
1600 E. BROADWAY, COLUMBIA, MO
(see invitation on page 11)
RSVP BY APRIL 25, 2016