

MSSSC NEWS

Collaborative agrees to develop provider-led Kansas health information exchange

It's finally official. The state's two major provider organizations and medical communities in the state's largest metropolitan areas have agreed to develop a health information exchange led and managed by Kansas providers.

The new collaborative was formally announced Monday, July 12 in Topeka. Its members include MSSSC's Wichita Health Information Exchange (WHIE), the Kansas Medical Society, Kansas Hospital Association and the Kansas City Bi-State Health Information Exchange. The goal is to select a single vendor for a HIE accessible statewide and launch the exchange in Wichita and Kansas City by the end of 2010.



The collaborative working to form a health information exchange in Kansas include (from left) Jerry Slaughter of KMS, Melissa Hungerford of KHA, Gary Caruthers of KMS, Cindy Samuelson of KHA, Jacque Amspacker of the Medical Society of Johnson & Wynadotte Counties, Jon Rosell of MSSSC, Tom Bell of KHA and Laura McCrary of the Kansas City Bi-State HIE. photo courtesy of KHI News Service

"Those of us involved represent the vast majority of all hospitals and physicians in the state of Kansas," MSSSC executive director Jon Rosell told *Wichita Eagle* reporter Karen Shideler. "We've got reaches all the way to the four corners of the state."

The provider-led exchange will operate under the auspices of the Kansas Health Information Exchange, Inc.

established June 30 by executive order of Governor Mark Parkinson. This non-profit, public/private entity will provide a governance structure for the distribution of electronic medical records in the state and eventually replace the current e-Health Advisory Council coordinated by the Kansas Department of Health and Environment.

To read the Executive Order, visit <http://governor.ks.gov/issues-a-initiatives/executive-orders/717-executive-order-10-06>

Considerable work remains for the collaborative, including finalizing a business model and financing plan and creating a non-profit corporation. The process will be guided by two principles: protecting patient privacy and improving care coordination.

"Two year's worth of work and patience have been rewarded with this announcement," said WHIE president Ron C. Brown, MD. "This is the right thing to do for our patients and our state."

In related news, on July 13 the Department of Health and Human Services released final rules defining meaningful use of electronic records and the certification criteria for EHR technology. Physicians will be required to meet a set of 15 core objectives during the first stage of implementation, rather than 23 as originally proposed.

In January 2011, eligible physicians and hospitals can register for federal incentive payments from Medicare and Medicaid. This deadline contributed a sense of urgency to the efforts by Kansas providers to create a statewide health exchange.

To read KFMC's summary of the final meaningful use rules, see the link at www.mssconline.org or visit <https://na1.salesforce.com/sfc/p/3000000jdv4Vx3WkzsddxmUHFOGCqkmQDNbUCU=> ■

KFMC helps HIT adoption

The conversion from paper charts to electronic medical records (EMR) is one of the most significant changes to medicine in a generation. A recent survey found 66% of medical practices in Sedgwick County use EMRs and practice management systems. Nationally, 52% of specialists and 50% of primary care physicians use EMRs, according to a survey published in early July by the Knowledge Networks and the Physicians Consulting Network.

Going digital is not easy. But help is available from the Kansas Foundation for Medical Care. In February, KFMC received \$7 million in federal stimulus dollars to create a HIT Regional Extension Center (REC) and accelerate the adoption and meaningful use of certified EHR technology in Kansas.

Leading KFMC's effort is Mike Aldridge, who brings 20 years experience in the field of information technology to his job as HIT director. He joined the MSSSC at a July 1 event that updated Sedgwick County physician practices on the latest HIT news.

Aldridge described KFMC's role as one of offering support to Kansas health care providers with direct, individualized, on-site technical assistance.

"We are an advocate for physician practices," said Aldridge.

Among the services offered by the REC to physician practices at a reduced or subsidized rate are:

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KFMC HIT director Mike Aldridge (center) is surrounded by Wichita-area staff members who are assisting physician practices in the adoption and use of health information technology: (from left) Jaime Brennan, Erin Patrick, Angie Barnett and Dan Elliott.



PRESIDENT'S MESSAGE



George Lucas, MD

The Doc Fix

"You may take the most gallant sailor, the most intrepid airman, or the most audacious soldier,

put them at a table together — what do you get? The sum of their fears." Winston Churchill

What are we afraid of? We're afraid that with the "doc fix" we're going to lose money — and I'm fairly certain that we will. I'm not optimistic that such a fix will be draconian enough to make the system sustainable, but there has been some movement to kick the can down the road for five years rather than four to six weeks at a time.

AMA President J. James Rohack said in May, "Short-term patches of any length create instability in the Medicare system for seniors and their physicians and hurt health care access for patients."

It's impossible to report accurately what's happening with Medicare reimbursements because it changes from day to day. In November 2009, the Senate considered a bill that would have abandoned the current SGR formula and set future annual payment updates at zero. This relatively cheap solution didn't happen, of course. A current plan for cost-based raises through 2012 includes a 31% cut in 2013 that would cost \$37.2 billion over 10 years. If we pursue 2% annual raises through 2020 the price tag goes up to \$375 billion. You'll have to read the *Wall Street Journal* or the *New York Times* to get the latest scoop.

We physicians have been trundling up to Capitol Hill for the last 30 years to beg Congress not to cut Medicare reimbursement rates. Never mind that physicians opposed the adoption of Medicare in the first place!

The Medicare Economic Index (MEI) suggests that payments to physicians have failed to keep pace with increases in practice costs. I'm sure that's true, but I would state again that no physician I am aware of has had their home foreclosed or forced to take public transportation to work.

Several MSSC members attended the June AMA annual meeting in Chicago, including

Drs. Meek, Poling, Hoppock, Brada, Wilson and myself. These gentlemen all had specific responsibilities; I was the fly on the wall. Among the horde of physicians in dark blue blazers, one person stood out in a red dress and her signature high heels — our own Donna Sweet, who was re-elected to a four-year term on the Council of Medical Services.

My take on the meeting was that there was a lot of Obama bashing and tweaking of some 200 proposals, the most significant of which was the call for a permanent solution to the SGR problem.

Even if Congress can see ahead five years to reform the SGR, the system won't be truly fixed unless we get a change in the way we pay for health care — specifically, our reliance on the fee-for-service model. We need to harmonize our approaches between Medicare and the private sector and set up a system that rewards patient-centered care focused on outcomes, value and efficiency. That will only happen if the pay gap between primary care doctors and proceduralists is narrowed.

I never like to think of myself as average, but on looking up the average physician salary in 1964 it was \$18,000 per annum. Two years later, in 1966, my starting salary with a small but elite orthopaedic surgeons group was exactly \$18,000, which means that the gap between myself and my family practice friends (called general practice in those days) was not very wide.

The most recent salary figures I could find are from a survey conducted by the American Medical Group Association in 2009 that shows today's median starting salary for family medicine is \$145K. For orthopaedic surgeons it is \$370K, \$450K for neurosurgeons and \$350K for cardiothoracic surgeons. Obviously, these specialists command a much greater stake in any change in the system.

Are these specialists three times as valuable to society as the family doc? I doubt it, even though I am one of these specialists.

Are you still scared? Thinking of getting out of Medicare altogether? Here are your options vis-à-vis

Medicare participation as outlined by the AMA February 19, 2010:

Participation Physicians agree to take assignment on all Medicare claims and accept Medicare's approved amount.

Nonparticipation Physicians can file non-assigned claims for Medicare patients on a case-by-case basis in return for fees that are set at 95% of Medicare-approved amounts. They can balance bill for up to an additional 15% of the reduced rate. Because Medicare in these instances pays the patient directly, collection costs and bad debts may occur.

Private Contracting Physicians and Medicare enrollees who choose to enter into private contracts agree not to bill Medicare for any services. Once opted out, physicians cannot submit claims to Medicare for any of their patients for a two-year period.

[A new article on the SGR formula can be found at <http://healthcarereform.nejm.org/?p=3699&query=TOC>]

"No passion so effectually robs the mind of all its powers of acting and reasoning as fear."

Edmund Burke ■



According to the Centers for Disease Control and Prevention, about 4.5 million people are bitten by dogs each year. It is **highly recommended** that any physician with knowledge of a patient being bitten or scratched by a potentially rabid animal report such incidents immediately to the Sedgewick County Animal Control.

Information concerning the bite or scratch should include the following:

- Location of the animal and the bitten/scratched person at the time of the incident.
- Victim's name, address and phone number.
- The name and address of the animal's owner, if know.

The reporting form can be found online at: www.sedgewickcounty.org/animalcontrol/

The completed form can be faxed to 383-7553. Sedgewick County Animal Control can be reached at 660-7070. ■

UP2DATE

Keep your 2010 Roster current by adding the information listed below and in the Membership section of this issue of the MSSC News.

roster changes as of July 12

ADDRESS / PHONE CHANGES

Lillian Harstine, MD

OFF: 609-3030
FAX: 609-3080
3223 N Webb Rd S-3 67226

Carol Johnson, MD

Family Physicians
OFF: 733-3002
FAX: 733-6997
524 N Andover Rd
Andover, KS 67002
Email: fpk@fpkansas.com

Kerri McGargill, MD – last name now Hild

Anthony Pollock, MD

FAX: 631-1683

Hilary Rainbolt, MD

Wichita Clinic
OFF: 689-9234
FAX: 689-9720
3311 E Murdock 67208

RETIRED

David Backes, MD 6/30/10

James Hartley, MD 6/30/10

Glen Hastings, MD

BOARD CERTIFICATIONS

Jason Slaikeu, MD

BC Vascular Surgery

DROPPED

Anjay Khandelwal, MD

moved to AR 7/31/10

Andrew Meister, MD

moved to PA 5/28/10

R. Sandy Neblett, MD

moved overseas

Quoc Truong, MD

moved to WV

ATTENTION PHYSICIANS & PRACTICE MANAGERS:

The deadline to return the 2011 Roster physician information verification sheets is **August 15**. For information, contact Susan at 683-7557.

MEMBERSHIP

Any member of the Society who knows a good and sufficient reason why any of the following applicants are not eligible for membership in our Society is requested to communicate with the Medical Society of Sedgewick County office.

- BC** Board Certified
- R** Residency
- F** Accredited Fellowship
- F** Unaccredited Fellowship
- AT** Additional Training

new applicants

Ghiyath Al-Tabbal, MD

BC Internal Medicine
BC Cardiovascular Disease
F Clinical Cardiac Electrophysiology
Heartland Cardiology
OFF: 686-5300
FAX: 651-2666
551 N Hillside S-410 67214

Alexis R. Carmer, MD

R Family Medicine
Via Christi St Francis Family Medicine
OFF: 858-8460
FAX: 858-3458
707 N Emporia 67214

Teran M. Davis, DO

R Anesthesiology
Kansas Professional Anesthesia
OFF: 618-1515
FAX: 618-8635
1515 S Clifton S-200 67218

Freidy A. Eid, MD

BC Internal Medicine
BC Cardiovascular Disease
Heartland Cardiology
OFF: 686-5300
FAX: 651-2666
551 N Hillside S-410 67214

Daniel J. Gillespie, MD

BC Diagnostic Radiology
Kansas Imaging Consultants
OFF: 689-5050
FAX: 689-6192
3600 E Harry 67218

Davin L. Hart, DO

R Anesthesiology
Anesthesia Consulting Services
OFF: 800-374-5326
FAX: 800-374-7656
PO Box 2897 67201

Janel R. Hartig, MD

BC Internal Medicine
BC Pulmonary Disease
PMA Pulmonology

OFF: 261-3141
FAX: 261-3202
848 N St Francis #1962 67214

Zartash Z. Khan, MD

BC Internal Medicine
F Infectious Disease
Infectious Disease Consultants
OFF: 264-3505
FAX: 264-0908
1100 N St Francis #130 67214

David J. King, DO

R Anesthesiology
Kansas Professional Anesthesia
OFF: 618-1515
FAX: 618-8635
1515 S Clifton S-200 67218

Kendra N. Marcotte, MD

R Internal Medicine
R Pediatrics
Mid Kansas Inpatient Physicians
OFF: 962-2030
FAX: 962-7100
550 N Hillside 67214

Kristin L. Myers, MD

R Family Medicine
Mid Kansas Inpatient Physicians
OFF: 962-2030
FAX: 962-7100
550 N Hillside 67214

Christina M. Nicholas, MD

R Surgery
Kansas Surgical Consultants
OFF: 685-6222
FAX: 685-1273
3243 E Murdock S-404 67208

Clifford P. Turk, MD

BC Anesthesiology
Kansas Professional Anesthesia
OFF: 618-1515
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1515 S Clifton S-200 67218

Matthew S. Turner, DO

R Emergency Medicine
Via Christi St Francis
OFF: 268-5775
FAX: 291-7496
929 N St Francis 67214

Geoffrey M. Vincent, MD

Emergency Services
BC Family Medicine
OFF: 962-2239
FAX: 962-2668
550 N Hillside 67214

Dean launches blog

KU School of Medicine-Wichita Dean **H. David Wilson, MD** is now blogging. The recently launched Dean's Blog enables Dr. Wilson to update readers on news from the Wichita campus.



Dr. Wilson started his blog June 21 with this opening statement: "I've been a physician ... a professor ... and a dean for a long time now. As of today, I guess I'm also a blogger."

His most recent blog includes news about the kickoff event to support expansion of KUSM-W to a full, four-year curriculum hosted by Ann and Dennis Ross, MD and the hiring of Michele Mariscalco, MD as the school's new Dean for Research.

To subscribe to Dr. Wilson's blogs, visit <http://wichita.kumc.edu/deansblog> ■



MSSC president Dr. George Lucas was one of 15 Wichita physicians attending a July 14 meeting with Kathleen Selzler Lippert, the new executive director of the Kansas Board of Healing Art. The physicians raised several questions regarding the work of the KBHA. At the conclusion of the meeting, both entities agreed to work closely together to maintain the highest quality medical care possible in Sedgwick County.

KFMC *continued from page 1*

- selecting a certified EHR product that offers best value to the provider.
- achieving effective implementation of the selected EHR system.
- enhancing clinical and administrative workflows to optimize the EHR's value to the physician practice.
- complying with legal, regulatory, professional and ethical requirements for protecting patient privacy.

The REC has received 472 letters of interest from practices in Sedgwick County, far more than any other county in Kansas. While its funding is targeted

toward primary care physicians specializing in family medicine, internal medicine, pediatrics, geriatrics or obstetrics/gynecology working in practices of 10 or fewer doctors, the REC can assist other practices at a competitive rate, depending on staff availability.

The REC also will play a key role in distributing information about the newly-released meaningful use rules that affect every physician in Kansas.

To learn more about the work of KFMC's Regional Extension Center,

- * call 1-800-432-7700
- * email RECSupport@KFMC.org
- * visit www.kfmc.org ■

FYI To keep up with the latest national news of interest to physicians, consider subscribing to receive regular email updates from:

- www.ihealthbeat.org
- www.kaiserhealthnews.org
- www.khi.org
- <http://ahitinks.blogspot.com/>

FROM THE KANSAS FOUNDATION FOR MEDICAL CARE

MSSCNEWS

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