

Progress Notes

MARCH 2018

MSMA Reporting the Progress of Missouri's Medicine

www.msma.org

Anthem Rescinds Modifier 25 Policy! Tremendous Win for Missouri Physicians and Patients!

On Friday, February 23, Anthem sent a letter to the AMA informing organized medicine that the insurer would rescind their recently promulgated modifier 25 policy. This policy would have automatically reduced reimbursements for E/M codes paired with a procedure code through a modifier 25. Initially, Anthem's policy called for a 50% payment reduction, but after meeting with the AMA on the issue Anthem reduced the amount to 25%.

MSMA began working on legislative language to counter this policy in late November. On January 8, 2018, Missouri was the first state where legislation was introduced that prohibited insurance carriers from reducing payments on E/M codes when reported by the same physician on the same day as a procedure. House Bill 2225, sponsored by Rep. Mike Henderson (Bonne Terre), was heard in committee on February 6, 2018. Senate

Bill 928, authored by MSMA member Sen. Bob Onder, M.D. (Lake Saint Louis), was voted out of committee this past week.

MSMA's legislative action was instrumental in pressuring Anthem to rescind its policy. It is a tremendous win for organized medicine. This is what a collective voice can accomplish. We encourage you to share this information with your colleagues who are not MSMA members, and ask them to join the most powerful physician organization in the state.

View letter at www.msma.org.



Missouri State Medical Association
160th Annual Convention
March 23-25, 2018 | Renaissance St. Louis Airport Hotel

160th House of Delegates Resolutions

View full resolutions at www.msma.org/proposed-resolutions.html

House of Delegates Schedule

Friday, March 23 - 8:00 am / Sunday, March 25 - 8:15 am

Reference Committee A Start Time: 10:00 am

Resolution 1 - Sale of Tobacco Products in Pharmacies

RESOLVED, that the Missouri State Medical Association declare the practice of selling tobacco in pharmacies as irresponsible from a public health perspective; and be it further

RESOLVED, that the Missouri State Medical Association encourages its members and all physicians to advise their patients to patronize, when possible, pharmacies that do not send mixed messages to their patients by selling tobacco.

Resolution 2 - Creating Sustainable Strategies to Enhance Primary Care in Missouri

RESOLVED, that MSMA work with policy makers to develop long-term, sustainable strategies that enhance the number of primary care physicians in Missouri, including but not limited to reimbursement reform, dedicated funding for primary care Graduate Medical Education (GME), increased funding for primary care training, medical school debt relief, and enhanced retention of primary care GME graduates in the state of Missouri.

Resolution 5 - Create Standardized Priority Menu for Physicians Calling In Prescriptions

RESOLVED, that the Missouri State Medical Association, in partnership with the Missouri Pharmacy Association, work to create a standardized priority menu option for physicians when calling in a prescription to a pharmacy; and be it further

RESOLVED, that this standardized priority menu concept be taken to the American Medical Association for implementation at a national level.

Resolution 6 - Medical Records Custodial Storage

RESOLVED, that the Missouri State Medical Association work with the Missouri Board of Registration for the Healing Arts to address the issues of custodial records storage upon retirement or relocation.

Resolution 10 - Collection of Breastfeeding Data at Well-baby Visits in First Year of Life

RESOLVED, that our AMA support the collection of data regarding continuation of breastfeeding beyond hospital discharge, in order to increase breastfeeding rates at 6 months of life; and be it further

RESOLVED, that our AMA encourage incorporation of standard questions about continuation of breastfeeding to be asked at all well-baby visits in the first year of life, such as frequency, quantity, and barriers to breastfeeding.

Continued on page 2



Reference Committee A, continued

Resolution 11 - Allow the Missouri DEA Professional Staff Curriculum Time at Missouri Medical and Osteopathic Schools to Present Information on Scheduled Drug Prescribing Practices in Missouri

RESOLVED, that the Missouri State Medical Association encourage the Medical and Osteopathic Schools to negotiate with the DEA on a suitable number of hours devoted within the curriculum for Missouri DEA professional Staff to educate the students on scheduled drug prescribing practices within Missouri.

Resolution 15 - Healthcare Finance in the Medical School Curriculum

RESOLVED, that the MSMA study the feasibility of providing funds to support efforts by the MSMA-MSS, and individual chapters therein, to host educational events about topics of healthcare finance and medical economics; and be it further

RESOLVED, that our AMA study the extent to which medical schools and residency programs are teaching topics of healthcare finance and medical economics; and be it further

RESOLVED, that our AMA make a formal suggestion to the LCME encouraging the addition of a new Element, 7.10, under Standard 7, "Curricular Content," that would specifically address the role of healthcare finance and medical economics in undergraduate medical education.

Resolution 16 - Content of Advertisements for Pharmaceuticals, which Appear in Medical Journals

RESOLVED, that representatives of your Missouri State Medical Association shall propose Federal regulatory change, to be implemented by the FDA, to enact new regulatory language which mandates that all advertisements for medications must describe that medication's pharmacologic mechanism of action; and be it further

RESOLVED, that representatives of your Missouri State Medical Association (MSMA) shall carry forward a resolution designed to advocate for this regulatory change, to be considered by the American Medical Association (AMA) at the next meeting of its House of Delegates, in Chicago, in June of 2018, and

RESOLVED, that the explicit purpose of such a resolution will be to promote regulatory change within the FDA, via governmental outreach by agents such as lobbyists employed by your AMA, to cause there to be a new regulation that requires that a medication's pharmacologic mechanism of action be stated clearly within the product advertising; and be it further

RESOLVED, that delegates from your MSMA to the next meeting of the House of Delegates of your AMA shall make a reporting of the action, or lack thereof, taken by the AMA House of Delegates, toward this resolution, in a timely fashion.

Resolution 18 - Medicaid

RESOLVED, that In the public discourse regarding the payment for health care goods and services, your Missouri State Medical Association (MSMA) shall forever refrain from making reference to Medicaid coverage as "Health Insurance", because the Medicaid program fails the test of being a type of insurance; and be it further

RESOLVED, that during the public discourse regarding the payment for health care goods and services, when representatives of the print or electronic media make reference to Medicaid coverage as a form of Health Insurance, representatives of your MSMA shall attempt to contact the reporter who makes such a report, in order to educate them, with this education conveying to the reporter the fundamental differences between the Medicaid program and Health Insurance; and be it further

RESOLVED, that your MSMA shall provide data to educate the public that the purchase of health care goods and services by the Medicaid-covered patients occurs at a sizably discounted sum, compared to the sums that would accrue if units of government paid for these goods and service at "market rates"; and be it further

RESOLVED, that your MSMA shall advocate to its membership, and to members of the print and electronic media, that the Medicaid program should be viewed by leaders of the various units of state or Federal governments as a tremendous benefit provided at a large discount, and not as a tremendous financial burden; and be it further

RESOLVED, that representatives of your MSMA shall carry forward a resolution designed for the same purpose, to be considered by the American Medical Association (AMA) at the next meeting of its House of Delegates in Chicago, in June of 2018; and be it further

RESOLVED, that delegates from your MSMA to the next meeting of the House of Delegates of your AMA shall make a reporting of the action, or lack thereof, taken by the AMA House of Delegates, toward this resolution, in a timely fashion.

Resolution 19 - Continuing Medical Education

RESOLVED, that your Missouri State Medical Association will advocate within the state that representatives of one medical specialty shall not mandate any specific number of hours of CME/CPD credits to be completed in any time period, directly, or indirectly, by organizations representing a specialty different from the individual physician's board certification specialty; and be it further

RESOLVED, that your Missouri State Medical Association shall advocate for a parallel policy at the national level, by introducing an appropriately-worded Resolution at the next meeting of the House of Delegates of the American Medical Association, advocating that no specialty shall directly or indirectly prescribe a minimum number of specialty-targeted CME/CPD requirements for members of another medical specialty that has its own certifying board; and be it further

RESOLVED, that your Missouri State Medical Association shall specifically acknowledge that it is currently advocating for such limitations, at the state and national level, upon certifying bodies for "Trauma Centers", "Stroke Centers" and "CP Centers".

Reference Committee B Start Time: 10:30 am

Resolution 3 - Support for Legislation Creating Needle Exchange Programs in Missouri

RESOLVED, that the Missouri State Medical Association supports passage of legislation creating needle exchange programs in the state of Missouri.

Resolution 4 - Statewide Adoption of the St. Louis County Prescription Drug Monitoring Program

RESOLVED, that the Missouri State Medical Association support legislation to adopt the St. Louis County Prescription Drug Monitoring Program (PDMP) as the State of Missouri's PDMP.

Resolution 7 - Maternal Mortality Review Board

RESOLVED, that the Missouri State Medical Association work with the state legislature to pass, create and adequately fund the Missouri Maternal Mortality Review Board; and be it further

RESOLVED, that the State of Missouri work with the CDC WISDOM Database Program for analysis and storage of data.

Resolution 8 - Opioid Continuing Medical Education Programming

RESOLVED, that the Missouri State Medical Association create a web-based opioid education program and make it available at no cost to MSMA members with continuing medical education credit.

Resolution 9 - Membership Applications Included with Licensing Information Packets

RESOLVED, that the Missouri State Medical Association approach the Missouri Board of Registration for the Healing Arts and request that MSMA and local component society member applications be included in the initial mailing to new physicians licensed to practice in the State of Missouri.

Resolution 12 - Ensuring Safe and Collaborative APN Scope of Practice

RESOLVED, that our MSMA study methods for advancing the scope of advanced practice nurses which include specific safety mechanisms for practice within the state of Missouri; and be it further

Continued on page 3



Reference Committee B, continued

RESOLVED, that our MSMA work with relevant stakeholders to set parameters for expanding scope of practice, such as establishing a governing organization (such as/or similar to the Missouri Board of Healing Arts) whereby complaints or concerns about an advanced practice nurse operating with expanded scope of practice can be investigated by those with appropriate qualifications to judge inadequate practice; and be it further

RESOLVED, that if advanced practice nurses within Missouri be offered the opportunity for practice without collaboration, that our MSMA work to make this program optional (i.e. that advanced practice nurses wishing to have physician oversight can remain in a collaborative agreement) and that those wishing not to have a collaborative agreement are mandated to meet requirements for independent practice that are comparable to and as rigorous as those faced by practicing medical physicians.

Resolution 13 - Improved Nomination Process

RESOLVED, that the Missouri State Medical Association appoint an Ad Hoc Committee or Task Force to bring the Council a recommendation for a Nominations process that includes the following: 1) announcement of the candidates to the membership at least 90 days prior to the House of Delegates meetings, 2) open call for nominations or self-nominations from the membership, and 3) a reasonable vetting process for all candidates by the Nominations Committee; and be it further

RESOLVED that the MSMA Council receive this recommendation by their July meeting, so that that a more improved process can be voted on at the 2019 House of Delegates meeting.

Resolution 14 - Return to Prudent Laysperson Standard for Emergency Services

RESOLVED, that the Missouri State Medical Association, actively and deliberately, take all necessary legislative, legal, and public relations steps to encourage Anthem Blue Cross and Blue Shield to return its efforts to the use of the prudent laysperson standard; and be it further

RESOLVED, that the Missouri State Medical Association collaborate with other entities seeking to overturn the egregious action of Anthem Blue Cross and Blue Shield, including the American College of Emergency Physicians, and advocate that the American Medical Association adopt policy opposing the arbitrary denial of payment for emergency services based on diagnostic coding alone, and supporting the use of the prudent laysperson standard.

Resolution 17 - Cerebral Palsy

RESOLVED, that your Missouri State Medical Association (MSMA) will collect scientific documentation of the lack of any relationship between events recorded during perinatal monitoring and the outcome of Cerebral Palsy; and be it further

RESOLVED, that the purpose of this documentation shall be to support the development and passage of a new law, which would bar any alleged tort that purports any alleged relationship between events recorded on a fetal monitoring record and the presence of Cerebral Palsy in a child born in Missouri; and be it further

RESOLVED, that your MSMA will reach out to the Missouri Hospital Association (MHA), to coordinate a campaign of public information, designed to educate the public and elected officials that perinatal monitoring, although able to provide real-time data about fetal heart rates, lacks any documented efficacy to impact the incidence of Cerebral Palsy; and be it further

RESOLVED, that your MSMA will initiate a lobbying campaign, alone or with the MHA, to publicize these facts to the elected state legislators within the State of Missouri regarding the lack of efficacy of perinatal monitoring to impact the incidence of Cerebral Palsy; and be it further

RESOLVED, that your MSMA will lead a scientifically-based initiative, designed to enable outreach to Missouri legislators, to result in the passage of legislation which will eliminate "birth injury" as a possible alleged tort, because perinatal monitoring has no efficacy toward reducing the incidence of Cerebral Palsy; and be it further

RESOLVED, that representatives of your MSMA shall carry forward a resolution designed for the same purpose, to be considered by the American

Medical Association (AMA) at the next meeting of its House of Delegates in Chicago, in June of 2018; and be it further

RESOLVED, that the explicit purpose of such a resolution will be to promote legislative change by the Congress of the United States, via outreach by agents such as lobbyists employed by your AMA, to procure legislation to outlaw alleged torts purporting a causal relationship between data from perinatal monitoring and the diagnosis of Cerebral Palsy; and be it further

RESOLVED, that delegates from your MSMA to the next meeting of the House of Delegates of your AMA shall make a reporting of the action, or lack thereof, taken by the AMA House of Delegates, toward this resolution, in a timely fashion.

Resolution 20 - The Opioid Death Epidemic

RESOLVED, that your Missouri State Medical Association (MSMA) shall attempt to persuade Missouri Attorney General Josh Hawley (or his successor) to pursue a civil tort against corporations such as Purdue Pharma, seeking a damage award that would be crippling to the function of companies such as Purdue Pharma, due to their culpability in the current opiate use and death epidemic, for the good of the citizens of Missouri; and be it further

RESOLVED, that your MSMA shall attempt to persuade Attorney General Hawley to join the four cities in West Virginia, and also pursue an alleged tort against JCAHO, due to their demonstrable negligence in contributing greatly to the current opiate crisis; and be it further

RESOLVED, that your MSMA shall attempt to obtain a damage award from the JCHAO that will represent a meaningful portion of their assets, such that they will become more motivated to heed rather than to ignore the voices of caution from physicians, which were expressed but ignored by JCHAO leadership frequently after 2001, regarding their misguided policies; and be it further

RESOLVED, that your MSMA shall carry forward a resolution advocating for pursuit of a civil tort against Purdue Pharma and the JCHAO by the Attorney General of every other state, for consideration at the Annual Meeting of the American Medical Association in Chicago, in June of 2018; and be it further

RESOLVED, that your MSMA shall develop a press release, suitable to be released to representatives of the print and electronic media, outlining this planned course of action and the rationale by which we shall justify it.



MSMA: Advocating for ALL Medical Specialties

Earlier this month, Drs. Warren Lovinger, Joseph Corrado, and David Barbe represented MSMA at the American Medical Association's National Advocacy Conference in Washington, D.C. Dr. Lovinger is MSMA's current president, Dr. Corrado is MSMA's president-elect, and Dr. Barbe is a past MSMA president who is currently serving as the president of the American Medical Association. The AMA National Advocacy Conference is an annual meeting where physicians and state medical association staff from all over the country gather to hear presentations from legislators, congressional staff, and other experts on healthcare policy.

After the presentations, your MSMA representatives visited the House and Senate offices to meet with Missouri elected officials and their staff. Your physician leaders presented legislative priorities and requests that would benefit Missouri physicians. Hot topics this year included regulatory relief, liability protection for disaster volunteers, healthcare needs in rural Missouri, and legislation that addresses the opioid crisis. The physicians had a successful visit, and MSMA is very appreciative of the warm welcome from the Missouri congressional delegation and their offices.





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MIPS Reporting Deadlines Fast Approaching - March 31

Deadlines are fast approaching if you plan to submit data for the 2017 Merit-based Incentive Payment System (MIPS) performance period. Don't wait until the last minute to submit your data. Submit early and often. The two key dates are: March 16 at 8pm ET for group reporting via the CMS web interface and March 31 for all other MIPS reporting, including via qpp.cms.gov.



Physician of the Day MARCH VOLUNTEERS

- Greg Terpstra, DO
- Tom Saak, MD
- Lauren Umstatt, MD
- Jeffrey Tedrow, MD
- Gary Gaddis, MD
- Jennifer Conley, MD

SIGN UP!

www.msma.org/physician-of-the-day

