



RHODE ISLAND MEDICAL NEWS

NEWSLETTER OF THE RHODE ISLAND MEDICAL SOCIETY

JANUARY 2006

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The clock runs out for MinuteClinic™

The saga of MinuteClinic ("You're sick, we're quick") in Rhode Island appears to be over, at least for now.

After months of delays and hearings, MinuteClinic informed the Rhode Island Department of Health in early December that it was withdrawing its application for licensure as an Organized Ambulatory Health Care Facility. Earlier this year, Minute had announced plans to open six MinuteClinics in Rhode Island by September. All six were to have been sited within existing CVS stores.

Minute offered no reason for the withdrawal.

A subcommittee of the Health Department's Health Services Council had held a series of public hearings on the licensure application. The Providence *Journal* editorialized in favor of the clinics early on, but the Warwick *Beacon* published a more critical review after RIMS leaders met with the editor.

United Healthcare quickly embraced its fellow Minnesotan enterprise, but Rhode Island Blue Cross served notice on Minute that it would have to provide adequate follow-up for patients. *(continued on page 9)*

Insurance Commissioner at work on fairness issues

Two pieces of legislation that Rhode Island Medical Society initiated and championed for years are now in effect and are combining to improve the environment of medical practice in the Ocean State.

The first of these created the new office of Health Insurance Commissioner within the Department of Business Regulation. The Commissioner's statutory charge includes promoting "fair treatment for health care providers." Earlier this year, Christopher Koller, the well-regarded former CEO of Neighborhood Health Plan, became Rhode Island's first Health Insurance Commissioner.

A still newer law guides the Commissioner in his work and sets a specific timetable for the fulfillment of five major physician-friendly provisions:

- By January 1, 2006, health plans doing business in Rhode Island must establish a method by which they shall disclose fee schedules to contracted professionals.
- By April 1, 2006, a standardized provider application and credentials verification process must be adopted by all payers.
- By September 1, 2006, a uniform claim form must be adopted by all payers. *(cont. on page 9)*



Medicare Part D

Since the 2003 passage of the Medicare Modernization Act, skeptics of the Medicare Part D Drug program have speculated on just what the “D” in Part D might stand for; “debacle,” “disaster,” “disorganized,” and “disgrace” have come to mind.

Since November 15th, however, the most appropriate interpretation of the “D” is “done deal” because Medicare recipients are now eligible to enroll in Part D by selecting the prescription drug plan of their choice (the enrollment deadline is May 15, 2006). Medicare patients who choose to take part in Part D will have to make a series of decisions about their medical care, and in Rhode Island, where eighteen companies are offering 44 drug plans to choose from, patients will inevitably look to their doctor for information and advice on how best to enroll.

Through its Protecting Patients’ Access to Care Coalition (PPACC), RIMS has been working to inform RIMS members about the Part D Prescription Drug program and provide them with timely information to pass on to their patients.

Beginning in October, PPACC offerings to RIMS members included a quick “Crash Course” introduction to the Part D plan, as well as an information card with contact numbers for state and local recourses for patients to turn to with their questions. RIMS members also received a prescription drug worksheet designed to help patients organize their current medications and better equip them to choose the coverage plan that best meets their prescription drug needs. These items are currently available for download at the RIMS website, www.rimed.org.

Part D at a glance

- All current beneficiaries of Medicare Part A and/or B became eligible to enroll for Part D Prescription Drug coverage on November 14, 2005. There are just over 170,000 Medicare beneficiaries in Rhode Island.
- The Part D coverage plans take effect on January 1, 2006. The enrollment deadline is May 15, 2006.
- The prescription drug programs offered by Medicare are similar in design to coverage plans offered by insurance companies, covering medications for a yearly deductible, monthly premium and various co-payments. The monthly premiums in the Rhode Island plans range from \$7.32 to \$65.58. By law, the deductible cannot exceed \$250.
- Enrollees in the Medicare Part D Prescription Drug Plan may be subject to a gap in coverage sometimes referred to as the “donut hole.” That is, after an enrollee spends \$2250 (out-of-pocket) on prescription drugs, he or she will have to absorb 100 percent of the cost until the costs reach \$3,600. At that point, Part D coverage kicks back in and covers 95 percent of the remaining cost.
- Rhode Island enrollees will choose among 18 different companies offering 44 different coverage plans. Even with so many options, it is possible that no one plan will cover a given patient’s entire medication regimen. This further increases the possibility that patients will look to their doctor for help with prescribing generic equivalents and selecting the most advantageous plan for them.

Part D: Local Reception

Despite sitting at the heart of a historic Medicare reform bill and being the sole subject of a Cabinet Secretary’s nationwide tour, the Medicare Part D Prescription Drug plan has been met with less than universal acclaim. Locally, the Providence *Journal* has devoted three separate editorials to Part D since September 4, with all three sounding a skeptical chord about the design and implementation of the plan.

- A September 4 *Journal* editorial captioned “Medicare-medication mess” criticizes the Part D benefit as “outlandishly expensive for America’s taxpayers” and “very confusing.” It asserts that the Part D plan ignores the “honest, simple” solution of allowing the federal government to use its massive purchasing power to negotiate lower prescription drug prices. The authors note that such a solution “would cost the taxpayers a lot less money – and it would make the beneficiaries who are trying to figure it out a lot less dizzy.”
- In an October 2 editorial entitled “Cancel the drug plan” the *Journal* charges that “the Bush Administration and its congressional allies deliberately underestimated the costs of the [prescription drug] benefit; estimates of the 10-year price tag for the ill-conceived prescription drug program are now spiraling towards \$1 trillion.” The piece calls for the Part D Drug Plan to be scrapped in the aftermath of Hurricane Katrina and passage of the subsequent Congressional relief package.
- The *Journal*’s October 16 “Full-time form filling” editorial declares that “the drug companies and insurers are the big winners” when it comes to Part D and ridicules the overabundance of coverage plans beneficiaries will have to choose from. The conclusion of the piece notes “It’s a good thing most of the Medicare beneficiaries are retired. They’ll need endless hours to sort out the different possibilities.” ❖

RIMS Campaign School 2005



Board of Elections Chairman and former Lieutenant Governor Roger Begin lectures on the filing and reporting requirements and deadlines that political candidates must observe.

The Rhode Island Medical Society and the Rhode Island Medical Political action committee (RIMPAC) hosted the second installment of the “Getting Elected 101” Campaign School on Saturday, November 19. RIMPAC Chairman L. Anthony Cirillo, MD, served as the facilitator for the day long workshop, which focused on participatory elective politics for nearly two dozen Rhode Island health care professionals interested in running for office.

Participants in the campaign school were treated to the full spectrum of challenges that Rhode Island state and local office seekers must contend with, including everything from raising money, complying with filing deadlines and designing a message strategy to finding a comfortable pair of walking shoes and advice on the best time of the week to campaign door to door.

2003’s inaugural “Getting Elected 101” session helped over a dozen Rhode Island medical professionals in their quest for public office. AMPAC observers of the RIMS/RIMPAC program regard it as a model for other state medical societies. ❖



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The Rhode Island Medical Society was founded in 1812 to promote the art and science of medicine. RIMS is the eighth oldest state medical association in the country.

In cooperation with the Brown University School of Medicine, the Rhode Island Department of Health, and Quality Partners of Rhode Island, the Society also publishes a monthly magazine, *Medicine and Health Rhode Island*.

AMA Interim House of Delegates meeting

The American Medical Association House of Delegates gathered in Dallas, Texas on November 5–8, where it debated and updated AMA policy on a wide array of medical issues.

- **Pay-for-Performance** – On November 3, the entire AMA Board of Trustees signed an open letter strongly criticizing the Physician Voluntary Reporting Program, a pay-for-performance precursor recently proposed by the Center for Medicare and Medicaid Services.



AMA New England Delegation Vice Chair Michael Migliori, MD leads a meeting of the Delegation during the AMA Interim Meeting in Dallas. Delegation Chair David Simmons, MD, of Calais, Maine, is seated.

The letter articulates the board's "serious concerns" about the program, which would allow doctors to voluntarily report to the government how well they fare on various quality measures. The letter drew praise from AMA delegates in Dallas, and exemplified AMA's opposition to pay-for-performance measures that fail to meet AMA principles that were formulated and adopted by the House of Delegates in June 2005.

- **Disaster Response** – In the aftermath of inadequate state, local and federal response to Hurricane Katrina, AMA delegates resolved to strengthen its Center for Public Health Preparedness and Disaster Response (formed after the September 11 terrorist attacks), with specific focus on coordination, training, licensure and medical liability. The AMA will work with the Federation of State Medical Boards to better facilitate the credentialing of physicians to provide aid in a state where a federal emergency has been declared. Proposals include development of a "smart card" that would allow physicians to identify themselves readily to local authorities.
- **Medicare** – In Dallas, the AMA House of Delegates passed a resolution supporting legislative and administrative steps to correct flaws in legislation that will automatically decrease Medicare payments to physicians effective January 1, 2006. Thanks to the AMA's strong advocacy and grassroots effort, Congress voted on December 20 to extend 2005 Medicare payment rates through 2006, thus seeking to avert the payment decreases. However, the implementation of the fix foundered on procedural technicalities and will be delayed at least until sometime early in 2006. ❖

RIMS Medicare participation survey

In the final weeks of 2005, RIMS was joined by a chorus of other state and national physician advocacy groups in successful efforts to persuade Congress to avert Medicare payment cuts to physicians scheduled to begin January 1, 2006.

As part of the Medical Society's advocacy effort, RIMS President Kathleen Fitzgerald, MD, sent a six-question electronic survey to members during the first week of November.

Dr. Fitzgerald's request quickly produced hundreds of responses. These fresh data were put to immediate use in RIMS' and AMA's campaign to avert the Medicare cuts. Although the campaign was success-

ful, eleventh-hour technicalities will delay the implementation of the fix until the full Congress is back at work starting January 31.

RIMS' November survey of its members yielded the following:

- Nearly 98 percent of survey respondents were "participating physicians" in Medicare.
- When asked about their future involvement with Medicare if the scheduled January 1 cuts were to go into effect, some 52 percent of respondents said they would make no changes in their practice, while 30 percent said they would close their practice to new Medicare patients.
- About 16 percent of respondents said they would change their Medicare status to "non-participating" or drop out of the system entirely.
- When asked whether a potential change to Medicare that would replace the 4.4 percent payment cut with a 1 percent increase for 2006 and introduce a pay-for-performance component would be a positive or negative development for their practice, over 45 percent of respondents considered it a negative development, while 32 percent needed more information to decide and 22 percent considered it a positive development. ❖

BRIEFLY NOTED

- **FRANCIS X. BASILE, MD**, was elected to the Board of Directors of Blue Cross & Blue Shield of Rhode Island on December 8, 2005. Dr. Basile has served as Treasurer of RIMS since 2003 but will step down from that post in order to assume his new responsibilities for Blue Cross in January 2006.

- The new officers of the Rhode Island Neurological Association are **PETER BELLAFORE, MD**, President; **GARY L'EUROPA, MD**, Vice President; **ARSHAD IQBAL, MD**, Secretary; and **CARLOS NIETO, MD**, Treasurer.

- **JOSEPH DIAZ, MD**, was recognized in a State House ceremony on October 19 for his volunteer service to the Rhode Island Free Clinic.

- **THE U.S. GOVERNMENT OFFERS USEFUL WEBSITES FOR PHYSICIANS**, including the Centers for Disease Control at www.cdc.gov, the National Institutes of Health at www.nih.gov, and the National Guideline Clearinghouse at www.guideline.gov. The last one may be the least familiar to physicians. It is sponsored by the Agency for Healthcare Research and Quality (AHRQ) and the U.S. Department of Health and Human Services and offers more than 1,100 evidence-based practice guidelines.

- **NEIGHBORHOOD HEALTH PLAN** has a new CEO. He is **MARK REYNOLDS**, who started work on October 3. Mr. Reynolds previously ran the Medicaid waiver programs in Tennessee and more recently in

Massachusetts. He succeeds **CHRISTOPHER KOLLER**, who was named the state's first Health Insurance Commissioner by Governor Donald Carcieri early this year. Founded in 1993, NHP provides health insurance coverage to 75,000 Rhode Islanders in partnership with the Community Health Centers.

- **PHYSICIANS WHO RELOCATE THEIR PRACTICES** should be sure to inform payers of their new address. BCBSRI has informed RIMS that this simple step is often overlooked, which leads to problems for both the practice and the payer. ❖

Epiphany on Richmond Street

KATHLEEN FITZGERALD, MD, FACOG



It was a rare moment of sharp clarity, and eyewitness reports agreed: the plaintiff bar's vaunted out-of-state "expert" looked like a wounded puppy.

But let me first set the scene. The stormy season has now passed again at the Department of Business Regulation (DBR, located at 233 Richmond Street in Providence), – the time of year when the medical professional liability insurers face off, one by one, against the Attorney General before a DBR hearing panel.

It is an adversarial, highly technical, exhaustive, and not very entertaining process. All three parties (the insurer, the Attorney General and the DBR) send their own set of actuaries, economists and lawyers into the ring to do battle. The Attorney General attacks the insurer's request for a rate increase not just by throwing darts at the rate filing, but by actually presenting an entire alternative filing based on differing assumptions about what the numbers and trends mean. They go at it for days. The Rhode Island Medical Society is always present with its legal counsel as an "intervener," presents testimony and monitors the process closely.

The whole intense and expensive ritual (which doctors end up paying for too, by the way), was fruitlessly drawn out this year by a former Naderite attorney flown in by the Rhode Island Trial Lawyers' Association (RITLA). This gentleman, one Jay Angoff, has become well known around the country over the past couple of years as a consultant to those in many states who

oppose civil process reforms and tort reforms for medical professional liability. Last winter's FIRI legislation (the Fair Insurance Rhode Island Act championed by the personal injury lawyers) was the Rhode Island permutation of this "expert's" proposed solutions.

Those "solutions" have been exposed as naïve and counterproductive, both here in Rhode Island and in every other state where they have been floated. As one perceptive State House observer said in December 2005, "We all know that FIRI is garbage."

The irony was therefore palpable (and for some of us, delectable), when the latest round of DBR hearings coincided with the release nationally of a withering analysis of Mr. Angoff's work. Mr. Angoff was sitting right there with us in the DBR hearing room

The actuaries pronounced the analysis and statistics published by RITLA's consultant Mr. Angoff to be "meaningless and unsound," "materially incomplete," and "incomplete and taken out of context."

on Richmond Street in Providence the day of the release.

The publication of the analysis of Angoff was a highly unusual step for the authors, who are two of the most distinguished professional liability actuaries in the world. They performed the analysis on their own initiative, not under commission from anybody. Reading between the lines of their crisp and thorough report, one gains a clear sense of what motivated these actuaries to perform this *pro bono* work: they were outraged at Mr. Angoff's dangerous and irresponsible abuse of actuarial science and concerned that policy makers and the public were being deceived by him.

The actuaries pronounced the analysis and statistics published by RITLA's consultant Mr. Angoff to be "meaningless and unsound," "materially incomplete," and "incomplete and taken out of context." "Further," they stated, "the analysis fails the common sense test."

Within days of this annihilating criticism, the American Academy of Actuaries also weighed in. In an unprecedented step, the AAA released an official statement by their Medical Malpractice Subcommittee, saying in part "Historically, the subcommittee has not commented on individual medical liability studies. However, the July 2005 study by Jay Angoff commissioned by the Center for Justice & Democracy entitled *Falling Claims and Rising Premiums in the Medical Malpractice Insurance Industry* is an exception because of the public attention it has received, the apparent credibility ascribed to its conclusions and, in our view, the poor quality of the analysis."

The Academy goes on to warn that Angoff's work is "incomplete, actuarially unsound, and misleading...uses improper data comparisons, incomplete information and appears to misuse certain insurance industry benchmarks" and thus presents numerous "mischaracterizations and misinterpretations."

It is also well known now that the National Association of Insurance Commissioners is preparing its own denunciation of Mr. Angoff's methodology and conclusions.

In a reasonable world, such definitive and authoritative judgments would move the debate along. Let's hope they do, because, as we all know, the status

quo is unacceptable and will be ruinous if it persists.

Let me emphasize, by the way, that the Rhode Island Medical Society welcomes the recent participation of the Rhode Island Trial Lawyers' Association in the DBR proceedings, as well as the occasional presence of Ocean State Action. Their exposure to the regulatory process, to the principles of actuarial science, and to the unique complexities of long-tail insurance can only help, one would think, to provide RIMS and RITLA with a shared vocabulary and understanding of the issues.

And surely there is some basis of common interest we can build upon. One would think, for example, that expediting a process that takes longer here in Rhode Island (over six years, on average) than anywhere else in the nation might be one place to start.

For three years running now, the Rhode Island Medical Society, in concert with the Rhode Island Hospital Association, the Protecting Patients Access to Care Coalition and the Patients First Coalition (which has 65 organizational members), has put forth a carefully crafted package of eminently reasonable and constructive proposals that are projected to save 8% to 10% (which would compound over years) while speeding quicker resolution of meritorious cases.

But RITLA has opposed it, and the General Assembly has failed to enact it.

The price of the General Assembly's inaction goes up every year, and while we doctors are the ones who get hit first, the effects of Rhode Island's wasteful, erratic and inhumane non-system touch literally everyone. It drives up costs, erodes access and retards efforts to improve quality and safety, while holding plaintiffs and doctors hostage in judicial purgatory for years.

Now, as RIMS members know, some significant relief appears to be on the way, at least in Providence County. The Superior Court, to its great credit, has recently instituted two excellent administrative changes. One establishes a mandatory mediation process for all medical liability cases, and the other requires a plan for timely disclosure of experts and their testimony.

Depending on conscientious implementation of these new orders by the courts and the judges, these new rules should have a very positive impact.

In a reasonable world, such definitive and authoritative judgments would move the debate along. Let's hope they do, because, as we all know, the status quo is unacceptable and will be ruinous if it persists.

In fact, the timely disclosure requirement appears to obviate a major piece of the Medical Society's legislative reform package.

The rest of that package will be before the General Assembly again in 2006. If the legislature and the personal injury bar continue to stall our balanced and reasonable reforms while conditions continue to deteriorate, then stronger medicine will inevitably be called for.

There are plenty of other measures we can and should be talking about publicly.

Health courts, for example, are one good idea. Medical liability cases desperately need more science, objectivity, and predictability, as well as timeliness. Special administrative courts work expeditiously and fairly in other complex areas of the law, like worker's compensation, tax matters, and vaccine liability. Health court judges would develop special competence in medical matters. Qualified, neutral experts would inform the process. Health court rulings would help establish clear and consistent case law, develop equitable and reliable standards of compensation, and help

restore confidence in the integrity of the civil justice system.

We can also learn from the special birth injury compensation systems that exist in Florida and Virginia.

We can learn from Scandinavian countries, where physicians and injured patients often work as a team in securing appropriate compensation for the patient.

Thirty years ago, Rhode Island had a system of medical liability review panels. Massachusetts and Maine still do. New Hampshire enacted review panels just this year. The Rhode Island Supreme

Court struck ours down in 1978, but a different model might pass muster.

We could bring high-risk specialties like neurosurgery, trauma care and obstetrics under the umbrella of the federal Tort Claims Act. The community health centers have been there for years.

And there are, of course, the traditional elements of classic tort reform that direct a greater proportion of settlements and awards to the injured party by limiting attorneys' fees on a sliding scale, and put a reasonable governor on amounts that can be awarded for things that defy objective quantification.

It is in everyone's interest that we have another look at these and other creative alternatives to the current mess. The public is with us, but the General Assembly is in the thrall of a powerful special interest group that likes the medical liability system just the way it is.

At some point, that will change. The question is: how much more destruction will have to occur and how many more people will have to suffer before Rhode Island finds the political will to do the necessary thing?. ❖



Monica Wehby, MD
Pediatric neurosurgeon
AMA member since 1986

DR. WEHBY HAS MADE A CAREER OF SAVING LIVES. NOW THE AMA IS FIGHTING TO SAVE HER CAREER.

Dr. Monica Wehby is being forced away from her patients. Without a liability cap, Oregon doctors are facing out-of-control insurance premiums. These costs have driven 20% of Oregon's neurosurgeons out of state, while many who stay can no longer perform brain surgery or treat children.

Dr. Wehby wants to stay...she wants to fight.

This is just one of the many reasons why Dr. Wehby is a member of the AMA. She knows that we won't rest while patients' lives are at risk. Dr. Wehby also knows that the AMA's strength lies in numbers. And that by joining together with her physician colleagues, she will not only be helping to save the lives of her patients, but the lives of millions of our nation's children, who are in need of a good doctor just like her. And just like you.



Join Dr. Wehby and the AMA in our fight to help all patients.

To join or renew, call the Rhode Island Medical Society at (401) 331-3207

www.ama-assn.org

Together we are stronger.

MinuteClinic continued

The Health Services Council had many questions for Minute and appeared to be moving to impose a requirement that MinuteClinics include a restroom and a sink for hand washing as part of its facilities. Plumbing of any kind is apparently not a part of Minute's standard format. Many observers, including some members of the Health Services Council, found Minute's business plan too transparently mercenary for their taste, noting that that Minute had chosen to locate its clinics exclusively in Rhode Island's most affluent neighborhoods.

In every market it enters, MinuteClinic and its similar competitors tend to be criticized by health care professionals and policymakers for promoting the fragmentation of health care and tempting patients away from their medical homes. But only in Rhode Island, it seems, has Minute been discouraged from carrying out its expansive plans. Elsewhere in the country, Minute appears to be on an aggressive roll.

Starting last June, the Rhode Island Medical Society participated in the public hearings at the Health Department on Minute's licensure application and raised questions about the role the clinics' episodic brand of limited care would play within the larger context of Rhode Island's health care delivery system. The full text of RIMS' official statement on MinuteClinic can be reviewed on RIMS' website, www.rimed.org.

MinuteClinic pulled out just a few days before its latest Health Department hearing, which had been scheduled for December 6.

MinuteClinic is one of the originators of a new breed of for-profit mini-clinics that are setting up shop in various markets around the nation. They typically occupy a portion of larger retail spaces such as supermarkets, chain department stores and chain pharmacies. Minute got its start in Minnesota's twin cities about five years ago and expanded into Maryland in 2004.

In 2005 Minute received a huge boost from Rhode Island-based CVS both as a capital partner and as a host for MinuteClinics in CVS retail stores, which exist in 35 states. The irony will be that CVS' home state may be the one state where no MinuteClinics exist in CVS stores, at least for the time being. ❖

Insurance Commissioner continued

- By December 1, 2006, mechanisms for resolving disputes between professionals and health plans must be published and disseminated.
- By February 1, 2007, a uniform process must be in place for confirming, in real time, patient insurance enrollment status, benefits coverage, and status of co-pays and annual deductibles.

Commissioner Koller has established an advisory council and a Professional-Health Plan Work Group to implement the above statutory requirements.

RIMS is grateful for the early and energetic support of Sheldon Whitehouse for this legislation during the years of his service as Attorney General, and for the indispensable support of the bill's House sponsor, the Honorable David Lewiss of Westerly, and its Senate sponsor, the Honorable Hanna Gallo of Cranston. In its earlier iterations, this bill was known as the Health Care Fairness Act. ❖

Rhode Island's \$5 million AHRQ Contract

The Agency for Health Care Research and Quality (AHRQ, a part of the U.S. Department of Health and Human Services) is sponsoring state and regional health information technology demonstration projects in 6 states: Rhode Island, Colorado, Delaware, Indiana, Tennessee and Utah.

The State and Regional Demonstration, also known as the AHRQ Health IT Project, is a 5-year contract funded by AHRQ at the level of \$5 million to the Rhode Island Department of Health. The objective is to plan, develop, implement, and evaluate an electronic backbone to facilitate the sharing of patient data among hospitals, physician offices, laboratories and other health care professionals and entities.

To date the Rhode Island project has engaged a broad community of stakeholders to assess and identify needs and establish requirements. Further, it has developed a set of guiding IT principles and created a community governance structure that is overseen by the Rhode Island Quality Institute. An approved initial data prioritization plan has been developed to include both clinical and administrative tracks. A technical model has been designed and a working data prototype for laboratories has been created.

Subcommittees formed so far include a steering committee, a combined Technical Support Group/Data Sharing Partners committee, the Policy and Legal Workgroup, and a Professional Advisory Panel made up of health care professionals.

An RFP (Request for Proposal) for vendors to develop the technical solution for the project has been developed and released.

The project is collaborating with the Rhode Island Quality Institute's Consumer Advisory Committee.

For more information contact Mary Ellen Casey at Rhode Island Quality Partners, mcasey@riqio.sdps.org, or 528-3231. ❖

Quality Partners launches Health IT Newsletter for RI

A new monthly newsletter is providing the Rhode Island health care community with information on local and national developments in Health Information Technology. The newsletter is published and distributed only electronically. It will include a calendar of events, a "Vendor Corner" and other features in response to the needs and desires of its readership. If you have not yet seen this new IT newsletter but would like to receive it, please contact Mary Ellen Casey at Rhode Island Quality Partners, mcasey@riqio.sdps.org. (Inversely, if you are already on the distribution list but would prefer not to be, please contact Mary Ellen to have your name removed.)

Quality Partners is also looking for physicians' answers to the following questions:

1. Do you prefer to receive the IT newsletter materials within the body of an email text, or as an attached file that you need to download?
2. What kinds of information would you like included in the IT e-newsletter?
3. Would you be interested in archived newsletters posted to the website of Quality Partners?

Again, all suggestions, comments and questions are welcome and should be addressed to Mary Ellen Casey, mcasey@riqio.sdps.org ❖

Electronic Health Records of Rhode Island, LLC to be operational early in 2006

A new organization has been born for the purpose of facilitating the purchase, implementation, support, maintenance and upgrades of a powerful electronic health record system for physicians in RI. The new entity will also support the training of physicians and office staff in the successful and efficient use of electronic health records.

DOQ-IT assists physician offices in adopting health IT

DOQ-IT is the Doctor's Office Quality-Information Technology program, a national initiative that promotes the adoption of Electronic Health record (EHR) systems.

The intent is to help small and medium-sized medical offices make a successful transition to EHR by simplifying and demystifying the process. DOQ-IT support is free of charge. Emphasis is placed on using the most practical and successful strategies for selection and implementation, and avoiding common mistakes.

Quality Partners of Rhode Island has recruited 27 adult primary care practice sites for the DOQ-IT project in Rhode Island. Quality Partners offers one-on-one consultation as well as group learning, tips and tools to help practices prepare for and successfully implement EHRs. Quality Partners, as part of its contract with the Centers for Medicare and Medicaid Services, is able to offer these services to medical practices at no cost.

"The Value Of Electronic Health Records In Solo Or Small Group Practices," published in the September/October issue of Health Affairs, characterizes the DOQ-IT program as "especially important" in helping small physician practices adopt EHRs.

For more information, contact Lauren Pond at lpond@riqio.sdps.org or Mary Ellen Casey at mcasey@riqio.sdps.org. ❖



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United has failed to correct its cards

The United Healthcare subscriber cards that state employees present exhibit an error that may spell trouble for medical practices. RIMS has pointed out the error repeatedly for months, but United has apparently still not moved to fix it.

The error is this: United's standard subscriber cards indicate that a \$10 co-pay is due at the time of service. The cards fail to note that preventive services do not require a co-pay for state employees.

Physicians who collect a co-pay for preventive services will ultimately have to refund the co-pays as their billing systems process the EOBs from United. Any practice that uses adult preventive codes 99394-97 and 99384-87, as well as pediatric preventive codes will be faced with the logistical and financial problem of refunding hundreds, if not thousands, of dollars. ❖

Reminder: Blue Cross reimburses for counseling patients on advance directives

Blue Cross & Blue Shield of Rhode Island reimburses physicians for talking with their patients about end of life care and advance directives (particularly, living will and durable power of attorney).

Blue Cross advises that HCPCS level II code S0257 "Counseling and discussion regarding advance directives or end-of-life care planning and decisions, with patient and/or surrogate (list separately in addition to the code for the appropriate evaluation and management service)" should be used for informational purposes in addition to the appropriate E&M code when providing this service.

The E&M code remains the basis for reimbursement. In general, all counseling services are covered and paid using E&M codes. The special code S0257 may be used whether the entire service is related to the counseling or

Does RIMS have your correct e-mail address?

RIMS makes increasing use of e-mail in communicating timely information to its members and in consulting with its members through electronic surveys. Please therefore be sure to keep RIMS apprized of your current e-mail address. RIMS does not spam its members, nor does RIMS ever sell or otherwise share member e-mail addresses with others.

To notify RIMS of a change in your e-mail address, please just send an e-mail to rims@rimed.org or to any member of the RIMS staff.

Also, be sure to visit RIMS' website, www.rimed.org.

whether the counseling took place in the context of other E&M services.

The code will also signal to BCBSRI that the visit was more extensive or complex than would have been the case otherwise. ❖