For the past 19 years, HCMS has invited community leaders who affect health care policy to shadow physicians to increase understanding of the issues impacting medicine through the HCMS Mini Internship Program. Pictured above: Cynthia Lundgren, program director at Houston Community College, and Carlos J. Vital, MD, at the HCMS Mini Internship Program on Nov. 1. See story on page 6.

Six Texas Medical Association (TMA) members and one TMA Alliance member will serve in the 83rd Texas Legislature, which is the most ever. On the Senate side, congratulations go to Bob Deuell, MD, Charles Schwertner, MD, and Donna Campbell, MD. On the House side, John Zerwas, MD; Greg Bonnen, MD; J.D. Sheffield, DO; and TMA Alliance member Susan King, RN.

In Fort Worth, Mark Shelton, MD, fell short of his bid to unseat incumbent Sen. Wendy Davis. Senator Davis’s campaign had a strong Election Day effort, and ultimately, bested Dr Shelton by just over two percentage points. Things will stay largely the same in the Texas Senate with the Republicans maintaining a 19-12 advantage. However there will be six freshmen in the group. On the House side, the Republicans lost their super-majority, but still retained a 95-55 advantage. The interesting thing is that when the 83rd Legislature gets in, nearly half (67) of the members will be freshmen or sophomores. In Congress, Texas gained four new seats due to redistricting. The Democrats picked up three of the four, giving Texas a 24-12 split for the Republicans.

For the 2013 Medicare fee schedule – no surprise

To no surprise, the 2013 Medicare fee schedule final rule came out with a 26.5 percent cut because of the faulty sustainable growth rate (SGR) formula. So, you guessed it, another year where we have to go to Congress to get the cut delayed or fixed. Fixed would be nice, but expect delay.

Medicare corner

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For example, in 2003 Gov. Rick Perry signed the Texas Driver Responsibility Program (TDRP) into law. The law was designed to assess large additional fines – into the thousands of dollars apiece – to discourage certain offenses, such as DWI or reckless driving, and to generate money for trauma care. This makes sense since these unaccept-able behaviors often lead to someone going to the emergency department (ED). In signing the law, Gov. Perry projected that the legislation would put $1 billion for trauma centers into the Texas Trauma Fund by 2008. Annually, the TDRP actually generates about $125 million. In 2011, the Legislature allocated $5 million per year to offset hospital uncompensated trauma costs. That means the Legislature is allocating only about 48 percent of the revenue from the TDRP for trauma funding. So, where does the rest of the money go? It goes into the General Revenue Fund to cover state expenses it didn’t pay for in the budget. The Trauma Fund was created because providing high-quality trauma care, at the moment it is needed, is a challenge and is very expensive. It is essential that the Legislature keep its word and stop borrowing money from the Driver Responsibility Program to support other, unrelated, budget items, and start supporting the state’s trauma system.

A second example of the reappropriation of state funds is found in the windfall Texas received from the tobacco lawsuit. Tobacco is the leading preventable cause of death in Texas. This year 24,200 Texans will die from tobacco-related diseases and 29,000 Texas children will start smoking.

In 1998, Texas entered into a settlement with the major tobacco companies after a landmark lawsuit in 1996. As a result of the settlement, Texas will receive about $14.1 billion over 25 years. In addition, the state also collects substantial tax revenue on tobacco products. All told, Texas has collected about $19.1 billion in settlement payments and tobacco taxes in FY 2012.

The US Centers for Disease Control and Prevention (CDC) recommends that Texas spend $266.3 million a year to have an effective, comprehensive tobacco prevention program.

In FY 2012, Texas only allocated $5.5 million for tobacco prevention and cessation. This amount is two percent of the CDC’s recommendation, which results in Texas ranking 39th among the states in the funding for tobacco prevention programs. Texas’ spending on tobacco prevention amounts to only 0.3 percent of the estimated $1.9 billion in tobacco-generated revenue the state collects each year from settlement payments and tobacco taxes.

Guess where the rest of the money goes?

Not only is Texas refusing to spend the money it receives from tobacco sales and the lawsuit on tobacco prevention programs, the Legislature has actually cut back on these programs. The $5.5 million allocated for tobacco prevention and cessation in FY 2012 is half what was allocated in FY 2011.

There is no doubt that Texas has some very difficult issues regarding its budget, however, Texans deserve honesty and prudence with regard to taxation and spending.

President’s Page

Keith A. Bourgeois, M.D.
President
Shadowsing physicians to create better health policies

Five local community leaders who affect health care policies experienced the rewards and challenges of practicing medicine in 2012, by following physicians for the day during the Harris County Medical Society (HCMS) Mini Internship Program on Nov. 1. For the past 19 years, HCMS has invited community leaders who affect, report on and/or make health care policies to participate in the program, allowing them to build a solid understanding and two-way communication about the issues facing physicians and their patients.

By shadowing the physicians, the community leaders have an opportunity to gain insight into the many facets of the various medical specialties. They accompany physicians while they conduct daily rounds, patient exams, emergency care, and administrative work. At the end of the day, the community leaders and physicians meet to discuss what they learned from each other as well dialogue about current medical issues.

“It’s really exciting letting those who affect health care have the behind the scenes view of medicine,” said Elizabeth Torres, MD, HARMS president. “I love being a physician. This program is designed to let our community leaders be in our shoes for a day, seeing the business side of the practice.”

The following community leaders accompanied HCMS physicians for the day, while they conducted daily rounds, patient exams, emergency care, and/or administrative work: Gyan Raja, Houston Business Journal medical reporter; Dianne Love, PhD, associate professor of the University of Houston College of Medicine, director of women’s and children’s health research. She is also a retired neurologist. From 2011 to 2012, she served as associate dean for medical education at Baylor College of Medicine and chief of the Neurology Service at the Veterans Affairs Texas Gulf Coast Health Care System.

From left to right: Dr. Gyan Raja, Dr. Dianne Love; Dr. Elizabeth Torres.

Harris County Medical Society (HCMS)
3600 Post Oak Blvd.
Houston, TX 77098
281-727-7500
www.hcms.org

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Check-off list:

• Verify each patient’s coverage (eligibility and benefits) for all payers, especially for Medicare and Medicaid patients.

• Ensure that your office is asking for a copy of the insurance card on the first visit each year and comparing it to the old card. Also, make sure all information in the system is deactivated and add the new information. The insurance company may change the same, but the product, copays and deductibles may have changed.

• Verify patient referrals and authorizations are within effective dates and do not need to be renewed.

• Check deductibles owed from patients because of the new calendar year.

• Update your ICD (state of the art equipment. E&O/D&O, etc.).

• Assemble and change your billing charges schedule as appropriate.

• Review your insurance contracts and fees schedules to ensure they are appropriate for your business.

• Check all your insurance policies for renewal (medicare, Workers’ Compensation, Commercial/Commercial, E&O/D&O, etc.).

• Generate gathering tax information for your practice.

• Send out 1099s to independent contractors. (Make sure you have W-9 information in your file prior to sending.)

• Make sure you send out W-2s to your staff on or before Jan. 31, 2013.

• For your EHR, is updated to 2013 information.

• To avoid a 1.5 percent penalty to your Medicare Part B fee for service charges in 2013, check to make sure you have reported at least 25 e-prescribing (eRx) events this year by reviewing the Remittance Advice (RA)/EOB forms for the standard N-365 remark code.

• Prepare the HCMS Board or Scavenger hunt.

HCMS Board or Scavenger hunt.

Member Mention

Donald R. Kapilisi, MD, received the 2012 Founders’ Award from the American Society of Dermatopathology. The award recognizes physicians who have made outstanding original and/ or significant contributions to dermatopathology.

Angela Siller-Fisheld, MD, and the Texas College of Emergency Physicians (TCEP) Future Physicians Program was awarded the Teamwork Award from the American College of Emergency Physicians (ACEP) in recognition of outstanding contributions and participation in ACEP Council activities.
Medicaid Spotlight
Employee compensation

Understanding how your medical practice benchmarks to other organizations is vital in evaluating the organizational efficiency of your practice and identifying opportunities for improvement. For many years, the Employment Services division of Medserv, owned by the Harris County Medical Society (HCMS), has provided HCMS members the Gnee Houston Medical Office Mails data that allows practices to understand staffing needs and benchmark positions filled directly through the service. All of the positions are filled at medical offices and clinics, giving physicians an insight into how colleagues in Houston compete to increase staffing settings.

Another source of information regarding compensation is the new and comprehensive compensation survey, produced by the Texas Medical Group Management Association (TMGMA) in conjunction with Texas Medical Association Insurance Trust (TMAT). This survey compiles information from medical practices across the state of Texas (with a subsection isolating Houston) on salaries & benefits for administrative, clinical, and mid-level practitioners. The TMGMA Medical Practice Employee Salary & Benefits Survey reports comprehensive data, including physician to staff ratios, job title glossary, summary of employee benefits, and compensation expressed in both hourly and salary formats with percentile rankings.

To purchase the 2012 TMGMA Survey and receive the special HCMS discounted rate or to receive Medserv's free survey, call 713-526-7378 or rhonda@medserv-hcms.com. Practices contacting Medserv also will learn how to receive the 2013 TMGMA survey at no cost.

New member benefit
Online member directory with electronic practice listing

Harris County Medical Society (HCMS) offers an Online Member Directory so that members can search for their colleagues. The Online Directory is located on the HCMS Web site (www.hcms.org) in a box in the right margin. It is protected password and only available to HCMS members. By using the Online Directory, you can find physician email addresses, fax numbers, and NPI addresses, enabling you to quickly reach colleagues for referral and collaborative efforts. Use the Online Directory to contact your colleagues. Please check the Online Directory to verify that the information HCMS has on file for you is current.

The Online Directory gives you the option of creating an electronic practice listing, which is a short description of your medical practice, and is very similar to the popular Practice Listings offered in the HCMS Proliferus Base since 2009.

HCMS members listed in the Online Directory are free of charge. To highlight your practice, you may purchase a Practice Listing for $215, which includes an online practice listing for all the HCMS members in the same group practice and one free Practice Listing in the 2013-2014 HCMS Proliferus Base due to be published in June 2013.

For more information on creating a Practice Listing, call Holly Smith at 713-845-7187.

TMA Advocacy Retreat
Join our colleagues to discuss the issues and plan medicine’s strategy for the 2013 Texas Legislature. Medicaid, scope of practice, workforce, liability, and more will be on the agenda at the Texas Medical Association Advocacy Day in Austin Dec. 7-8. For more information, go to www.txmeded.com.

Medserv presents a special discount for TMA members.

Quality Corner
Diabetes care resources
According to the Texas Diabetic Council, from 2003 to 2007, those patients who were diagnosed with diabetes increased from 27% of the population to 28%. This increase is compared to an estimated prevalence of 9 percent for the nation. Diabetes costs the state $12.5 billion annually in health care costs and lost productivity. With the continual rise in health care costs, diabetes care has quickly been identified as one of the key indicators for improving quality and efficiency. Currently, there are two payer programs in Harris County that offers quality incentive payments to physicians who achieve Bridges to Excellence (BTE) recognition.

• Blue Cross and Blue Shield of Texas (BCBSTX) will reward physicians who achieve BTE recognition for diabetes care and/or cardiac care $100 per patient per year.

If a physician achieves diabetes recognition by Dec 31, 2012, BCBS TX will pay an extra $500.

• Teachers Retirement System of Texas (TRS), administers for Actuar rewarding physicians who achieve BTE diabetes recognition $100 per diabetic employee per year. Beginning July 1, 2012, to be paid annually starting third quarter of 2013.

To help physicians meet regulatory requirements and provide quality care to their patients, the Texas Diabetic Council developed a free physician tool kit with up-to-date recommendations on diabetes care, template checklists that can be placed directly on a patient chart, patient education materials, and free education material that can be given to patients during one-on-one education sessions. For more information and tips, visit www.hcms.org/quality, then click on Diabetic Resources.

Source: Texas Diabetes Council

Presented by the HCMS Health Care Quality Committee

2013 Medicare fee schedule – no surprise

Electronic Prescribing (e-prescribing) Incentive Programs, including new e-prescribing hardship exemptions. (See the HCMS HIT Parade on page 4).

• Adopt a Multiple Procedure Payment Reduction (MPPR) to the Technical Component (TC) of certain second and subsequent diagnostic cardiovascular and diagnostic ophthalmology services, furnished by the same physician (or physicians in the same group practice) to the same beneficiary, on the same day.

• Finalizes, with modification, a new transitional care management program for inpatient hospitalization. This program, which includes physician payments, is designed to reduce the inappropriate hospitalization of individuals through patient care and transitions to post-acute care within 30 days following a hospital or skilled nursing facility stay. The final rule is about 1,100 pages long, so as of the date of writing this article, no summaries were published. When a summary is published, HCMS will send out to those who have signed up for HCMS Direct Email Service, which can be done by visiting www.hcms.org/PracticeProcess.aspx?Email=718. Summaries also will be published on the HCMS Web site at www.hcms.org.

Source: Congressional Budget Office and Centers for Medicare and Medicaid Services, CMS.

Presented by the HCMS Board on Stewards.
Physicians who missed the June 31, 2012 deadline will have a second chance to file for 2013 e-prescribing (eRx) exemption to avoid a 15 percent penalty on their traditional fee-for-service payments (Medicare Part B). Physicians meeting any one of the criteria listed below can apply for a hardship exemption online from Medicare with Nov. 1, 2012 – Jan. 31, 2013:
1. Physician cannot electronically prescribe due to local, state, or federal law or regulation (e.g., you prescribe controlled substances).
2. Physician prescribes less than 100 prescriptions, this means all prescriptions not just Medicare Part B.
3. Physician's practice is in a rural area with high-speed Internet access.
4. Physician achieves meaningful use during certain e-prescribing adjustment reporting periods.
5. Physician demonstrates intent to participate in the Electronic Health Record (EHR) Incentive Program and adoption of certified EHR technology. If you meet any one of the criteria listed below, you are automatically excluded from the 2013 penalty and you do not have to apply for an exemption.
   • You submitted at least 25 e-prescriptions in 2011 and reported such with G-code 9853.
   • If you do not have 100 Medicare Part B patients with the encounter codes listed below with dates of service from Jan. 1, 2012 – June 30, 2012.
   • If from date of service Jan. 1, 2012 – June 30, 2012, your Medicare Part B charge for service impacted by this policy.
   • Encounter codes: 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90862, 92002, 92003, 92004, 92005, 92006, 92007, 92011, 92012, 92021, 92022, 92023, 92024, 92025, 92091, 92112, 92113, 92114, 92115, 92116, 92120, 92121, 93004, 93005, 93006, 93007, 93008, 93009, 93111, 93113, 93115, 93116, 93120, 93121, 93434, 93435, 93436, 93437, 93438, 93439, 99100, 99101, 99102, 99103, 99104, 99105, 99106.
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- Review all forms, standardized letters and any other documents for needed updates Order 2013 chart labels for paper charts.
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More physicians in the House (and Senate)

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HCMS/HAM elect new leaders!

The Harris County Medical Society (HCMS) announced election results for HCMS and Houston Academy of Medicine (HAM) annual Business meeting on Oct. 30. The 2013 officers for HCMS are: Russell W. H. Kridel, MD, president; Elizabeth Torres, MD, president-elect; George D. Santos, MD, vice president; and Ronald S. Walters, MD, secretary/treasurer.

The 2013 Houston Academy of Medicine (HAM) leaders are: Bradford S. Patt, MD, HAM president and HCMS executive board member at large; Kimberly E. Monday, MD, HAM vice president and HCMS executive board member at large; Lisa L. Shielich, MD, HAM treasurer and HCMS executive board member at large; and Alan P. Glombicki, MD, HAM secretary and HCMS executive board member at large.

Congratulations the following physicians for being elected to: Board of Ethics, Skelli A. Cohen, MD; Donald R. Collins, MD; and Charles M. Stiernberg, MD; Board of Medical Legislation, Charlotte M. Steltz-Seitz, MD; Clare A. Hawkins, MD; and Pullin K. Pandya, MD, and Board on Socioeconomics, Brian M. Bruehl, MD; Edward B. Renzheimer, MD, and Denis K. Hosjo, MD.

The following Council and Board chairs will sit on the HCMS Executive Board: Council of Hospital Chiefs of Staff, Uzma Iqbal, MD; Council of International and Affiliated Medical Societies, Yvonne Kwe, MD; Council of Specialty Societies, Shkelzen Hoxhaj, MD; Board of Ethics, Richard L. Noel, MD; Board of Medical Legislation, Sherif Z. Zafran, MD; Board on Socioeconomics, Dwane G. Broussard, MD.

Due to a vacancy with an unexpired term, Carlos J. Vital, MD, was appointed to the Board of Medical Legislation. All the Bylaw Amendments passed. Please congratulate these physicians on their new positions within HCMS and HAM. The officers will be installed at the HCMS/HAM Installation of Officers on Friday, Jan. 18, at the Petroleum Club of Houston.

Medicare corner

2013 Medicare fee schedule—no surprise

To no surprise, the 2013 Medicare fee schedule final rule came out with a 26.5 percent cut because of the faulty sustainable growth rate (SGR) formula. So, you guessed it, another year where we have to go to Congress to get the cut delayed or fixed. Fixed would be nice, but expect delay.

According to the Congressional Budget Office, the cost for repealing the current SGR formula is $316 billion over 10 years, which is up from a $290 billion price tag from last year. The cost of fixing the SGR has continued to grow since its inception, which is due in part to the flawed and cumulative nature of the formula. Some of the high points in the final rules are as follows:

• The value based payment modifier (TVPM) will affect groups of 100 or more eligible professionals (EPs) (rather than to groups of 25+ EPs as earlier proposed);
• Finalizes changes to the Physician Quality Reporting System (PQRS) and eligible professionals (EPs) (rather than to groups of 25+ EPs as earlier proposed);