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### Individual and Organizational Health

ReachMD XM 157 now presents an in depth report of special interest to physicians from the pages of the American Medical News, the nation's leading newspaper for physicians. American Medical News is published by the American Medical Association.

Welcome to American Medical News on ReachMD XM 157. I am Dr. Mark Chyna and I am Su Byrd.

### SU BYRD

Here are some of the top stories in this special edition. The government expands the Medicare audit program, Obama and McCain offer proposals for healthcare reform, and better care is needed for patients with von Willebrand disease.

Now from this week's government and medicine section, here is Dr. Mark Chyna.

### DR. MARK CHYNA

Doctors are complaining about some of the tactics being used by Medicare contractors that were hired to eliminate overpayments. The contractors were part of a 3-year pilot program that saved Medicare money and lawmakers now want to expand it to all 50 states. Physicians say the auditors used aggressive tactics, made big charges, and interfered with patient care. Initially, contractors were paid contingency fees based on how many Medicare overpayments they found. Sharp criticism led Medicare to pay fees for the discovery of underpayments as well. So far the program is focussed largely on inpatient hospitals where an incorrect code or duplicate charge can lead to an overpayment of tens of thousands of dollars. When contractors found overpayments, physicians were forced to return the money or risk accrued interest and possibly loss of Medicare billing privileges. Doctors say the contractors made decisions about medical care, misinterpreted coding statutes, and demanded scores of records at a time. Complaints often came from doctors who administered drugs covered by Medicare Part B. They say the auditors targeted these drugs because they are expensive. R. Brent Rawlings is an Attorney with McGuireWoods LLP in Richmond, Virginia. He says medical practices can have options when faced with an audit.

### R. BRENT RAWLINGS

One of the best ways for a doctor not to get audited is to give auditors little reason to look into their Medicare claims. Based upon the RAC experience in the demonstration stage, we can easily predict what types of claims RACs will begin auditing first. As these RACs start up in different states, they will most definitely go after this low-hanging fruit. Practices can conduct their own audits in these areas and refund overpayments and really dictate the pace of overpayment refunds rather than waiting for an overpayment demand letter from Medicare.

### **DR. MARK CHYNA**

Medicare has pledged to make changes before it implements the permanent program.

### **SU BYRD**

The Presidential candidates say they both want more transparency in the healthcare system and they agree on the need for widespread adoption of electronic information systems and Senators John McCain and Barack Obama both would consider allowing imported prescription drugs to reduce prices, but the candidates differ sharply on how to reform health insurance and expand coverage. McCain would take away employees deduction for health insurance spending and urge states to improve coverage. Obama would cover all uninsured kids and more uninsured adults by expanding eligibility for Medicaid and the state children health insurance program. He would create a national health insurance exchange with guaranteed eligibility and subsidies for lower income people. Neither candidates' plan addresses the potential shortage of physicians. Dr. E. Stephen Edwards is a retired pediatrician and past President of the American Academy of Pediatrics.

### **DR. E. STEPHEN EDWARDS**

I am very concerned about both the proposals. Obama's would on the surface will increase the number of people being insured and I certainly favor that. I am on the record it is favoring insurance for all children and ultimately for all adults, so I applaud that and looking at McCain's plan, finding that he is providing for families of 5000 dollars a year, it seems to me that will be totally inadequate. My daughter's family pays 18,000 dollars a year for insurance and it is hard for me to see how at least in the current financing system that a 5000 dollar per family rebate is going to provide health insurance for increasing numbers of families.

### **SU BYRD**

McCain and Obama both support better pay for doctors who meet quality standards and who coordinate care, but neither candidate offers a strategy for reforming physician pay.

### **DR. MARK CHYNA**

From the American Medical News professional issue section, the Centers for Disease Control and Prevention says measles outbreaks have reached a peak not seen in 12 years. Many of the cases are occurring in children who have not been vaccinated because their parents object on religious or personal grounds. Physicians say States are making it too easy for parents to deny vaccinations to their children. Fifteen States allow a child to be exempted if one parent signs a form. National immunization rate for most vaccines are high, but in some States like Minnesota and Colorado, the opt out rates are over 5%. Research shows that the easier the exemption process, the more likely parents are to use it. Other States make it tougher for parents who refuse vaccines. New York allows religious exemptions, but authorizes school officials to question parents about their beliefs before letting children in the school unvaccinated. Some physicians recommend that parents be required to get a signature from a licensed physician or health department official to prove they received counseling about the risks and benefits of vaccines.

### **SU BYRD**

Some physicians are reluctant to participate in peer review because they are worried about liability. Several recent court decisions have questioned peer review protections, even when such decisions are reversed they can send a chilling message to doctors on peer review panels. Thomas Leatherbury is a healthcare lawyer and partner with Vinson and Elkins in Dallas.

### **THOMAS LEATHERBURY**

Congress' intention was to improve the quality of patient care, and in order to do that, to create a national databank to record instances of inadequate patient care or restrictions on doctors' privileges and also to encourage effective peer review. I think they are because a doctor's ability to practice and his privileges are very important to the doctors and doctors take those things seriously, and in instances

where they feel that the peer review restrictions have not been wanted, they take those things to court.

### SU BYRD

The courts are also challenging the confidentiality of peer review records. In one decision last year, a hospital was ordered to turn over records to a black surgeon who claimed he was discriminated against when a review committee terminated his privileges. Judges said efforts to combat discrimination outweighed confidentiality. Some physicians are looking to the patient's safety and quality improvement Act of 2005 to help create a Federal peer review privilege. Under the law, doctors could confidently report medical errors to patients safety organizations certified by the government.

### DR. MARK CHYNA

In this week's business section, Dr. Steven Arnold is a family physician in Milo, Maine, a rural town, near the center of the state. Over the past 2 decades, he has built up goodwill that is valued by his patients, but he has not been able to build up the kind of goodwill that makes his practice valuable enough for anyone else to buy.

### DR. STEVEN ARNOLD

If there is an area where there is an economic problem like IM, I think they should be concerned. I think it really depends on where are you located. It is a different environment than it was 20 years ago, particularly in primary care at least for me. I think specialists on the other hand are in a much better position to be able to sell goodwill than primary care at least at this point in time.

### DR. MARK CHYNA

Practices goodwill consists of its intangible assets. These include the patients, its reputation, location, size, specialty, and mix of peers. Buildings and equipment are tangible assets that fetch a market rate, but goodwill is the variable that makes or breaks a practices sales value. Goodwill also matters when a group is setting a formula for a new physician to buy a partnership or for retired physician to cash out of one. It also matters when a value is being set on the practice during a legal proceeding such as a divorce or liability case. Physician groups have a better shot at fetching some level of goodwill in large metro areas, fast-growing locations, or areas where health systems are actively acquiring practices. To maintain a favorable goodwill value, advisors recommend that physicians have good records of accounts receivable and capital purchases and maintain a profitable practice.

### SU BYRD

Doctors are returning to the classroom to get physician executive MBAs and more medical students are pursuing combined M.D. - MBA degrees. Experts say physicians who want to become more business savvy have less expensive and less time-consuming options. Dr. Selene Parekh is an orthopedic surgeon in Chapel Hill, North Carolina. She coauthored a study on the effects of MBAs on physician's careers.

### DR. STEVEN ARNOLD

In my mind there are really 2 groups of individual physicians who may seek an MBA, the first are individuals who with the challenges of healthcare as it stands today and medicine becoming more of a business want to learn how to run their business or their practice more efficiently. The second group of individuals who are either looking for career changes or looking to be more involved in administration in the healthcare system that they are part of and these are individuals who then will be dealing with many more business issues and want to get the MBA background to be able to deal with those and handle them more appropriately.

### SU BYRD

Advanced degree business and management programs tailored for physicians emerged during the 1990s. Interest was driven by hospital mergers, reduced reimbursement, and other trends, these made business skills much more valuable to physicians. Tufts

University School of Medicine in Boston was the first to introduce a combined M.D. - MBA study track. Now, at least 50 medical schools have one.

**DR. MARK CHYNA**

This week in health and science, for the patients with von Willebrand disease a seemingly mild injury can require a blood transfusion. The disease is caused by a deficiency or abnormality of glue-like blood protein that is necessary for normal clotting. It is the most common inherited bleeding disorder, as many as 1 in 100 patients are affected. Dr. Peter Kouides is a hematologist and the Medical Director and Research Director at Mary M. Gooley Hemophilia Center in Rochester, New York.

**DR. PETER KOUIDES**

The characteristics of the von Willebrand disease are really related to the fact that in the condition that the patient has essentially a deficiency of the von Willebrand factor molecule, which is an important player forming a blood clot at the mucosal and skin surfaces, so it then follows that a patient who does not have enough von Willebrand factor or von Willebrand factor that does not function adequately that that patient will be prone to bleeding along the mucocutaneous surfaces.

**DR. MARK CHYNA**

A study by the CDC found that it takes an average of 16 years for von Willebrand disease to be diagnosed after symptoms arise. This February, the first US clinical guidelines for the diagnosis and management of the condition were released; however, there is no simple single laboratory test to screen for von Willebrand disease. Dr. Margaret Ragni is a Professor of Medicine in the Division of Hematology and Oncology at the University of Pittsburgh. She is also the Director of the Hemophilia Center of Western Pennsylvania.

**DR. MARGARET RAGNI**

There are some laboratory blood tests that are done with a history of bleeding, it is especially important that we combine both lab tests and clinical history, so that the main symptom is bleeding, the #1 symptom in women is heavy menstrual periods, which we call menorrhagia. The #1 symptom in young boys and men is epistaxis, which is nosebleed, but in both women and men very often the first bleeding event is a surgical procedure for which they have serious postoperative bleeding.

**DR. MARK CHYNA**

A number of researchers are investigating different methods for screening, testing, diagnosing, and treating von Willebrand disease.

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