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ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Is a Concierge Practice Right for You?

ReachMD now presents this week's top stories from the pages of 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 XM157, I am Dr. Mark Chyna, and I am Sue Berg.

MS. SUE BERG:

On this week's program, Medevac helicopter deaths' protocols for tougher safety regulations. Rhode Island seeks an unprecedented Medicaid spending cap and the study reveals that the uninsured are not responsible for Emergency Department overcrowding. Now with the top story from American Medical News, here is Dr. Mark Chyna.

DR. MARK CHYNA:

On American Medical Association survey of 400 doctors found widespread problems and dissatisfaction with Medicare's physician quality reporting initiative. Only about one-fifth of doctors surveyed say they have been able to download reports that told them why do they qualified for a bonus under the program. Those who were able to download the reports said they were difficult to interpret and more than half of physicians, who sought help from Medicare didn't get it or didn't get enough. The bonus for physicians, who qualify will rise to 2% of all Medicare charges for the year in 2009. Medicare hopes to attract enough participants, so it can develop a robust pay for performance and quality improvement program, but physicians, who decide to participate in 2009 will not know until the middle of next year whether they are qualified for a bonus for 2008, which could jeopardize their 2009 bonuses as well. The AMA and other physician organizations are asking Medicare to educate physicians about the program and provide quicker feedback. The AMA also wants physicians, who are denied bonuses to be able to appeal the decisions.

MS. SUE BERG:

Since December, 35 people have died in 9 medical emergency helicopter crashes. The tragedies have prompted federal officials and the medical community to reexamine the safety of Medevac helicopters. The national transportation safety board has questioned why the Federal Aviation Administration did not implement recommendations that the board made in 2006. These included the development of Flight Risk Training Programs and requirements for pilot rest. The FAA hosted a meeting about Medevac safety in October to identify immediate safety measures that can be taken voluntarily. The NTSB will conduct a public hearing on the issue in February, but Aviation experts say the safety problem cannot be solved simply through FAA mandates. Some question whether Medevac flights are ordered

too often. They are currently more than 750 emergency medical helicopters, roughly double the number, a decade ago. Dr. Michael Eng is a heart and lung transplant surgeon at Loyola University Medical Center in Chicago.

DR. MICHAEL ENG:

Well. The biggest thing is timing and that's pretty much the only thing. Timing meeting whether or not there will be adequate time to get the organs back, where they are going to be transplanted before time runs out on them and there is a certain window that organs should be used and those windows are adhered to pretty strictly, although there are on occasion when those timeframes are kind of stretched a little bit, but in essence timings.

MS. SUE BERG:

Studies have shown that helicopters help just a small number of trauma patients and that EMS doctors often call for air transport when it isn't needed.

DR. MARK CHYNA:

From this week's government in medicine section, the governor of Rhode Island has proposed a new Medicaid waiver in primarily at moving more Medicaid enrollees into home and community-based care. Another goal is to unable beneficiaries to manage their care, find medical homes, and receive more information about healthcare quality and cost, but the waiver would impose a dollar limit on combined state and federal Medicaid spending and it would give the state near-total authority to manage its Medicaid program. Under the new program, for example, it could change Medicaid eligibility and benefits or institute waiting list for long-term care without federal review. Skeptics worry that the waiver could lead to cuts in physician pay and patient benefits. Dr. Nick Tsiongas is immediate past president of the Rhode Island Medical Society.

DR. NICK TSIONGAS:

What we certainly would like about it is that it does provide some leave-way for the State Department Human Services to provide services in a unique way, at least theoretically. That's about the only thing we like about it, that we are categorically opposed to the plan for everything that we don't like about it and I think what we don't like about it is that it covers the entire Medicaid program. It threatens to do away with what has been essentially an entitlement program for healthcare services.

DR. MARK CHYNA:

The governor's administration says some Medicaid reform is needed because the program is not sustainable. Medicaid spending accounts for about 25% of Rhode Island's budget. The waiver is still under negotiation and it needs federal approval before it takes effect. The governor's office's public hearings on the waiver will be scheduled soon.

MS. SUE BERG:

Researches who reviewed 50 years' worth of articles that discussed emergency room use by people without health insurance concluded that the uninsured are not to blame for overcrowding of Emergency Departments. Dr. Manya Newton is co-author of the analysis, which

was published in the journal of the American Medical Association. She is an emergency physician and a professor at the University of Michigan.

DR. MANYA NEWTON:

My research does not reveal anything that was not previously published, but we correlated 50 years of literature and have discovered some really interesting assumptions about the uninsured that turned out to be not supported by the data, even in really great peer-reviewed journals. A bunch of unsupported assumptions come up again and again that the uninsured cause crowding, that the uninsured are coming to the Emergency Department with non-urgent illnesses like sniffles or back pain and these turn out not to be true.

MS. SUE BERG:

Dr. Newton and her co-authors are not the first to debunk assumptions about Emergency Department use by the uninsured. Others have come to similar conclusions, but her research did support some common assumptions about Emergency Department use. Uninsured patients do visit emergency rooms for primary care. They delay seeking care longer than insured patients and they are less likely to be hospitalized than patients with insurance. Researches say crowding occurs partly because more aging patients have multiple illnesses and the number of hospital beds has been declining.

DR. MARK CHYNA:

From the American Medical News professional issue section, 3 top-selling drugs makers have pledged to publically disclose their financial relationships with physicians. The move comes ahead of Bipartisan Congressional Legislation that would mandate such reporting. The legislation has called the physician payment Sunshine Act and it's expected to pass next year. Eli Lilly, Merck, and GlaxoSmithKline made the pledges in anticipation of Bipartisan Congressional Legislation that would mandate such reporting. The legislation is expected to pass next year. The 3 companies say they support the legislation. Pharmaceutical industry analysts say that they are not surprised and some drug makers are not waiting for the legislation to disclose their financial ties to doctors. Hussain Mooraj is Vice President of Healthcare and Life Sciences for the Boston consulting firm, AMR Research.

HUSSAIN MOORAJ:

You know, Lilly came out first in the market with this and this might sound a bit <____>, but the culture at Lilly has always been one of establishing and maintaining a trust relationship with patients and we have always admired them for that level of integrity. In my experience, John Lechleiter has tried to be as honest and transparent with the market place as possible in coming out and forcing transparency and being the leader to do so is just something that other companies should emulate.

DR. MARK CHYNA:

The pharmaceutical research and manufactures of America support revised version of the legislation that would require reporting only annual payments over 500\$ and would block states from enacting tougher disclosure rules. The American Medical Association also supports the revised bill.

MS. SUE BERG:

California physicians are fighting regulations that prevent them from billing patients for out-of-network emergency care cost not covered by health plans. The new rules went into effect last month. California laws generally ban balance billing for in-network services, but they are vague on non-contracted care. Physicians say the rules ignore health insurance habitual underpayments for out-of-network care. Francisco Silva is General Counsel to the California Medical Association.

FRANCISCO SILVA:

The new regulations of California attempt to prohibit balance billing. We file litigation to stop the regulations and we expect to get a declaration from the court holding them invalid and there would be no impact on physicians. As they move forward, however, and if balance billing is prohibited, it would mean that it be a shift of resources from the healthcare delivery system away from providers and to the pockets of the HMOs. It would be disastrous.

MS. SUE BERG:

Physicians and hospitals argue that state law requires that HMOs maintain adequate networks and pay fair and reasonable rates. They say the regulation shift the burden on to doctors to recoup payments. Insurance regulators say they are protecting patients by keeping them out of payment disputes between doctors and insurers. The department contends that there is an implied contract between physicians and hospitals that they will provide emergency services and insurers will pay for them, but doctors argue that this interpretation would let health plans unilaterally set rates for non-contracted care that physicians must provide.

DR. MARK CHYNA:

In this week's business section, the Medical Group Management Association recently asked its members about their biggest challenges in running a group practice. Number one on the list was maintaining physician reimbursement in an era of the declining revenues. Number two was dealing with operating cost rising faster than revenues. Dr. William Jesse is President and CEO of the association.

DR. WILLIAM JESSE:

Well, I think the biggest challenge that the physicians are facing in today's environment is the fact that for at least the last decade, our data shows that practice operating cost have been going up at a faster rate than practice revenues and the gap keeps getting larger between the rate of rise of revenues and the rate of rise the cost and that makes it very, very difficult for practice to continue to function unless they can either find ways of slowing down the rate of rise in their operating cost or increasing the revenue and in this environment, either of those is pretty challenging.

DR. MARK CHYNA:

Total operating cost for medical practices have risen 43% since 2001, although consumer price index has risen 24%. Also, physician income barely can pace with inflation this year, especially in specialty practices. The Medical Group Management Association says physicians can't do much about this themselves. The solutions need to come from payers - private, commercial, and Medicare.

MS. SUE BERG:

This week in health and science evidence suggest that physical and mental exercise can alter specific brain regions and make radical improvements in cognition. Until recently, conventional wisdom held that our brains were intractable hardwired computers, but the latest research reveals that challenging the brain with new skills increases neuronal connections. The pathways and regions that are most utilized generally grow and become stronger while other parts shrink. As the population ages, physicians will face growing patient concerns about how to maintain brain health. With increasing age, brain weight and blood flow to the brain decrease. The number of fibers and nerves also decreases and brain volume shrinks up to 1% every year. Researches say that to keep their brains healthy, people should try new things, maintain a healthy diet, be social, and get plenty of sleep, and physical activity.

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DR. MARK CHYNA:

Public health reader Dr. Ronald M. Davis lost his battle with cancer this past week. Davis, the immediate past president of the American Medical Association was diagnosed with pancreatic cancer last February. A relentless advocate, Davis led the AMA's focus on preventative medicine and had been a longtime public health and anti-tobacco advocate. His distinguished carrier as a public health official included physicians as medical director for the Michigan Department Of Public Health and director of the CDCs office on smoking and health. He most recently served as the director for the center for health promotion and disease prevention at the Henry Ford Health System in Detroit, Michigan. Ronald M. Davis, MD, was 52 years old.