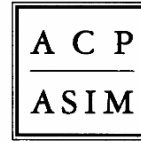


Rhode Island Chapter GOVERNOR'S NEWSLETTER



American College
of Physicians

American Society
of Internal Medicine

Winter 2001-2002

Fred J. Schiffman, MD, FACP
Governor, Rhode Island Chapter

From the Governor's Desk...

Our Internal Medicine Update program held at the Hyatt Regency Hotel in Newport, Rhode Island on October 31, 2001 was an unqualified success!

Organized by the program Planning Committee led by Drs. James Hennessey and Yul Ejnes, the program followed the previously successful format of 20 minute talks by noted experts in the morning and afternoon. Drs. Samir Shah, Yousaf Ali, George McKendall, Peter Tilkemeier, Athena Poppas, Charlotte Boney, Raymond Maxim, Gary Strauss and Sidney Braman discussed selected topics and/or gave updates in their respective fields. Dr. Dominick Tammaro served as the Master of Ceremonies, timekeeper and general gentle moderator.

Additionally, Dr. Charles C.J. Carpenter received the Milton Hamolsky Lifetime Achievement Award and made touching comments in his acceptance speech regarding what a life in academic medicine has meant to him.

Once again this year we were pleased to have Mr. Robert Doherty, Senior Vice-President for Governmental Affairs and Public Policy at the ACP-ASIM Headquarters in Washington, D.C. speak to us about the political climate in Washington and what internists can expect now that so much of Washington's resources have been directed to combating terrorism.

Our program this year was sponsored by the Department of Medicine at Brown Medical School who helped organize the program and shared the expenses.

We look forward to our Spring Meeting and any suggestions about program planning will be gratefully accepted and considered by our committee.

With best wishes for a healthy New Year,

Fred J. Schiffman, MD, FACP
Governor, Rhode Island Chapter ACP-ASIM

P.S.: Don't forget to check our website at www.acponline.org/chapters/ri periodically for chapter news.

And Another Thing...

*Yul D. Ejnes, MD, FACP
Governor-elect*

Recertification

Last spring we discussed ABIM recertification at our Regional Meeting. The College's discussions with ABIM continue. As of this writing, a memorandum of understanding is under review by each organization's governing board. ABIM agreed to some changes in its program, but those changes may not go far enough to satisfy critics of Continuous Professional Development, as the recertification program is named.

If ACP-ASIM and ABIM are unable to achieve a mutually agreeable result, it is possible that ABIM will go ahead without the "endorsement" of the College. Alternatives to CPD are being discussed informally by many, including some of the Governors. Resolutions dealing with recertification are being drafted for the Spring Board of Governor's meeting. One resolution calls for the development of a program based on current medical literature, such as the articles compiled in ACP Journal Club. Other resolutions use MKSAP as the basis of a recertification program. I have been involved in the drafting of two of the resolutions and may ask the Rhode Island Chapter to sponsor them for the Spring Meeting of the Board of Governors.

Should ACP-ASIM develop its own alternative to the ABIM's CPD, either alone or with other internal medicine professional organizations, many of whom share our concerns, it will be an expensive proposition and will "violate" the separation between the educational and certification functions that has existed since ACP spun off ABIM decades ago. But there may be no other choice. We should know more by the next newsletter.

College Name

The process of selecting a new name for ACP-ASIM continues. The Marketing and Communications Committee developed a list of possible names and the Board of Governors is reviewing it. As you would guess, the proposed names are shorter than the current one and are

designed to better convey who we are and what we do. When the College is ready for member input, I'll e-mail the information to our members on the mailing list.

E-mail Addresses

As of January 1, we have 83 names on our electronic mailing list and another dozen or more fax numbers. While impressive, that number still represents a minority of our chapter membership. We again request that you forward your e-mail or fax information to the chapter by returning the member response form at the end of this newsletter or by e-mailing us at riaqasim@worldnet.att.net.

Become Active in the Chapter

We invite members to participate in the governance of the chapter through membership in its subcommittees. No matter what your interests are, we have a subcommittee for you. If you have a knack for writing, the Communications Subcommittee is for you. If you would like to help plan our spring and fall educational sessions, there's the Educational Subcommittee. Members who have an interest in socioeconomic and public policy issues are more than welcome on the Health and Public Policy Subcommittee. Our International Medical Graduate Subcommittee is a great way to network with other IMG's and to advise the Chapter and College on how to better serve this group of members. Our Executive Council is the body that advises the Governor. These and other opportunities to participate are open to all membership classes. The time commitment isn't much and the chance to meet with colleagues in a "fun" setting is always refreshing.

If you're interested in becoming an "active" member, please e-mail us or use the member response form.

Bioterrorism Resource Center

The September 11 terrorist attacks precipitated a wave of concern about the possibility of bioterrorism - the use of germs and chemicals as

weapons of mass taking of lives. In recent weeks, the concerns have become a reality with the onslaught of anthrax cases. In an effort to educate physicians and provide up-to-date information on biological terrorism, ACP-ASIM has developed the Bioterrorism Resource Center on the College website (www.aqponline.org/bioterro/index.html).

The information featured in the Bioterrorism Resource Center is broken down into the following sections:

- Therapeutic Recommendations for Exposure to or Disease Caused by Biological Weapons - Up-to-date recommendations from the CDC and other organizations regarding treatment, exposure, research, etc.
- Essential Medical Knowledge - General medical knowledge on biological and chemical weapons
- News - Current events and news releases regarding bioterrorism.
- Additional Resources - Helpful resources to assist in the gathering of information on bioterrorism; websites, journals, recordings, speakers.
- College Activities - ACP-ASIM initiatives and efforts to aid physicians in the battle against biological and chemical threats.

ACP-ASIM encourages all physicians to visit the Bioterrorism Resource Center often, as physicians are the first line of defense against bioterrorism. It is the intent of the College to be a comprehensive resource for the medical community on biological and chemical threats in an effort to prevent the sense of alarm and panic.

Education and preparation are key components in promoting an efficient, expeditious approach to bioterrorism. Visit the Bioterrorism Resource Center (www.aqponline.org/bioterro/index.html) and join ACP-ASIM in the campaign to promote a "Don't panic, prepare" campaign against bioterrorism.

Health and Public Policy Subcommittee Update

Paul McKenney, MD
Chair, Health and Public Policy Subcommittee

We have recently reactivated the Health and Public Policy Subcommittee. On October 22, the Subcommittee met with Dr. Anthony Kazlauskas, Medical Director of UnitedHealthcare of New England (and ACP-ASIM member). He gave us an update on United's recent policy change, which eliminated most pre-authorization requirements and limited oversight of physicians' clinical decisions. This policy change has not only been a welcome lessening of the "hassle factor" for most of us, but has apparently been cost-effective for the insurer.

Secondly, Tony explained a new Internet service being offered, expected to ease administrative burdens for physician offices. UnitedHealthcare Online is now available to all contracted physicians at www.unitedhealthcareonline.com. It allows offices to quickly access patient eligibility and claims status, submit claims and receive return confirmation directly from UnitedHealthcare, for free. Most of us received information in the company's most recent quarterly newsletter, "practice matters." They are interested in knowing how useful this will be to physicians, and we hope to give him feedback from internists in the future.

UnitedHealthcare's plans for the New England region will probably involve some continued consolidation of services, although Dr. Kazlauskas could not give details. He admitted that the company will continue to respond to market forces. We hope that internists will let us know of any issues of concern, so that the Subcommittee can convey these to United.

New: Practice Management Resources on Chapter Web Page

This summer, in a joint effort with the ACP-

ASIM Practice Management Center, we added a new page to our chapter web site. Our **Practice Management Issues and Resources** page is a rich collection of links to insurers, government agencies, and reference materials, both local, and national. Physicians who are starting in practice as well as established physicians will find this to be a useful resource. For example, there are links to Medicare provider applications, RI Department of Health regulations on nurse practitioners, and the provider information pages of the major insurers in Rhode Island. We will post breaking news on regulatory and legislative events on this web page.

Also on this web page is a link to a form that will allow you to post a question or report a problem with an insurer. The form creates an e-mail to the chapter.

Visit the **Practice Management Issues and Resources** page at www.aqonline.org/chapters/ri/pmi.htm. Let us know if you would like something added to the page or if any of the links don't work.

Free College Help with HIPAA – Coming Soon!

In the long run HIPAA should yield huge savings for the US healthcare system, but in the coming months HIPAA will pose a major administrative challenge for providers, payors, and vendors. The Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will require practices to protect patients' identifiable health information in any form – written, oral or electronic. The specific HIPAA regulations now being promulgated are divided into three basic Rules: Electronic Data Transactions, Privacy and Security. Physician practices will need to do substantial advance preparation to meet the following legally enforceable compliance deadlines:

Rule	Compliance Deadline
Electronic Transactions	October 16, 2002

Privacy	April 14, 2003
Security	26 months from release of final rule (expected late 2001)

HIPAA Components

The *Transactions Rule* is designed to simplify the administrative processing of electronic claim and remittance forms and other patient encounter information through standardized electronic formatting. While the ultimate outcome could simplify various aspects of practice management and yield enormous savings by transforming information exchange between healthcare organizations, it will be no easy task getting to that point. Computer software programs as well as office procedures will need to be rewritten to accommodate the new requirements. For the most part, practices will depend on their computer vendors and payers to make these technical changes. However, if any one of the practice's business partners is not ready on time, transactions and therefore practice reimbursement and cash flow will be disrupted. Thus, it is critical that practices understand what needs to be done, make sure that their vendors and other business partners are supporting the practice appropriately, and know what to do if they are not.

The *Privacy Rule* mandates how providers, health plans, and clearinghouses may use and transmit personal health information. As a result of media and consultant attention, many physicians are generally aware of the potential impact that the privacy rule can have on their practices. While many practices probably already do some of the things required by the Privacy Rule, compliance with its specific legal provisions will require significant effort, including implementation of new forms, policies and procedures, staff training, and patient education.

The *Security Rule*, which is still only in proposed form, has to do with the physical and electronic security of the information that is stored, maintained, used or transmitted. In other words, technological controls on computer systems and the security of data transmissions will be required for compliance. The "proposed" rule is generally intended to be scalable to small practices and

technologically neutral. As of this date, however, it is still unknown what changes the “final” Rule may bring, especially with regard to oral and printed communications (such non-electronic information was not addressed in the original proposed security rule but has since been added to HIPAA’s purview). It may be prudent to put in place a risk management process now that can be revised and updated later, recognizing that the final security rule, when published, could require significant adjustments in the practice’s security planning and operations.

Practice Management Center Assistance to Members

Few physicians truly understand the potential impact HIPAA will have on their practices. Although the HIPAA rules are still in various stages of finalization, a host of consultants have already begun marketing manuals, seminars, and advice to physicians. Before sifting through such often-costly options, College members should be aware that ACP-ASIM’s Practice Management Center (PMC) is developing sound, practical tools to be offered as free member benefits.

The “HIPAA Overview” is already posted on PMC’s web page (www.aqponline.org/pmc) for members needing a basic explanation of these complex regulations. Very soon PMC will also begin releasing three separate manuals, each covering one of the HIPAA rules. These valuable tools will provide practical guidance, sample templates, forms, job descriptions, contracts, checklists, and other resources that members will need to comply with the new HIPAA rules. They are being developed with special emphasis on the

SAVE THE DATE

ACP-ASIM

Rhode Island Chapter

2002 Regional Meeting

Thursday, May 2, 2002 –
Friday, May 3, 2002

Radisson Airport Hotel

Warwick, Rhode Island

compliance needs of small practices.

The requirements of the electronic data transactions rule are the most rigid, the least well understood, and the first of the three rules with which practices must comply. PMC therefore believes that transactions should be the initial focus of HIPAA compliance efforts by College members. PMC’s *Electronic Transactions Manual* will be available in January 2002. ACP-ASIM and the

American Academy of Pediatrics have contracted with one of the most recognized experts in this field, Margret\A Consulting, LLC, to develop a transactions toolset that will provide members what they need to prepare for compliance with the electronic transactions regulations. The toolset is expected to be available on PMC’s web page (www.aqponline.org/pmc) in early 2002. Members should check the web page’s “What’s New” listing for announcement of this and other manuals.

ACP-ASIM is also one of ten medical specialty societies, representing over 400,000 physicians that have contracted with a leading consulting firm, Gates, Moore & Company, to develop *Privacy* and *Security Manuals* for members. The *Privacy Manual* will be available in December and the *Security Manual* shortly after the final Security Rule has been published. The *Privacy* and *Security Manuals* will also be available in Spanish.

Free to Members Online

College members will be able to download all of these manuals free of charge from the PMC web page. Members who do not have good internet access will be offered hard copy, CD-ROM or diskette versions (shipping and handling charges apply). Keep your eye on the PMC web site for release of the latest HIPAA compliance tools.

They will be valuable benefits of your College membership.

The View from the Hill

Steven DeToy

**Director of Governmental Affairs,
Rhode Island Medical Society**

2002 General Assembly Session Convenes

Historically and Politically Charged Session Greeted the New Year

New Year's Day saw the RI General Assembly convene for the 2002 session. Although, the rare January 1st call to order was only a constitutional necessity, it may have been the only gathering of the chambers this year that was without contention.

Members face a variety of issues that make the 2002 session unique in the long history of the Ocean State. The proverbial harmonic convergence, or perfect storm of politics and money, is upon us.

I have yet to find a student or observer of the General Assembly that thinks there is much chance of substantial legislation emerging from this session. The General Assembly will be preoccupied with many internal issues that will, in my opinion, virtually preclude it from passing major initiatives outside of the following areas of politically charged issues:

1. **REDISTRICTING**, the constitutionally mandated restructuring of the legislature (and Congressional) district lines to reflect the changes in population since the last federal census in 1990. The General Assembly should vote on this difficult issue in early February and it is virtually certain that the new districts will be subject to court challenge prior to the 2002 elections.
2. **DOWNSIZING**, passed by the last RI Constitutional Convention, requires that the legislature reduce its membership by roughly 25%. This mandate will reduce the Senate from 50 to 38 and the House

from 100 to 75. Already, at least one member of the House has vowed to introduce a bill to require a new Constitutional Convention to reconsider the downsizing mandate.

3. **GENERAL ELECTION**: The aforementioned Constitutional Convention also changed the term of RI General Office holders to two four year terms. 2002 will be the first time that these term limits come into play. In 2002, we will elect a new Governor (the other General Office holders will not face the term limit having been elected since 1994.) This changing of the guard in the Governor's office certainly will impact the politics of the General Assembly this session.
4. **STATE BUDGET**: The state is facing a \$70 million dollar shortfall in the current state budget of approximately \$2.5 billion dollars. While this is a serious dollar amount the deficit projections for Fiscal Year 2003 are in the \$200-300 range. Thus the General Assembly will need to make some very difficult, particularly in an election year, choices on spending... and possibly revenue enhancement (read: expansion of gaming in RI)

While the Medical Society and other patient oriented groups have composed substantial legislative agendas for 2002, it is unlikely that the General Assembly will be interested in taking on issues that may be contentious in this difficult year.

In addition to activities on Smith Hill, there are several key issues that continue to linger on Capitol Hill in Washington that will command attention by RI physicians as we move into 2002.

Among the remaining items on the Congressional agenda include: fixes to the Medicare physician payment update, the Patients' Bill of Rights, Medicare reform and changes to the nation's anti-trust laws.

The Medical Society's political arm, the RI Medical Political Action Committee, RIMPAC, is gearing up for the 2002 elections. With

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