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Proposed Physician Fee Schedule Rule for 2019

by Terri Marchiori of the AMA

July 12th CMS published the proposed Physician Fee Schedule Rule for 2019. It includes provisions for the Quality Payment Program (QPP) for 2019 as well as the physician fee schedule. AMA staff is reading the 1,473-page proposed rule and will provide a summary in the near future. We will work with our Federation colleagues to develop our comments on the rule. Comments are due to CMS on September 10, 2018.

This is a brief summary of the key Medicare Fee Schedule proposals:

- With the budget neutrality adjustment to account for relative value changes, as required by law, the proposed 2019 PFS conversion factor is \$36.05, a slight increase above the 2018 PFS conversion factor of \$35.99.
- CMS has proposed to collapse payment for office and outpatient visits. New

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Physician Learning Must Evolve to Keep Healthcare Workforce Prepared

by Eric Barna, MD



As a hospitalist at Mount Sinai Hospital in New York, New York, I'm part of a team that cares for moderately to severely ill patients. I'm also a physician advisor, and I have the pleasure of teaching some of the youngest and brightest medical students, interns, and residents at various stages of their careers. I consider this the best part of my work, so I'm sure it comes as no surprise that I'm a firm believer in the importance of continuous learning.

That's why I was so excited when I had the chance to participate in three standardized patient (SP) encounters training designed for me and my 22 hospitalist colleagues to improve our communication skills, funded by a grant from The Doctors Company Foundation. A standardized patient encounter is a live simulation in a clinical setting with trained actors. A physician is given a short prompt about the patient scenario. They may also be provided with some basic information such as a diagnosis or a relevant imaging study prior to entering the room. Once the testing center provides a signal, physicians are allowed to enter the room. An introduction of our role on the medical team is provided and a discussion ensues. The actors provide relevant history, incorporate true emotional response to questioning and display any behavioral or physical prompts

that a real patient would. This allows physicians to react in real time to the needs of the patient. The use of standardized patients can also be adapted to desired testing scenarios, whether in the realm of communication, clinical reasoning, or establishing a differential diagnosis.

Like many hospitals, we have a program in place aimed at assessing how we educate students and younger physicians. But Mount Sinai is the first hospital in New York that has established a program designed specifically to assess and address some of the unique communication challenges we face as hospitalists to improve patient care.

Strengthening individual communication skills is paramount to improving patient comprehension, which in turn can improve patient follow-through on discharge instructions and reduce risk of readmission. And as educators, our takeaways from the training can empower others in the healthcare system at large to better communicate with their patients.

Since the initial date of the training, the three modules have expanded into a program run by The Morchand Center for Clinical Competence at the Icahn School of Medicine at Mount Sinai. So far, the Morchand Center

has adapted the SP methodology for hospitalists to train 1,845 additional residents in various specialties across New York City.

Nationwide, the entire medical community stands to benefit from continuous physician learning and partnerships that facilitate it, like The Doctors Company, which makes trainings like this possible. At a time of tremendous change for healthcare, having a well-trained physician workforce is more important than ever before.



Eric Barna, MD is associate residency program director, Inpatient Medicine, Division of Hospital Medicine/Samuel Bronfman Department of Medicine, Icahn School of Medicine at Mount Sinai Hospital.



PCMS NEWS

calendar of events

AUGUST 29, 2018

Lunch & Learn

Sexual Harassment Policies are Only as Good as You Practice Them

Cindy Kolb, Cross Gunter Witherspoon & Galchus



It's in the news daily, but do your company's managers and supervisors know how to respond to allegations of sexual harassment? We will address this critical issue by teaching you how to identify:

- What is sexual harassment and what are the different types?
- How to prevent sexual harassment.

Attendees will also review scenarios to see if they can recognize harassment, the best way to respond, and how to create a harassment-free workplace.

SEPTEMBER 26, 2018

Lunch & Learn

Service and Emotional Support Animals

Rebecca Tutton, J.D., R.N., AMIC



Learn the differences between what constitutes a service animal and an emotional support animal and what a clinic may and may not ask an individual about their animal.

Learn about which laws apply to the animals and if a clinic must allow the animal in the clinic and what policies should be in place to avoid discrimination actions.

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patient office visit (99202-99205) payments would be blended to be \$135. Established office visits (99212-99215) would be blended to be paid at \$93. New codes would be created to provide add-on payments to office visits for specific specialties (\$9) and primary care physicians (\$5).

- To replace existing documentation guidelines, CMS proposes to allow use of (1) 1995 or 1997 documentation guidelines; (2) medical decision-making or (3) time. Documentation for history and exam will focus on interval history since last visit. Physicians will be allowed to review and verify certain information in the medical record entered by ancillary staff or the beneficiary, rather than re-entering the information.
- When physicians report an E/M service and a procedure on the same date, CMS proposes to implement a 50% multiple procedure reduction to the lower paid of the two services.
- CMS will implement new CPT codes and payment for remote monitoring and interprofessional consultations.
- CMS updated supplies and equipment pricing. The re-pricing of antigens has a significant impact on allergy and immunology payments, with an estimated 6% reduction for the specialty.

Here are some of the highlights of the Merit-based Incentive Payment System (MIPS) proposals:

- Retain the low-volume threshold but add a third criteria of providing fewer than 200 covered professional services to Part B patients.
- Retaining bonus points for:
 - o Care of complex patients
 - o End-to-end reporting
 - o Small practices
- Allowing eligible clinicians to opt-in if they meet one or two, but not all, of the low volume threshold criterion.

- Consolidating the low-volume threshold determination periods with the determination period for identifying a small practice.
- Eliminate the base and performance categories and reduced the number of measures in the Promoting Interoperability category.
- Require Eligible clinicians to move to 2015 CEHRT.
- Providing the option to use facility-based scoring for facility-based clinicians.
- For 2019 performance year the weights are:
 - o Quality - 45%
 - o Cost- 15%
 - o Promoting Interoperability – 25%
 - o Improvement Activities- 15%

As a reminder, as a result of AMA advocacy, the Bipartisan Budget Act of 2018 provided additional flexibility for CMS on several MIPS issues including:

- Excluding Medicare Part B drug costs from MIPS payment adjustments and from the low-volume threshold determination;
- Allowing CMS to reweight the cost performance category to not less than 10 percent and not more than 30 percent for 2019-2021 performance years; and
- Allowing CMS flexibility in setting the performance threshold for performance years 2019-2021 to provide a gradual and incremental transition for physicians.

CMS has provided Fact Sheets on the major components of the rule which are available at the following links:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-07-12-2.html>

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2019-QPP-proposed-rule-fact-sheet.pdf>



2018 WOMEN TO WATCH

Congratulations to Society members Dr. Heather Owens (left), and Dr. Suzanne Yee (right) who were named to Soiree Magazine's 2018 list of Women to Watch.



UAMS GRADUATES 969 HEALTH CARE PROFESSIONALS

Degrees and certificates were awarded to 969 graduates of the University of Arkansas Medical Sciences' (UAMS) five colleges and graduate school May 19 during a commencement ceremony at Verizon Arena in North Little Rock.

Degrees were presented to 157 in the College of Medicine; 282 in the College of Nursing; 111 in the College of Pharmacy; 54 in the Fay W. Boozman College of Public Health; 57 in the Graduate School; and 308 in the College of Health Professions.

Interim UAMS Chancellor Stephanie Gardner, Pharm.D., Ed.D., presented the Chancellor's Award to Joseph H. Bates, M.D., professor and associate dean for Public Health Practice in the UAMS Fay W. Boozman College of Public Health.



The award is presented to a person whose service to UAMS is deserving of special recognition. Previous recipients include Sam M. Dixon, former U.S. Sen. Dale Bumpers, Jack Stephens, Lawrence Schmieding and Willard and Pat Walker.

UAMS WELCOMES NEW CHANCELLOR CAM PATTERSON, M.D., MBA



Cam Patterson, M.D., MBA, a renowned cardiologist and health care administrator, began today as chancellor of the University of Arkansas for Medical Sciences (UAMS), the state's only health sciences university.

Patterson comes to UAMS from Weill-Cornell Medical Center and Komansky Children's Hospital/ New York Presbyterian Hospital

in New York, where he was senior vice president and chief operating officer since 2014.

He replaces Dan Rahn, M.D., who retired as chancellor July 31, 2017. Stephanie F. Gardner, Pharm.D., Ed.D., who had been serving as interim chancellor since that time, will continue as senior vice chancellor for academic affairs and provost at UAMS as she had before and during the transition.

"We are very fortunate to have identified Dr. Patterson and his strong skill set that will help lead UAMS into a very crucial period in its continued tradition of innovation and excellence,"

said Donald. R. Bobbitt, Ph.D., president of the University of Arkansas System. "His experience in leading a very complex clinical enterprise and his varied background in clinical care, research and administrative leadership will complement and elevate the momentum already being generated there. I am thrilled to bring him into the UA System and I welcome him and his family to Arkansas.

SUSAN LONG, ED.D., NAMED DEAN OF UAMS COLLEGE OF HEALTH PROFESSIONS



Longtime educator and administrator Susan Long, Ed.D., has been named dean of the College of Health Professions at the University of Arkansas for Medical Sciences (UAMS).

Long, a UAMS faculty member since 1992, had been serving as interim dean since the retirement of Douglas L. Murphy, Ph.D., on Dec. 31, 2017. She has also been associate dean for academic affairs since 2012, which she continued while serving as interim dean.

"Susan has proved herself a dedicated leader in the College of Health Professions, and I believe she will accomplish great things as dean of the college," said Stephanie Gardner, Pharm.D., Ed.D., senior vice chancellor for academic affairs and provost.

TELEMEDICINE PROGRAM IN MAGAZINE SCHOOL DISTRICT REDUCES OBESITY

More than half of obese fifth through eighth graders in the Magazine School District reduced their obesity in the last year after participating in a program by the University of Arkansas for Medical Sciences (UAMS) Center for Distance Health.

The program is part of the School Telemedicine in Arkansas (STAR) program that began in 2016 to combat health disparities in four rural Arkansas school districts. It is funded by a \$1.2 million grant from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services.

Part of the STAR program focuses on reducing and preventing obesity and is designated HealthyNOW. From October 2017 through April, HealthyNOW was piloted in the Magazine

School District in Logan County.

When the program began, 62 students, or 39 percent, of the 159 students in the Magazine School Districts fifth through eighth grades were categorized as obese based on calculating the students' body mass indexes (BMI), a measure of body fat based on weight in relation to height.

By the end of the program year, 51 percent of those students had a lower BMI.

"We couldn't be more pleased with the outcomes," said Tina Pilgreen, project coordinator for HealthyNOW. "Not only did we have great results, students were engaged and excited to learn about physical activity and healthy eating. More importantly, they took the information home to share with their families."

AAPI ARKANSAS CHAPTER ANNOUNCES 2018 GRAND 10TH ANNIVERSARY ANNUAL MEETING

The Arkansas Chapter of the American Association of Physicians of Indian Origin (AAPI) USA was established in 2008 and has about 275 members from all over the state. It is estimated that there are about 500 Indian American physicians in Arkansas.



The 10th anniversary celebration event will be held on Saturday, August 25th 2018 at the Statehouse Convention Center in Little Rock. Governor Asa Hutchinson has been invited as the Chief Guest to the event. There will be medical/healthcare talks followed by awards to prominent physicians in Arkansas for their exceptional service and contribution to advance the healthcare in the state.

AAPI Arkansas will award sizeable charitables and scholarships to several public service organizations and scholarships to high school students from the Little Rock School District, North Little Rock School District and Pulaski County Special School District and Lisa Academy. The regional areas would also be showcasing their activities including charitable and scholarship donations worth about \$25,000. The event will be marked by physicians and families in traditional attires, colorful cultural program, delicious Indian cuisine and a DJ featuring Bollywood songs.



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