



# The Galveston County. Physician Newsletter



Galveston County Medical Society Newsletter - Summer 2009

## UTMB students thank TMA for help

“Thank you so much for your consideration and profound generosity. I truly appreciate the Hurricane Ike Recovery Funds that you have offered to donate to me. This really means so much to me.”

This thank you message was one of nearly 50 that medical students from The University of Texas Medical Branch (UTMB) in Galveston sent to Texas Medical Association (TMA) Immediate Past President Dr. Josie Williams expressing deep gratitude for help they received through TMA’s UTMB Medical Student Recovery Program.

Initiated by the TMA Medical Student Section after Hurricane Ike, the program aimed to provide financial assistance to the hundreds of medical students who reported that rebuilding and replacing lost and damaged lab supplies and textbooks had exhausted their savings, and in some cases, their student loans as well.

The Texas Medical Association Foundation, philanthropic arm of TMA, raised \$70,490 to aid UTMB medical students post-Ike.

Source: TMA

## A very successful Legislative Session for our patients, physicians and UTMB

The 81st Legislative Session was successful for our patients and organized medicine. Galveston County Medical Society (GCMS), Harris County Medical Society (HCMS) and local stakeholders worked very hard with Rep. Craig Eiland this session to convince the Legislature to include money to help rebuild The University of Texas Medical Branch at Galveston. In March, GCMS and HCMS hosted a meeting with key Galveston and Harris County stakeholders, which included hospital CEOs, physicians, medical society leaders, and community health leaders to assess the medical communities’ post-Ike needs and provide a list of principles needed for recovery to the Legislature. We were very successful and work has already begun to bring those critical facilities back on-line and reduce the burden on Mainland Hospital and other hospitals throughout the region. A number of other important bills were passed.

Managed care successes we had included:

- HB 1888 (Davis), which establishes standards for rankings of physicians by health plans. More importantly, it requires health plans to ensure that any physician ranking system uses accurate physician data, allows the due process for physicians to occur prior to the publication of their ranking, and specifies that the measurement standards used be reliable, evidence-based and consistent across all health plans in the market.
- HB 3221 (Hancock) requires health insurers to notify the policyholder at least 30 days before changing his or her premium rates if payments are made via electronic transfer.
- HB 2256 (Hancock) provides important patient protections as well as a mediation venue to resolve disputes for out-of-network, facility-based physician claims. TMA and the specialty societies worked hard to ensure the legislation addressed medicine’s concerns on network adequacy and a fair dispute process.
- SB 39 (Zaffirini) requires health plans to provide benefits for routine patient care costs in connection to clinical trials.

## PRESIDENT’S MESSAGE

Thomas Kimbrough, MD

PRESIDENT



As I write this, there is much talk about the U.S. House of Representatives’ proposal to reform the nation’s health care system. The position of GCMS and Texas Medical Association (TMA) is first, “do no harm.”

We applaud Congress for delaying the votes on the health system reform bill, H.R. 3200, until September so the representatives can gain input from their districts during the August break. We commend the authors of H.R. 3200 for outlawing insurance coverage denials for pre-existing conditions, controlling premium increases, and requiring health plans to be transparent and accountable.

As physicians, our primary goal is to improve the health of our patients. We take an oath to “do no harm” to our patients. This should be the goal of our legislators. We are concerned that this current bill would undo many of the things that are good about our current health care system and not fix what is broken.

We are particularly concerned about the impact of the bill’s “public option” for insurance coverage, its ban on physicians owning health care facilities and for not permanently fixing the reimbursement system for Medicare that would ensure the physician payment system would automatically keep up with the cost of running a practice.

Our American Medical Association (AMA) and Texas Medical Association (TMA) are actively working to influence the debate. AMA President Dr. Jim Rohack of Temple, Texas, and TMA President Dr. William Fleming of Houston, Texas, are leading the discussions on health system reform.

Both TMA and AMA are working toward health system reform that:

- remains centered on our patient’s best interests and the maintenance of a strong patient-physician relationship.

## PRESIDENT'S MESSAGE

*continued from page 1*

- replaces Medicare's SGR with a formula that bases physician payments on the cost of care.
- provides medical liability protection.
- Promotes quality, prevention and wellness initiatives.
- Provides affordable health insurance for all through a choice of plans and eliminates denials for pre-existing conditions.

"Recognizing that there is still much to be done to achieve the right health reforms, the AMA is using this opportunity to get the facts out and find common ground," said Dr. Rohack in a news release July 28. "The AMA is committed to reform to make the system better for patients and physicians."

Dr. Fleming, TMA President-Elect Dr. Susan Rudd Bailey, and Chair of TMA's Task Force on Health System Reform Dr. Nancy Dickey sent a letter to the Texas House Delegates stating their concerns over H.R. 3200. The TMA leaders have pledged that the association will work with Congress on health system reform, but reminded the representatives that physicians are ethically bound to work for the best interests of their patients and to provide leadership on public policy decisions. The principles approved by the TMA Task Force can be viewed at [www.galvestoncms.org](http://www.galvestoncms.org) by clicking on "Health System Reform Updates" on the front page. TMA also is hosting public town hall meetings throughout the state.

I encourage you to let your voices be heard and encourage your patients to voice their concerns. Have your patients go to TMA's patients Web site, [www.meandmydoctor.com](http://www.meandmydoctor.com), to let their voices be heard. Let's use this opportunity to make sure health care is reformed right.

## TMA's revenue cycle Webinar

The current economic environment brings a host of new challenges in revenue cycle management. More and more patients have a high-deductible health plan, and many are without insurance coverage. To help you with these challenges, this three-part audio seminar series focuses on proven ways to enhance your revenue cycle. One registration fee trains your entire staff and there is no need to leave your office for training.

This program will be available to order on Aug. 17. TMA designates this educational activity for a maximum of 3 AMA PRA Category 1 Credits™. To register or ask questions, contact TMA Knowledge Center at **1-800-880-7955**, or Gay Anderson at **1-800-880-1300, ext. 1421**, or [gay.anderson@texmed.org](mailto:gay.anderson@texmed.org).

## 2009 GCMS OFFICERS

President: *Thomas Kimbrough, M.D.*

President Elect: *Daniel Piazza, D.O.*

Vice President: *Barbara Thompson, M.D.*

Secretary Treasurer: *Mary Godinick, M.D.*

## GCMS CALENDAR OF EVENTS

visit the calendar online at [www.galvestoncms.org](http://www.galvestoncms.org)

### Friday and Saturday, Sept. 4-5

2009 TMA Fall conference, Austin

[www.texmed.org](http://www.texmed.org)

### Wednesday, Sept. 23

**6 p.m.** reception, **6:30 p.m.** dinner/program

GCMS meeting, "Legislative Wrap", 1 hour CME

UTMB Administration Building, Caduceus Room

### Wednesday, Nov. 18

**6 p.m.** reception, **6:30 p.m.** dinner/program

CCMS Membership and Annual Business meeting,

"Technology and Patient Communication", 1 hour Ethics CME

Mainland Medical Center

### Nov. 7-10

AMA Interim meeting, Houston,

George R. Brown Convention Center

[www.ama-assn.org](http://www.ama-assn.org)

Contact: LaCoya Boone, **409-935-3000**.

**Thanks to Mainland Medical Center and UTMB  
for their support of GCMS meetings.**

## Gov. vetoes bad liability bill

Responding to a request from the Texas Medical Association, Gov. Rick Perry vetoed legislation that would allow hospitals to hire physicians. TMA asked the governor to veto the bill because it would have weakened the landmark liability lawsuit reforms the governor, TMA, and its member physicians fought so hard to pass in 2003.

The bill, House Bill 3485, would have modified the state's Corporate Practice of Medicine Act and allowed government-owned hospitals in any county with fewer than 50,000 residents to hire physicians directly.

However, The Texas Trial Lawyers Association managed to add wording that diluted the liability reform law. Gov. Perry signed House Bill 2154 to help 114 medically-underserved counties attract new physicians by helping them repay medical school loans. Additionally, the Legislature approved increases for graduate medical education (GME) and Family Practice Residency Program. View [www.texmed.org](http://www.texmed.org) for more information.

*Source: TMA Action, June 19, 2009*

## CMS Scam alert

The Centers for Medicare & Medicaid Services (CMS) has become aware of a scam where perpetrators are sending faxes to physician offices posing as the Medicare carrier or Medicare Administrative Contractor (MAC). The fax instructs the physician's staff to respond to a questionnaire to provide an account information update within 48 hours in order to prevent a gap in Medicare payments. The fax may have the CMS logo and/or the contractor logo to enhance the appearance of authenticity.

Medicare FFS providers, including physicians, non-physician practitioners, should be wary of this type of request. If you receive a request for information in the manner described above, please check with your contractor before submitting any information. Medicare providers should only send information to a Medicare contractor using the address found in the download section of the CMS.gov Website found at [www.cms.hhs.gov/MLNGenInfo/](http://www.cms.hhs.gov/MLNGenInfo/) or [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll).

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## AMA Annual Meeting on health reform

Galveston and TMA leaders went to Chicago for the 2009 Annual Meeting of the American Medical Association (AMA) House of Delegates. President Obama spoke to the AMA House of Delegates about his ideas on health system reform on June 15. AMA President Dr. James Rohack appeared on ABC Primetime to ask President Obama a few questions regarding his plans.

Key health system reform actions taken at the 2009 Annual Meeting of the AMA House of Delegates:

**Health System Reform Principles:** Adopted policy supporting health system reform alternatives that are consistent with AMA principles of pluralism, freedom of choice, freedom of practice, and universal access for patients.

**Medicare Physician Payment Reform:** Adopted a set of principles that should be upheld in the development of any Medicare physician payment reform efforts, including ensuring that reform efforts: promote improved patient access to care; are designed with input by the physician community; ensure payment rates that cover the full cost of sustainable medical practice; include participation options for all physicians; and ensure an appropriate level of physician decision-making authority over any shared-savings distributions.

**Patient-Centered Medical Home:** Clarified AMA support for the patient-centered medical home as a model for providing care to patients without restricting access to specialty care, and will urge the Centers for Medicare and Medicaid Services to work with the AMA and specialty societies to design incentives to increase care coordination among all physicians.

**Right to Privately Contract:** Included in the AMA's top advocacy priorities in 2009: the right of patients to privately contract with physicians; and the ability of physicians to collectively negotiate with health plans.

**Medical Liability Reform:** Adopted policy to press for effective medical liability reforms as part of comprehensive health reform legislation.

**Eliminating Restrictions on Pre-existing Conditions:** Adopted policy to support health insurance coverage of pre-existing conditions with guaranteed issue in the context of an individual mandate.

**Incentives Rather than Penalties for HIT Adoption:** Adopted policy cautioning policy makers on the high costs of adopting health information technology (HIT) and advocating for greater adoption of HIT through incentives to e-prescribe and implement and maintain electronic medical records (EMR), without penalty for non-adoption of these systems.

**Physician Workforce:** Adopted policy that enhancements to bolster the physician workforce must be part of any comprehensive federal health system reform, including advocating for expanded funding for entry and continued training positions in specialties and geographic regions with documented medical workforce shortages.

**Medical Student Debt Relief:** Adopted policy advocating for student debt relief through 100% tax deductibility of student loan interest.

**Follow on Biologics:** Adopted policy to make follow on biologics more available to patients and physicians (as a lower-cost alternative), while protecting patient safety and allowing a reasonable timeframe for FDA exclusivity and patent expiration.

**Health Insurance Underwriting Policies:** Adopted policy that urges insurance companies to make underwriting decisions based only on the presence of conditions that are valid predictors of morbidity and mortality.

**Prevention and Personal Responsibility:** Adopted policy to improve health and preventive care efforts by advocating for increased physical activity, proper diet and personal responsibility, and working with concerned organizations to achieve this goal.

**Principles for Public Release of Physician Data:** Adopted a series of principles addressing the public release and accurate use of physician data, including patient privacy safeguards, data accuracy and security safeguards, transparency requirements, review and appeal requirements, physician profiling requirements, quality measurement requirements, and patient satisfaction measurement requirements.

For reference committee highlights and other information, go to [www.galvestoncms.org](http://www.galvestoncms.org).

## Red Flags Rule delayed

To give creditors (including physicians) more time to review, develop and implement the Red Flags Rule on Identity Theft Prevention, the Federal Trade Commission (FTC) has postponed the compliance date until Nov 1. For more information, sample policies, a helpful guide, etc., go to [www.galvestoncms.org](http://www.galvestoncms.org), click on Business of Medicine, then Practice Management for updates at the top of the page.

Source: AMA

## Medical community mourns the loss of Louise Geerts



Galveston County Medical Society (GCMS) announced with deep regret and sorrow the sudden passing of Louise Geerts, on July 2, 2009. Louise worked as executive director of GCMS for seven years. In this role, she oversaw the overall day-to-day operations of GCMS. For the past 34 years, she also served as assistant executive vice president of the Harris County Medical Society.

Louise was born Jan. 31, 1945, in Corpus Christi, Texas. She studied nursing at the University of Houston. Louise showed great passion and energy in everything she did, from being a professional actress in theatre and film to nurturing her grandchildren and her garden. She could be found on most Saturdays working with The Luke Society to help care for the needs of the homeless. Louise had a strong commitment to be of service and was dedicated to both her family as well as to her adopted family, the Houston/Galveston medical community. She served as both a mentor and leader in the medical community.

A Celebration of Life Service was held July 8 at the John P. McGovern Museum of Health & Medical Science. She is survived by her husband, Vic; children Doug (Brandy) Winner, Clay Winner, Vic Geerts Jr., Tammy Liebham, and Adam Geerts; as well as a host of grandchildren, family and friends.

The family wishes that in lieu of flowers that memorial contributions may be made to the Myelodysplastic Syndrome Foundation, [www.mds-foundation.org](http://www.mds-foundation.org), or the The Luke Society, 518 White Oak Pointe, League City, TX 77573. Louise's bright smile, sense of humor and warm personality will be missed by all.

# LEGISLATIVE SESSION

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Our Texas Medical Association (TMA) raised a lot of interest about serious health reform issues such as medical loss ratio, rescission, silent PPOs, and premium rate increases. In the end, the Legislature just wasn't interested in passing meaningful reform measures. Most of those bills just died in committee and never made it to the House or Senate floors.

Some other items of importance to physicians in the \$182.3 billion state budget include:

- Graduate Medical Education funding increased by 18.1 percent, which means Texas medical schools now receive \$6,653 per resident per year;
- The Family Practice Residency Program received a 21.5-percent increase;
- The budget for mental health crisis intervention, doubled from 2008-2009;
- Increased funding for the newborn genetic screening panel so the state can add cystic fibrosis screening;
- HB 2154 (Edwards) increases physician loan repayment program from \$45,000 over five years to \$160,000 over four years if the physician agrees to practice in a medically underserved community for four years; and
- \$4 million was included in the TDI budget for our three-share program.

On the public health front, two TMA-backed immunization bills passed early in the session. The first creates a lifelong immunization registry. The second allows the state to share immunization data with other states when emergencies, such as hurricanes or other natural disasters, force Texas residents to evacuate. Also, a bill by Sen. Nelson to provide for a study of the vaccination needs of first responders and their families during a declared disaster passed. A bill to expand the state's child booster seat law also became law. Additionally, a number of bills related to obesity prevention were passed. Among those are SB 282 by Sen. Nelson, which awards grants to implement nutrition best practices in schools and early childhood environments, and SB 870, which directs Medicaid and CHIP to implement pilots to help reduce childhood obesity among enrollees. Unfortunately, our efforts to pass a statewide smoking ban for indoor public places failed.

We fully expected, and received, an onslaught of scope of practice expansion bills. We were able to negotiate a bill with the retail health clinics before the session even started, which kept the most egregious measures at bay. The rest of the scope bills died in committee like so many other bills.

Finally, for the third successive legislative session, the state's 2003 medical liability reforms came under attack and emerged unscathed. We were able to fight off a major push to weaken liability protection for emergency care physicians as well as several attempts to revise procedures relating to depositions and discovery.

As we went into this session, we had a long list of bills that we wanted to pass. We got some things but not nearly as many as we wanted. It is easy to be disappointed, but we have to realize that we were able to fend off a lot of very bad legislation that would have been detrimental to us and to our patients.

In a session in which the Legislature was more intent on killing bills than passing them, we were very successful. Even though we didn't get the insurance reforms we had hoped for, we educated members and opened their eyes to what the health plans are really doing. This puts us in a great position for the 2010 session.

A great deal of thanks goes out to all of you who attended *First Tuesdays* at the Capitol, traveled to Austin to testify before a committee, sent us your opinions about pending legislation, or called or wrote your legislators about your issues. You can take credit for a large part of the success of this session for organized medicine. Together, we can do far more than any of us can do alone.

## Smoking ban approved

Due to many of the physicians of the Galveston County Medical Society, the Galveston City Council has adopted a smoking ban that forbids lighting up in bars, restaurants, private clubs, and tobacco stores. The ordinance, affecting public locations was adopted July 23 and will take effect Jan. 1.

## Risk management assistance

The Texas Medical Association (TMA) has developed the *Risk Management Distance Learning Seminar Series* to provide a quick and easy way to stay up-to-date on important issues that affect your practice's liability risk. These one-hour, lunch audio seminars are a no-hassle way for you and your office staff to learn more about medical and legal compliance and practical ways to reduce the potential for professional liability — all without having to leave the office.

The next seminars are:

### **Thursday, Aug. 13, Noon to 1 p.m., Complexities in Beginning and Ending the Patient-Physician Relationship.**

This session will help identify when a patient-physician relationship has been established and recognize difficult situations in termination of the relationship.

### **Thursday, Sept. 24, Noon to 1 p.m., Professional Courtesy, Waiving Copays, and Charity Care Requirements.**

This seminar will take a look at how professional courtesy is defined, the guidelines for its provision, and considerations that must be made to steer clear of potential fraud liability.

### **Wednesday, Oct. 14, Noon to 1 p.m., Medical Records - Consent for Treatment of Minors**

State and federal laws guarantee patients' access to their own medical records, except in very limited situations. But how do these laws apply to minors and their parents? Moreover, what rights do minors have in making decisions about their own care? This presentation will outline sensitive issues that arise when dealing with minors, adult children and spouses.

### **Thursday, Nov. 12, Noon to 1 p.m., 501(a)-Employed Physicians**

Texas statutes prohibit the corporate practice of medicine. This means that only physicians, as opposed to corporate entities, are licensed by the Texas Medical Board to provide medical services. The fundamental purpose of this prohibition is to ensure physicians' independent medical judgment. However, nonprofit health care corporations (commonly referred to as 501[a] corporations) sponsored by hospitals and hospital districts also may employ physicians. This presentation will describe the 501(a) environment in Texas and further explain the implications of hospitals employing physicians.

For more information on registration, CME, fees, discounts on multiple programs, and discounts on TMLT professional liability insurance go to:

[www.texmed.org/Template.aspx?id=7728](http://www.texmed.org/Template.aspx?id=7728), or contact the TMA Knowledge Center at 1-800-880-7955.

*Source: TMA*