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Gov. Deal signs MAG's priority bills into law

Georgia Gov. Nathan Deal signed three of the Medical Association of Georgia's (MAG) legislative priorities for 2016 into law on April 26. This included...

S.B. 158, a health insurance rental networks bill that will result in greater insurer disclosure and transparency and will ensure that physicians get paid their contracted rate in the event their network is leased. This measure will require insurers to register every rental network in the state with the Georgia Department of Insurance.

S.B. 302, which will require health insurance companies to maintain more accurate provider directories. This measure will require insurers to update their provider lists every 30 days and maintain those lists in both electronic and paper forms.

H.B. 900, which will enhance the state's Prescription Drug Monitoring Program (PDMP) by 1) giving physicians the authority to delegate the right to access the PDMP system to staff who are licensed, registered or board-certified health care professionals and 2) allowing prescribers and dispensers to communicate with each other about potential abusers and 3) allowing individuals who are authorized to access the PDMP system to report instances of misuse or abuse to the patient's primary prescriber.

MAG tracked more than 300 bills during the legislative session in 2016.

Contact MAG Executive Director Donald J. Palmisano Jr. at 678.303.9250 or dpalmisano@mag.org with any questions related to the 2016 state legislative session.

[Click for 2016 legislative session summary article](#)

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Georgia Gov. Nathan Deal signing H.B. 900 into law on April 26. From the left are MAG Executive Director Donald J. Palmisano Jr., MAG Legislative Associate Kimberly Ramseur, MAG contract lobbyist Travis Lindley, H.B. 900 sponsor Rep. Sharon Cooper, Gov. Deal, MAG President John S. Harvey, M.D., Georgia Pharmacy Association (GPA) Vice President Liza Chapman, and GPA President Tommy Whitworth. H.B. 900 will enhance the state's Prescription Drug Monitoring Program.

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Georgia Gov. Nathan Deal signing S.B. 158 into law. From the left are MAG contract lobbyist Dave Pratt, MAG Board member Lisa Perry-Gilkes, M.D., MAG Legislative Associate Kimberly Ramseur, MAG contract lobbyist Travis Lindley, an allied health care representative, Rep. Rick Jasperse, Gov. Deal, MAG President John S. Harvey, M.D., S.B. 158 sponsor Sen. Dean Burke, M.D., two allied health care representatives, Medical Association of Atlanta Executive Director David Waldrep, and MAG Executive Director Donald J. Palmisano Jr. S.B. 158 will result in greater insurer disclosure and transparency and will ensure that physicians get paid their contracted rate in the event their network is leased.

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Georgia Gov. Nathan Deal signing S.B. 302 into law on April 26. On hand for the event were S.B. 302 co-sponsor Sen. Dean Burke, M.D. (sixth from left), Gov. Deal (seated), S.B. 302 sponsor Sen. P.K. Martin (seventh from right), Sen. Charlie Bethel (eighth from right), and MAG President John S. Harvey, M.D., and MAG Executive Director (far right, respectively). S.B. 302 will require health insurance companies to maintain more accurate provider directories.

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MAG activates grassroots to stop “mega-mergers”

The Medical Association of Georgia (MAG) is encouraging physicians in the state to take a few moments to send an email to the Georgia Department of Insurance at mergercomments@oci.ga.gov to urge it to oppose the pending Aetna/Humana and Anthem/Cigna mergers.

As MAG President John S. Harvey, M.D., wrote in a recent ‘Insurance mega-mergers would be terrible for Georgia’ op-ed that ran in Georgia Health News, the mergers “would have disastrous results for patients and physicians in this state.”

Dr. Harvey emphasized that, “The new companies would control nearly 90 percent of the individual health insurance market in Georgia...they would hold dominant positions in the small-group, Medicare and large-group markets.”

He also warned that, “With little competition, Aetna/Humana and Anthem/Cigna could control costs by further reducing the size of their already limited health care networks and restricting a patient’s access to the doctors and specialists the patient has come to know and rely on.”

Finally, Dr. Harvey stressed that “because physicians would be forced to accept less pay for the care they provide, the mergers would exacerbate the physician shortage and undermine the economic viability of Georgia’s health care system...(especially) in rural areas, where hospitals and medical practices are struggling to keep their doors open.”

Contact MAG General Counsel Trish Yeatts at pyeatts@mag.org with questions.

[Click for Dr. Harvey's op-ed](#)

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MAG's Board acts on assistant physicians, data analytics

The Medical Association of Georgia's (MAG) Board of Directors (BOD) took action on a number of important issues during its meeting on April 16. The BOD...

– Approved a motion that calls for MAG to continue to monitor “assistant physician” legislation in other states and to work with the Georgia Composite Medical Board to help ensure that all qualified medical graduates have the opportunity to continue their training in a residency program (e.g., creating a database of “un-matched” medical students).

– Approved a motion for MAG to enter into an agreement with KaMMCO Health Solutions, Inc. (KHS) to establish a data analytics solution for physicians and other health care providers in Georgia – including reports, “dashboards” (e.g., population health metrics), physician/patient engagement resources, and care coordination. Under the terms of the agreement, MAG will endorse and promote KHS with physicians and other health care providers (i.e., sales and marketing support); provide legislative and regulatory assistance; provide office space at its office in Atlanta; establish an advisory committee that consists of MAG members.

– Approved a motion to re-appoint a number of members of GAMPAC's Board of Directors, including Stephen W. Jarrard, M.D., Elizabeth Morgan, M.D., Randy Frank Rizor, M.D., James L. Smith Jr., M.D., and Michelle Zeanah, M.D.

– Approved the December 31, 2015 audit results of MAG's financial records that was prepared by Mauldin & Jenkins.

– Ratified an action by MAG's Executive Committee to endorse the nomination of Manoj H. Shah, M.D., for a seat on the American Medical Association's IMG Section Governing Council.

– Approved a motion to appoint MAG members to a MAG/Georgia Pharmacy Association task force to address prior authorization issues, including Scott Bohlke, M.D., a family physician from Brooklet; Andrea Juliao, M.D., a family physician from Tucker; Elizabeth Walton, M.D., an internist from Atlanta; and Hayes Wilson, M.D., a rheumatologist from Atlanta.

The BOD received an update on the American Medical Association (AMA) from MAG member and AMA Board of Trustees Chair-elect Patrice Harris, M.D.

And William Clark, M.D., introduced the members of the eighth (graduating)

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MAG calls for DOI's help to address drug tiers

On April 7, Medical Association of Georgia (MAG) President John S. Harvey, M.D., sent a letter to Georgia Insurance Commissioner Ralph Hudgens to enlist his help to address the specialty prescription drug tier system that insurance companies in the state are using to control costs.

Dr. Harvey said that health insurance companies and pharmacy benefits managers should be required to “become more transparent about their formulary drug lists and costs and the prior authorization procedures they use by requiring insurers to make this information readily available on their websites and holding them accountable for providing patients with the benefits that they are led to believe they will receive when they enroll in a plan.”

He also stressed that, “MAG believes that physicians should be the clear and primary authority when it comes to the drugs that are prescribed in Georgia.”

Dr. Harvey’s letter is consistent with a resolution (307C) that MAG’s House of Delegates passed at its meeting in 2015.

MAG members can contact MAG General Counsel Trish Yeatts at pyeatts@mag.org with questions.

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'Top Docs' shows on D.O.s, value-based pay online



Dr. William Craver, on the right, with C.W. Hall

Recordings of two recent Medical Association of Georgia (MAG) 'Top Docs Radio' shows are now available online.

On April 12, H. William Craver III, D.O. – the dean of the Georgia Campus of the Philadelphia College of Osteopathic Medicine (GA-PCOM) in Suwanee – discussed osteopathic medicine.

“Osteopathic physicians practice a ‘whole person’ approach to medicine, whereby they treat the entire person rather than just the symptoms,” says Dr. Craver. “With a focus on preventive health care, D.O.s help patients develop attitudes and lifestyles that don't just fight illness but help prevent it as well.”

According to Dr. Craver, the majority of D.O.s are family-oriented primary care physicians – and many practice in small towns and rural areas.

GA-PCOM produced 123 D.O. graduates in 2015.

And on April 26, Kimberly J. Rask, M.D., PhD – the chief data officer at Alliant Health Solutions – addressed the new Medicare Value-based Payment Modifier (VM).



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“Medicare is now using the value modifier to adjust physician pay based on quality and cost measures,” says Dr. Rask. “And the program is revenue-neutral, so physicians who score well receive higher payments while physicians who have relatively lower scores receive lower payments.”

She reports that of the nearly 14,000 physician groups that will be subjected to the VM program in 2016, less than one percent will receive a bonus of either 16 percent or 32 percent from Medicare – the latter reserved for the practices that care for the most high-risk patients. Meanwhile, more than a third of the groups will see a one percent to two percent cut in pay in 2016 for failing to submit their data or recording low quality measures.

Dr. Rask also notes that, “Under the MACRA legislation that passed in 2015 that permanently replaced the Medicare sustainable growth rate (SGR) formula, the value modifier will become one component of a new consolidated performance score.”

Alliant Health Solutions is a nonprofit company that supports quality improvement in public sector health care programs under Medicare, Medicaid, and End-Stage Renal Disease (ESRD) Networks in the southeastern U.S.

MAG sponsors the ‘Top Docs’ program at 12 p.m. on the second and fourth Tuesday of every month. Between downloads and live listeners, MAG's ‘Top Docs’ show has reached more than 5,000 listeners – which includes people in all 50 states and 84 countries.

[Click for Dr. Craver/D.O.s ‘Top Docs’ show](#)

[Click for GA-PCOM website](#)

[Click for Dr. Rask/Value Modifier ‘Top Docs’ show](#)

[Click for Alliant Quality website](#)

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Dr. Kimberly Rask

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MAG Foundation's GPLA celebrates 100th graduate



The members of the eighth GPLA class include (from the left in the front row) include Drs. Mitzi Rubin, Jennifer Tucker, Debi Dalton, Jovan Adams and (in the back row from the left) Mark Griffiths, Charles Miller, Tim Grant, and Delipkumar Patel. Not pictured are Drs. Robert Bashuk, Margaret Boltja, Janis Coffin, Amy Eubanks, Rani Reddy, Kelly Weselman, and Cliff Willimon.

The Medical Association of Georgia Foundation distributed the following press release on April 16...

A diverse group of physicians from across the state were among the eighth class of the Medical Association of Georgia Foundation's (MAG Foundation) Georgia Physicians Leadership Academy (GPLA) that graduated during a ceremony that took place in Atlanta today, according to GPLA Steering Committee Chair S. William Clark III, M.D. The incoming GPLA class – which is the largest to date – was also introduced at the event.

"The GPLA was established to develop physician leaders to improve the health care system in Georgia," says Dr. Clark. "The MAG Foundation is proud that more than 100 physicians have now graduated from the GPLA."

The year-long GPLA curriculum includes classes on leadership, conflict resolution, media relations, and advocacy – and each participant must design and complete an individual leadership project.

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The most recent GPLA graduates include Jovan Adams, D.O., a family medicine physician from Warner Robins; Robert Bashuk, M.D., a neurologist from Marietta; Margaret Boltja, M.D., a neurologist from Macon; Janis Coffin, D.O., a family physician from Augusta; Debi Dalton, M.D., an emergency medicine physician from Austell; Amy Eubanks, M.D., an internist from Bremen; Tim Grant, M.D., an anesthesiologist from Macon; Mark Griffiths, M.D., an emergency medicine physician from Atlanta; Charles Miller, M.D., a surgeon from Douglas; Dilipkumar Patel, M.D., a psychiatrist from Lilburn; Rani Reddy, M.D., an internist from Statesboro; Mitzi Rubin, M.D., a family physician from Atlanta; Jennifer Tucker, M.D., an orthopaedist from Atlanta; Kelly Weselman, M.D., a rheumatologist from Smyrna; and Cliff Willimon, M.D., an orthopaedist from Atlanta.

The incoming GPLA class includes Matthew Astin, M.D., an emergency medicine physician from Macon; Deepti Bhasin, M.D., a psychiatrist from Bonaire; Brandon Bushnell, M.D., an orthopaedist from Rome; Ann Contrucci, M.D., a pediatrician from Atlanta; Kelly Erola, M.D., a palliative medicine physician from Savannah; Frederick Flandry, M.D., an orthopaedist from Columbus; Sandra Fryhofer, M.D., an internist from Atlanta; Yolanda Graham, M.D., a psychiatrist from Atlanta; Brian Hill, M.D., a urologist from Atlanta; Sandra Hollander, M.D., a hematologist/oncologist from Dublin; Mark Huffman, M.D., an anesthesiologist from Marietta; Jeremy Jones, M.D., an ophthalmologist from Atlanta; Matthew Keadey, M.D., an emergency medicine physician from Atlanta; Faria Khan, M.D., an allergist from Atlanta; Fonda Mitchell, M.D., an OB-GYN from Atlanta; Alyce Oliver, M.D., a rheumatologist from Augusta; Brian Ribeiro, M.D., an internist from Fort Benning; Eddie Richardson, M.D., a family medicine physician from Eatonton; Al Scott, M.D., an OB-GYN from Decatur; and Jeffrey Stone, M.D., a family medicine physician from Marietta.

The GPLA was designed by the Medical Association of Georgia. The MAG Foundation supports medical science and public health projects that enhance the quality of life in the state. It is a non-profit, non-stock, 501(c)(3) corporation. Contact Lori Cassity Murphy at 678.303.9282 or lmurphy@mag.org to support the MAG Foundation with a tax-deductible contribution. Go to www.mag.org/affiliates/mag-foundation for additional information on the MAG Foundation.

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The members of the ninth GPLA class include (from the left in the front row) Drs. Brad Bushnell, Matthew Keadey, Ann Contrucci, Al Scott, Kelly Erola, Yolanda Graham, Eddie Richardson Jr., Brian Ribeiro and (in the back row from the left) Brian Hill, Fred Flandry, Fonda Mitchell, Mark Huffman, Sandra Hollander, Sandra Fryhofer, Jeff Stone, Faria Khan, Alyce Oliver, Deepti Bhasin, and Matt Astin. Dr. Jeremy Jones is also a member of the class.

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Winder PD thanks MAG Foundation for “life-saving tool”

The Winder Police Department recently issued a press release to thank the MAG Foundation for equipping its officers with naloxone, which reverses the effects of drug overdoses, and training them on its use – as well as funding two prescription drug disposal boxes in the area.

The April 22 release stated that, “The City of Winder Police Department trained its entire staff of police officers (and several civilian employees) on the use of an opioid reversal drug thanks to the assistance of the Medical Association of Georgia Foundation.”

It added that, “The Winder Police Department is one of just a few law enforcement agencies in the state to begin carrying [naloxone] as a life-saving tool when responding to calls involving drug overdoses.”

The MAG Foundation was also applauded for donating prescription drug disposal boxes to the Winder Police Department and the Barrow County Sheriff’s office so “any member of the community can come to either location and properly dispose of their unused, unwanted or expired medications.”

The release ended by thanking the MAG Foundation for its “efforts to work with us to fight this nationwide epidemic and for giving us the ability to equip each of our officers with something that will potentially save someone’s life.”

The MAG Foundation sponsors several important programs, including the ‘Think About It’ campaign to reduce prescription drug abuse and ‘Project DAN’ (Deaths Avoided by Naloxone) to equip first responders with naloxone and train them on its use. Go to <http://www.mag.org/affiliates/mag-foundation> or contact Lori Cassity Murphy at lmurphy@mag.org or 678.303.9282 for additional information or to support the MAG Foundation with a donation.

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Remember to make plans for MAG's HOD, legislative meetings



The Medical Association of Georgia (MAG) is reminding its members to make plans to attend two key meetings, including...

- MAG's 'Summer Legislative Education Seminar,' which will take place at The Westin Jekyll Island on Friday, July 29 and Saturday, July 30
- MAG's House of Delegates (HOD) meeting, which will take place at the Hyatt Regency in Savannah on Saturday, October 15 and Sunday, October 16

Call 912.635.4545 and reference the "Medical Association of Georgia" or [click here](#) to obtain a discounted room rate of \$199 per night plus taxes at the Westin – keeping in mind the discount will only be available until Friday, June 17. MAG will distribute registration and other information on this meeting as it becomes available.

Note that MAG's Board of Directors will meet at the Hyatt on the afternoon of Friday, October 14.

Contact Anita Amin at aamin@mag.org or 404.299.7700 with questions related to HOD lodging.

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First call for nominations for 2016 MAG awards

The Medical Association of Georgia (MAG) is encouraging component county medical society (CMS) and specialty society leaders and MAG members in the state to nominate the individuals and organizations they believe deserve to be recognized for their contributions to the medical profession for MAG's annual awards, which will be presented during a dinner that will take place in concert with MAG's House of Delegates meeting at the Hyatt Regency Savannah on Saturday, October 15.

The *Lamartine Hardman Cup* is presented to a physician who in the judgment of the association has solved any outstanding problem in public health or made any discovery in surgery or medicine or such contribution to the science of medicine, including but not limited to excellence in the field of medical education. Nominations must be made by a CMS.

The *Joseph P. Bailey Jr., M.D., Physician Distinguished Service Award* is presented to a physician for distinguished and meritorious service that reflects credit and honor on MAG. Nominations must be made by a CMS.

The *Physician's Award for Community Service* recognizes physicians for going above and beyond the call of duty for community service. Nominations may be made by a CMS or an individual member physician.

The *Jack A. Raines, M.D., Humanitarian Award* is given to a physician who makes an outstanding humanitarian contribution to his or her fellow man, community, country or world community beyond the normal practice of medicine. Nominations may be made by a CMS or a member physician.

The *Donna Glass Non-Physician Distinguished Service Award* honors a non-physician for their contributions to the advancement and support of medicine. Nominations may be made by a CMS or a member physician.

The *John B. Rabun Award* is presented to a CMS that performs outstanding community service to make medicine prominent in its community. Nominations must be made by a CMS. The award can be presented to more than one CMS in a year.

Sponsors must complete the following online nomination form by 5 p.m. on Friday, July 29. Sponsors may also submit *optional* supporting documents (e.g., letters, articles, CV) to Samantha Grantham at sgrantham@mag.org by the July 29 deadline. Nominations that are mailed through the postal system will not be accepted. The MAG Awards Committee will accept re-nominations. Contact Grantham at sgrantham@mag.org with questions.

[Click to submit award nomination](#)



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MAG MRC hosts mobile hospital training event



The Medical Association of Georgia's Reserve Corps (MRC) held a 'Mobile Surge Hospital Set-Up Training' event in Atlanta on April 30. The MAG MRC supplements the official medical and public health and emergency services resources in the state. It trains physicians to respond to natural disasters and emergencies. [Click here](#) or contact Susan Moore at smoore@mag.org or 678.303.9275 for information on MAG's MRC.

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Editorial: Patients with a substance use disorder need treatment – not stigma

The American Medical Association's Task Force to Reduce Opioid Abuse wrote the following editorial on "substance abuse disorder and the need to treat patients with this disorder not label them" – keeping in mind that May is Mental Health Month.

Junkie. Stoner. Crackhead. We've all heard the term, used to describe those individuals who struggle with drug addiction. These terms are dismissive and disdainful; they reflect a moral judgment that is a relic of a bygone era when our understanding of addiction was limited, when many thought that addiction was some sort of moral failing and should be a source of shame. We need to change the national discussion. Put simply, individuals with substance use disorders are our patients who need treatment. Mental Health Month is a good time to remember this important fact – and to ensure we carry the message throughout the year.

Scientific progress has helped us understand that addiction – also referred to as substance use disorder – is a chronic disease of the brain. It is a disease that can be treated – and treated successfully. No one chooses to develop this disease. Instead, a combination of genetic predisposition and environmental stimulus – analogous to other chronic diseases like diabetes and hypertension – can result in physical changes to the brain's circuitry, which lead to tolerance, cravings, and the characteristic compulsive and destructive behaviors of addiction that are such a large public health burden for our nation.

Consider that every day, 78 Americans die as a result of prescription opioid and heroin overdose, and the rate of heroin-related overdose deaths increased dramatically and claimed 10,574 lives in 2014. In addition to these tragic figures, the nation is seeing an increase in opioid-related pediatric exposures and poisonings. There has been a distressing rise in neonatal abstinence syndrome as a result of women being exposed to opioids during pregnancy. Misuse by older adults also has become an increasing concern. The rate of opioid-related hospital admissions has increased significantly over the last two decades across all age cohorts. Because of higher rates of substance use disorders in the current "baby boomer" cohort, illicit and nonmedical drug use among older adults is expected to increase in the future. The bottom line is that physicians must lead the nation in changing the tide of this epidemic.

The Medical Association of Georgia and the AMA Task Force to Reduce Opioid Abuse want to ensure that America's physicians, patients and policymakers take action in three ways:



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First, we must change the conversation about what it means to have a substance use disorder and we also must increase access to evidence-based treatments. This means putting an end to stigma, increasing access to medication-assisted treatment (MAT) for opioid use disorder, and supporting the expanded use of naloxone – a life-saving medication that can reverse the effects of an opioid-related overdose. People with a substance use disorder deserve to be treated like any other patient with a medical disease, and physicians are helping the nation understand how to do this. That is one reason the Task Force encourages increased education and training for MAT.

Second, we encourage physicians, dentists and other prescribers of controlled substances to register for and use prescription drug monitoring programs (PDMP) – as one tool to identify when a patient may need counseling and treatment for a substance use disorder. The trend among policymakers has been to use PDMPs to identify “doctor shoppers.” This, by itself, is important, but the real work is to understand why a patient is seeking medication from multiple prescribers or dispensers – and to offer a pathway for treatment and recovery. The information in PDMPs can play a helpful role in identifying patients in need of help.

Third, consider that we must do a better job with prevention. This includes intervening early with teens who initiate alcohol and/or marijuana as well as efforts to encourage safe storage and disposal. Unused medications increase the risk of nonmedical use by adolescents who live in the home or by their friends. Unused medication also can be ingested by young children who are curious about what is inside the pill container. Implementing campaigns to educate the public on the importance of storing opioid medications locked and out of the reach of children, and properly disposing opioid medications following the end of use, can encourage these safe practices.

And this also includes recognizing that we must actively screen for and treat comorbid psychiatric disorders in all our patients to ensure that they continue to receive the highest level of care since patients with psychiatric conditions may have even greater risk than the general population to misuse opioids. Furthermore, our patients would benefit from more active screening, brief intervention and referral to treatment (SBIRT).

There are additional issues that we must address. Pregnancy should not limit a woman’s access to opioid medications for adequate pain relief. Pregnant women should not be coerced to withdrawal from opioid treatment. And punitive measures taken toward pregnant women, such as criminal prosecution and incarceration, should be eliminated. These activities have no proven benefits and, in fact, deter pregnant women who use opioids from seeking prenatal care, leading to poor child health outcomes. The threat of punitive measures also limits the disclosure by pregnant women of critical information about their drug use to their physician. A pregnant woman should have the same freedom as others to openly discuss options with her physician, choose a course of treatment, and be monitored/supported by her physician.

We also need to guard against limiting MAT services. For example, many states

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have enacted limits on MAT for patients in Medicaid programs, who are incarcerated, or who have “failed” a prior treatment program. Just as an evidence-based treatment policy would not discriminate against a diabetes patient for being low-income, having been arrested, or not adhering with his or her diabetes treatment program, MAT’s proven success should not be limited by these approaches either.

As physicians and dentists, we see the harsh reality faced by our patients with a substance use disorder. Stigmatizing patients helps no one. Our goal, as physicians and dentists, is to treat our patients and help them live as fully functional members of society. There are people in recovery at every level of government, the private sector and throughout our towns and communities. That is because treatment works.

[Click for AMA information/resources](#)

Go to www.rxdrugabuse.org for information on the Medical Association of Georgia Foundation’s ‘Think About It’ campaign to reduce prescription drug abuse in the state.

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MAG welcomes new membership, meeting manager



Dayna Jackson recently joined the Medical Association of Georgia (MAG) as its manager of Membership Outreach and Meeting Planning.

Jackson will be responsible for planning MAG's meetings – including the House of Delegates – as well as increasing membership and participation in its resident, student and young physician sections.

Most recently, Jackson was the director of membership for the National Frozen and Refrigerated Foods Association in Pennsylvania.

"We are really excited to have Dayna join MAG's team," says MAG Membership Director Kate Boyenga. "She has a proven track record in meeting planning, and she helped to grow NFRFA's membership on a consistent basis."

Boyenga adds that, "Dayna developed a mentoring program at NFRFA to pair established members with new members to increase participation."

Jackson is a graduate of the Academy of Medical Arts & Business in Pennsylvania.

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MAG members can contact Jackson at djackson@mag.org or 678.303.9281.

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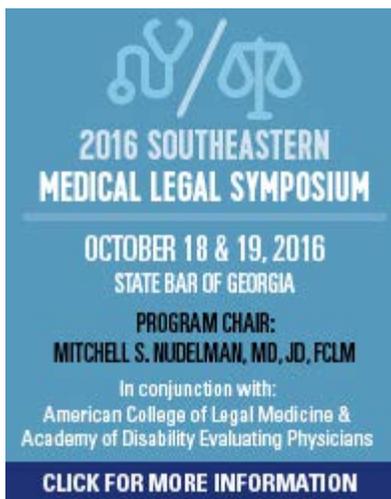
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Article says Rx drug costs could hit \$400B by 2020

The Georgia Drug Card is highlighting a *Huffington Post* article that says that “U.S. annual spending on prescription medicines will increase 22 percent over the next five years, climbing as high as \$400 billion in 2020, according to a report released by health care information company IMS Health Holdings Inc.”

The article also notes that “[these figures] represent an annual growth rate of 4 percent to 7 percent through 2020...using wholesale prices, IMS sees U.S. spending rising 46 percent to as high as \$640 billion in 2020.”

The Georgia Drug Card is consequently reminding physicians that their patients who have high-deductible plans or who do not have prescription coverage or who take prescription drugs that aren’t covered by their health insurance plan can use the Georgia Drug Card to obtain savings of up to 75 percent off the retail price for brand and generic FDA-approved medications.

Georgians can print the Georgia Drug Card for free at www.GeorgiaDrugCard.com, they can request the Georgia Drug Card savings at any CVS/pharmacy in the state, or they can request a hard card by sending an email to John Cenerazzo at johnc@georgiadrugcard.com.

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New Members

MAG welcomed the following new members during March and April...

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- Mark Thomas Brulte, M.D., Fitzgerald
- William John Bulsiewicz Jr., M.D., Savannah
- Christopher John Busken, M.D., Savannah
- Kelly Lynn Carson, M.D., Atlanta
- Samuel Le Roy Church, M.D., Hiawassee
- Michael Vincent Cushing, M.D., Newnan
- Kenneth Milton Eugene, M.D., Rincon
- Joseph E. Freschi, M.D., Atlanta
- Lewis Duke Friedlander, M.D., Atlanta
- Michael Paul Gruber, M.D., Newnan
- Alan M. Harvey, M.D., Savannah
- Chad Michael Kessler, M.D., Newnan
- Kerry Henry King, M.D., Gainesville
- Jayson Alan McMath, M.D., Newnan
- Lionel Dain Meadows, M.D., Commerce
- Paul R. Minton, M.D., Alpharetta
- Sanjay K. Munireddy, M.D., Albany
- Michael Nwaneri, M.D., Roswell
- Jack Hanson Powell III, M.D., Newnan
- Barry J. Roseman, M.D., Atlanta
- Moyosore Mustafa Suleiman, M.D., Albany
- Karen Elaine Turner, M.D., Savannah
- Lawrence Frederick Zottoli Jr., M.D., Savannah
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News Briefs

AG calls for opioid treatment programs to submit PDMP data

Georgia Attorney General Sam Olens' office distributed the following press release on April 12...

Georgia Attorney General Sam Olens filed a letter [on April 11] urging the U.S. Department of Health and Human Services to require opioid treatment programs to submit data regarding the prescriptions they dispense to the State's Prescription Drug Monitoring Program (PDMP). Under current federal regulations, opioid treatment programs are permitted to withhold data from the PDMP, which undermines the effectiveness of a tool used by both law enforcement officials and doctors to identify persons engaging in high-risk behavior.

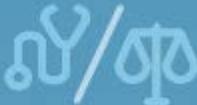
"The State's PDMP is a key tool in the fight against drug abuse," said Attorney General Olens. "So I've asked Secretary Burwell of the U.S. Department of Health and Human Services to revise federal regulations that currently permit opioid treatment programs to withhold data regarding the prescriptions they dispense from the PDMP. Providing that additional data to the PDMP will improve its effectiveness, which will save lives."

Thirty-one states and territories joined the letter sponsored by General Olens and Maine Attorney General Janet Mills.

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DPH offering \$10K grants to control hypertension/diabetes

The Georgia Department of Public Health (DPH) has launched an initiative that is designed to control hypertension and diabetes in the state – which includes competitive \$10,000 grants for health systems that are “actively working toward improving their performance on NQF 18 and 59.”

DPH says that “...preventable and controllable chronic conditions cost [Georgia] more than \$40 billion a year and contribute to more premature life lost than almost all other conditions combined. Yet, nearly 30 percent of adults of in [the] state with hypertension do not have it under control, and several hundred thousand people in Georgia are estimated to have undiagnosed diabetes.”

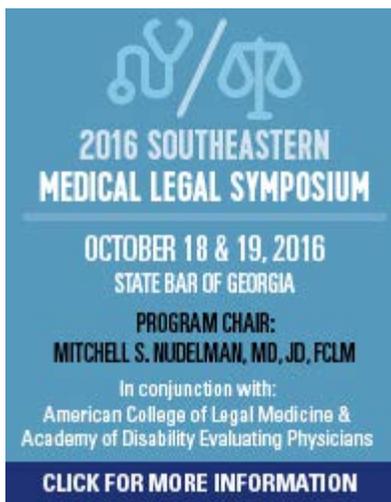
DPH also notes that it will “be conducting a Georgia Health Systems Assessment in the coming months...[and health care providers] may receive a request to complete the assessment within the next few weeks...the assessment will ask about areas such as electronic health records; patient population; team-based care; self-management of high blood pressure; diabetes and pre-diabetes programs and referrals; reporting on national quality forum measures; medication adherence data; and challenges and solutions.”

Finally, DPH says that “the first respondent to complete the assessment will receive complimentary registration for one individual to attend the 28th Annual National Forum on Quality Improvement in Health Care from December 4-7, 2016, in Orlando.”

The deadline to submit a grant application is Friday, April 29.

Contact Brittany Taylor at Brittany.Taylor@dph.ga.gov with questions.

[Click for details/grant application](#)



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CMS releases draft MACRA rule

The Centers for Medicare & Medicaid Services (CMS) has released a notice of proposed rulemaking (NPRM) for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

CMS explains that, “Currently, Medicare measures the value and quality that physicians and other clinicians provide through a patchwork of programs. In the MACRA legislation, Congress streamlined these programs into a single framework to help clinicians transition to payments based on value from payments based on volume. The proposed rule would implement changes through this unified framework known as the Quality Payment Program (QPP).”

CMS says the QPP offers two paths, including...

- The Merit-based Incentive Payment System (MIPS). According to CMS, “Most Medicare clinicians will initially participate in the QPP through MIPS. MIPS allows Medicare clinicians to be paid for providing high value care through success in four performance categories: Quality (50 percent of total score in year one); Advancing Care Information (25 percent of total score in year one); Clinical Practice Improvement Activities (15 percent of total score in year one); and Resource Use (10 percent of total score in year one).”
- Advanced Alternative Payment Models (APMs): CMS says that, “Clinicians who take a further step toward care transformation would be exempt from MIPS reporting requirements and qualify for financial bonuses. These models include: Comprehensive ESRD Care Model (Large Dialysis Organization arrangement); Comprehensive Primary Care Plus (CPC+); Medicare Shared Savings Program – Track 2; Medicare Shared Savings Program – Track 3; Next Generation ACO Model; Oncology Care Model Two-Sided Risk Arrangement (available in 2018).”

[Click for proposed rule](#)

[Click for proposed rule executive summary](#)

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AMA flags key MACRA developments

The American Medical Association (AMA) has flagged two key developments that are related to the Medicare Reform Law and CHIP Reauthorization Act of 2015 (MACRA), including a draft provision that would require the Centers for Medicare & Medicaid Services (CMS) to develop the new patient relationship codes that physicians will have to include on their claims beginning in 2018 and a technical assistance funding program that is designed to help small and rural practices make a successful transition to the new payments systems that were established under MACRA.

According to AMA, “The patient relationship codes are seen as a tool that could be used to more accurately attribute patients to the appropriate physicians for the purposes of identifying the physician who is responsible for particular services. MACRA requires their use in the Merit-based Incentive Program (MIPS) to measure resources. They could potentially be used in alternative payment methods (APMs) as well. [MACRA] specified five specific relationships.”

AMA says that CMS is seeking comments on the draft provision by August 15.

AMA also reports that CMS is soliciting proposals for contracts for a ‘MACRA Quality Improvement Direct Technical Assistance’ technical assistance program to help small and rural practices make a successful transition to the new payments systems that were established under MACRA. The program will total \$20 million a year for five years.

AMA is consequently suggesting that, “State and specialty medical societies may want to contact other organizations such as quality improvement organizations or regional health improvement collaborative about opportunities available under this solicitation.”

[Click for ‘CMS Patient Relationship Categories and Codes’ draft](#)

[Click for ‘MACRA Quality Improvement Direct Technical Assistance’ web page](#)

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AMA responds to Medicare payment proposals

American Medical Association (AMA) President Steve J. Stack, M.D., released the following statement on April 27 to respond to a Centers for Medicare & Medicaid Services (CMS) draft rule that addresses the Medicare Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive for physicians...

It is hard to overstate the significance of these proposed [MIPS/APM] regulations for patients and physicians. When Congress overwhelmingly passed MACRA last year, lawmakers signaled that they wanted to transform Medicare by promoting flexibility and innovation in the delivery of care, changes that could lead to improved quality and better outcomes for patients.

Our initial review suggests that CMS has been listening to physicians' concerns. In particular, it appears that CMS has made significant improvements by recasting the EHR Meaningful Use program and by reducing quality reporting burdens.

Today's draft rules are only a first step in the rulemaking process and with many physicians awaiting guidance on how these rules will affect their practice, the AMA is launching comprehensive, online resources to help navigate the changes and drive successful implementation for physicians.

The existing Medicare pay-for-performance programs are burdensome, meaningless and punitive. The new incentive system needs to be relevant to the real-world practice of medicine and establish meaningful links between payments and the quality of patient care, while reducing red tape.

The 60-day comment period will provide physicians with an opportunity to offer constructive recommendations to share the final regulations that will be issued in the fall. The AMA will continue its engagement with CMS during the comment period so that MACRA can live up to its promise.

To assist physicians navigate the nuts and bolts of the new payment delivery system, the AMA today is announcing new online information and resources to help physicians navigate the changing landscape. Details on the AMA's ongoing work to inform physicians on changes to Medicare laws can be found on AMA Wire.



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[Click for AMA 'Understanding Medicare Payment Reform \(MACRA\)' website](#)

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News Briefs

CMS promoting new EHR program resources

The Centers for Medicare & Medicaid Services (CMS) is promoting the availability of some new resources that are designed to help eligible professionals “successfully participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in 2016.” This includes...

- What You Need to Know for 2016 Fact Sheets
- Specification Sheets
- Attestation Worksheets
- Alternate Exclusions/Specifications for 2016 Fact Sheet
- Public Health Reporting in 2016 Tip Sheets
- Security Risk Analysis Tip Sheet
- Patient Electronic Access Tip Sheet
- Guide for Eligible Professionals Practicing in Multiple Locations

CMS says that, “On October 6, 2015, CMS released the final rule for the EHR Incentive Programs, which provides new criteria that eligible professionals, eligible hospitals, and CAHs must meet in order to successfully participate in the EHR Incentive Programs in 2015 through 2017 and Stage 3 in 2018 and beyond.”

[Click for CMS EHR Incentive Programs website](#)

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CMS launches multi-payer initiative to improve primary care

The Centers for Medicare & Medicaid Services (CMS) has announced “its largest-ever initiative to transform and improve how primary care is delivered and paid for in America.”

CMS says the “Comprehensive Primary Care Plus (CPC+) model, will be implemented in up to 20 regions and can accommodate up to 5,000 practices, which would encompass more than 20,000 doctors and clinicians and the 25 million people they serve.”

In an April 11 press release, CMS explains that, “The initiative is designed to provide doctors the freedom to care for their patients the way they think will deliver the best outcomes and to pay them for achieving results and improving care.”

[Click for CPC+ model press release](#)

[Click for CPC+ model fact sheet](#)

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CMS promoting ICD-10 resources

The Centers for Medicare & Medicaid Services (CMS) is encouraging medical practices to take advantage of the resources that it developed to help them track their ICD-10 progress.

CMS says this includes 2016 ICD-10-CM diagnosis and ICD-10-PCS inpatient procedure code sets and guidelines, coding and clinical documentation resources, a specialty resources guide, a clinical concepts series, and a video series.

CMS also notes that a lot of the resources are specialty-specific.

[Click for ICD-10 website](#)

[Click for 'Road to 10: Small Physician Practice's Route to ICD-10' website](#)

[Click to sign up for CMS ICD-10 email updates](#)

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AMA calls for halt to Medicare Part B drug pay proposal

American Medical Association (AMA) Executive Vice President and CEO James L. Madara, M.D., has sent a letter to the members of the U.S. Senate Finance Committee to “share [AMA’s] concerns with the Administration’s recent proposal to restructure the way Medicare reimburses physicians for Part B drugs.”

In his April 13 correspondence, Dr. Madara wrote that, “After a careful review, the AMA has concluded that phase one of the proposal could threaten Medicare beneficiaries’ continued access to care in their local community and lower cost delivery sites depending on where they live. The proposal fails to address the underlying causes or reduce the high cost of Part B drugs and seems likely to increase, rather than reduce, Medicare expenditures and patient cost-sharing. It also would divert attention from more targeted approaches that the Centers for Medicare & Medicaid (CMS) is also considering and that could be explored.”

His letter concluded that, “The AMA would like to work with CMS, Congress and other stakeholders to evaluate an array of other alternatives that might more effectively address the high cost of Part B drugs without the serious unintended consequences of phase one of the Administration’s current proposal. In the interim, we ask Congress to direct CMS to refrain from implementing phase one of the proposed demonstration.”

[Click for Dr. Madara’s letter](#)

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Amerigroup releases formulary change notice

Amerigroup is encouraging applicable physicians to review its 'Quarterly pharmacy formulary change notice.'

Amerigroup says that physicians should "review these changes and work with your Amerigroup patients to transition them to formulary alternatives. If [the physician determines that the] preferred formulary alternatives are not clinically appropriate for specific patients, [they] will need to obtain prior authorization to continue coverage beyond the applicable effective date."

Contact your local Amerigroup provider relations representative or call 800.454.3730 with questions.

[Click for Amerigroup 'Quarterly pharmacy formulary change notice'](#)

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