

November 2, 2015

# e-News from MAG

NEWS FROM THE LEADING VOICE FOR THE MEDICAL PROFESSION IN GEORGIA



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## Highlights from MAG's recent BOD, HOD meetings



The Medical Association of Georgia (MAG) recently held leadership meetings in Savannah, including the Board of Directors (BOD) on October 16 and the House of Delegates (HOD) on October 17-18. The following is a summary of the key developments that took place during those meetings.

### Board Actions

MAG's BOD...

Voted to oppose the pending Aetna-Humana and WellPoint-Cigna mergers.

Adopted policy 1) opposing APRNs from prescribing drugs for the treatment of an unconfirmed medical diagnosis (superseding all other MAG policy) and 2) opposing APRNs from "[entering] an un-established medical diagnosis for a patient" and 3) supporting efforts to have APRNs governed by the Georgia Composite Medical Board.

Elected Rutledge Forney, M.D., and Frederick C. Flandry, M.D., to serve as its chair and vice chair for the next year.

Filled two Physicians' Institute for Excellence in Medicine board positions, including Madalyn N. Davidoff, M.D. (reappointment) and Aaron Davidson, M.D.

Re-appointed Jack M. Chapman Jr., M.D., to the MAG Foundation's Board of Trustees.

Approved the 2016 budget, approved the financial statements for the month

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**"...sampling of 135 'silver' health plans being sold in the 34 states that relied on the federal HealthCare.gov marketplace...discovered that nearly 15% of the plans did not include a single in-network physician for at least one specialty."**

**'Obamacare plans could be forcing people to pay extra for specialist care,' Los Angeles Times, October 27**

ending August 31, and ratified the organization's strategic plan for 2020 that was approved by the Executive Committee.

Contact MAG Executive Director Donald J. Palmisano Jr. at [dpalmisano@mag.org](mailto:dpalmisano@mag.org) with questions related to the BOD.

## MAG Meeting Attendance

MAG's Executive Committee is stressing that there is an expectation that members who have been appointed to a MAG committee or subsidiary or affiliated organization attend at least two MAG meetings per year.

## 2016 State Legislative Priorities

The BOD adopted the following state legislative priorities for 2016...

**Preserving Physician Autonomy.** MAG will promote legislation ensuring the practice of medicine is reserved for those who are qualified to provide care that is based on the standards of the Georgia Medical Practice Act. MAG will also continue to be an advocate for positioning physicians as the leader of the patient's health care team.

**Medicaid.** MAG will support reform that 1) ensures the adequacy of payment and 2) reduces administrative burdens and 3) reinforces the physician-patient relationship and 4) promotes the quality medicine, including the adoption of the Patient-Centered Medical Home. MAG will call for the General Assembly to continue funding the Medicaid Parity Payment Program. It will call on lawmakers to continue to fund every area of primary care. And MAG will work with state legislators and regulators to develop funding options to address the Georgians who remain uninsured.

**Tort Reform.** MAG will work to preserve the existing elements of tort reform in the state.

**Health Insurance & Increasing Access to Care.** MAG will support reform that requires health insurers to be equitable and transparent when they enter into contracts with physicians and medical practices in the state.

**Prescription Drugs.** MAG will encourage the legislature to continue to fund the state's prescription drug monitoring program (PDMP). MAG will also 1) call for physicians to have greater autonomy to delegate the PDMP data entry role to other practice staff and 2) promote better communications among the health care team members who work with patients in the context of the PDMP and 3) promote greater patient awareness and privacy in the context of the PDMP.

Contact MAG Government Relations Director Marcus Downs at [mdowns@mag.org](mailto:mdowns@mag.org) with questions related to MAG's state legislative priorities for 2016.

## Key Resolutions

The HOD considered more than 50 items of business, including resolutions that called for MAG to...

Create an out-of-state membership category (508CB.15). Adopted.

Create term limits for the MAG Foundation's Board of Trustees [nine consecutive years] (504CB.15), the Physicians' Institute for Excellence in Medicine Board of Directors [six consecutive years] (505CB.15), and the position of chair of the Council on Legislation [eight consecutive years]

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(503CB.15). Adopted.

Survey its members to determine if MAG should submit an amicus brief addressing the complexity of certificate of need (CON) reform given the diversity of physician practice environments *and* educate physicians in the state about the difference between CON and letters of non-reviewability (President's Report). Adopted. Notes: The 2014 HOD called for MAG to continue to study the CON issue, and MAG subsequently formed a CON task force. The President's report highlighted 1) current CON laws/rules and 2) 2015 legislation that was related to CON (including the action that was taken that was related to the Cancer Treatment Centers of America's efforts to expand its facility in Newnan) and 3) a high level overview on a key lawsuit (*Georgia Advanced Surgery Center for Women v. Georgia Department of Community Health*).

Create term limits and change the election process for Georgia's AMA delegates and alternate delegates (501CB.15 and 502CB.15). Not Adopted.

Advocate for health insurers to provide equitable coverage for extended-release opioids with abuse-deterrent technology when available (302A.15). Adopted.

Support state legislation that will ensure the legality of direct primary care arrangements (303A.15). Adopted.

Advocate for health insurer websites to be updated with readily-available prior approval procedures and forms, current drug formularies, and transparent and standard prior approval procedures (305A.15). Adopted.

Preserve the Georgia Prescription Drug Monitoring Program (PDMP) by working with state leaders to establish a permanent stream of funding (306C.15, Resolve 1). Adopted.

Amend the PDMP to allow greater access to the database (306C.15, Resolve 2). Referred to the BOD.

Support legislation to increase the state's tobacco tax "to an amount which will improve the health of Georgia residents" (310C.15). Adopted.

Lobby for truth in advertising by all health care professionals – who must accurately and clearly disclose their training and qualifications and knowing that an M.D. or D.O. cannot claim to be board certified in a specialty unless they are certified by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (313C.15). Adopted.

Support the National Board of Physicians and Surgeons (NBPS) as an alternative to ABMS for recertification (101A.15). Adopted.

Increase access to palliative care for in- and out-patient treatment in every region in the state (103A.15). Adopted.

Advocate for physician waivers for electronic health records (EHR) penalties (107A.15), work with the American Medical Association (AMA) to improve EHR technology (108A.15), and support AMA's efforts to pause the EHR

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'Meaningful Use' Stage 3 regulation (109A.15). Adopted.

Support the adoption of expedited partner therapy (EPT) in Georgia as recommended by the Centers for Disease Control and Prevention (111A.15). Adopted.

Promote the recommendations of the Institute of Medicine 'Dying in America' report to improve quality of end-of-life treatment (113A.15). Adopted.

Contact MAG Legal Counsel Trish Yeatts at [pyeatts@mag.org](mailto:pyeatts@mag.org) with questions related to HOD resolutions.

### **Election Results**

The following officers were elected for 2015-2016...

President John S. Harvey, M.D., North Atlanta, general surgery

President-elect Steve M. Walsh, M.D., Roswell, anesthesiology

First Vice President Madalyn N. Davidoff, M.D., Macon, cardiology (automatic succession)

Second Vice President S. Mark Huffman, M.D., Marietta, anesthesiology

Secretary Andrew B. Reisman, M.D., Oakwood, family medicine

Treasurer Thomas E. Emerson, M.D., Marietta, urology

AMA Delegate S. William Clark III, M.D., Waycross, ophthalmology

AMA Delegate Michael E. Greene, M.D., Macon, family medicine

AMA Delegate Tom E. Price, M.D., Roswell, orthopedic surgery

AMA Delegate Sandra B. Reed, M.D., Thomasville, OB-GYN

AMA Alternate Delegate Billie Luke Jackson, M.D., Macon, dermatology

AMA Alternate Delegate Gary C. Richter, M.D., Atlanta, gastroenterology

AMA Alternate Delegate John A. Goldman, M.D. Atlanta, rheumatology

Atlanta internist Willie F. Rainey, M.D., was elected to MAG's Judicial Council.

The physicians who were elected to the BOD at the district and county levels included...

District

Aaron H. Davidson, M.D. (Director, 1)  
Michelle R. Zeanah, M.D. (Alternate, 1)  
G. Ashley Register, M.D. (Director, 2)  
Sandra B. Reed, M.D. (Alternate, 2)  
Santanu Das, M.D. (Director, 3)  
W. Steven Wilson, M.D. (Alternate, 3)  
Leiv M. Takle, Griffin, M.D. (Director, 6)  
William D. Lazenby, M.D. (Alternate, 6)  
David C. Bosshardt, M.D. (Alternate, 7)  
James W. Barber, M.D. (Director, 8)  
Keith R. Johnson, M.D. (Alternate, 8)  
Arthur J. Torsiglieri, M.D. (Director, 10)  
John Bowden, M.D. (Alternate, 10)

#### County

Jeffrey L. Tharp, M.D. (Director, Cobb)  
Despina D. Dalton, M.D. (Alternate, Cobb)  
Stanley W. Sherman, M.D. (Director, DeKalb)  
Andrea Juliao, M.D. (Director, DeKalb)  
Brian Levitt, M.D. (Alternate, DeKalb)  
Kathryn C. Elmore, M.D. (Alternate, DeKalb)  
Timothy S. Trulock, M.D. (Director, Dougherty)  
Michael D. Daugherty, M.D. (Alternate, Dougherty)  
David S. Oliver, M.D. (Director, GMS)  
Kelly A. Erola, M.D. (Alternate, GMS)  
Karl D. Schultz Jr., M.D. (Director, Hall)  
Abhishek Gaur, M.D. (Alternate, Hall)  
Rutledge Forney, M.D. (Director, Atlanta)  
Michael C. Hilton, M.D. (Director, Atlanta)  
Lisa Perry-Gilkes, M.D. (Director, Atlanta)  
Brian E. Hill, M.D. (Alternate, Atlanta)  
Fonda Ann Mitchell, M.D. (Alternate, Atlanta)  
Michael J. Cohen, M.D. (Director, Richmond)  
Jill P. Hauenstein, M.D. (Alternate, Richmond)

#### Medical Student Section

Evan Monson (Chair, MCG/AU, MAG Director)  
Luv Makadia (Vice Chair, MCG/AU, MAG Alternate Director)

#### International Medical Graduate Section

Abhishek Gaur, M.D. (Chair)  
Indran Indrkrishnan, M.D. (Vice Chair)

#### Dignitaries

A number of dignitaries attended the HOD meeting, including Albert Wu, M.D., with the John Hopkins Bloomberg School of Public Health (the keynote speaker at the MAG Mutual Insurance Company lunch), U.S. Sen. David Perdue (the keynote speaker at the GAMPAC lunch), U.S. Rep. Tom Price, M.D., U.S. Rep. Buddy Carter, and Georgia Rep. Sharon Cooper.

#### Awards

MAG award winners for 2015 included...

Phillip L. Roberts, M.D. – *Lamartine Hardman Cup*

Joy A. Maxey, M.D. – *Joseph P. Bailey Jr., M.D., Physician's Distinguished Service Award*

Dan B. Stephens, M.D. – *Physician's Award for Community Service*

Richard L. Hengel, M.D. – *Jack A. Raines, M.D., Humanitarian Award*

Nicki Hernandez-Loring – *Donna Glass Non-Physician Distinguished Service Award*

### **CME**

More than 40 physicians took advantage of a free CME activity that featured Alan J. Herline, M.D., with the Medical College of Georgia at Augusta University. He addressed 'Laparoscopic Management of Hemorrhoids and Novel Techniques for Rectal Cancer.' Contact MAG Director of Education Andrew Baumann at [abaumann@mag.org](mailto:abaumann@mag.org) with questions.

### **Medical Student Abstract Competition**

MAG hosted an abstract competition for member students during the meeting. The winners included...

#### Basic Science

First Place – Lily Kim, MCG/AU, Augusta

First Place (tie) – Liang Lu, MCG/AU, Augusta

Third Place – Joel Joseph, MCG/AU, Augusta

#### Public Health

First Place – Ebony Caldwell, MCG/AU, Athens

Second Place – Lindsey Megow, MCG/AU, Augusta

#### Clinical Research

First Place – Hamzah Mansoura, MCG/AU, Athens

First Place (tie) – Matt Broggi, MCG/AU, Athens

Third Place – Khaled Kashlan, Mercer

#### Case Study

First Place – Molly Cinderella, MCG/AU, Augusta

Second Place – Mohammed Mohammed, MCG/AU, Augusta

Third Place – Sarah Jansen, MCG/AU, Augusta

'Best Pitch' (i.e., 45-second presentation)

First Place - Matt Broggi, MCG/AU, Augusta

[Click for Matt Broggi's 'Best Pitch' video](#)

### **Delegate Meeting/Venue Survey Results**

In a survey that was sent to HOD delegates after the meeting...

53 percent rated the meeting as excellent, while 42 percent said it was good

91 percent said there was a good mix of meetings and free/social time

89 percent felt the meeting was "just right" when it came to its duration

87 percent said the meeting was interesting and informative

96 percent believe that "everyone had an opportunity to express their opinion"

89 percent said the "will of the HOD was served"

31 percent rated The Hyatt Regency Savannah as excellent as a venue, while 42 percent said it was good

[Click for 2014-2015 MAG photo highlights](#)

[Click for 2015 HOD meeting photo gallery](#)

Go to [www.mag.org/about-us/house-of-delegates](http://www.mag.org/about-us/house-of-delegates) for additional information on the 2015 HOD meeting, including the final reports and resolutions.

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## North Atlanta surgeon sworn into office as MAG's president



John S. Harvey, M.D., was sworn into office as the president of the Medical Association of Georgia (MAG) during a ceremony that took place in Savannah on October 17 in concert with the organization's 161st House of Delegates meeting.

The general surgeon told his fellow physicians and guests that, "It is a great honor to head up the leading voice for the medical profession in Georgia during my one-year term as MAG's president."

Dr. Harvey stressed that, "I will oppose the actions of the insurance industry, government bureaucrats, and business corporations that diminish our voice or undermine our efforts to deliver the best possible care for our patients."

He also said that he will be a passionate advocate for MAG's new medical reserve corps (MRC), which will train physicians to respond to natural disasters, disease outbreaks, and other emergencies.

Dr. Harvey served as the Speaker of MAG's House of Delegates between 2009 and 2014. It is also worth noting that he has been a volunteer in the Georgia State Defense Force – where he serves as a colonel and command surgeon – since 2000.

Dr. Harvey received his medical degree from the Medical College of Georgia in Augusta. He has cared for his patients in the Atlanta area for some 30 years.

Dr. Harvey lives in the North Atlanta area with his wife, Sandra.

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## MAG members shine light on "abusive" billing tactics

Physicians took center stage during a Georgia Senate study committee hearing that took place in Atlanta on October 8 to address what a resolution (S.R. 566) by Sen. Renee Unterman (R-Buford) refers to as "abusive balance billing practices" by health insurers in the state.

"I would like to applaud the physicians who took the time to prepare for and testify at the hearing to protect their profession and their patients," says Medical Association of Georgia Government Relations Director Marcus Downs. "They were credible and articulate and effective."

Downs explains that, "It is going to be imperative for physicians to continue to shine a light on what is part of a national movement by health insurers to inappropriately and unfairly squeeze physicians on out-of-network payments."

He adds that the National Association of Insurance Commissioners is already in the process of developing model legislation that will be used to limit out-of-network payments to physicians.

Along with Downs, several MAG member physicians testified at the hearing – including M. Todd Williamson, M.D., John Rogers, M.D., and Chip Pettigrew, M.D., as well as outside legal counsel Trey Reese.

Dr. Williamson cautioned that, "A small number of companies now insure a large percentage of the patient population, and doctors are unable to participate in realistic negotiations when presented with one-sided contracts... insurance companies now direct almost every aspect of patient care."

The Lawrenceville neurologist and former MAG president also stressed that, "Narrow networks have created the problem of forcing patients to seek care from doctors outside their plan."

He also pointed out that "the gap between the cost of medical care and payments by insurance companies has grown wider."

And Dr. Williamson explained that "insurance companies have ratcheted payments to ridiculously low levels that do not cover the costs of providing care...Because of the enormous power that insurance companies have over the marketplace, doctors have no real choice but to sign these contracts if they want to receive any payment at all, and they do the best they can to keep their practices running."

Dr. Williamson concluded that, "A much larger problem is that patients suffer every day in my community and across Georgia because they have little to no access to the doctors they need. This shortage of physicians is the direct

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**'Obamacare plans could be forcing people to pay extra for specialist care,' *Los Angeles Times*, October 27**

result of price-fixing by third party payers, in an environment where doctors are powerless."

Meanwhile, Dr. Rogers pointed out that, "Physicians do not and cannot inquire as to a patient's insurance status. That is illegal, and it is not our concern when a patient comes to us. We are going to take care of any and every patient that comes to the emergency room to receive care...it is our duty, it is our responsibility."

Reese noted that, "The government is essentially asking physicians to accept what they deem adequate payment. There are no other professions where the government is able to or has attempted to set rates."

And Downs believes that, "It is unfortunate that patients are sometimes caught in the middle. They are enticed to choose a plan after having done their due diligence. Comprehensive networks that make allowances for specialty and geography are essential considerations for addressing this issue."

The study committee is scheduled to hold at least one more meeting before the end of the year, though a time and date have not been set. Lawmakers will consider the committee's findings during the 2016 legislative session, which will get underway in January.

In a related development, MAG member Jim Barber, M.D, addressed all-products clauses and "unfair contract changes" and health insurance network adequacy during a Georgia State Senate study committee hearing that took place in Tifton on October 26.

The Douglas-based orthopedic surgeon told lawmakers that, "Many [health insurance] contracts require participation in all future products, not just those that are on the market today. I am expected to sign an agreement, when I am unable to assess the impact on my business plan. The average length of my participation contract is 25 pages, written by a lawyer...all-products clauses makes it impossible for me to choose the plans that provide the best opportunity to care for my patients."

He also explained that, "Insurers have begun changing their contract terms thru policy and procedure manuals rather than the actual contract itself. In this way, they can make changes throughout the year, without having to alter the contract. Many times, we only discover these changes after an adverse impact on our patients or practice."

Contact Downs at [mdowns@mag.org](mailto:mdowns@mag.org) or 678.303.9280 with questions.

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November 2, 2015

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## MAG surveys physicians on pending Aetna/Humana deal

The Medical Association of Georgia (MAG) recently surveyed physicians in the state on their experience with Aetna, Inc. (Aetna) and Humana Employers Health Plan of Georgia, Inc. (Humana) – keeping in mind that Aetna is acquiring Humana. Of the nearly 300 physicians who responded to the survey...

82 percent said that they participate in one of Aetna's networks, while 78 percent said they participate in a Humana network.

81 percent said that less than 25 percent of their patients have Aetna health insurance, while 78 said their patients have Humana.

63 percent do not believe that they have the opportunity to "materially modify" their agreement with Aetna – a number that dropped by three points for Humana.

45 percent said that their "credentialing, enrollment and effective dates" experience with Aetna has either been poor (13 percent) or fair (32 percent), while 34 percent said it's been good (32 percent) or excellent (two percent). The numbers were almost identical for Humana.

47 percent said that their "claims submissions, processing, and timely payment" experience with Aetna has either been poor (13 percent) or fair (34 percent), while 39 percent said it's been good (33 percent) or excellent (five percent). The numbers for Humana included 17 percent for poor, 35 percent for fair, 25 percent for good, and three percent for excellent.

23 percent said that Aetna acquired their assigned agreement when the company acquired Coventry, while 41 percent weren't sure. Meanwhile, just two percent of the physicians who said that Aetna had acquired their assigned agreement as a result of the Coventry deal believe the contract was more favorable.

When asked if Aetna or Humana offered them incentives to improve the quality of care or manage costs or enhance the patient experience, two percent said yes and 53 percent said no.

And when asked to rank Aetna for key patient services (e.g., access to labs, imaging, referrals), 14 percent said the company is poor, 32 percent said it is fair, 33 percent said it is good, and three percent said it is excellent. The numbers for Humana included 19 percent for poor, 31 percent for fair, 26 percent for good, and one percent for excellent.

36 percent said that they have had out-of-network billing problems with either Aetna or Humana.

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**'Obamacare plans could be forcing people to pay extra for specialist care,' *Los Angeles Times*, October 27**

Asked whether the companies provided them with definitions for "usual, customary, reasonable" and/or "eligible charge" and/or "maximum benefit amount" for the purpose of out-of-network billing, the response was just three percent for both insurers.

31 percent said the Aetna/Humana merger threatens the long-term viability of their practice, while 28 percent said it does not.

Finally, 47 percent said they would continue to participate "in the network" if Aetna acquires Humana, while six percent said they would not; 32 percent said they aren't sure.

Contact Susan Moore at [smoore@mag.org](mailto:smoore@mag.org) with questions related to the survey.

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## MAG CEO calls for DOJ to scrutinize pending mergers

On October 27, Medical Association of Georgia (MAG) Executive Director Donald J. Palmisano Jr. sent a letter to the Antitrust Division of the U.S. Department of Justice (DOJ) to call for it to scrutinize the pending Aetna Inc./Humana Inc. and Anthem Inc./Cigna Corporation mergers for antitrust violations.

Palmisano's letter says that, "These transactions would reduce competition and place physicians and their patients at an even greater disadvantage as a shrinking number of health insurance companies seize increasingly-dominant positions in the marketplace."

He notes that, "If these mergers are allowed, the new Aetna (58 percent) and Anthem (30 percent) entities would control nearly 90 percent of the individual market in Georgia. In the small group market, Aetna would control more than 49 percent, while Anthem would control more than 33 percent. These two companies would each control about 26 percent of the Medicare Title XVIII marketplace. And when it comes to the large group market, Aetna would control more than 12 percent while Anthem would control nearly 55 percent."

Palmisano also points out that "physicians have little-to-no leverage to negotiate contract terms with these multi-billion dollar conglomerates – which are imposing take-it-or-leave-it agreements and unilateral, mid-term amendments with growing impunity."

And Palmisano cautions that, "Gone unchecked, a few insurers will be in a position to manipulate the marketplace to institute policies that will exacerbate the physician shortage and undermine the economic viability of the practice environment in the state and limit the accessibility of care and individual patient choice."

Finally, Palmisano reports that "the Georgia Department of Insurance (DOI) has expressed concerns that the Aetna/Humana merger would violate Georgia's standards for competition. Specifically, DOI has shared that the Aetna/Humana merger may violate Georgia's competitive standard in the individual, small group, and Medicare Title XVIII markets while raising concerns of substantially reduced competition in the large group market."

More than 30 percent of the physicians in Georgia who participated in a survey that MAG conducted in the last several months said that they believe that the Aetna/Humana merger would threaten the long-term viability of their practice.

Contact Susan Moore at [smoore@mag.org](mailto:smoore@mag.org) with questions.

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## MAG, MAA & CCMS to host 'How AMA is helping' event

The Medical Association of Georgia (MAG) is encouraging its member physicians to attend a complimentary 'How AMA is helping physicians in Georgia' reception and dinner that it will host with the Medical Association of Atlanta (MAA) and the Cobb County Medical Society at the Georgia Tech Hotel & Conference Center in Atlanta on Thursday, November 12. The event will feature American Medical Association (AMA) representatives. The reception will get underway at 6 p.m. Contact MAA Executive Director David Waldrep at [dwaldrep@maa-assn.org](mailto:dwaldrep@maa-assn.org) or 404.881.1020 with questions.

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## MAG receives "rarely-given" award from Georgia nurses

The Medical Association of Georgia (MAG) was honored with the "rarely-given" Georgia Nurses Association (GNA) *Partnership in Excellence with Nursing Award* during a ceremony that took place in Columbus on October 3. More than 100 nurses from across the state were on hand for the event.

"I accepted the award on behalf of my fellow 7,800 MAG member physicians with a great sense of pride," says MAG Immediate-Past President Manoj H. Shah, M.D., who received the award from GNA President Aimee Manion, DNP RN-BC, NEA-BC. "This validates MAG's commitment to work with nurses and the other allied health care providers in the state to enhance patient care."

In announcing the award, GNA CEO Debbie Bartlett, CAE, said that, "This award is being given to the Medical Association of Georgia in recognition of its commitment to transparency and collaboration with the Georgia Nurses Association and other health professions, which has significantly improved GNA's and MAG's joint efforts to promote inter-professional communication on legislative issues that are important to the health care of our community."

Bartlett added that, "This is only the fourth time in GNA's history that the award has been given."



From the left are GNA CEO Debbie Bartlett, GNA President Aimee Manion, MAG Immediate-Past President Manoj Shah, M.D., MAG CEO Donald J. Palmisano Jr., and MAG Government Relations Director Marcus Downs.

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## 'Top Docs' show on telemedicine now online



A recording of a recent Medical Association of Georgia (MAG) 'Top Docs Radio' show that featured one of the state's leading health care attorneys is now available online.

Sidney S. Welch, J.D., M.P.H., discussed the latest developments in telemedicine in Georgia during her appearance on the program on October 13.

Welch is the chair of Health Care Innovation at Polsinelli, PC.

She has written legal articles for the *Journal of the Medical Association of Georgia* since 2008.

Contact Welch at 404.253.6047 or [swelch@polsinelli.com](mailto:swelch@polsinelli.com).

MAG sponsors the 'Top Docs' program at 2:30 p.m. on the second Tuesday of every month.

MAG sponsors the 'Top Docs' program at 2:30 p.m. on the second Tuesday of every month. WellCare of Georgia Senior Medical Director John A. Johnson, M.D., is scheduled to discuss Medicaid on the show on November 10.

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## MAG reminding Georgians to get vaccinated for flu

*The Medical Association of Georgia distributed the following press release on October 14...*

The Medical Association of Georgia (MAG) is reminding Georgians to get vaccinated for influenza, and its then-president says that November is the ideal time of year.

"It is essential for every patient who is six months or older to get vaccinated for the flu once a year," explains MAG Immediate Past President Manoj H. Shah, M.D. "And they should ideally discuss their vaccination options – including booster shots and double-strength vaccines – with their primary care physician as a part of their overall health maintenance program."

Dr. Shah believes that November is the best time of year to get vaccinated. He adds that, "Once a patient has been vaccinated, it will generally take about two weeks for the antibodies to develop in their body and about six weeks to reach maximum protection – keeping in mind that the peak of the flu season is expected to take place in the January/February time frame."

Dr. Shah stresses that, "The young, the elderly, and the immune-deficient are our most vulnerable patient populations."

In addition, he says that the majority of patients will only need to get one vaccination during the 2015-16 flu season because the vaccine has been formulated to guard against several flu strains, adding that the flu shot and the nasal-spray vaccine are both effective safeguards.

Dr. Shah also points out that, "Most of the people who get the flu will recover in a matter of days, but the virus can be deadly and it can lead to pneumonia and other serious complications."

Flu symptoms include high fever, headache, fatigue, dry cough, sore throat, and muscle aches.

Finally, Dr. Shah encourages patients to remember to wash their hands on a regular basis to help prevent the flu.

Go to [www.flu.gov](http://www.flu.gov) or [www.cdc.gov/flu](http://www.cdc.gov/flu) or <http://dph.georgia.gov/influenza-what-you-need-know> for additional information on the flu and flu vaccines.

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**'Obamacare plans could be forcing people to pay extra for specialist care,' *Los Angeles Times*, October 27**

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## MAG Foundation gets \$280K+ for 'Project Dan,' unveils first billboard



The MAG Foundation recently unveiled its first billboard – which can be seen driving southbound off Georgia State Route 400 near the Forsyth/Dawson county line – to reduce drug overdose deaths in the state. The billboard is part of 'Project Dan' (deaths avoided by naloxone), which covers 13 counties in northeast Georgia.

"This effort is fully aligned with the MAG Foundation's 'Think About It' campaign to fight prescription drug abuse in the state, which has been in place since 2012," says MAG Foundation President Jack M. Chapman Jr., M.D. "And there was a great sense of pride and accomplishment when we saw the billboard for the first time."

Dr. Chapman explains that the billboard promotes Georgia's new '9-1-1 Medical Amnesty Law,' and it encourages patients (and affected friends and family) who are experiencing a drug overdose to call 911.

He stresses that the billboard and other media outreach activities are just a part of an integrated campaign.

Dr. Chapman says that, "We are increasing awareness, we are providing law enforcement officers with naloxone (which temporarily reverses the effects of an opioid overdose), we are training those law enforcement officers on the proper use of naloxone, and we are purchasing drug disposal boxes."

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He also emphasizes that the new law allows trained first responders to administer naloxone, and it provides limited immunity for people who call 911 to report a drug overdose.

In addition to the billboards, Dr. Chapman says the media campaign will involve public relations, social media, and newspaper and radio advertising.

Project Dan’s 13 counties include Banks, Barrow, Dawson, Forsyth, Habersham, Hall, Jackson, Lumpkin, Rabun, Stephens, Towns, Rubin, and White.

The Northeast Georgia Medical Center Foundation hosted an October 1 golf tournament that raised nearly \$282,000 that the MAG Foundation will use to fund the Project Dan campaign.

Contact Lori Cassity Murphy at 678.303.9282 or [lmurphy@mag.org](mailto:lmurphy@mag.org) or go to [www.rxdrugabuse.org](http://www.rxdrugabuse.org) to support the ‘Think About It’ campaign with a donation.



The leadership group that accepted the \$281,881 check for ‘Project DAN’ on October 1 were (from the left) MAG Foundation President Jack M. Chapman Jr., M.D., ‘Think About It’ campaign Community Chair Dallas Gay, ‘Think About It’ campaign Clinical Chair P. Tennent Slack, M.D., and MAG Immediate Past President Manoj H. Shah, M.D.

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## MAG one of 80+ groups to sign letter on MACRA funding

The Medical Association of Georgia was one of more than 80 state and national physicians' organizations that signed a letter that was sent to the U.S. Department of Health and Human Services and the Centers for Medicare & Medicaid (CMS) to address funding for the development of quality measures and technical assistance for small practices under the "Medicare Access and CHIP Reauthorization Act of 2015" (MACRA).

The letter says that, "Timely and targeted funding for these two activities is critical to the success of physician payment reform and we are urging CMS to take expeditious steps to fund these activities and to give priority to efforts generated by or in concert with the medical profession."

It also states that, "The success of MACRA and the MIPS is contingent upon all physician specialties having a sufficient set of actionable and relevant measures that improve patient care and allow physicians to comply with the program."

And the letter stresses that, "A key step in successfully transitioning physicians to participate in APMs and/or comply with MIPS is providing technical assistance to physician practices, particularly small ones. To address this need, MACRA authorizes \$20 million per year from fiscal years 2016 through 2020 for technical assistance to small practices of up to 15 professionals – especially those in rural areas, health professional shortage areas, and medically underserved areas. In our view, HHS should also partner with state and specialty medical societies on this initiative."

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## MAG signs 'Nobody Quits Like Georgia' proclamation

Medical Association of Georgia President John S. Harvey, M.D., recently signed a proclamation to support the American Lung Association's 'Nobody Quits Like Georgia Week' smoking cessation campaign. The proclamation reads that...

WHEREAS, tobacco use remains among the leading preventable cause of illness, disability and premature death in Georgia and throughout the U.S. – killing more residents than HIV, illegal drug use, alcohol abuse, motor vehicle related injuries and murders combined – and,

WHEREAS, children are more likely to have lung problems, ear infections and severe asthma from being around tobacco smoke, and more than 40 percent of children who go to the emergency room for asthma episodes live with a smoker; and,

Whereas, approximately 18.8 percent of adults in the State of Georgia are current smokers, and

Whereas, on average, smokers die 10 years earlier than nonsmokers, and

Whereas, annual health care costs in Georgia caused directly from smoking total \$3.18 billion annually, and Georgia residents' state and federal tax burden from smoking-caused government expenditures total \$805 per household, and

Whereas, there are approximately 600 ingredients in cigarettes. When burned, they create more than 7,000 chemicals. At least 69 of these chemicals are known to cause cancer, and many are poisonous, and

Whereas, about 70 percent of adult smokers want to quit smoking and, on average, they make between 8 and 11 attempts before successfully quitting, and

Whereas, the FDA has not approved electronic cigarettes as a safe or effective method to help smokers quit, and

Whereas, the 'Nobody Quits Like Georgia' campaign provides information on quitting for smokers who want to quit at many health care facilities in their local communities, online at [www.QuitSmokingGA.org](http://www.QuitSmokingGA.org), and by calling the Georgia Tobacco Quit line at 877.270.STOP.

Therefore be it resolved, that the Medical Association of Georgia supports Nobody Quits Like Georgia Week (November 16-20) and encourages all Georgians to promote efforts to help smokers quit.

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## The Physicians Foundation's take on pending mergers

*The following op-ed – 'Bigger is Not Going to be Better' – was posted on the forbes.com website on September 28. It provides The Physicians Foundation's perspective on the consolidation of the health insurance market. It was written by Walker Ray, M.D., a MAG member who is the president of The Physicians Foundation, and The Physicians Foundation CEO Tim Norbeck.*

As the consolidation bug sweeps through the insurance industry, there was a very relevant and important hearing before the Senate Judiciary subcommittee in Washington, D.C. on September 22. As reported in *The CT Mirror*, the hearing featured leaders of two major health insurers in their attempt to justify their latest multi-billion dollar acquisitions. Blue Cross-Blue Shield insurer Anthem desires to purchase Cigna for \$48 billion, while rival Aetna wishes to buy Medicare Advantage coverage provider Humana for \$35 billion. Should the proposed mergers be approved, the top five U.S. health insurers would be reduced to only three. While the other member of the big three, United HealthCare, is not looking to merge with another insurer, it isn't standing pat, either. It is adding a pharmacy benefits manager.

The consolidation wave raises several very important questions: Exactly how will consumers fare with fewer insurer choices in at least some markets? We also can't help wondering how physicians, particularly those in small groups and in solo practices, will manage under near monopolistic conditions. As it now stands before these mergers, physicians have little or no bargaining power with insurers. Imagine how much less that present, almost negligible, negotiating power of consumers and physicians will be if the mergers are approved and the big dogs get even bigger? Still another concern is what impact such consolidation will have on access to care, premiums and health care costs? Of course, the insurers claim that the newly achieved economies of scale, etc. will lead to lower health care costs, expanded access to care and more health care provider partnerships.

Pardon our skepticism, but past history doesn't exactly seem to bear out those contentions. As mentioned in *The CT Mirror*, Leemore Dafny, a health economist at Northwestern University and former Federal Trade Commission official, referred to the 1999 merger between Aetna and Prudential in her remarks at the hearing. She was quoted as saying that "Simply put, the merger resulted in reduced payments to providers and no evidence that those cost savings were passed on to consumers." The insurers' claims about the newly proposed mergers, especially when compared to her evaluation of the one in 1999, brings to mind an old question asked by Groucho Marx: "Who are you going to believe, me or your lying eyes?"

U.S. Sen. Dick Blumenthal (D-CT) added at the hearing that he "is deeply troubled by studies that show neither providers nor consumers benefit from

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mergers.” His ominous words should not be taken lightly, especially since his bona fides as a consumer protection advocate are well established over the years. Prior to his election to the Senate, it should be noted, Mr. Blumenthal spent 20 years as the Attorney General in Connecticut-otherwise known as “The Insurance Capitol of the World.” He also observed that he was “deeply concerned about these proposed mergers because of their potential effect on competition and the consolidation of power in fewer hands.”

Another pertinent question was raised by George Slover, an attorney with Consumers Union. He expressed his angst over the mergers, stating that they would reduce consumer choice and the ability of other insurers to thrive and move into new markets. His question was compelling and also struck at the heart of the issue: “If Aetna and Cigna can’t expand on their own, how can small companies hope to grow?” Very compelling indeed. When big companies get bigger, the little guys are squeezed out. We all know what happened to the Mom and Pop stores that we all loved and patronized. Everything now seems super-sized, and that isn’t always good for consumers. Is this the future of the insurance industry where only a few select companies rule the roost?

The Justice Department will make the final call on whether these mergers pass muster, but there will be several reviews by federal and state regulators before that decision is rendered. To reiterate, at least two substantial questions linger: Will the mergers make these huge companies so dominant that they cause a competitive imbalance in the insurance market? And will health care costs increase and access to care decrease as a result?

Winnowing down insurer competitors doesn’t bode well for consumers and physicians, if for no other reason than the end result of diminished leverage and negotiating power. We fear an even greater “take it or leave it” attitude on the part of insurers. Of course, the top insurers are also consolidating to counter the increased negotiating power of hospitals achieved through mergers with other hospital systems and buying up physician practices. But it is pretty obvious that the unfortunate losers in this tug of war between these two separate industry behemoths are consumers and physicians.

*The Physicians Foundation is a “national nonprofit 501(c)(3) organization that seeks to advance the work of practicing physicians and help facilitate the delivery of health care to patients.” Go to [www.physiciansfoundation.org](http://www.physiciansfoundation.org) for additional information.*

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## MAG calls for lawmakers to preserve MRC funding

The Medical Association of Georgia (MAG) is encouraging physicians in the state to contact their Congressional leaders to ask them to oppose any funding cuts for the Medical Reserve Corps – as lawmakers could reportedly cut MRC funding by 25 percent or more.

“There are less than 20 local MRCs in Georgia, which includes MAG’s new MRC,” says MAG President and MAG MRC member John S. Harvey, M.D. “Sufficient funding is essential if we hope to maintain this capability.”

With the approval of the U.S. Department of Health and Human Services, MAG and the Georgia Department of Public Health (DPH) are developing the nation’s first medical society-sponsored statewide volunteer MRC – which will supplement the official medical and public health and emergency services resources that are available in the state.

The MAG MRC will train physicians to respond to declared emergencies in Georgia, including natural disasters – such as wildfires, hurricanes, tornados, blizzards, and floods. It will also train physicians to respond to other emergencies affecting public health (e.g., disease outbreaks), as well as those that have the potential to compromise a hospital’s ability to respond and operate.

The MAG MRC will establish a system to coordinate the deployment of physicians during any such emergencies. MAG MRC units will be capable of setting up mobile hospital systems. And under extreme circumstances (e.g., a shortage of health care providers in a given area), MAG MRC units will be called upon to perform some of the functions that would otherwise be performed by the full-time emergency medical response personnel in the state.

MAG formed the MRC as a result of action that its House of Delegates took in 2013.

The MRC consists of nearly 1,000 community-based units and more than 200,000 across the U.S. – including 19 approved MRCs in Georgia.

Physicians must register on the “Georgia Responds: State Emergency Registry of Volunteers in Georgia” (SERVGA) before they can serve as a MAG MRC volunteer.

Contact Susan Moore at [smoore@mag.org](mailto:smoore@mag.org) with questions related to MAG’s MRC.

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## GDC spotlights article suggesting government may intervene on drug costs

The Georgia Drug Card has flagged an article that appeared in *The Fiscal Times* that says that "the powerful pharmaceutical industry is doing its best to hold back the tide, but mounting public outrage over excessive pricing of both old and new drugs may prompt government intervention after the 2016 election."

MAG is 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](http://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](mailto:johnc@georgiadrugcard.com).

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## New MAG members

MAG welcomed the following new members during October...

Alexander Ashford, M.D., Athens

Beth Ashford, M.D., Athens

Umamaheswari Gade Jonnalagadda, M.D., Douglas

Masoumeh Ghaffari, M.D., Atlanta

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### Enroll America promoting resources for uninsured

Enroll America is promoting its 'Get Covered America' program, which is designed to 1) help patients obtain and retain health insurance at the local/community level and 2) increase health insurance literacy.

The organization says that its 'Get Covered Connector' enables English and Spanish-speaking patients to find free health insurance application help at the local level by zip code – adding that patients can also use the tool to schedule in-person assistance appointments.

Enroll America also says that the Get Covered program "helps consumers understand the lowest and highest possible annual out-of-pocket costs for every marketplace plan available in a given area; obtain a more personalized cost estimate based on optional inputs such as health status and expected annual use of health care services; sort and filter plans based on different criteria, including premiums, maximum annual cost, annual deductible, personalized cost estimate, etc.; and determine whether plans cover their providers and prescription drugs."

And Enroll America stresses that "most of the assister schedules/appointments in the state will go live in the middle of October as the start of the open enrollment period nears."

Contact Riley Wells at [Rwells@enrollamerica.org](mailto:Rwells@enrollamerica.org) or 404.330.4015 with questions.

[Click for 'Get Covered Connector'](#)

[Click for 'Get Covered Calculator' \(i.e., to determine eligibility\)](#)

Enroll America reports that it is the nation's leading health care enrollment coalition. It is an independent nonprofit, nonpartisan, 501c3 organization.

*Editor's note: Enroll America has provided MAG with a statement that says that its data will not be used for partisan political purposes (e.g., voter registration).*

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### DCH conducting survey on Medicaid Remittance Advices

The Georgia Department of Community Health (DCH) is encouraging health care providers in the state to complete a survey that it is conducting that addresses its Medicaid Remittance Advices by the end of day on Tuesday, November 10. DCH says that, "Some [health care providers] have recommended specific changes, and we do take all suggestions seriously, but we would like to solicit more input before we consider how to revise these forms."

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### AMA comments on EHR rules, calls on physicians to do same

The American Medical Association (AMA) has issued comments addressing the final rules for the [Medicare and Medicaid electronic health records] Meaningful Use (MU) program that were recently released by the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC) – which outline the “requirements for a Modified Stage 2, Stage 3, and a new edition of certified technology.”

AMA says that it has “advocated for many of the changes adopted in the Modifications rule (modified MU Stage 2, program years 2015-2017) but opposed finalizing Stage 3 due to a need to first assess the changes made to Stage 2 and a lack of alignment with the new Merit-Based Incentive Payment System (MIPS).”

AMA also explains that it believes that CMS made several “immediate improvements in the Modifications rule,” including: “A shortened 2015 reporting period (from a full calendar year to any 90 consecutive days in 2015); overall reduced number of measures; reduced measure threshold for the View, Download or Transmit requirement (from five percent to just one patient in 2015 and 2016); and reduced measure threshold for Secure Messaging (from five percent to simply having the capability in 2015 and one patient in 2016).”

AMA points out that the administration “did not release the Modifications rule until October 6. [And] Given the lateness of the rule it is very difficult to educate physicians on the changes. In addition, the Administration increased the requirements for the Public Health and Clinical Data Registry Reporting Objective. A new requirement at this point in 2015 makes it extremely difficult for physicians to be successful. The AMA raised concerns with this objective to senior Administration officials, and they have indicated that they will address the issue, though at this point it is unclear how that would occur.”

AMA adds that, “While CMS did issue a final Stage 3 regulation, the agency is allowing for a 60-day comment period to hear feedback on how Stage 3 can better align with MIPS and alternative payment models. The agency made relatively few changes in the final Stage 3 regulation from the proposed regulation. Overall, publishing of the Stage 3 final rule signals to vendors that these are the requirements for the program, and they may begin developing their systems to meet these standards.”

In addition, AMA says that, “With respect to Stage 3, these requirements will be optional in 2017 and required for all participants beginning in 2018. CMS finalized increased threshold requirements for many of the measures that are

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**'Obamacare plans could be forcing people to pay extra for specialist care,' *Los Angeles Times*, October 27**

well-beyond the previous Stage 2 levels. The rule also adds new requirements related to patient-generated data and the use of 'app' technology, which may be overly ambitious given the state of current technology. Despite the 60-day comment period, the AMA has tremendous concerns with the final MU Stage 3. We will intensify our efforts to engage lawmakers and stakeholders to reset the direction of the Meaningful Use program."

And AMA notes that, "The Administration also finalized the 2015 certification regulation. As a result of the release of this rule new or upgraded EHR will be required for Stage 3 participation. ONC did make improvements in the final Certification regulation, including: price transparency and in-field testing. Yet, the AMA remains concerned that additional requirements in the Certification regulation may divert attention away from solving usability and interoperability challenges."

Finally, AMA is also encouraging physicians to weigh in on the final rules. It says, physicians should "Join with [their] colleagues and let CMS know that Meaningful Use is not working!"

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### AMA/MedStar unveil 'EHR Usability Framework'

In an effort to “promote transparency around how electronic health records (EHR) are designed and user-tested and to drive improvements in clinician satisfaction and patient safety,” the American Medical Association (AMA) and MedStar Health’s National Center for Human Factors in Healthcare have developed a comparative ‘EHR Usability Framework’ that shows “many EHR vendors are not meeting basic standards for user-centered design and formal usability testing processes.”

According to AMA, “The Office of the National Coordinator (ONC) requires EHR vendors to be certified as having deployed user-centered design processes — an approach that acknowledges the importance of users’ cognitive workflow and information needs.”

But AMA points out that, “ONC’s requirements are only focused on eight EHR capabilities, a handful of the hundreds of functions EHR are designed to perform...[and] for 2014 Edition certification, ONC only requires process information for eight capabilities out of the dozens in an EHR and they do not set minimum requirements for what is submitted.”

AMA says that, “Using information supplied by the vendors to the ONC and available publicly, the Human Factors Center and AMA collaborators reviewed 20 prevalent EHR products...used a 15-point methodology and assigned a numeric value based on the vendor’s compliance with best practices for UCD.”

AMA explains that, “A score less than 15 means basic usability process standards were not met. Vendors are only required to report the process they followed for eight EHR features that are considered important areas for patient safety. Thus a perfect score using our framework only reflects the processes used to design these eight capabilities and does not reflect the design and evaluation of the hundreds of other capabilities in the EHR or the actual usability experienced by physicians and other end-users.”

AMA says its goal is to “promote EHR vendor adherence to UCD best practices.”

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### AMA to host forum on 'entrepreneurship' in Atlanta

The American Medical Association (AMA) will host a 'Physician entrepreneurship: Transform the future of health care' forum at the Atlanta Marriott Marquis on Wednesday, November 11. The event will get underway with a reception that features cocktails and hors d'oeuvres at 7 p.m., while the forum will run from 7:30 p.m. to 8:30 p.m.

AMA says that it is "an exclusive event to discuss how physicians can get involved in, and lead, health care innovation."

It adds that, "A dynamic panel of physicians will share their perspectives, accomplishments and insights gleaned as they've developed new products, formed companies, advised start-ups and invested in innovative health care ventures."

AMA also notes that participants will have access to, "An AMA network that will allow physicians to directly connect with companies interested in your feedback; Numerous physician entrepreneurs, as well as founders of health care start-ups who are developing innovative new products and services; [and] A physician innovation certificate of participation."

David Schonthal, a clinical professor of innovation and entrepreneurship at Northwestern University's Kellogg School of Management, will serve as the moderator.

Call 800.262.3211 to register for the event, which is free for AMA members and \$500 for non-members.

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### 'Practice Profit' classes set for Albany, Columbus & Valdosta

The University of Georgia's Small Business Development Center (SBDC) is encouraging physicians and practice managers to register for a 'Medical Practice Profit Drivers' program that will be take place in Columbus (November 10) and Valdosta (November 11) and Albany (November 12).

SBDC says the class will address "key performance indicators, medical benchmarking data, measuring techniques, and management and compensation strategies." It also notes that the program was designed for "primary care practices, but specialty practices can benefit as well."

SBDC explains that "participants will learn how to build a practice performance dashboard that will provide them a daily, one-page view of all the critical factors impacting their practice's cash-flow and profit."

The Medical Practice Management Program at the SBDC "provides specialized one-on-one consulting at no cost for medical practices, veterinary practices and independent pharmacies. In addition, it offers continuing education programs and teaches business topics to medical residency programs in Georgia."

The cost of the program is \$49 per person, which includes lunch. The programs will run from 12:30 p.m. to 3:30 p.m.

Contact Matt Lastinger at [mlastinger@georgiasbdc.org](mailto:mlastinger@georgiasbdc.org) 706 542-8322 or John Maynard at [jmaynard@georgiasbdc.org](mailto:jmaynard@georgiasbdc.org) or 706.248.1792 with questions.

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### GCT2 to host free diabetes/hypertension workshop

The Georgia Clinical Transformation Team (GCT2) is encouraging all Georgians to attend a free "Using Disease Registries and Care Protocols to Improve Patient Care in Diabetes & Hypertension" CME workshop at the Westin Buckhead Atlanta from 8 a.m. to 10 a.m. this Saturday, November 7. GCT2 says the goal of the workshop is to "improve patient outcomes of care with diabetes and hypertension through sharing best practices of EMR implementation in the use of 1) disease registries and 2) care protocols." Contact Angela Flanigan at [aflanigan@gafp.org](mailto:aflanigan@gafp.org) with questions.

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### CMS says ICD-10 claims "processing normally"

The Centers for Medicare & Medicaid Services (CMS) says that it has been "carefully monitoring the [ID-10 billing codes] transition [that went into effect on October 1] and is pleased to report that claims are processing normally."

CMS notes that, "Generally speaking, Medicare claims take several days to be processed and, once processed, Medicare must – by law – wait two weeks before issuing a payment. Medicaid claims can take up to 30 days to be submitted and processed by states."

CMS is also sharing "metrics detailing Medicare Fee-for-Service claims from 10/1-10/27," and it is promoting a new 'ICD-10 Resource Guide and Contact List' as a resource for health care providers.

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