

IN THIS ISSUE:

1. NEW 2008 MEDICARE PHYSICIAN FEE PAYMENT RATES
2. ENVIRONMENTAL SCAN
3. NEW PROJECT AIMS TO REDIRECT PATIENTS FROM EMERGENCY DEPARTMENTS TO PRIMARY CARE SETTING
4. "THE NEW DEAL IN HEALTHCARE: A MEDICAL HOME FOR ALL" - MAFP MEMBERS ENCOURAGED TO ATTEND; STUDENT SCHOLARSHIPS AVAILABLE
5. MEMBERS VOTE TO KEEP MAFP CME POLICY

NEW 2008 MEDICARE PHYSICIAN FEE PAYMENT RATES

New 2008 Medicare Physician Fee Schedule Payment Rates Effective for Dates of Service July 1, 2008 through December 30, 2008 (provided by CMS):

The Medicare Improvements for Patients and Providers Act of 2008 was enacted on July 15, 2008. As a result, the mid-year 2008 Medicare Physician Fee Schedule (MPFS) rate of -10.6 percent has been replaced with a 0.5 percent update, retroactive to July 1, 2008. Physicians, non-physician practitioners and other providers of services paid under the MPFS should begin to receive payment at the 0.5 % update rates in approximately 10 business days, or less. Medicare contractors are currently working to update their payment system with the new rates.

Comment from AAFP to State Chapters: Here is what we have learned from conversations with CMS staff about the process for paying claims, now the President's veto is overridden. Keep in mind, this is not an official position from CMS, just what we have learned through our conversations.

Claims have been moved out of the hold and into the processing queue. The process starts with the claims at the lower (i.e., 10.6% lower) rate and this takes about 2 days. Once the law passes, it takes about a week for the "new" payment rates to hit the contractors. Given the likely schedule of veto and override votes, about a week of claims would get processed at the reduced rates, requiring an adjustment on the part of CMS for that week of claims.

CMS is going to try to pay only one day at a time, thereby minimizing the number of claims that actually get paid at the lower rate. So CMS will only start paying on the claims from July 1. Then the next day, they will only pay for dates of July 2, etc., etc., so that hopefully they can drag their feet long enough that the new rates are in affect and they can pay later dates of service at the correct amount. How physicians will recover the missed payment amounts is not yet clear or how they will be expected to handle the

differences in co-payments. We will continue to share information as it becomes available.

ENVIRONMENTAL SCAN

U.S. could face shortage of 44,000 primary care physicians by 2025

ScienceDaily, June 19, 2008

“The U.S. could face a shortage of up to 44,000 family physicians and general internists by 2025, according to a University of Missouri study. The trend is due to a skewed compensation system that rewards specialists increasingly more than primary care practitioners, researchers said. They were more optimistic about the future supply of general pediatricians, however.”

<http://www.sciencedaily.com/releases/2008/06/080617111826.htm>

Washington, DC, sues CareFirst, says provider must donate millions

Washington Post, June 25, 2008

“Washington, DC, has launched a subpoena-powered investigation and a lawsuit that asserts the nonprofit CareFirst BlueCross BlueShield is obligated to donate millions to the community. Authorities in Washington, DC and Maryland have criticized CareFirst BlueCross BlueShield in the past for hoarding its annual surpluses despite its federal charter as a "charitable and benevolent institution." Animosity between officials and the insurance provider intensified of late because CareFirst did not participate in a universal healthcare program that was counting on it for an annual \$5 million contribution.”

<http://www.washingtonpost.com/wpdyn/content/article/2008/06/24/AR2008062401536.html>

Old-fashioned docs inspire new 'medical homes'

USA Today, July 14, 2008

“States, the federal government and private insurers are experimenting with paying primary-care doctors extra money to oversee and coordinate patients' care. The pay boost rewards doctors who reshape their practices to recreate an era when a trusted family physician helped patients through hospitalizations, coordinated specialist care, and provided routine screenings. The efforts may save money by reducing hospitalizations, ER visits, and disease. The "medical homes" concept is a modern twist on an idea first promoted in the 1960s.”

http://www.usatoday.com/news/health/2008-07-13-medical-homes_N.htm

NEW PROJECT AIMS TO REDIRECT PATIENTS FROM EDS TO PRIMARY CARE SETTING

Many Emergency Departments (EDs), including the EDs of the University of Maryland Medical Center (UMMS), experience overcrowding. One reason for this is that about half of all ED visits are for conditions that are much more appropriately treated in a primary care setting. Studies have shown that use of the ED for non-urgent conditions costs between \$131 and \$281 million per year.

The University of Maryland Department of Family and Community Medicine has received a 3-year \$499,749.00 grant from the State of Maryland's Community Health Resources Commission (CHRC). Our project, "Providing a Medical Home to Decrease Emergency Department Use, Enhance Access to Care, and Reduce Health Disparities in Baltimore," will be led by Project Director Beth Barnet, M.D. and co-Director Kevin Ferentz, M.D. The Project will involve Family Medicine faculty, staff, residents, medical students and collaborators from UMMS Emergency Services, other departments and the community.

This project has two overarching goals that will result in reduced use of the Emergency Department for non-urgent conditions: 1) To increase access to a Medical Home for target underserved and vulnerable populations and 2) To reduce health disparities by improving and optimizing care for patients with chronic health conditions.

The project will target individuals who have high rates of using the ED for ambulatory care sensitive (ACS) conditions. This group includes low-income and under- and uninsured individuals. This CHRC funding enhances UFM's capacity to provide a Medical Home for these patients. Appropriate low-income and under- and uninsured patients who present to UMMS EDs with ACS conditions will be referred to UFM. They will be assigned a personal family doctor or family nurse practitioner. Once patients enter care at UFM, we will provide enhanced access to care, establish their Medical Home and offer more coordinated, integrated systems of community-based care. The project will also reduce health disparities by optimizing patient's health and healthcare with innovative quality improvement care strategies that we currently employ such as Open Access Scheduling and the Chronic Care Model.

“THE NEW DEAL IN HEALTHCARE: A MEDICAL HOME FOR ALL” - MAFP MEMBERS ENCOURAGED TO ATTEND; STUDENT SCHOLARSHIPS AVAILABLE

We are excited to invite you to attend the 2008 STFM: Northeast Region Meeting “The New Deal in Healthcare: A Medical Home For All” scheduled October 30 – November 2, 2008 at the Baltimore Convention Center in Baltimore, Maryland. Please view the preliminary conference schedule at <http://www.fmec.net> Faculty and Student Program Tracks and Over 75 Residency Programs in Attendance – a great way to network with faculty & residents in a fun, casual atmosphere. All MAFP members are encouraged to attend.

Student scholarships are available to cover meal, hotel and registration fees – apply in less than 5 minutes on-line. If you receive a scholarship – we do your registration & book your hotel room – no paperwork for you - it just can't get any easier!

Attend seminars and workshops!! Offerings include International Health Experiences for Students, Improving Care for the Underserved, Residency Guidance and various hands-on workshops. A Clinical Camp with Suturing Skills, Skin Biopsy and Repairing of Wounds Workshops, Sports Medicine, Women's Health Issues, Acupuncture, Circumcision, Splinting and Casting Wilderness Medicine, X-Ray Interpretation and Much, Much More!

Those wishing to register and students interested in applying for a scholarship should go to <http://www.fmet.net> and submit your application on-line by September 30, 2008. Scholarships are awarded on a first come, first serve basis. Bring a friend but apply soon! Questions? Please contact Theresa Weinman, 518-262-5797 or weinmat@mail.amc.edu

MEMBERS VOTE TO KEEP MAFP CME POLICY

With the needed quorum present at the 2008 MAFP Annual Business Meeting (June 27; Rocky Gap Lodge), greater than 2/3 of the members present voted to keep the MAFP CME policy which requires that active and supporting members acquire and report 6 AAFP prescribed credits from MAFP CME programs every three years. The 3-year period mirrors a member's period of re-election to AAFP/MAFP membership as determined by AAFP. The entire policy is available for viewing at www.aafp.org and is included in each edition of "The Maryland Family Doctor." Of note is that there was an additional motion, second and vote that removed the penalty aspect of the policy from the Bylaws. This change was effective immediately. The MAFP Board of Directors will further discuss this aspect at its Summer meeting on August 10, 2008. The feeling at the Business Meeting was that with more members knowing of and complying with the policy, with several waivers in place to assist members and with MAFP staff being able to carefully track credits and to work with members on an individual basis, that very few members have actually been dropped from the membership rolls since the policy's enactment in 2000. Questions? Contact the MAFP office at info@mdafp.org or 410-747-1980.