Bulletin

of the Mahoning County Medical Society

First Quarter 2011

DOCTOR VINCENT D. LEPORE NAMED 2011 DISTINGUISHED PHYSICIAN

Doctor Vincent D. Lepore was named 2011 Distinguished Physician by the Mahoning County Medical Society and presented with a plaque commemorating the honor at the Annual Meeting of the Society on Tuesday, May 10, 2011, at The Lake Club in Poland. Presenting the award to Dr. Lepore was Dr. John Buckley, Sr., longtime friend and colleague of Dr. Lepore. Dr. Lepore was joined by his wife, Mary, and son Dr. Vincent Lepore, Jr., who flew in from California to surprise his father.

Dr. Buckley delivered a moving tribute to Dr. Lepore, focusing on his high standard of ethics and years of service to the community.

Dr. Lepore, a Youngstown native, attended Henry Ford School in Dearborn, MI and Youngstown College, from which he graduated with a B.A. degree in 1951. He received his medical degree from the University of Rome, Italy, in 1957 and completed his internship and residency at St. Elizabeth Health Center. He opened his private practice of obstetrics and gynecology in July of 1964 and retired in 1992.

Also honored at the dinner were the recipients of the Ohio State Medical Association Fifty Years in Medicine Award. Honored were Dr. Rashid A. Abdu, Dr. Anand G. Garg, Dr. Norton I. German, Dr. Robert L. Gilliland, Dr. Richard S. Richards, and Dr. William R. Torok from the medical school class of 1960. From the class of 1961, the honorees were Dr. Roberto A. Bacani, Dr. Yeshawant V. Ginde, Dr. Hyon S. Hwang, Dr. Yiechul J. Jung, Dr. William Katz, Dr. Charles H. McGowen, and Dr. Gopol J. Nigam.

Dr. Abdu & Dr. Buckley, Jr.

Dr. & Mrs. Vincent Lepore and their son, Dr. Vincent Lepore, Jr.

Dr. Norton German & Ms. Norene Udell

Dr. & Mrs. Roberto Bacani

Dr. & Mrs. Robert Gilliland

Dr. & Mrs. Richard Richards

Dr. & Mrs. Charles McGowen

Dr. & Mrs. William Katz

Bulletin

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The Bulletin reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted, including advertisements.

Subscription rate of $20.00 per year is included in MCMS dues.
Correspondence and changes of address should be mailed to the above address.

CALENDAR

June 16, 2011	***Annual OSHA workshop, Antone's Banquet Center***
June 23, 2011	***Canfield Fair Exhibitors' Breakfast, Colonial Inn***
July 29, 2011	***Motley Crue & Poison, Covelli Centre***
August 27, 2011	***Barry Manilow, Covelli Centre***
August 31 - September 5, 2011	***Canfield Fair***
September 24, 2011	***CME Workshop, Northeast Ohio Medical University***

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In Memoriam

Nicholas P. DePizzo, II, DO

July 9, 1968 ~ April 18, 2011

FROM THE DESK OF THE EDITOR

Michael T. Engle, MD

Don't be like Grandpa!

When I was a teenager, I had a good friend named Reed. We spent many summer days together getting in all sorts of trouble on his family's 20 acre country home. The catch, however, was that we had to help Grandpa maintain this property. Grandpa was always there to supervise, which was a problem. You see, despite his age, grandpa was a guy that embraced every new gadget, gizmo, and technology in an attempt to make life easier. However, most of these "toys" just created more work, and doubled the time it took to finish a task. For example, to move a pile of firewood we would get out the tractor, attach the hitch, hook up the trailer, and then load up. After moving the wood, we would again be responsible for putting away the trailer, hitch and tractor. All the while there was a perfectly good wheelbarrow sitting five feet away. A ten minute job turned into a 30-minute ordeal. (And we won't even get into the extra time if the tractor didn't start right up, or the trailer had a flat.)

As the new rules and regulations for EHR (electronic health records) begin to emerge, I am feeling more and more like I'm sitting the back yard of Reed's house with Grandpa outlining the complicated way we are going to save time and effort. Let's start by understanding that I am a quite tech savvy younger doctor. I have two home computers, a laptop, an iPad, and an iPhone. I love they way technology has changed my life in many ways. However, our practice has demoed multiple EMR software programs, and yet we are always left with the same problem: They all create more work and take up more physician time than our current method. Do you know any physician who can type faster than he/she can dictate? In a medical practice, all we have to sell is our time. Anything that eats up more of that time is eating into our productivity. This is in addition to the sometimes staggering costs of setting up and maintaining the appropriate hardware, software, and firewall protection necessary to run these systems. These EMR companies and the government just don't seem to understand or care about these facts.

Some might say that our government really does understand the negative impact this will have on physician productivity. They are conspiring, some might think, to make us less productive so that we see fewer patients in a day, thus saving the system money. It's an interesting theory, but I don't think anyone on capital hill has the aptitude for that level of complex thought. Instead, I think lobbyists and special interests have again warped the truth about this issue to Washington.

On June 30th, 2011, we will have the first incentive deadline in the new era of EHR. If you have been a good little Physician and used electronic prescribing at least ten times by this date, you will be eligible for a medicare "incentive." It's not enough to have done it, but you also have to make sure Medicare knows you did it by coding your visits appropriately. If you don't know what G8553 means, you've been a bad, bad, boy! I've made sure to get my "minimum' number done...and experience tells me it takes at least four times as long to electronically prescribe versus the old pad and pen method.

I'm all for improving the delivery of healthcare. I understand that this also means making some sacrifices to improve patient safety and reduce the cost to "the system." However, it seems to me we are spending a lot of money, time, and effort on a method that has yet to prove that it does any of these things. Excuse me while I go and get my wheelbarrow....I mean dictaphone.

From the President

by Thomas E. Albani, Jr., MD

BACK TO BASICS

I sat in the nursing station with a colleague the other morning discussing some of the many issues challenging us, the providers of health care for our fellow citizens. A number of concerns were quite readily identified. None of these topics would be revelations to the physicians trying to care for their patients these days, but I find they are often very enlightening when discussed with those outside our "medical loop".

I believe the impetus for changes sweeping through the health care industry are being made for many necessary, concrete, and valid reasons…but as with most things around the world, money seems to be the most influential of these and most clearly understood by all walks of life. Yes, medical costs have spiraled way out of control and they need to be reined in. Despite the obvious comment just made, I would probably be lambasted by many of our leaders in the business world, on Capitol Hill, and by the financial analysts for my next statement. I believe money should ***not*** be the determining factor in how we all care for our patients. I ***don't*** believe that we individual physicians seeing our patients are the primary cause for escalating health care costs. There, I said it. I stand by it. Yes, we can all share in making changes to be more efficient and health dollar conscious (Lord knows we have been trying!), but I don't believe for a second that we physicians are spending our countrymen further into irrevocable debt. Our legislators have (at no small cost) enacted a tremendous amount of expensive hoops for all health care providers (individual and institutional) to jump through. Hospitals have been put to task to meet criteria to be eligible for government reimbursement. This financial incentive has driven (and continues to drive) many items on the endless list of changes our hospitals must institute. To pursue these benchmarks and goals set before us by the government makes perfect business sense. It would be irresponsible of the hospital administrators to ***not*** try to get as much credit as possible from the watchdogs appointed by the government. This maximizes profits, ensures a healthy institution and therefore one that is better positioned to provide health care for the community for the long haul. I get that part. What I don't think **THEY** (our legislators and health care business people) get is the price they pay to achieve **THEIR** goals. Our patients are losing in a HUGE way (and so are we).

Direct providers of health care such as nurses and physicians are under constant scrutiny regarding the time we spend with patients. We are very sensitive to these issues. The business community and our legislators, however, really don't seem to care. Actually, on closer inspection, it would seem they really want us to interact with our patients as little as possible. I truly understand the need for efficient, concise, accurate, legible, pertinent documentation of patient care. I guess I've just reached a point (some time ago I might add) where I have to ask "At what point does all of this paperwork become counterproductive?" Nursing staff has been on this hamster wheel for some time, and we physicians have now been cordially invited to join on a scale beyond anything our predecessors have ever encountered. The paperwork is now being offered in an electronic format with lots of major advantages over the old pen and paper. Ever increasing the cost of providing health care, it remains "paperwork" nonetheless. It represents the necessary record we have to provide high quality patient care, and the carrot being dangled is that this will be so much more efficient and better for physicians and our patients as all of their pertinent medical information will be easily communicated between providers, etc. … we've all heard the sales pitch. The many very large, salt and vinegar soaked, rusty nail-spiked sticks that follow the carrot are (among others): it also allows ease of government audits, insurance company audits, a field day for malpractice lawyers, hackers, identity thieves, and a wealth of information for disgruntled employees of a number of different agencies to access and use for purposes other than those intended. As attention-grabbing as all of these issues are, I believe one concern surpasses all of the others … the threat to the doctor-patient relationship.

In this era of EMR, all of the financial and clinical data is there to meet meaningful use and keep administrators and government watchdogs happy. Reimbursements can be maximized and the business people will have all medical data transcribed into a format that works for them. Perhaps Medicare and insurance fraud will be majorly curtailed (though I seriously question this). Everyone will be happy. Everyone that is, except for those providing the care, and most importantly, those receiving that care. As a matter of fact, if the present trend continues, it would seem the business and legislative worlds would be quite satisfied with transitioning our "patients" into "clients" and the concept of "health care" into "utilization of medical resources". This last phrase about utilization was actually quoted to me by an insurance company "doctor" (I don't consider him a physician based on his responses) who was refusing prior authorization for a follow up MRI of the brain on a patient with a past brain tumor!

Continued on Page 5

BACK TO BASICS - *Continued from Page 4*

Our legislators have demonstrated over the past several decades how well ***they*** can (but don't) watch out for the health of the members of our community. The job has never more clearly fallen squarely on ***our*** shoulders. We ***must*** remain steadfast in our stewardship of our patients' health. It is incumbent upon us to remain our patients' advocate. We are dealing with ***peoples' lives*** here; those of our friends, families, and neighbors (as well as our own and those of our "friends" on Capitol Hill). We physicians do our patients and ourselves a grave injustice if we simply accept the legislative mandates being financially shoved down our collective throats (e.g. comply or be penalized by X percent cuts in your Medicare payments for services that you have faithfully been providing to the community despite reduced reimbursements already!). Whether or not you embrace the techno-world or clutch to your quill and ink bottle is not the issue. The ***only*** real issue here is that we ***continue to focus on our patients above all else*** … not the multitude of stumbling blocks many are throwing between us and those who have entrusted us with the well-being of themselves and their loved ones. Times have never been more challenging for providers of medical care. I believe each generation of physicians has had their own set of hurdles, enemies, and temptations attempting to thwart their providing the best care possible to their patients. We clearly have ours. I did not choose to enter this noble profession because of social status or income guarantees. Like most physicians I know, I became a physician to care for my fellow man in the way I believe I could do it best. As angry as these many forces outside of our exam rooms have made me at times, I find consolation in the fact that ultimately it is me who controls my interaction with my patients … the powers-that-be cannot compete with the impact we have with the laying on of hands, the reassurance of an understanding look, and the power of a softly spoken kind word. These are the tools we use to help guide people through some of the most difficult moments of their lives. The doctor-patient relationship is under attack as never before … it is up to each of us to preserve and nurture it. We all need to make a concerted effort not to allow the present legislative and business world influences to pull us into ***their*** world and away from ***our*** patients. The outside forces constantly looming outside the exam room door should remain there … outside.

Thomas E. Albani, Jr. MD

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Residency: Millcreek Community Hospital, Erie, PA

Richard M. Kalapos, DO
Family Practice

4321 Mahoning Avenue
Austintown, OH 44515

Medical Education: Ohio University College of Osteopathic Medicine
Internship: Youngstown Osteopathic Hospital
Residency: Youngstown Osteopathic Hospital

Kathie A. Nelson, MD
Internal Medicine

ValleyCare Health System
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Medical Education: NEOUCOM, Rootstown, OH
Internship: St. Elizabeth Health Center, Youngstown
Residency: St. Elizabeth Health Center, Youngstown

Quingsheng Tian, MD
Anatomical/Clinical Pathology

ValleyCare Health System
500 Gypsy Lane
Youngstown, OH 44504

Medical Education: Nantong Medical College, Nantong City, China
Internship: Nantong Teaching Hospital, Nantong City, China
Residency: Beijing Tongren Hospital, Beijing, China
Residency: University of Virginia Medical Center, Charlottesville, VA
Fellowship: University of Virginia Medical Center, Charlottesville, VA

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Bits 'n' Pieces

ePRESCRIBING DEADLINE IS NEAR

The June 30 deadline for e-prescribing is only three weeks away. Medicare is requiring that providers report a minimum of 10 claims-based electronic prescriptions by June 30 or they WILL be assessed a 1% penalty on all approved Medicare charges during calendar year 2012. In addition, a total of 25 claims-based electronic prescriptions must be reported by December 31 to avoid a 1.5% penalty on approved Medicare charges during calendar year 2013.

For additional information and links to educational resources, please visit www.neohc.org and look for eRx under the "Resources" tab. You can also contact the NEO HealthConnect office at 330-599-4595 for assistance.

KEEP THE SOCIETY INFORMED!

If you are moving, planning to retire, have a new phone number or email address, please let the Society know. Each month we receive many pieces of mail back from the post office with address changes , which can become costly. We also get calls from patients trying to find physicians who have moved or left practice. Take a moment to keep us apprised of these changes so we may be more helpful for these callers.

GET YOUR *BULLETIN* VIA EMAIL

If you would like to receive your *Bulletin* via email, please contact the Society office and give us your email address. You can call 330-533-4880, or email *mahoningcountymed@zoominternet.net.* The *Bulletin* is also posted on our website, *www.mahoningmed.org*.

DOCBOOKMD REGISTRATION AVAILABLE ONLINE

You can now register for the DocBookMD app for your iPhone on our website, *www.mahoningmed.org.* There is a button on the homepage that will take you directly to the registration information on the DocBookMD website. DocBookMD is a complete directory of MCMS members, contact information and secure messaging right on your phone! You also have access to all local pharmacy phone numbers and locations. For more information, view the demos on the DocBookMD website. DocBookMD is free to all MCMS members through support by Capson Physician Insurance.

NEW TICKET ORDERING PROCEDURES

The MCMS is no longer ordering blocks of tickets for every event at the Covelli Centre. Instead, notices will be posted on the website, *www.mahoningmed.org* for each event. Check the website frequently and call by the date shown to order your tickets. Once tickets are ordered, there will be no cancellations allowed.

TRICIA POTESTA NAMED 2011 "GEM OF THE YEAR"

Tricia Potesta was named the 2011 "Gem of the Year" at the "Taste of the World" Wine Taste on Friday, April 8, 2011, at Michael Alberini's Restaurant. The award is presented annually to a member that serves both the Medical Society Alliance and the community with distinction.

Tricia is a graduate of Ursuline High School and attended Finley College and Youngstown State University. She retired from American Airlines after 20 years as a flight attendant. Tricia has been an active member of the Alliance since 2002. She was president of the organization in 2007-2008. She has served on many committees, most recently chairing the Annual Fashion Show auction benefitting Akron Childrens' Hospital of Mahoning Valley Garden of Hope. Tricia has served on the Mahoning County Juvenile Justice Community Advisory Board for the past eight years. She is also active with the American Heart Association Heart Ball serving as auction chair for the past two years. Mrs. Potesta is a member of the Akron Childrens' Hospital Kids Crew and was the secretary of the Canfield Republican Women's Club for two years.

Tricia and her husband Dr. Eugene Potesta live in Canfield with their children, Drew and Anthony.

Special Update
Final Pain Management Clinic Licensure Rules
June 20, 2011 Deadline for Action

As you may be aware, the proposed language in Ohio House Bill 93 would have significantly impacted those practices with a high pain management patient population. Through the efforts of the Ohio State Medical Association, the final rule contains several amendments, including a grandfather clause that will allow pain physicians to apply for certification as a pain management clinic. To comply with the new law, please see the full OSMA statement below for necessary steps that must be taken by June 20, 2011.

Final Pain Management Clinic Licensure Rules include Grandfathering Clause - License Application Deadline is June 20

In accordance with House Bill 93, the State Medical Board of Ohio finalized its emergency rules on the standards for owning and operating a pain management clinic. Based on the leadership and recommendations of the Ohio State Medical Association (OSMA) Prescription Drug Abuse Committee, the OSMA worked with the Medical Board to address several concerns regarding the potential impact the draft rules had on access to care for chronic pain patients as well as the potential impact the rules would have on legitimate pain physicians currently practicing without subspecialization in pain medicine. As a result of the OSMA's efforts of working with the Medical Board, the requirement that a pain management clinic owner must have hospital privileges was removed and several amendments were adopted, including:

- Establishing a limited grandfathering clause for non-board certified pain physicians that have provided full-time clinical services for the **last three years** in pain medicine, pain management, hospice and palliative medicine, addiction psychiatry, physical medicine and rehabilitation, occupational medicine or rheumatology. The grandfathering clause sunsets on **June 20**. (see summary below for full explanation of this amendment)
- Requirement that all pain management clinic owners, operators and physicians providing care at the clinic are required to complete 20 hours of Category I continuing medical education (CME) in pain medicine every two years.
- Allowing any physician to provide care at a pain management clinic under the direction, supervision and control of the physician owner.

Grandfathering Clause - Qualifications and Application Deadline

- **Qualifications** - Full-time clinical services for the last three years in pain medicine, pain management, hospice and palliative medicine and addiction psychiatry, physical medicine and rehabilitation, occupational medicine or rheumatology. While many specialties are not specifically listed, the rule should be read to include all physicians currently providing pain medicine that meet the definition of a pain management clinic (a majority of your patients are prescribed controlled substances for the treatment of pain that is expected to last more than 30 days).
- **Onsite inspection of the facility by the Medical Board** - Physician applicants under the grandfathering clause are required to submit to an onsite inspection by the Medical Board to determine whether the practice is complying with the minimum standards of care established in the law and rule.
- **Application Deadline Expires on June 20, 2011** - Physicians must apply to the State Board of Pharmacy for a pain management clinic license by June 20 to be eligible for the grandfathering clause.

- Any physician that fails to apply for a pain management clinic license after **June 20** will be required to have current subspecialty board certification in pain medicine or hospice and palliative care or board certification by the American Board of Pain Medicine or the American Board of Interventional Pain Physicians.

These amendments will permit pain physicians who have been providing care to chronic pain patients for three continuous years to apply for pain management clinic ownership. The rules strike a balance between enhancing the standards of pain medicine in Ohio and preserving access to care for patients being treated by physicians who have extensive experience in their care, but are not subspecialty board certified pain physicians. The pain medicine CME requirements will ensure all physicians providing care in pain management clinics are educated on the latest medical advances and treatment methods in their field.

The OSMA would like to thank the State Medical Board for resolving these important issues, specifically Mike Miller, Rick Whitehouse, Kim Anderson and Sallie Debolt. We greatly value the Board's hard work and understanding of the delicate balance of cracking down on rogue physicians operating pill mills and the need to preserve access to care for chronic pain patients.

Please visit *http://www.osma.org/tools-resources/public-health/prescription-drug-abuse/medical-board-rules* for a complete copy of the Medical Board's Rule, Ohio Administrative Code 4731-29-01, Standards and Procedures for the Operation of a Pain Management Clinic. It is imperative that you read the rule carefully to determine whether or not your practice qualifies as a pain management clinic. If you do qualify, please visit the Ohio State Board of Pharmacy's website by going to *http://www,pharmacy.ohio.gov/whatsnew* and downloading the application for pain management clinic licensure. Again, you must apply for a license with the Board of Pharmacy by **June 20** or otherwise face severe criminal and civil penalties.

If any OSMA member has any additional questions or needs additional information on this issue, please contact Jeff Smith at *jsmith@osma.org* or (614) 527-6740 or Jennifer Hayhurst at *jhayhurst @osma.org* or (614) 527-6766. For more information on this issue from the OSMA, visit *www.osma.org/prescriptiondrugabuse.*

HIPAA 5010 Conversion

All physicians, providers, and suppliers who bill Medicare Carriers, Fiscal Intermediaries (FIs), Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment MACs (DME MACs) for services provided to Medicare beneficiaries will be affected by the upcoming HIPAA 5010 Conversion. The implementation of HIPAA 5010 presents substantial changes in the content of the data that you submit with your claims as well as the data available to you in response to your electronic inquiries. The implementation will require changes to the software, systems, and perhaps procedures that you use for billing Medicare and other payers. So it is extremely important that you are aware of these HIPAA changes and plan for their implementation.

The Administrative Simplification Act (ASCA) requires the use of electronic claims (except for certain rare exceptions) in order for providers to receive Medicare payment. Therefore, effective January 1, 2012, you must be ready to submit your claims electronically using the X12 Version 5010 and NCPDP Version D.0 standards. This also is a prerequisite for implementing the new ICD-10 codes. The Centers for Medicare & Medicaid Services (CMS) will provide additional information to assist you and keep you apprised of progress on Medicare's implementation of HIPAA 5010 through a variety of communication vehicles. Remember that the HIPAA standards, including the X12 Version 5010 and Version D.0 standards, are national standards and apply to your transactions with all payers, not just with Fee-for-Service (FFS) Medicare. Therefore, you must be prepared to implement these transactions with regard to your non-FFS Medicare business as well. Medicare expects to begin transitioning to the new formats January 1, 2011 and ending the exchange of current formats on January 1, 2012. While the new claim format accommodates the ICD-10 codes, ICD-10 codes will not be accepted as part of the 5010 project. Separate MLN Matters® articles will address the ICD-10 implementation.

In preparing for the implementation of these new X12 and NCPDP standards, providers should also consider the requirements for implementing the ICD-10 code set as well. You are encouraged to prepare for the implementation of these standards or speak with your billing vendor, software vendor, or clearinghouse to inquire about their readiness plans for these standards.

To help answer questions, the CMS has provided numerous educational resources on their website, including a 5010 Reference Card and a Provider Action Checklist.

Thanks to NEO Health Connect for providing this information.

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Membership Choice Begins with 2012 Membership Year

At the 2011 OSMA Annual Meeting, the House of Delegates adopted a resolution allowing a membership choice for Ohio physicians beginning with the 2012 membership year. As a result, Ohio physicians will have the option to select how they want to participate in organized medicine -- with a combined membership in both the state and county medical societies, or membership in only the local county society, or membership in only the OSMA.

These changes are effective for the 2012 membership year. This means that 2012 memberships will be the first to fall under the membership choice model. For the Mahoning County Medical Society, dues billing for 2012 will begin in late August or early September and the membership choice will be reflected on those invoices. Billing will not change significantly. You will still receive your invoice from the MCMS showing the membership options and corresponding dues amounts. You may still remit your dues payments to the MCMS on one check (if choosing both the MCMS and OSMA).

Membership benefits that rely on county or OSMA membership will retain that requirement. For example, if you are participating in the AccuMedical Waste program or DocBookMD through the MCMS, you must retain your membership in the MCMS in order to continue participation. Physicians using member services such as The Doctors Company or OSMA-sponsored health insurance must remain members of the OSMA.

The OSMA Constitution and Bylaws were amended to:

1. Add a Direct Member category, allowing participation only in the nonvoting functions of the OSMA (i.e., this category will not have the right to vote in the House of Delegates or hold office).

2. Remove the mandate for joint state/county membership (this would not preclude county societies from maintaining this joint membership requirement in their respective county bylaws).

3. Allow any category of OSMA or member to serve on an OSMA committee. (The same would hold true for any category of MCMS member.)

4. Determine the number of delegates that represent the MCMS in the OSMA House of Delegates by including in the eligibility count both OSMA Direct Members and Active Members (joint state/county membership) in a respective county (retaining the current formula of one delegate for each 100 OSMA members or portion thereof). The MCMS currently has four delegates and four alternate delegates to the OSMA.

5. Allow participation of group practice administrators in the nonvoting functions of the OSMA.

6. Remove the joint state/county responsibility for dues billing, but allow for continuation of state/county billing arrangements. (This function will remain the same for all MCMS members.)

7. Retain OSMA disciplinary procedures for OSMA members, but remove the requirement for initial filing with the county medical society. This means that complaints filed against OSMA-only members will be forwarded directly to the OSMA for resolution. Complaints against county members will remain with the MCMS Committee on Judicial and Professional Relations.

Should you have any questions about this new membership choice, please don't hesitate to call the MCMS at 330-533-4880, or find answers to frequently asked questions at *www.osma.org/membershipchoice.*

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