



# MLCMS News Briefs

The monthly newsletter of the Mendocino-Lake County Medical Society

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## May 2010

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### **MLCMS board approves strategic plan and committee chairs**

At its April 29 meeting, the MLCMS board of directors approved a three-part strategic plan for the medical society that emphasizes membership recruitment, physician advocacy and community partnerships. The plan, which has been posted on the MLCMS website at [www.mlcms.org/resources](http://www.mlcms.org/resources), is largely based on results of a member survey conducted last year.

For member recruitment, the plan calls for active recruiting efforts from existing members, along with enhanced communications via News Briefs, the MLCMS website and various types of meetings and educational forums. The advocacy component includes physician training on legislative issues, improving contacts with local legislators, and informing local media about important medical stories. Finally, the community partnership component envisions improved public relations, more community education on health issues, and collaboration with other groups to promote community health.

At the meeting, the board also approved leadership for three MLCMS committees. Dr. Jay Joseph will chair the Health Careers Scholarship Committee, which awards scholarships to local high school students pursuing medical careers. Dr. Bruce Andich will head the Legislative Committee, which encourages physician participation in the legislative process. Dr. Robert Rushton will chair the Medical Review Advisory Council, which reviews factors influencing open professional liability claims.

Nonmember physicians interested in joining MLCMS should contact Rachel Pandolfi at 525-4375 or [rachel@mlcms.org](mailto:rachel@mlcms.org). Application forms are also available at [www.mlcms.org/join](http://www.mlcms.org/join).

**Cast your vote in the annual MLCMS election by May 31**

As a member of MLCMS, you are entitled to vote for MLCMS officers and board representatives, and for local representatives to the CMA House of Delegates. The following candidates will join the MLCMS leadership team, which includes President Mark Luoto, MD, and incoming president John Williams, DO.

To vote, print out the ballot below, then **sign** and **fax** to **525-4328** by May 31.

**MLCMS President-Elect - vote for one**

Bruce Andich, MD, internal medicine

Yes       No

**MLCMS Secretary/Treasurer - vote for one**

Jay Joseph, MD, radiation oncology

Yes       No

**MLCMS Board of Directors - vote for three**

Brian Hanson, MD, gastroenterology

Yes       No

Anne Tait, MD, emergency medicine

Yes       No

Robert Werra, MD, family medicine

Yes       No

**CMA Delegates - vote for two**

Bruce Andich, MD, internal medicine

Yes       No

John Williams, DO, internal medicine

Yes       No

**CMA Alternate Delegates - vote for two**

Aldis Baltins, MD, orthopaedic surgery

Yes       No

Richard Guthrie, MD, surgery

Yes       No

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**Signature** (required)

**MLCMS awards \$5,000 scholarship to Mendocino High School student**

The MLCMS Health Careers Scholarship Committee has awarded a \$5,000 scholarship to Hannah Rittiman, a senior at Mendocino High School who plans to pursue a career in medicine. The award will be presented at a ceremony at the high school on May 26.

Six applications from Mendocino County high school students were received for the award, which recognizes outstanding scholastic achievement and community work. Next year's competition will be open to students from both Lake and Mendocino counties.

### **Survey: Proposed Medicare cuts will likely decrease access to care**

A survey of North Bay physicians conducted in early April revealed that Medicare fee-for-service patients will likely have more difficulty accessing care if a proposed 21% physician rate cut takes effect. Almost 90% of the doctors who responded to the survey said they would reduce the number of new Medicare FFS patients they accept or simply stop accepting them altogether, should the rate cut go into effect.

Thirty-two doctors in Lake, Mendocino, Sonoma and Marin counties responded to the impromptu survey, which was prepared by the Alameda-Contra Costa Medical Association and conducted throughout the Bay Area. Results for other Bay Area counties are still pending.

About 40% of the North Bay respondents were primary care physicians, and the rest were specialists. Most were in solo practice or small groups, and three-fourths had been providing care to Medicare FFS patients for more than 10 years. On average, 43% of the patients in the respondents' practices were enrolled in the Medicare FFS program.

In addition to reducing the number of new Medicare FFS patients, about one-fourth of the respondents said the rate cut would also reduce their time for treating existing Medicare FFS patients. Another fourth said the cut would reduce the number of existing Medicare FFS patients they treat, and an additional 13% said they would stop treating existing Medicare FFS patients altogether.

The survey results will be used in the ongoing debate about repealing the Medicare SGR formula, the source of the proposed rate cuts. After the cuts nearly took effect in April, Congress delayed enactment until June 1. CMA and other physician groups plan to lobby Congress heavily during May in an effort to repeal the SGR formula once and for all.

### **CMA withdraws from Blue Shield doctor rating scheme**

CMA has withdrawn from a Blue Shield-led initiative to rate doctor performances because the insurer intends to move forward with publishing its ratings on June 1 despite flaws in data collection that result in gross inaccuracies.

"Publishing erroneous information will only serve to confuse patients, increase costs and unjustly destroy the reputations of many fine doctors," said Dr. Brennan Cassidy, president of CMA. "We are happy to stand on the merits of our work, as long as it is assessed accurately and fairly, but this initiative is far, far short of achieving that goal."

CMA worked for two years on the California Physician Performance Initiative (CCPI) with other stakeholders but pulled out in mid-April when Blue Shield indicated that it planned to ignore doctors' input and publish rating data before fixing flaws in performance assessment.

In a letter informing CPPI of its withdrawal, CMA said major problems include:

**Confusion for patients**, who may be unduly concerned if their physicians do not get a high rating or may be tempted to select a new doctor who has a high rating. Because the ratings will not be an accurate assessment of doctors' performances, they may cause confusion and anxiety for patients.

**More costs for payers and patients.** To receive high ratings, physicians will have to compensate for flaws in the reporting system, meaning some may have to order tests or procedures that have already been done but are not captured in claims data.

**Lack of adjustments for major factors affecting the patient.** For instance, physicians who don't order cervical cancer screening tests for their patients, even if the patients have already had hysterectomies, would get a lower rating.

**Lack of relevant data collection.** The ratings only capture patient data for physicians contracting with the insurer; none of the out-of-network care is reflected. For instance, if a patient sees an out-of-network OB-GYN for a pap smear and fails to inform her primary care physician, the PCP would be penalized because there would be no pap smear claims data submitted to the health plan.

**No consideration of the patient's role.** The ratings do not take patient refusal of treatment into account.

"We have worked in good faith with Blue Shield of California and the California Physician Performance Initiative," Cassidy said. "Unfortunately, the initiative's governing board, which is dominated by insurers, has chosen to ignore physicians' grave concerns about this inaccurate rating system. Blue Shield's ratings are defective and Blue Shield is exercising poor judgment to publish them."

Talking points about the CPPI initiative have been posted at [www.mlcms.org/resources](http://www.mlcms.org/resources).

### **New physician signage regulations take effect June 27**

California physicians will soon be required to inform patients that they are licensed by the Medical Board of California, and to provide patients with contact information for the MBC.

Despite CMA objections, the Office of Administrative Law recently approved signage regulations for informing patients about how to contact the MBC for information or complaints about California physicians. CMA believes these regulations are an unnecessary administrative burden because state law already requires physicians to post their medical license or wear a name tag indicating their licensing status.

The new regulations, which take effect June 27, require physicians to provide the MBC notice by one of three methods:

**Prominently posting a sign** in an area of their offices that is conspicuous to patients, in at least 48-point type in Arial font.

**Including the notice in a written statement**, signed and dated by the patient or patient's representative, and kept in that patient's file, stating the patient understands the physician is licensed and regulated by the MBC.

**Including the notice in a statement on letterhead**, discharge instructions, or other document given to a patient or the patient's representative; the notice must be placed immediately above the patient's signature line in at least 14-point type.

Regardless of which method you choose, the notice must read as follows: **NOTICE TO CONSUMERS: Medical doctors are licensed and regulated by the Medical Board of California, (800) 633-2322, www.mbc.ca.gov.**

According to the MBC, physicians, not facilities, are responsible for compliance with this regulation. In group settings, only one sign must be posted (should that option be chosen), but it must be posted in a location where it can be seen by all patients.

A sample MBC sign is available at [www.mlcms.org/resources](http://www.mlcms.org/resources). For more information, visit [www.mbc.ca.gov](http://www.mbc.ca.gov).

## EVENTS

Easter Seals Northern California is sponsoring an all-day **Physician Symposium** on Saturday, May 15, at the Petaluma Community Center. The topic is developmental and behavioral screening in primary care. Presenters include Dr. Barbara Bennett, a professor of pediatrics at UCSF, and Dr. Maria Pilar Bernal, chief of autism spectrum disorder services at Kaiser Permanente. The symposium offers 5.75 hours of CME. To register, visit [noca.easterseals.com](http://noca.easterseals.com) or contact Cindy Fasano at 415-382-7450 or [cfasano@noca.easterseals.com](mailto:cfasano@noca.easterseals.com).

## RESOURCES

The May issue of **CMA Practice Resources**, a free monthly e-mail bulletin, is available at [www.cmanet.org/news/cpr](http://www.cmanet.org/news/cpr). The new bulletin includes articles on reporting unfair payment practices, knowing your rights for timely payments, and other tips and tools for improving practice efficiency and viability.

The **American Lung Association** is asking physicians to sign a petition supporting advanced clean cars in California. The proposal is intended to improve air quality and reduce petroleum consumption. For the petition and more information, visit [Medical Professionals Pledge Support for Clean Air](#) on the ALA website.

## APPLICANTS

**Michael Carnevale, DO**, Internal Medicine\*, Adolescent Medicine\*, 333 Laws Ave., Ukiah 95482, 472-4610, Fax 468-9058, Texas Coll Osteo Med 1989

\* board certified

## CLASSIFIEDS

### Physician consultant needed

Physician Consultant needed in Ukiah 20 hours per week under contract to provide consultative and interpretive medical services related to assessments and program planning for individuals with developmental disabilities in Mendocino and Lake Counties. Responsibilities include: participate as a member of the agency's eligibility team; provide medical consultation regarding requests for services; provide education for consumers, their supporters, agency staff and service providers; participate in various agency committees and processes; act as a liaison between the agency and the medical community; and assist with the development and advocacy of medical care for individuals with developmental disabilities in the community. There are no direct patient care responsibilities. Successful candidate will be able to perform as a team member; exercise sound clinical judgment; render timely and appropriate decisions; possess thorough follow-up skills; work independently with minimal supervision; and have excellent verbal and written communication skills. Experience in providing care for individuals with developmental disabilities, preferably in pediatrics, is desirable. Send cover letter and resume to Director of Clinical Services, 525 2nd Street, Suite 300, Eureka, CA 95501, or to [pokey@redwoodcoastrc.org](mailto:pokey@redwoodcoastrc.org).

**Locum tenens physician available**

Family practice, occ med, urgent care. Part/full-time. Fluent in Spanish. 415-601-7858.

**Reimbursement specialist**

Get paid faster, save money. Claims processing, patient payment plan, help with Medicare compliance, coding. [www.revenuerecoverynetwork.com](http://www.revenuerecoverynetwork.com).

**How to submit a classified ad**

To submit a classified ad for MLCMS News Briefs, contact Nan Perrott at [nperrott@rhscommunications.com](mailto:nperrott@rhscommunications.com) or 707-525-4226. The cost is one dollar per word.

**ABOUT MLCMS**

The Mendocino-Lake County Medical Society, a 501(c)(6) nonprofit association, supports local physicians and their efforts to enhance the health of the community. Founded in 1938, MLCMS is affiliated with the California Medical Association and the American Medical Association.

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