



President's Message: The Law and How it Affects Medicine

"Roll out those Lazy, Hazy, Crazy Days of Summer." When Nat King Cole took that old song all the way to #6 on the charts in 1963, Medicare was just a dream in our country. But, in 1965 Congress made a significant addition to the Social Security Act of 1935 by approving a health insurance program for the "aged." In 1965, indeed people over the age of 65 were probably considered pretty old. I do take exception to that "aged" designation, since I am only eight years away from it and not ready to be lumped into that group yet. But, neither am I so young that I don't have some perspective on how things have changed for physicians and the practice of medicine over the last four decades.

I somehow keep coming back to this theme of "change." I have written about it before in this column in reference to the development and evolution of hospitalists systems, and at that same time the healthcare reform bill was still pending. But now that the Patient Protection and Affordable Care Act has passed through Congress and signed into law by the President, we can begin to anticipate some of the changes that will affect us as providers of care and our patients.

Here are a few highlights from the bill, actually a very small sample compared to the enormity of this bill, and a few comments:

The bill creates an Independent Payment Advisory board that, beginning in 2014, will recommend spending cuts for Medicare. The concern for physicians here is that hospitals, hospices and clinical labs will be exempt from the spending cuts, presumably putting the burden of the cuts on physicians. So, it's "pay me now" (SGR cuts at the end of this year to the tune of up to 30%), or "pay me later" if this Advisory Board cuts Medicare spending in 2014, or both.

- The bill has provisions for several pilot programs. One of them is a plan to bundle Medicare payment for episodes of care, similar to DRGs in the hospital. But, the episode of care would begin three days before hospitalization, and continue for thirty days after discharge. The question remains who will receive the payment and how will it be dispersed? It appears that a physician would be advised to align, or at least collaborate, with a hospital or larger system since most likely the larger organization would receive the payment and control the cash flow. But clearly details like that are still to be worked out. There is also encouragement of Accountable Care Organizations in the bill, and similar issues with cash control and flow would arise.
- Other pilot programs include a limited Medical Home pilot

that focuses only on patients with chronic diseases and the creation of an Innovation Center within the Center for Medicare and Medicaid (CMS) to test, evaluate, and expand in CMS different payment structures and methodologies in order to reduce costs without sacrificing quality. A significant part of the bill does encourage "comparative effectiveness research," and it would be logical to assume that somehow payment may be linked to the resulting guidelines. Although I agree that reducing unnecessary variation in healthcare is a good goal, we must be careful not to stifle the art of medicine and the appropriate application of professional judgment.

- The most notable, or notorious, provision of the bill is the requirement that US citizens and legal residents have qualifying health coverage by 2014. Those without coverage would pay a tax penalty that phases in over three years up to a maximum of \$695 per year by 2016. I agree totally with the idea of getting all Americans on some sort of health insurance coverage. The problem here is that we currently don't have enough primary care physicians to take care of all the people who will suddenly have coverage. This experiment has already been tried in Massachusetts where individual insurance is mandatory, and the result has been an increase in emergency room usage and more rapidly increasing health insurance rates, such that the state is considering capping insurance premium increases severely. And a number of states, ours included, plan to test in court the constitutionality of this mandate to buy insurance.

There are many other provisions in this bill that are beyond the scope or space of this column. Other smarter people will be analyzing and commenting on the many facets of this gargantuan law. There is much included in the law about restrictions and regulations on health insurance providers, a large expansion of Medicaid for those meeting income level requirements, and it even spells out bronze, silver, gold and platinum benefit tiers of insurance products that will be required to be provided. To learn more I recommend visiting the Kaiser Family Foundation website for an excellent summary of the law.

Disappointingly, but not surprisingly, the bill only touches

What that means is that there are a lot of regulations coming, and a lot of power being placed in the hands of the Secretary of Health to control our industry. As Medicare goes, so goes most of the industry.

Continued on page 3

on tort reform, but does provide a relatively small amount of money in grants for states to do some demonstration projects exploring alternative dispute resolution. The bill does attempt to expand graduate medical education and makes a stab at paying primary care doctors a little bit more for care of Medicare patients. It isn't enough to encourage more medical students to go into primary care.

I came across a statistic that says something else about this new law: more than 4000 times in this bill are written the words "the Secretary shall....." What that means is that there are a lot of regulations coming, and a lot of power being placed in the hands of the Secretary of Health to control our industry. As Medicare goes, so goes most of the industry.

What the bill does not address at all, as far as I can tell, is the lack of transparency in what healthcare really costs at the patient/provider level. We hear globally what healthcare costs in our country, and how it compares to spending by other countries. But, patients don't know what their own healthcare services cost.

Most doctors don't know the costs of the services and the tests they order. Consider the scenario where our system was set up so that there is more transparency of what the actual costs of healthcare are, and both patient and provider have some responsibility for how the money is spent. Rather than blindly assuming that my health insurance will cover the tests ordered by my doctor no matter what they cost or for what reason they are being done, instead my doctor and I would be aware of what the costs are ahead of time and agree on the cost/effective reasoning for doing the tests based on good evidence. Now, that would be a real change, and it would have a real chance of reducing what we spend on healthcare in this country.

*By Gary Knox, MD
SCMS President*

Medical Referral Line

One of the many benefits the Spokane County Medical Society offers to its physician-members is our Medical Referral Line. This service allows SCMS staff to support area medical practices by providing names of physicians accepting new patients to community members who are searching for a physician. Our

sincere thanks to those of you who are already members of our Medical Referral Line!

We are in need of more physicians to whom we can refer patients. Wouldn't you like to be part of this service, which assists both the physician and the patient? Is your practice able to

accept new patients? If so, please let us know by calling 325-5010, and we'll fax you a Medical Referral Update form to complete and return.

We welcome physicians in all specialties, but our greatest need is for primary care physicians – especially those who accept Medicare and/or Medicaid!

Health IT Workforce Program

Bellevue College is the lead agency for a 10-state Community College consortium that has recently received funds through the Health Information Technology for Economic and Clinical Health Act (HITECH) to support certificate level informatics training. Part of the Health IT Workforce Program, the goal of the Community College consortium will be to educate health information technology professionals to facilitate the implementation and support of an electronic health system. According to David Blumenthal, M.D., the National Coordinator for HIT, the funds will "establish or expand medical health informatics education programs to ensure the rapid and effective utilization and development of health information technologies." \$6.1 million in program awards will help Consortium members to create a strategically skilled workforce in healthcare information technology without having to earn a degree. The goal for the two-year Washington State program is to enroll, train and place 300 Health IT learners to serve in the following roles:

- Practice workflow and information management redesign specialists
- Clinician/practitioner consultants
- Implementation support specialists
- Implementation managers
- Technical/software support staff
- Trainers

For more information from the lead agency on their new Health IT distance-learning program please go to <http://bellevuecollege.edu/informatics/> or contact Patricia Dombrowski at patricia.dombrowski@bellevuecollege.edu. Locally, Spokane Community College is also a participant in the Community College consortium-training program at <http://www.scc.spokane.edu/> or contact Melanie Endicott, MBA/HCM, RHIA, CCS, CCS-P - Program Director, Health Information Management - Spokane Community College - 1810 North Greene Street, MS 2090 - Spokane, WA 99217 - Phone: (509) 533-7305 - Fax: (509) 533-8621. Email: mendicott@scc.spokane.edu

Managing head injuries in student athletes - The Lystedt Law

A recent piece of legislation that has had significant impact on Primary Care physicians is Engrossed House Bill # 1824, otherwise known as the Zachery Lystedt Law. This basically states, "A youth athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider." Unfortunately, there is no standard approach to managing concussion, and therefore no organization to 'certify' that someone has expertise with managing head injury in student athletes. As a Sports Medicine specialist, and Team Physician for the Spokane Chiefs, and Gonzaga Prep football team, I deal with concussions on a regular basis. I thought it might therefore be instructive to review the evaluation and management of head injuries in young athletes.

Concussion is a transient neurologic condition, resulting from a blow to the head or body, with no structural changes in the brain. Loss of consciousness is not necessary, and does not imply a more severe head injury. It is simply like hitting [Ctrl] [Alt] [Del], and rebooting your 'computer'. The symptoms we see are related to the brain's inability to process information correctly, and include memory deficits, sleep disturbance, mood changes and feeling slow or mentally 'foggy'. It takes about 5-8 days for the brain to return to normal, at which time the symptoms will clear. Unfortunately, a second injury during this vulnerable period can result in permanent neurologic damage, or death.

Treatment begins by recognizing the signs and symptoms of a concussion, then removing the athlete from play [Signs + SX of Concussion / see below]. If there are significant neurologic deficits, a CT scan may be indicated to rule out more serious head injury. The neurologic exam will usually be normal, except for cognitive deficits and impaired balance. This may be tested by having the athlete stand with one foot in front of the other, and hands on hips, to see if they can maintain this position for 20 seconds with their eyes closed. More than two corrections during that time period are considered abnormal.

Within 3-5 days, symptoms will clear for most athletes, and they will want to return to play. If a practitioner does not have access to more sophisticated tools, such as the ImPACT neuropsychological test, I feel it is safe to allow return to practice 7 days after symptoms completely resolve. This should be a gradual return, and assumes that the athlete has no increase in symptoms, as they progress through the stages. The program basically includes light aerobic exercise, weight-training, sprinting, non-contact practice,

full practice, and finally return to play. At any stage, if the athlete begins to experience symptoms, they should stop the workout, and drop back one stage the following day. If anyone would like to discuss this article, ImPACT testing, or 'Return-to-Play' criteria, please contact me at 487-4467.

P.Z. Pearce, M.D.

Champions Sports Medicine

Observable Signs:

- Lack of Coordination
- Slurred speech
- Blank or vacant stare
- Difficulty keeping eyes open
- Disorientation
- Delayed VERBAL response
- Delayed Motor response
- Easily distracted / Can't focus
- Emotions out of control
- Repeating the same question

Symptoms:

Presence of any of the following signs & symptoms may suggest a concussion:

- Loss of Consciousness
- Feeling slowed down
- Seizure or Convulsion
- Feeling like "In a Fog"
- Amnesia
- "Don't feel right"
- Headache
- Difficulty concentrating
- Pressure in head
- Difficulty remembering
- Neck pain
- Fatigue or low energy
- Nausea or Vomiting
- Confusion
- Dizziness
- Drowsiness
- Blurred vision
- More emotional
- Balance problems
- Irritability
- Sensitivity to Light
- Sadness
- Sensitivity to Noise
- Nervous or anxious

Join The Pumpkin Ball's Healthcare Honor Roll

For a donation of \$500 or \$1000, local healthcare professionals can become part of The Pumpkin Ball's Healthcare Honor Roll. Members receive recognition in the event program, and on the website and Facebook page, as well as a placard to display in your office. The Pumpkin Ball, scheduled for October 23, is a collaboration between Sacred Heart Children's Hospital and the Vanessa Behan Crisis Nursery. Funds raised are used, in part, toward the improvement and expansion of pediatric emergency care. Visit www.thepumpkinball.org or call 474-2819 for more information.