The Legislative Breakfast

The Baltimore County Medical Association invites you to

The Annual Legislative Breakfast

Meet and Speak with your Legislators
Ask Questions and Voice your Concerns

Friday, December 4, 2015—7:30 a.m.

The Conference Center at Sheppard Pratt
6501 North Charles Street Towson, Maryland 21204

*Please RSVP by Wednesday, December 2, 2015*

As always, please feel free to contact the Baltimore County Medical Association by phone at 410.296.1232 or via email to bcma@medchi.org

_____ I would like to attend the Legislative Breakfast on Friday, December 4, 2015

_____ I will bring the following guest (s):

Name: ________________________________

Contact Number: ______________________

Please send this invitation back to us by:

Mail: Baltimore County Medical Association
1211 Cathedral Street
Baltimore, Maryland 21201

Email: bcma@medchi.org or Fax: 410.727.5967
Screening Tests, Epidemiology and the Individual

Screening tests are ever increasing, whether it is a radiologic screening test such as Chest CT for lung cancer screening, screening mammography for breast cancer detection, or screening blood tests, such as PSA for prostate cancer detection. There are numerous other blood tests, with markers for numerous cancers.

Screening tests offer an opportunity for the detection of cancers at their earliest stage, thus decreasing the morbidity of cancer treatment and increasing survival. As new treatments for many types of cancer emerge, early detection becomes even more important, as new and more effective treatments are available. However, screening tests are not without cost, both in terms of monetary cost and false positive examinations, and in terms of cost for additional testing and anxiety for the patient.

The role of the medical and scientific professions of medicine and epidemiology is to determine the benefit to risk ratio, namely, is the test worth it, when and for whom? The US Preventive Services Task Force (USPSTF) has been tasked with this determination and it is now tied to mandated insurance coverage in the Affordable Care Act (ACA). Ideally, such investigations would be performed without bias as to a targeted outcome and would use only the highest quality scientific data available.

Epidemiological studies, in their purest definition, would be carried out with perfect data, in order to determine the studies with the greatest benefit/risk ratio. Even in the ideal scenario, a threshold must be drawn, so there is subjectivity to the ideal benefit/risk ratio. However, data itself can be the confounding variable. Big data is everywhere and many studies are performed which are lacking, either in the study algorithm, the quality of the equipment utilized in testing or in the population tested. Unfortunately, there may be inherent bias in the studies chosen in the determination of that benefit/risk ratio.

Recently, the USPSTF has published an initial recommendation for screening mammography for women in the 40-49 age group, with a grade of C, which does not mandate insurance coverage for screening mammography in this age group for those without risk factors. For women age 50-75, only screening every other year was given a grade of B.

In the case of screening mammography, the American College of Radiology believes that “the USPSTF limited its consideration of studies to those that underestimated the life saving benefits of mammography and greatly inflate overdiagnosis claims.” It also noted that “the USPSTF does not comply with Institute of Medicine standards, widely regarded as the medical standard.” It is widely acknowledged that, since the advent of screening mammography in the 1980’s, the mortality from breast cancer has decreased by 35 percent.

One out of 6 breast cancers occurs in women ages 40-49. Additionally, three-quarters of women diagnosed with breast cancer have no family history of breast cancer and are not considered high risk. These differing assessments by different medical/scientific entities is confusing and potentially dangerous to patients. It is uncertain whether USPSTF assessments are correct and whether the threshold for the known benefits of mammography compared to the risks of false positives and patient anxiety outweighs the risk of cancers detected later.

It is difficult for physicians to sift through this data to determine whether the correct threshold has been drawn as to whether our patients will need a screening test, and whether withholding the test could be deleterious to their health.

Recently, an acquaintance of mine was speaking to me about going through a difficult time in her life. She was just turning 40 and had personal family crises and almost did not get her first mammogram. Although she had no symptoms or family history, she went and received her first baseline mammogram. (because of the current screening guidelines for mammography)

She was diagnosed that week with breast cancer. I cannot help but say thank goodness she got her mammogram, that it was available to her and covered by insurance. Caught at an earlier stage, her chances for cure are excellent. Caught later, she would have had increased morbidity, and likely, more expensive and extensive therapy, with decreased risk of survival.

Here, epidemiology meets the individual, one that I know, and I can only hope that proper consideration is given when large entities are making decisions that affect patient lives.●
2016 Legislative and Regulatory Agenda For Maryland Physicians and Their Patients

The mission of MedChi, the Maryland State Medical Society, is to serve as Maryland's foremost advocate and resource for physicians, their patients and the public health. To that end, during the 2016 General Assembly Session, MedChi shall work on the following objectives:

AS AN ADVOCATE FOR PATIENTS:
DEFEND THE SCOPE OF MEDICAL PRACTICE SO PATIENTS ARE SEEN BY A PHYSICIAN: MedChi will fight to ensure that all patients have access to physicians and that physician extenders have appropriate training and physician oversight. Individuals newly insured through ACA implementation have placed unprecedented demands on the health care system as they seek medical care. It is critical that patients have access to physicians and that non-physicians do not use increased demand to inappropriately increase their scope of practice.

PROTECT MEDICAID AND THE UNINSURED: MedChi will work to incentivize physician participation and to protect the integrity of the Medicaid program, including advocating for full restoration of E&M payment to Medicare rates for all physicians who serve Medicaid enrollees.

ADDRESS NETWORK ADEQUACY: MedChi will support efforts to enhance the requirements and accountability of insurers with respect to adequate provider networks; the accuracy of provider directories; and fair formulary practices.

AS AN ADVOCATE FOR PHYSICIANS:
DEFEND PHYSICIAN RIGHTS: Med Chi will work to protect Maryland’s physicians by:
- Addressing laws which direct physician license fees to other programs;
- Monitoring the regulatory and disciplinary actions of the Board of Physicians;
- Addressing delays in obtaining CDS licenses from the Department of Health & Mental Hygiene; and
- Protecting and enhancing the integrity of the Prescription Drug Monitoring Program and its use by physicians.

STRENGTHEN MEDICAL LIABILITY REFORM: MedChi will continue to strongly oppose trial lawyer attempts to increase the “cap” on damages in medical malpractice cases and abolish the defense of contributory negligence. MedChi will continue to support efforts to establish a pilot project for specialized health courts; limit repeated continuances in medical malpractice cases; and otherwise work to protect and strengthen the legal liability environment for physicians.

ENHANCE PHYSICIAN PAYMENT AND INSURANCE REFORM: MedChi will continue its efforts to improve Maryland’s payment climate and reform insurance policies with these initiatives:
- Work to assure that gain-sharing and other payment mechanisms for incentivizing broad system reform are developed through a stakeholder process that includes physician participation and results in a positive impact on physicians;
- Prevent insurance carriers from effectively reducing payment via credit cards; and
- Prevent workers compensation insurers from limiting a physician’s right to dispense medications to an injured worker.

AS AN ADVOCATE FOR PUBLIC HEALTH:
PROTECTING MARYLAND’S CHILDREN: MedChi will support initiatives to protect children including:
- Initiatives to increase HPV immunization rates for children as recommended by the CDC;
- Childhood obesity initiatives that propose to reduce the consumption of sugary beverages and other unhealthy food choices;
- Continued efforts to ban minors’ use of commercial tanning beds; and
- Measures to strengthen child safety seat and young driver laws.

ENDING HEALTH DISPARITIES AND ADDRESSING HOMELESSNESS: Continued support of legislative and regulatory initiatives to reduce health disparities as well as initiatives to address homelessness, affordable housing and their impact on public health.

MAKING MARYLAND A TOBACCO FREE STATE: MedChi will advocate for continued increases in the Tobacco Tax in order to discourage smoking and to help fund Medicaid and re-store enhanced E&M payment for all physicians serving Medicaid enrollees. MedChi will also support legislation prohibiting the sale of tobacco products by businesses which provide health care or dispense medications.

CLIMATE CHANGE: MedChi will support the reauthorization of Maryland’s Green House Gas Reduction Act consistent with the consensus recommendations of the Governor’s Climate Change Commission regarding new goals and program structure. MedChi’s advocacy will remain in accordance with AMA policy on Climate Change.

CMS Extends Deadline for PQRS Informal Review Process

CMS is extending the 2014 Informal Review period. Individual eligible professionals (EPs), Comprehensive Primary Care (CPC) practice sites, Physician Quality Reporting System (PQRS) group practices, and Accountable Care Organizations (ACOs) that believe they have been incorrectly assessed the 2016 PQRS negative payment adjustment now have until 11:59 p.m. Eastern Time on December 11, 2015 to submit an informal review requesting CMS investigate incentive eligibility and/or payment adjustment determination. This is an extension from the previous deadline of November 23, 2015.

All informal review requestors will be contacted via email of a final decision by CMS within 90 days of the original request for an informal review. All decisions will be final and there will be no further review.

All informal review requests must be submitted electronically via the Quality Reporting Communication Support Page (CSP) which will be available September 9, 2015 through December 11, 2015 at 11:59 p.m. Eastern Time.

Please see 2014 Physician Quality Reporting System (PQRS): Incentive Eligibility & 2016 Negative Payment Adjustment - Informal Review Made Simple (available on the PQRS Analysis and Payment webpage) for more information.

For additional questions regarding the informal review process, contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or Qnet-support@hqalis.org Monday-Friday from 8 a.m. to 8 p.m. Eastern Time. To avoid security violations, do not include personal identifying information, such as Social Security Number or Taxpayer Identification Number (TIN), in e-mail inquiries to the QualityNet Help Desk.
Dr. Scott Krugman Named Pediatrician of the Year by MD AAP

Pediatrician and Baltimore County Medical Association member, Scott Krugman, M.D., received the pediatrician of the year award from the Maryland Chapter of the American Academy of Pediatrics. Dr. Krugman, chairman of pediatrics at Franklin Square Hospital, was awarded in part for his work in reducing low birth weight in Essex area and the southeast side of the county. He started a statewide performance improvement network in which pediatricians meet monthly to discuss best practices and championed the hospital’s "healthy baby' efforts.

He told the Towson Times that he thought it was in recognition of the state chapter and the Franklin Square pediatrics department, which has grown since he has worked for the hospital since 1998. Dr. Krugman, who is married and has two teenage sons, came to Franklin Square as one of its first staff pediatricians in 1998.

PLEASE BE SURE TO CHECK OUT, AND BOOKMARK, BCMA’S NEW WEBSITE!

PLEASE VISIT WWW.BCMAMED.ORG FOR ALL UPDATES, NEWSLETTERS, AND EVENT DATES.
YOU CAN EVEN REGISTER FOR EVENTS FROM THE WEBSITE!