

IMS Advocate

published by the Iowa Medical Society

July 16, 2010

Reference committee to meet

The 2010 IMS House of Delegates referred *Resolution 10-07: Need for Sub-Acute Psychiatric Beds* to the IMS Board of Directors. The resolution asks the Iowa Director of Human Services to reconfigure the state's mental health institutes to prioritize sub-acute inpatient capacity. The resolution seeks 50 percent of the current acute beds be reclassified as sub-acute.

A Reference Committee will hear testimony and make recommendations to the Board. The Committee will meet via teleconference Thursday, August 26, and will receive public input from 2:30-3:30 p.m. Contact Cheryl Peers at (515) 223-1401 or cpeers@iowamedical.org for more information, to request call-in instructions, or to provide written comments (due August 13).

DUR seeks physician feedback

The Iowa Medicaid Drug Utilization Review Commission (DUR) recently recommended Medicaid clinical prior authorization criteria changes. The DUR seeks physician feedback on changes for: 1) generic extended-release; 2) biologics for ankylosing spondylitis; 3) biologics for inflammatory bowel disease; 4) biologics for plaque psoriasis; 5) lidocaine patch; and 6) ProDUR quantity limits for Seroquel®. Review the DUR's letter at www.iowamedical.org. Send feedback by July 30 to enemmers@iowamedical.org.

Medicare physician fee schedule updated

On June 25, 2010, President Obama signed into law the "Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010." This legislation provided for a 2.2 percent update to the 2010 Medicare Physician Fee Schedule (MPFS) effective for dates of service June 1, 2010, through November 30, 2010. On July 14, WPS Medicare posted fee schedules that reflect this increase. Also on June 25, CMS displayed the Proposed Rule regarding the 2011 MPFS; this rule was subsequently published in the July 13 *Federal Register*. To view an AMA summary analysis, go to www.ama-assn.org/ama1/pub/upload/mm/399/hsr-cms-proposed-medicare-reg.pdf.

The fight over Medicare physician payment is not over for the year. Without further congressional action, Medicare fees will be reduced by roughly 23 percent on December 1, 2010, and then by an additional 6.1 percent, as called for in the proposed rule. IMS continues to advocate for geographic equity in Medicare and a permanent solution to the flawed Medicare physician payment formula.

IBP proposes more pharmacist-delivered immunizations

The Iowa Board of Pharmacy (IBP) has been working with the Board of Medicine and professional societies to expand the existing authority of pharmacists to provide immunizations. Currently, a pharmacist who is "authorized" can administer flu and pneumococcal immunizations to adults pursuant to written protocol with a physician or to an adult patient for other vaccines as prescribed by a physician. To be "authorized," a pharmacist must meet specified training or certification requirements set forth in rule.

The proposed rule would permit an authorized pharmacist to administer vaccines in three situations: 1) via physician order for an individual patient, regardless of age, so long as the vaccine is on the immunization schedule of the CDC's Advisory Council on Immunization Practices; 2) via written protocol set forth in rule for administration of seasonal influenza and pneumococcal vaccines for adults and for children ages 10 or above; and 3) via written protocol for influenza and pneumococcal vaccines to be administered to any person over the age of six months for purposes of treating or preventing an epidemic or pandemic. The written protocol must be with an authorized pharmacist within the physician's local provider service area and with whom the physician has a working relationship. The physician must be available to the pharmacist via telecommunication or through a back-up physician. The new rule eliminates the need for an authorized pharmacist to report vaccine administrations to the patient's treating physician; instead, the rule directs pharmacist reporting to IRIS.

IMS agrees with the categories and conditions for administration of immunizations by authorized pharmacists but does not support immunization reporting only to IRIS. IMS believes the patient's treating physician must be informed. Comments on the proposed rule are due to the IBP by 4:30 p.m. on July 30.



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CMS sets effective date for radiology services disclosure

Some providers offer high-end radiology services – such as CT, MRI, or PET – within their practice under the Stark law’s in-office ancillary exception. CMS has stated that beginning January 1, 2011, practices that refer patients for these high-end radiology services within their own offices will be generally required to disclose to patients that the services also are offered by other suppliers in the area.

CMS details processes for giving disclosure to patients that must: 1) be a written notification that can be understood; 2) be given at the time of referral; 3) state that the patient may obtain the services from a person other than the physician or physician’s group; 4) include a list of other suppliers (i.e., physician, facility, or other entity), but **not** other providers of services (i.e., hospitals); 5) list suppliers located within a 25-mile radius of the referring physician’s office location at the time of referral (*not* the patient’s residence); 6) include no fewer than 10 alternative suppliers unless fewer than 10 are located within the 25-mile radius; in which case, a supplier list is unnecessary but patients must still receive written notice; 7) provide name, address, telephone, and distance from physician’s office for each listed supplier; 8) have no disclosure exception for emergencies or time-sensitive testing; and 9) document disclosure with a patient signature and keep disclosure in the patient’s medical record.

CMS is soliciting comments on whether designated health services other than CT, MRI, and PET also should be subject to this patient disclosure requirement. The final rule likely will be released sometime in November.

IFMC can help Iowa physicians with “meaningful use” of EHRs

As part of legislation passed by Congress in 2009, CMS will soon incentivize meaningful use of electronic health records (EHRs) in medical practices. Beginning in 2015, practices who have not met these requirements will suffer financial penalties from CMS. Rules released July 13 further define what constitutes “meaningful use” of EHRs.

For a fee, IFMC, a Des Moines-based health care improvement organization, can help providers choose, install, and use EHRs through its Health Information Technology Regional Extension Center (HITREC). IFMC’s goal is to help more than 1,200 providers improve care through adoption and meaningful use of EHRs. IFMC is also hosting an e-health summit on August 5 in Altoona where meaningful use will be reviewed and discussed. Learn more about the summit and the services available through IFMC’s HITREC at www.iowahitrec.org.

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Des Moines, Iowa

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