



A NEWSLETTER FOR THE MEMBERS OF THE
OHIO MEDICAL GROUP MANAGERS ASSOCIATION

MedMANAGEMENT *Matters*

Volume 2 / Issue 1
WINTER 2011

Message from the *President*



Ohio MGMA President
William H. Thorner

We need leaders in practice management to navigate the challenges ahead of us. Many of our practices depend on government payers for a good part of their practice. One can look at the State Budget to realize that changes will be coming with the looming deficit. At the federal level, cost reductions are the order of the day. It is imperative for your practices to be prepared for the future.

There are many things you can do to position your practice for the future. I encourage you to take advantage of the Ohio MGMA webinars and to network with your colleagues. It is not a time to work harder but smarter. I find myself reaching out to colleagues to understand and learn what they do. This is an important step as practice managers position your practice for the future.

Please contact me or an Ohio MGMA Board Member if we can help you or your practice. My phone number is (513) 636-8879 or email at william.thorner@cchmc.org

Sincerely,

William H. Thorner
Ohio MGMA President

MGMA State Leaders Conference - Denver - February 11 & 12, 2011



P2 Board of Directors
Advertising
Purpose & Objectives

P3 Ohio MGMA
Meet the Board

P6 Building Your Practice
Without A Billboard

P8 Legal Compliance
REMS: Impact On Physician
and Pharmacy Practice

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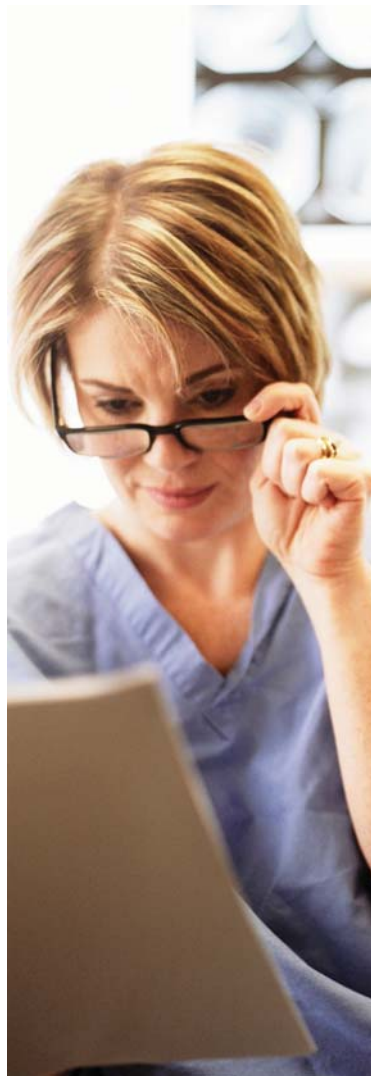
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MedMANAGEMENT *Matters*



MedManagement Matters

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Advertising

Advertising space is available for industry suppliers. For rates, ad specs and deadline dates for future issues please contact the Ohio MGMA office at (330) 621-4353 or by email at main@ohiomgma.com

A Call to Authors

Ohio MGMA welcomes the submission of articles and other information from our members for publication. To submit a potential article/information for the next issue please contact the Ohio MGMA office at (330) 621-4353 or by email at main@ohiomgma.com

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OHIO MGMA

Purpose & Objective

- To promote a program of mutual education in the field of medical group practice administration.
- To disseminate information of mutual interest.
- To improve administration in medical groups in order to serve the members of the Association, the medical groups they represent and medical group practice.
- To cooperate with other organizations having similar aims and objectives.

Ohio MGMA *Meet The Board*



Mike O'Brien, MHA, CMPE
Secretary, Ohio MGMA
Director, OSU Orthopaedics
The Ohio State University
Medical Center

Mike received his B.A. with high honors in Supply Chain Management at Michigan State University in Lansing, Michigan in 1997. After graduation, Mike moved to Seattle, Washington to work as a commodity manager and project manager for

AT&T Wireless. He assumed many key roles of increasing responsibility within the Angel Project, a research and development division whose goal was to bring phone and internet service to the home wirelessly. Mike's final position with AT&T Wireless, before furthering his formal education, was Manager of Base Station Commissioning which included 12 markets for 250 wireless antennae stations.

September 2002, Mike started his graduate program at The Ohio State University's Health Services Management and Policy in the College of Public Health. During the summer after his first year, Mike worked at MaternOhio as a Management Information Systems Analyst. Mike continued part time work with MaternOhio and aided in the successful deployment of EMR at a Columbus OBGYN practice.

June 2004, Mike graduated from The Ohio State University with a Masters in Health Administration. Mike served as Practice Administrator for Marysville OBGYN Inc, for six months before accepting a position as the Program Manager for OSU Orthopaedics at The Ohio State University Medical Center. In this role, Mike managed clinics for OSU Orthopaedics and OSU Sports Medicine. After a year as a Program Manager, Mike was promoted to Program Director and served in this role for two years. Mike managed OSU Orthopaedics and OSU Sports Medicine through a growth phase by doubling the number of physicians in the practices. In October of 2007, Mike was promoted to Administrator for the Department of Orthopaedics. As Administrator, he oversees the clinic and academic administration functions for the Department of Orthopaedics. He works closely with the Department Chair to ensure goals are established and achieved.

In May 2008, Mike earned his Certified Medical Practice

Executive (CMPE) designation from the Medical Group Management Association (MGMA). He is currently working toward his Fellow status in the American College of Medical Practice Executives.

In September 2010, Mike was elected to the Board of Directors for the Ohio Medical Group Management Association (OMGMA) where he serves as Secretary.

Mike is married to his high school sweetheart Shannon O'Brien who is an attorney practicing in Columbus, Ohio. Shannon and Mike reside in Columbus, Ohio with their son Jameson.



Kathy Pandolfo
Member At Large, Ohio MGMA
Business Director, Urology &
Plastic Surgery
Cincinnati Children's Hospital

Katherine (Kathy) Pandolfo is employed as a Business Director II at Cincinnati Children's Hospital Medical Center (CCHMC). Kathy has been at CCHMC for over 10 years and currently manages two surgical practices - Pediatric Urology and Plastic Surgery. Kathy

has a master's degree in nursing and business administration. Having both the clinical knowledge and the business skills has been very helpful to allow Kathy to understand, to plan and to manage each practice.

At CCHMC, Kathy is surviving the implementation of EMR, has purchased a surgical robot, works with physician and nurse practitioners and manages the business, clinical and research operations for her practices.

Kathy moved from New York to Cincinnati about 13 years ago and still carries a strong passion for two favorite teams - the New York Yankees and the Giants. Kathy lives with her husband, foster child and three cats. When not working, Kathy enjoys traveling (preferred destination is Maui), cooking, long walks, helping vulnerable kids attain a better life and visiting family in New York. Kathy has grown fond of Cincinnati and is happy to call Ohio home!

Ohio MGMA
2011 Annual Winter Conference
“Making cents out
of Change”

March 18, 2011
The Conference Center at
NorthPointe
Lewis Center, Ohio

Our last conference sold out.
Space is limited.
Register today!

Featuring National Speakers:



James A. Stroud, CPA
Partner, Warren, Averett, Kimbrough &
Marino, LLC

“Very insightful and motivating, good subject at a good time.”

“I needed this talk, I plan to make changes.”

“Always enjoy Jim. I always learn something new from him.”

Curtis A. Mayse, MBA, FACMPE, CPC
Principal, LarsonAllen



“Well done, informative, and helpful.”

“This was very good - keep it up.”

The Mary Alice Streeter Scholarship

Purpose:

The Ohio Medical Group Management Association (OMGMA) is a leadership organization dedicated to the continuous personal development of professionals in medical practice management through education. As tangible evidence of its commitment to this mission, the OMGMA offers a program of scholarship development and support which includes:

Scholarships Available:

- Undergraduate and/or Graduate Scholarships for individuals pursuing a degree relevant to medical practice management at accredited universities and colleges.
- Continuing Education Scholarships for individuals pursuing relevant professional development through attendance at conferences, workshops and seminars

sponsored either by nationally recognized professional associations or accredited universities and colleges.

Who Can Apply?

Preference in the selection of all scholarship recipients is given to individuals who either by past experience, current position or future plans demonstrate potential for contributing to the medical practice management profession.

Application Deadline

The completed application materials must be received by August 1st in the year you wish to be considered for. Any materials received after this date will not be considered.

For more information on the Mary Alice Streeter Scholarship and application materials, please visit our website at: <http://www.ohiomgma.com/scholarships.html>

Upcoming *Events*

Ohio MGMA Meetings

March 18, 2011

Ohio MGMA Annual Winter Conference "Making Cents out of Change"

The Conference Center at NorthPointe
Columbus, OH

September 16, 2011

Ohio MGMA Annual Fall Conference

The Conference Center at NorthPointe
Columbus, OH

Check out our website for information and registration on upcoming webinars for our members.

Ohio Local Chapter Meetings

North East Ohio MGMA

April 20, 2011

11:30am to 1:00pm

The North Canton Medical Foundation

For more information contact: Lisa Tavallali, ltavallali@gmail.com

Cincinnati MGMA

Spring Seminar

May 19, 2011

Check out the new website at www.mgmacincinnati.com for more information on Cincinnati MGMA meetings

Miami Valley MGMA

2011 Luncheon Meetings and Seminar Date

March 9, 2011 - William H. Freedman, Partner, and Mike S. Glassman, Partner, from Dinsmore & Shohl, LLP present, "*Current Health Care Laws and Legal Concerns*"

May 18, 2011 - Craig Self from ACHE presents "*Futurescan 2010, Healthcare Trends and Implications 2010-2015*"

July 13, 2011 - Sherie Shaffer, CPC-A, Operations Coordinator, Consulting Services at Ohio State Medical Association will be the speaker

September, 2011 - Annual Seminar (date TBD)

November 9, 2011 - Annual Officer Elections

WHEN: 11:00am ~ Registration, Networking and Buffet Lunch
11:30am ~ Meeting

WHERE: NCR Country Club, 4435 Dogwood Trail, Kettering, OH 45429

All members are encouraged to bring a guest (lunch fee waived for first-time guests). To RSVP for a meeting, please contact: Theresa York, MVMGMA Treasurer at shilohty2008@yahoo.com

Membership Reminder

Review and Update Your Membership Profile!

By checking and updating your Ohio MGMA Membership Profile periodically, it will ensure we have your proper contact information.

We need your current contact information so that you receive the most out of your Ohio MGMA membership as we send out industry information, updates for new job board posts, educational opportunities and information on our planned events.

Instructions:

- go to www.ohiomgma.com
- select "Directory" from the toolbar on the top of the homepage
- login with our username and password (contact our office if you need help remembering: main@ohiomgma.com)
- find your name and review your profile
- update your profile as needed, by emailing correct contact information to: main@ohiomgma.com



Ohio
A State Affiliate

Building Your Practice Without A Billboard

Marketing and sales tend to be very taboo among physicians. There is a stigma around the idea of "selling" themselves. Often, the term "marketing" is misconstrued as "advertising," which is very costly and only one part of the marketing mix. Marketing means that you are growing your practice by providing services that satisfy the needs of your patients and by communicating your services in ways that maintain your patient base and bring in new patients.

So if you think you're not marketing, think again... you are!

Something as seemingly commonplace as a patient making an appointment is an opportunity for a patient to have a positive experience and spread the word about your practice. Call it "marketing," call it the "patient experience" or call it "practice promotion." Regardless, your marketing mix should be a combination of activities — there isn't one magic bullet.

Getting the best bang for your buck

Advertising — whether in the newspaper, on billboards or on radio and television — is the last strategy to consider in a marketing plan because it is expensive. It can consume an entire promotional budget and will not give you the consistency and traction needed over the course of a year. Costly-but-simple is not a formula for success. Neither is cheap-but-ineffective. Physicians need to think of their practices as small businesses, and they need to maximize what dollars they have. There are many promotional activities physicians can do on a small or low budget that when combined have high impact and are effective.

But before you think about a plan to launch those activities, it helps to understand your long-term practice goals. Everyone would like to see their revenues grow but getting there is in the details. The first thing to do is set reasonable goals that can be measured. Most practices want to increase patient retention, bring in greater numbers of new patients and increase referral rates.

Give yourself a timeline to meet your goals so you stay on track with your plan but ask yourself the following questions first before developing your plan. The answers will help be your roadmap as to the types of activities you will use to reach out to existing and prospective patients.

- Where do your patients live?
- How old are your patients and are you looking to

- expand a certain age group or demographic
- How are your patients referred?
- How long do your patients stay with your practice?
- How do your office hours compare to your competitors?
- How easy and convenient is it for patients to make appointments? (Do you offer same day appointments?)
- Do other offices communicate electronically?
- Does your competition offer services in the office versus off-site?
- Are you no longer taking new patients or a particular insurance plan?

All of your promotional activities need to work together over time and be consistent. One place to start is with marketing collateral, which includes everything from your practice brochure, patient education materials, physician bio, business cards and stationery. Every practice should have a brochure that really explains what they do, their specialties and any special procedures that they perform or other information that would be of interest to your target audience. This is your opportunity to differentiate your practice from your competitors and educate your patients and prospective patients on the unique services you offer. Display your brochures in your office and give one to all new patients. They can also be handed out at lectures, community days and any other events you attend. Ensure your brochures look professional by having them done by an experienced graphic designer and a professional writer who will make sure there is consistency in your message, colors, style and logo. This same look should be used in your business cards, stationery and patient forms. Remember this brochure represents your image to prospective patients.

Some other ideas that can help you bring in new patients include:

- Community events. Health screenings, program/event sponsorships, fundraising walks for an illness that is a particular interest of yours or expertise of your practice... all get your name known within the community and promote your practice in venues where you find your target audience.
- Speaking engagements. Look for opportunities to speak about patientfriendly health topics at schools, houses of worship, Chamber of Commerce meetings and the Rotary and other organizations. Hospitals are a great exposure point as well. Develop a presentation and contact your hospital's marketing department about getting on



Laura M. Nozicka

President/Healthcare
Marketing Consultant of
Fuzenology, Inc.

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their calendar of events. Attending a few of the more popular classes will give you a good idea of what attracts patients.

- Physician directories. Participate in your hospital's or medical association's online physician referral directory and keep your practice information up to date

Developing Referrals

Referral outreach is an important part of building any practice. Physicians who neglect to take advantage of their professional medical associations and hospital department meetings are missing out on a great opportunity to build relationships. When a physician refers a patient, follow up and send a thank you note. You will want to stay in touch with this referral source on a regular basis so that you stay fresh in his or her mind. A physician can also volunteer to write articles for his or her professional association. It will establish your expertise, credibility and help you gain new referrals. Then you can send a copy of the published article you've written to your referral sources along with a letter or email to maintain an ongoing relationship. Getting to know the physicians who are referring patients to you allows you to reach out to other physicians in similar specialties who are most likely to be potential referral sources. Of course, be sure your office provides excellent service to all those newly referred patients because they most likely will let your referral source know if the service is poor. If they do, you may have lost an important referral source.

Some other things you can do to help hold on to your patients and keep them coming back on a regular basis:

Use hold time effectively. When your patient is on hold, what do they hear? Dead silence, canned music, a local radio station? Services like IntelliSound (www.intellisound.net) or Illinois Audio Productions (www.ilaudio.com) can help you tailor a message that will promote your services and procedures.

Reminders. Do you send your patients postcards reminding them about upcoming annual checkups? Offer reminders for flu shots, vaccinations, screenings and annual checkups. If your office is really savvy and has collected email addresses, try sending reminders and important developments in health news and medicine via e-newsletters using Constant Contact or other electronic service.

Handling patient complaints. How your office handles complaints has a huge impact on patient attrition. Does your staff rationalize or get defensive in the face of a complaining patient? Train your staff to calmly listen to patient complaints. Make a serious attempt at fixing whatever the issue is. Take it as an opportunity to learn ways to improve your practice.

So, it is really possible to build your practice without a billboard!



The Right Pick

FOR MALPRACTICE INSURANCE COVERAGE

Get competitive physician malpractice insurance coverage with protection you can trust from "A" (Excellent) rated Professional Solutions Insurance Company.*

To learn more, call
1-800-718-1007, ext. 9172. You may also
visit www.psicinsurance.com.



* Malpractice insurance is underwritten by Professional Solutions Insurance Company, 14001 University Ave., Clive, IA 50325. Professional Solutions Insurance Company is rated "A" (Excellent) by A.M. Best for financial strength and operating performance. A.M. Best ratings range from A++ to S. ©2010 PSIC NFL 9172 ALL

LEGAL COMPLIANCE

REMS: Impact On Physician and Pharmacy Practice FDA's Latest Drug-Safety Implementation Initiatives



**Ned Milenkovich,
PharmD, JD**

Member at McDonald Hopkins LLC, where he chairs the Drug & Pharmacy Practice

E-mail him at nmilenkovich@mcdonaldhopkins.com or call 312-642-1480

REMS is an acronym for Risk Evaluation and Mitigation Strategies. It originated in the Food and Drug Administration Amendments Act of 2007, a law passed by Congress and former president George W. Bush, which gave the Food and Drug Administration (FDA) the authority to impose additional requirements for certain drugs and biological products before they can be prescribed and dispensed, to ensure the benefits of such products outweighed their risks to patients.

So what is a REMS? It is an FDA risk-management plan that applies to select prescription drugs and biologicals, and requires use of FDA mandated tools beyond routine labeling and dispensing of prescriptions for certain drugs and biologicals. The effect of REMS ripples down the supply chain to affect how physicians prescribe, and pharmacies dispense medication, even though the FDA has no regulatory authority beyond manufacturers. However, if a manufacturer does not comply with REMS requirements, the FDA can: (1) prohibit the drug from being introduced into the market so that a physician would be limited in prescribing, (2) find the drug to be misbranded and penalize the manufacturer, and (3) impose civil monetary penalties, if necessary.

The FDA has authority to require a REMS either during the pre-approval phase of a given drug or biological, or post-approval after it has already been in the market-place. Pre-approval REMS occurs before the drug or biological enters the market-place, if the FDA determines that a REMS is necessary to ensure that the benefits of the drug outweigh its risks to patients. Post-approval occurs if FDA becomes aware of new safety information and deems that a REMS is necessary. The law also requires a timetable for submission of an assessment to the FDA to determine the impact of a REMS.

When the FDA is considering whether to impose a REMS on a drug or biological category, it might take several factors into consideration. For example, FDA could review the size of the population likely to use a drug or biological, the seriousness of a disease, the expected benefit of a drug, the expected duration of treatment, the seriousness of known or potential adverse events, and whether the drug is a new molecular entity. A REMS initiative may include: (1) a MedGuide or patient package insert requirement, (2) a communication plan, or (3) elements to assure safe use (ETASU).

With respect to ETASUs, a REMS may require that physician prescribers and pharmacist dispensers of the drug or biological have certain training, experience, or certification before they engage in the prescribing or dispensing of a particular drug or biological. They may further require the drug or biological only be dispensed to patients with evidence of safe use, that a patient using the given drug or biological be subject to monitoring, or that a patient using the drug or biological be enrolled in a registry. The FDA could even require an implementation system if certain ETASUs are present.

With respect to opioids, the FDA informed manufacturers that a REMS will be required for certain drug products. The FDA has already held a series of meetings with stakeholders and solicited public comments to help with the development of opioid REMS. One example of an opioid REMS is for buccal soluble fentanyl which was approved by FDA with a REMS requirement. As part of the REMS, the drug may be obtained only through FOCUS, which is a restricted drug distribution program. Only those physician prescribers, pharmacies, and patients registered with FOCUS are able to prescribe, dispense, and receive it. Training and educational programming is provided to prescribers and pharmacists who wish to be engaged in the prescribing and dispensing of this drug. Also, patients receiving the drug will be subject to a counseling call before the drug is dispensed.

Through regulation of manufacturers, a REMS affects physician prescribers and pharmacists at the level of professional practice. As a result, it is imperative that both the medical and pharmacy community stay engaged in the FDA process of determining whether a drug is required to have a REMS, and if so, to what extent obligations will be imposed on physician prescribers and pharmacist dispensers before such a drug can be introduced in the marketplace. The law and regulations are still relatively new, but many drugs will soon be entering the marketplace with a REMS requirement that could impact day-to-day practice.

Ned Milenkovich, PharmD, JD is a member at McDonald Hopkins LLC, where he chairs the Drug & Pharmacy Practice. He is a member of the Illinois State Board of Pharmacy. E-mail him at nmilenkovich@mcdonaldhopkins.com or call 312-642-1480.



ACMPE Update



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Hello CMPE Member:

You joined ACMPE to be board certified in Medical Practice Management. Take the next step and become an ACMPE Fellow by either writing three case studies or a professional paper. As your ACMPE Forum Representative for the State of Ohio, I am available to help with you that effort.

Advancing to Fellow status (FACMPE) is the highest level of distinction you can earn in the medical practice management profession. It signifies:

- Superior standards of performance
- Professional competency
- Ongoing personal and professional development in the field

It encourages ongoing personal and professional development in the field. Fellowship also demonstrates your dedication to becoming the very best at what you do, as well as your willingness to pass your knowledge and insight along to others. Attaining Fellowship is the beginning of an exciting new era in your medical management career that holds:

- Greater professional respect and recognition
- Unparalleled leadership and mentoring opportunities
- High-profile speaking engagements and expert panels
- Requests for your unique perspective and opinions and much more.

2011 Deadlines to Become an ACMPE Fellow

- May 6, 2011 – Recommended outline deadline
- Aug. 26, 2011 – Final manuscript deadline*
- Oct. 2011 – ACMPE Convocation held in conjunction with the MGMA 2011 Annual Conference

Also, the Ohio MGMA is providing a special benefit for Ohio MGMA members who become fellows in 2011.

The Ohio Medical Group Management Association (OMGMA) Board of Directors has approved an effort to encourage ACMPE certified members (CMPEs) who are Ohio MGMA members to pursue ACMPE fellowship. Any Ohio MGMA member who achieves fellowship in 2011 and chooses to attend the MGMA National Conference in Las Vegas, NV, will have their registration fee reimbursed by Ohio MGMA. That's a

\$700 value to encourage members to pursue fellowship and walk the stage and receive an award from the Chairman of the ACMPE Board of Directors. ACMPE fellowship is the highest level of professional designation and an accomplishment that every medical practice manager should pursue. If you are not an Ohio MGMA member, you may go to the Ohio MGMA website at www.ohiomgma.com and complete a membership application. Also, at the Ohio MGMA Winter 2011 conference on March 18, 2011 in Columbus, OH, there will be a luncheon seminar for those interested in learning more about becoming a fellow in the College. Information about that program is also available on the Ohio MGMA website.

If you know of someone who is interested in pursuing fellowship in the College, please feel free to have him/her contact me for more information or go to the website www.mgma.com/acmpe/ for more information.

Share the good news about this wonderful opportunity in 2011 with your ACMPE friends and colleagues.

Make a difference for yourself in 2011.

HOT OFF THE PRESS!

New grant available to assist with continuing education expenses

Get help with continuing education expenses via a new grant designed to assist members pursuing certification and Fellowship.

The Richardson-Sargent Memorial Fund is a new scholarship fund that offers grants to individuals pursuing certification and Fellowship in ACMPE.

Grants available through this fund offer members interested in pursuing certification and Fellowship financial assistance to attend conferences, seminars and workshops. Members can request assistance to cover the cost of activities such as national MGMA conferences, state MGMA educational programs and more. The funding for these grants was donated to the ACMPE Scholarship Fund, Inc. (SFI) from the family of A. Leslie Richardson, a past president of ACMPE.

Visit the [scholarship area of mgma.com](http://scholarship_area_of_mgma.com) for more information on eligibility criteria and to apply. The application deadline is May 1, 2011.

Legislative Update



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As leaders of medical practice operations and administration, it has never been more important to be aware of the legislative activity that will impact your service to patients and support for your physicians. 2011 promises to be full of important initiatives that require your input to our legislators at a State and National Level. There are numerous health care amendments planned in the State of Ohio as well as nationally. So why should you get involved? The obvious answer is that given the budget deficit of \$8 Billion for the State and the national deficit, there will be changes. Unless you are content to take what comes, your voice and the collective chorus of your peers in the Ohio Medical Group Management Association are needed to provide substantive input on the legislation.

In this article I will focus on legislative activity occurring in our State. You can use Find A Bill Online with the Ohio General Assembly Bills On-Line website to locate bills by number, keyword, or sponsor.

On a State Level, there is HJR 2, Ohio's proposed Health Care Freedom Act (HCFA), and how it relates to the Patient Protection and Affordable Care Act (PPACA, commonly known as "Obamacare"). The Ohio Health Care Amendment may appear on the November 2011 ballot in the state of Ohio as a legislatively-referred constitutional amendment. The measure calls for exempting residents of Ohio from national health care mandates which would stop any state law from forcing persons, employers or health care providers from participating in a health care system. The measure was introduced by State Representative Ron Maag.

I have found two websites to be valuable resources regarding all of the PPACA / Obamacare lawsuits: healthcarelawsuits.org and acalitigationblog.blogspot.com.

Rep. Dennis Kucinich is among defenders of the health care law. One of its benefits "is to make sure that more of the health care premium dollar goes for, in fact, health care," the Cleveland Democrat said in an interview on CNN. "You have to keep in mind," he said, "that prior to the passage of the health care reform bill, one out of \$3, of every health care dollar spent, went for corporate profits, stock options, executive salaries, advertising and marketing, the cost of paperwork -- that was over \$800 billion a year -- didn't go for health care."

<http://politifact.com/ohio/statements/2011/jan/18/dennis-kucinich/rep-dennis-kucinich-claims-chunk-health-care-dolla/>

Ohio Health Care Legislation

You can find a list of all the health care bills that are pending or have been enacted in the 129th Ohio General Assembly which opened in January 2011. The links to the full text of the legislation and the most recently available analysis from the Ohio Legislative Service Commission are noted below.

Health Care Legislation Enacted in the 128th Ohio General Assembly 2009-2010

Go to Senate bills

The Ohio State Medical Society (OSMA) has an effective legislative effort for physicians, focusing on the business of medicine and helping doctors remain key in any patient care discussion. They have regularly presented legislative updates at our OMGA meetings. Their 'advocacy agenda' lists the key initiatives for that organization in 2011.

If you have the time and want to actually watch the legislative process in action without traveling to the statehouse, you can View live coverage of Ohio House and Senate sessions. No matter how you choose to get educated and stay involved, be sure you know who your representatives are and how to contact them. Use Find Your Legislator with the Ohio General Assembly On-Line website to locate your particular legislator by name, district or zip code.

SNEAK PEAK *Winter Conference Speaker*

At Last-- Your Time to Shine has Arrived

Among my clients, there are administrators who enjoy a mutual admiration posture with their physicians, and there are others who live in fear that their doctors may terminate them to reduce overhead. In every case, however, the desire to add value to the practice is true for all administrators. The biggest challenge is to add value in a fashion in which even the physicians can see and appreciate what you accomplished for them. That opportunity just got greater.

On January 5th of this year, an Oklahoma primary care practice became among the first in the nation to receive Stimulus funds from CMS for meaningful use of their EMR. The two-provider practice was presented with a symbolic check for \$42,500, with direct deposit funds to follow. These EMR use funds are just one of several sources of funds which can be generated as a result of your management planning, processes, and persistence.

Among our clients and roundtable participants, several have received payments for E-prescribing and for PQRI quality measure reporting. One administrator said that as soon as his group received the PQRI payment of more than \$70,000, his physicians wanted to know when they could expect another payment. One client received \$85,000+ relative to E-prescribing and is trying to decide whether to wait another year to begin the \$44,000 per physician Stimulus funds pursuit, because the meaningful use rules preclude

getting E-prescribe funds for the same year. That group will probably capture the E-prescribe money for 2011 and then register and attest to the meaningful use in 2012.

In addition, some insurance companies are paying premiums for the achievement of specific measurement metrics. In my home state, Blue Cross has begun to pay certain primary care providers an extra 5% on many codes if the physician achieves their quality, efficiency and patient satisfaction goals. The goals are reasonable and attainable. As our nation moves toward value based reimbursement models, all specialties can anticipate a portion of their payment to be contingent on similar performance criteria.

Securing these "incremental" funds will depend on something more than just treating patients. It will depend on the practice leadership deciding to pursue the new revenue (strategic planning); it will depend on the practice processes being modified to report on the required metrics (tactical implementation); and it will depend on the physicians and staff adhering to the processes as designed (practice administration). All three functions require your leadership, and success will hinge on your follow through. It is more necessary now than ever before that you network with your MGMA counterparts and use this situation to "shine". I look forward to seeing you on March 18th at the Ohio MGMA Winter Conference in Columbus to help in any way I can.



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