

# NEWSLINE

Published monthly for members of the Medical Society of the District of Columbia

## Maryland Legislation on Direct Billing of Anatomic Pathology Services is Clarified

The 2008 Maryland General assembly passed legislation effecting the direct billing for Anatomic Pathology services by physicians. The legislation, Senate Bill 602, prohibits any Maryland licensed physician or group practice from billing the patient directly for any of the 8800 pathology codes if the codes were not performed by the physician or the practice. The legislation has caused some confusion in the District of Columbia due to the language that follows: "A CLINICAL LABORATORY OR PHYSICIAN, A PHYSICIAN, OR A GROUP PRACTICE LOCATED IN THIS STATE OR IN ANOTHER STATE THAT PROVIDES ANATOMIC PATHOLOGY SERVICES FOR A PATIENT IN THIS STATE SHALL PRESENT, OR CAUSE TO BE PRESENTED, A CLAIM, BILL, OR DEMAND FOR PAYMENT FOR THE SERVICES...." The consensus among legal counsel who have reviewed this language is that "patient in this state" would require that the services be performed in Maryland. When MSDC queried the Maryland Board of Physicians, the Society was informed that no enforcement of the legislation was planned pending the outcome of related litigation. Your Medical Society will continue to monitor this situation and will inform the membership should there be any new developments.

## MSDC Officers Installed at November Gala and Annual Meeting; Past Presidents Honored

On November 1, 2008, 200 guests of the Medical Society attended the 2008 Annual Meeting and Awards Ceremony. For the first time in many years, this year's Annual Meeting was a black-tie gala that included entertainment and after-dinner dancing. During the business portion of the evening, Peter E. Lavine, M.D., a Washington Orthopedist, was installed as Society President while Stuart F. Seides, M.D. a Washington Cardiologist, was installed as President-elect. Joining the Board of Directors for 2009 will be Drs. James C. Cobey, Robert W. Keisling, and John W. Larsen, Jr. Re-elected as AMA Delegate and Alternate Delegate respectively were Drs. Carlos A. Silva and Laura L. Tosi. A complete list of the 2009 Board

of Directors may be found on the Society's web site. Outgoing Medical Society President Joseph E. Gutierrez thanked departing Board members Richard E. Green and Chiledum Ahaghotu for their service to the Society and to the profession. The evening also included the presentation of the Charles H. Epps, III Community Service Award to Laura L. Tosi, M.D., and the presentation of Certificates of Meritorious Service to Drs. Edward A. Rankin and Carlos A. Silva in recognition of distinguished service to the medical profession. A highlight of the evening was special recognition of all the Medical Society Past Presidents in attendance.



*MSDC recognized our distinguished past presidents, many of whom were in attendance, at the November Gala and Annual Meeting.*

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# Medical Society Family Violence Task Force Completes Busy Year

Under the very able leadership of Kim Bullock, M.D., the MSDC *Task Force on Family Violence* has continued its tremendous outreach at both the local and national level, providing expertise through its multidisciplinary membership to medical and cross-disciplinary professionals. The Task Force has continued its ardent collaborative work with the DC Department of Health, the DC Superior Court's Domestic Violence Implementation Committee, the Domestic Violence and Infant Mortality Review Committees, the AMA National Advisory Council on Violence and Abuse, local area acute care hospitals, all area medical schools and primary/specialty residency programs. Activities also included collaboration on training grants, US DHHS, Office of Women's Health (OWH), a CDC funded HIV/DV surveillance and educational project, numerous speaking engagements, and national recognition for its advocacy work in raising awareness and galvanizing individuals/organizations by the AMA National Advisory Council.

- (1) MSDC recognized for its work, and Chair, guest speaker, *AMSA Women's*

## *Empowerment Institute*

- (2) MSDC provided legislative support for the renewal of the *VAWA* federal grant funding
- (3) Members served on the DC Infant Mortality Review Committee, DC DV Mortality Review Committee, Mayor's Advisory Committee on Early Childhood Development
- (4) Member participation *Maryland Scholar's Speakers Bureau*
- (5) DC DOH *State Advisory Board for Traumatic Brain Injury*
- (6) Speakers at *11th International Conference on Social Stress Research*

Other abstracts pending at national conferences

- (7) Increasing MSDC Task Force medical student membership, with one pre-medical student member awarded an *Intramural Research Training Award (IRTA)*, and publication from her work as an *NIMH Mood and Anxiety Disorders Research Program Scholar, NIH, Post-Baccalaureate*. Same student member, recently accepted into the upcoming entering medical school class at Johns Hopkins Medical School.

## Electronic Medical Records...Blessing or Curse??

Use of electronic medical records (EMRs) in physician practices poses benefits as well as risks. It is important to consider potential liability risks associated with EMRs and ways to minimize these risks.

What's so great about Electronic Medical Records?

- Easier and faster review of patient information;
- Notification of completed lab reports and diagnostic studies for review;
- Reminders of required tests, labs, prescription refills, etc.;
- Alerts on medication allergies, drug contraindications, etc.;
- Reduction in storage space;
- Elimination of chart filing; and
- Networks that allow exchange of information between hospitals, physician practices, etc.

What's not so great about Electronic Medical Records?

- Alert fatigue (users become desensitized to alerts and respond by automatically overriding alerts even when they are clinically relevant);
- Plaintiffs' attorneys (and other attorneys) ability to subpoena metadata (e.g., how many revisions were made to the document, any deleted text, etc.);
- Decreased productivity (e.g., staff unaccustomed to the technology);
- Costly set-up, maintenance, and training;
- System failure (e.g., power outages); and
- Technical limits (e.g., use of drop-down lists that may not fully describe patients' medical conditions—as opposed to dictated reports).

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## 2009 Medicare Physician Payment Rule Published

On November 19, the Centers for Medicare and Medicaid Services (CMS) published a final regulation in the *Federal Register* on the 2009 Medicare physician payment schedule. The rule describes numerous changes that take effect in 2009, including: an across-the-board payment update of 1.1% as required by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA); a 2% incentive payment for reporting on Physician Quality Reporting Initiative (PQRI) measures; and an additional 2% incentive payment for electronic prescribing. In addition, the rule reflects the final phase-in of the most recent update to the geographic practice cost indices (GPCIs); the third year of the transition to revised practice expense relative values; changes in certain relative values due to adoption of RUC recommendations; and a shift of

the budget neutrality adjustment from the work relative values to the conversion factor.

When the various changes in payment rates for services are combined, those specialties estimated to benefit most, with an average 4% increase, include infectious disease specialists, psychiatrists and emergency physicians, followed by 2-3% increases for anesthesiologists, cardiac surgeons, colorectal surgeons, intensivists, family physicians, gastroenterologists, general surgeons, geriatricians, internists and several others.

Specialties experiencing average decreases of 1%-2% include allergists, cardiologists, oncologists, and nuclear physicians. No net payment changes are estimated for radiologists, urologists, ophthalmologists and orthopedic surgeons.

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# Improving Quality of Life for Medicare Beneficiaries: Two New Projects Launch in DC to Reduce Diabetes Disparities, Expand Use of Health Information Technology

By Nancy Jane C. Friedley, MD, Medical Director, Delmarva Foundation of the District of Columbia

You can help improve the quality of life for District of Columbia Medicare beneficiaries by working with the Delmarva Foundation of the District of Columbia, (DFDC) to reach CMS' goals of reducing health disparities and expanding the use of health information technology.

Most physicians provide appropriate services to their patients but it is not always easy to demonstrate to Medicare that the right service has been offered to every patient every time. DFDC, your local Quality Improvement Organization, (QIO) is under contract with CMS to assist physicians in documenting and reporting the

## Practice Management Benefit Available Now to MSDC Members

Medical Society Services and MSDC continue to offer a very useful service to MSDC members. The Society has partnered with the Healthcare Consulting Division of Snyder, Cohn, Collyer, Hamilton & Associates which will act as an Advisory Resource to MSDC members and their staffs who contact MSDC with practice management questions, carrier issues, billing & collection problems, and HR issues. These are usually 15-20 minute projects that may require some quick research, a phone call or two, or a need for forms, templates, or analysis tools. The cost of such a "project consultation" is included in your Medical Society membership. In addition, should your needs be more extensive, SCCH will offer a 10 % discount program to all MSDC members (new clients to SCCH) for the first healthcare consulting project requested.

For further information on these services please contact Maureen West McCarthy, CPA at (301) 652-6708 ext. 333, or the Medical Society at (202) 466-1800. MSDC encourages you to make use of this new Medical Society member benefit.

health care they provide.

DFDC is here to help you improve your rates of

- screening for breast cancer
- screening for colorectal cancer
- immunization against influenza
- immunization against pneumococcal pneumonia.

At no charge, DFDC will work with adult primary care practices that have implemented a Certification Commission for Healthcare Information Technology (CCHIT) Certified Electronic Medical Record (EMR) system to implement care management processes focusing on these four preventive services.

DFDC is also implementing a community-based project for Medicare beneficiaries with diabetes called Every Diabetic Counts. This program will:

- Provide Diabetic Self-Management Education (DSME) to Medicare benefi-

ciaries at NO cost to the patient or provider

- Market your participation in the DSME Prevention program to diabetics, their families, and care givers;
- Recognize your participation in the project through media exposure locally, regionally, and nationally;
- Provide you with on-site support for all facets of the program; and
- Assist your practice with the documentation required for the Physician Quality Reporting Initiative (PQRI) so you may be eligible to receive the maximum Medicare PQRI incentive payment

I encourage you to become part of this quality improvement journey.

For more information about this national initiative, contact:

Nancy Jane C. Friedley, MD,  
Medical Director  
friedleyn@dfmc.org or  
1-800-876-3362 or 1-410-872-9662

## The Centers for Medicare and Medicaid Services (CMS) Releases Additional Information to Assist Physicians with E-prescribing

"Medicare's Practical Guide to the E-Prescribing Incentive Program" is now available online. The guide explains Medicare's e-prescribing incentive program, how eligible professionals can participate, and how to choose a qualified e-prescribing system. To read or print the guide, physicians should visit: <http://www.cms.hhs.gov/partnerships/downloads/11399.pdf>.

Beginning on January 1, 2009, successful e-prescribers will receive a 2% incentive payment from Medicare. In 2011, the incentive payment will be 1% and beginning in 2012, providers who are not successful e-prescribers will be subject to a penalty. By adopting e-prescribing

through Medicare's program, eligible professionals can save time, enhance office and pharmacy productivity, and improve patient safety and quality of care while earning incentives from Medicare.

For additional information about e-prescribing, physicians can also visit:

- [www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI). Select "E-prescribing Incentive Program";
- [www.cms.hhs.gov/eprescribing](http://www.cms.hhs.gov/eprescribing). (for information on Part D e-prescribing standards that will be effective April 1, 2009); and
- [www.ehealthinitiative.org](http://www.ehealthinitiative.org) to download "A Clinician's Guide to Electronic Prescribing."

# Certification Commission Helps Physicians Choose Electronic Health Records

The decision to move from paper to electronic health records (EHRs) can be a daunting task. With more than 200 software products to choose from, it's hard to know which is best for your practice. And if you do find a product that you are considering purchasing, how can you be guaranteed that it meets certain standards?

The Certification Commission for Healthcare Information Technology (CCHIT®) was founded with the goal of helping physicians choose an EHR product

that's not only right for their practice, but that also fulfills expectations.

Since 2006, CCHIT, an independent, non-profit organization and a federally recognized certification body, has been inspecting and certifying EHR products.

All of the products that are CCHIT Certified are rigorously tested in the following areas:

- **Functionality** – the ability to create and manage electronic records for your patients, as well as automate the workflow

in your office

- **Interoperability** – the ability to receive and send electronic data to others such as laboratories and pharmacies
- **Security and reliability** – the ability to keep your patients' data private and secure

With these basic questions covered, your practice can spend less time "screening" a myriad of vendors, and more time comparing a smaller number of candidate products in depth.

CCHIT certification helps physicians make informed purchasing decisions for EHR products, ensuring that these systems can enhance the quality and efficiency of health care. Ultimately, all stakeholders – and especially patients – will benefit greatly from the widespread adoption of health information technology.

A list of certified products, more information about CCHIT and a Physician's Guide to CCHIT Certification is available at [www.cchit.org](http://www.cchit.org). For information about evaluating, selecting and implementing EHRs in your practice, go to [www.ehrdecisions.com](http://www.ehrdecisions.com).

## DC LICENSE RENEWAL NOTICE

**Please Read Carefully!**

**YOUR LICENSE WILL EXPIRE ON DECEMBER 31, 2008**

Government of the District of Columbia

Department of Health – DC Board of Medicine – 1-877-672-2174

To renew your license, go to the HPLA website at: [WWW.HPLA.DOH.DC.GOV](http://WWW.HPLA.DOH.DC.GOV)

Click on **ONLINE LICENSE RENEWAL** (MDs and Doctors of Osteopathy will also renew Physician Profiles and controlled substance registrations.)

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# The Physicians' Perspective: Medical Practice in 2008

Healthcare is an issue of vital concern to most Americans, and has been in the public conversation nearly every day for years. At a time when both major political parties are calling for expanded healthcare access and a new Presidential administration and Congress are preparing to address the issue, one crucial viewpoint has been largely overlooked: that of the physicians themselves.

How do physicians across the country see the medical practice environment? How do they feel about the state of their profession, and that of the industry at large? What plans do they have for the future of their individual practices? Do they believe there are enough of them to handle an influx of more patients?

The Physicians' Foundation determined to answer these questions, and many more, through one of the largest and most comprehensive physician surveys ever conducted in the United States. Its goal was to give physicians a voice, so that their thoughts, ideas and concerns might be better understood by policy makers, employers, insurance companies and the public at large.

Through responses provided by approximately 12,000 physicians nationwide that included more than 800,000 data points – as well as through written comments by more than 4,000 physicians – the survey offers a unique and valuable insight into the practices and mindsets of today's doctors.

The results paint a grim picture that could have drastic implications for the nation's healthcare debate:

- An overwhelming majority of physicians – 78% – believe there is a shortage of primary care doctors in the United States today.
- 49% of physicians – more than 150,000 doctors nationwide – said that over the

next three years they plan to reduce the number of patients they see or stop practicing entirely.

- 94% said the time they devote to non-clinical paperwork in the last three years has increased, and 63% said that the same paperwork has caused them to spend less time per patient.
- 82% of doctors said their practices would be “unsustainable” if proposed cuts to Medicare reimbursement were made.
- 60% of doctors would not recommend medicine as a career to young people.

Combine these statistics with recent studies showing that medical schools are graduating fewer and fewer students who will choose to become primary care doctors – and the future for both physicians and their patients seems uncertain at best.

In the years ahead, the condition of America's primary care doctors as a profession will greatly affect the viability of our nation's healthcare system. A positive and functional system of practices and doctors will ensure a motivated workforce as well as encourage a new generation of quality physicians, while widespread physician disincentive could jeopardize the quality of our medical workforce as well as the number of physicians available to see patients.

In the words of one physician who responded to the survey, “something has got to be done, and urgently, to assist physicians, especially primary care physicians” in order to maintain the viability of the medical profession and to ensure timely and effective access to the doctors on whom so many depend.

To read more about The Physicians' Foundation and view their complete survey, please visit [www.physiciansfoundation.org](http://www.physiciansfoundation.org).

## ABOUT THE SURVEY

The Physicians' Perspective: Medical Practice in 2008 survey was conducted between May and July 2008 by physician search and consulting firm Merritt, Hawkins & Associates. It was mailed to 270,000 primary care doctors and more than 50,000 specialists – virtually every physician engaged in active medical practice in the United States today. The total

number of responses received was 11,950. According to an independent analysis by Chad Autry PhD, Professor of Statistics at Texas Christian University, the margin of error for this survey is less than one percent.

## ABOUT THE PHYSICIANS' FOUNDATION

The Physicians' Foundation seeks to advance the work of practicing physicians and to improve the quality of healthcare for all Americans. The Foundation is unique in its commitment to working with physicians nationwide to create a more efficient and equitable healthcare system. The Physicians' Foundation pursues its mission through a variety of activities including grantmaking and research. Since 2005, the Foundation has awarded more than \$22 million in multi-year grants. The Physicians' Foundation was founded in 2003 through settlement of a class-action lawsuit between physicians, medical societies, and third-party payors. Additional information about The Physicians' Foundation is available online at [www.physiciansfoundation.org](http://www.physiciansfoundation.org)

## Last Month's District of Columbia General Elections Saw 5 of 6 Council Incumbents Win

Councilmembers from Wards 2, 4, 7 & 8 as well as At-Large Councilmember Kwame Brown were victorious in the District's November 4th General election. Only longtime At-large Councilmember Carol Schwartz failed to win re-election – this time running a write-in campaign. Replacing Mrs. Schwartz on the Council will be Michael Brown, son of former Commerce Secretary Ron Brown who served in the Clinton Administration. MSDC has met with the Councilmember-elect on several occasions and looks forward to working with him in the new Council session.

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## ATTENTION METRO DC AREA E-PRESCRIBERS AND STAFF:

*Discuss E-Prescribing with Your Peers  
at [www.RxSuccess.com/Forum](http://www.RxSuccess.com/Forum)*

The Medical Society of the District of Columbia would like to make our members aware of a new online discussion forum to help improve your experience with e-prescribing. DC area e-prescribers and staff can now visit [www.RxSuccess.com/Forum](http://www.RxSuccess.com/Forum) to post topics and ask questions about e-prescribing.

The forum was created by SureScripts-RxHub, operator of the Pharmacy Health Information Exchange™. This is the secure network that connects your e-prescribing or Electronic Medical Record (EMR) software to e-prescribing enabled pharmacies.

If you have a suggestion for your colleagues or are curious about how other practices have addressed workflow issues, we encourage you to log on to share your experiences and lend support for your fellow physicians and their staff.

Log on to:

- Interact with pharmacists and other e-prescribers in your community
- Ask questions about your e-prescribing functionality or issues you may be experiencing
- Share tips and best practices
- Discuss workflow enhancement opportunities such as prescription renewal automation

Whether you have a suggestion or are seeking advice, [www.RxSuccess.com/Forum](http://www.RxSuccess.com/Forum) is your online community for discussing e-prescribing.

Practices that have not adopted an e-prescribing solution can visit [www.GetRxConnected.com](http://www.GetRxConnected.com) for guidance on finding a solution that is right for your practice.

## American College of Physicians (ACP) Announces EHR Partners Program

Launched in June 2008, the program is designed to help ACP-member practicing physicians purchase and install EHR systems. It focuses solely on EHRs that have achieved 2006 and/or 2007 certification by CCHIT. A new release dated June 11 says, "While there are many non-certified EHRs in use, ACP said it strongly recommends that physicians entering the EHR arena for the first time, or who are looking to upgrade older systems, consider certified EHRs." The program is a collaborative effort between ACP and 7 participating companies with CCHIT Certified products: e-MDs, GE Healthcare, Glenwood Systems, iSALUS, InteGreat, McKesson, MedInformatix, and Sage.



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**Silver Spring:** Share office with a neurologist. 1-2 rooms available, 5-year lease remaining at a good rental rate. Includes space for one secretary. Prefer low volume specialty like neurology, orthopedics or psychology. Modern elevator building; convenient reasonable parking. Call 301-608-0833 or email [ignacio11@gmail.com](mailto:ignacio11@gmail.com)

Check out all classified ads at: <http://www.msdc.org>. Click on Classified Ads.

Would you like to place an ad? Contact Barbara Allen for details, e-mail [allen@msdc.org](mailto:allen@msdc.org), phone 202-466-1800, ext. 103. MSDC members may post ads at no charge!

## Help Your Patients with Diabetes Live Longer and Healthier Lives

Delmarva Foundation of the District of Columbia (DFDC), the Centers for Medicare & Medicaid Service's (CMS) contracted Quality Improvement Organization (QIO), will provide diabetes self-management education to underserved\* Medicare beneficiaries in the District of Columbia.

This national project, "Every Diabetic Counts," provides educational trainings at community locations such as churches and senior centers by a multidisciplinary team.

Benefits to the physician and patient include:

- Free diabetes self-management education at convenient, community-based locations
- Improvement in diabetes management control in enrolled patients
- Support to physician and staff for all facets of the program
- Marketing physicians participation in the diabetes self management programs to present and potential patients and their families
- Participation in a national initiative; only six states and territories in the United States are funded for this initiative

For more information, please contact Melissa R. Dorsey, MS, 202-496-6550 or [dorsey@dfmc.org](mailto:dorsey@dfmc.org).

\*CMS defines underserved as African-American, Hispanic/Latino, Asian/Pacific Islander, or Native American/Alaska Native

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Sign up for this timely PQRI 2009 webinar today!

Wednesday, December 17, 2008 • 1 – 2:30 p.m. EST



Changes in the Centers for Medicare and Medicaid Services (CMS) 2009 Physician Quality Reporting Initiative (PQRI) program will become effective on January 1. Be informed by attending this timely webinar, hosted by the American Medical Association (AMA)—convener of the Physician Consortium for Performance Improvement®, the measure developer of 112 of the 153 measures in PQRI 2009. Don't miss this important opportunity to learn about the measures included in the 2009 PQRI program and how your practice can prepare to report through claims for the 2009 reporting year.

### *Hear from leading experts*

**Susan Nedza, MD, MBA, Vice President, Clinical Quality and Patient Safety, AMA**

Dr. Nedza brings the experience she gained during her work at CMS on the PQRI program together with her knowledge

of the performance measures and CPT Category II Coding.

**Kendra Hanley, MS, Senior Policy Analyst, Clinical Performance Evaluation, AMA**

Ms. Hanley leads the development and maintenance of the PCPI measure specifications, including the PQRI program, and advises on CPT Category II code development for clinical performance measures.

**Samantha Tierney, MPH, Senior Policy Analyst, Clinical Performance Evaluation, AMA**

Ms. Tierney leads the development of the AMA-developed PQRI tools for individual performance measures and measures groups.

### *Learn the latest developments*

- New options for claims reporting in 2009—individual measures or measures groups

- How to determine which measures apply to your practice
- Key elements of 2009 PQRI performance measures and specifications—what has changed and what is new
- Tips to facilitate more accurate reporting
- New implementation tools developed by the American Medical Association for PQRI 2009, including tools for reporting measures groups

Don't miss this important opportunity. If you submit Medicare Part B claims and plan to participate in the 2009 PQRI program, you should register today.

Registration fee, \$160-AMA Members; \$185 Non-members

Register at [www.ama-assn.org](http://www.ama-assn.org).