

Washington State Dermatology Association

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WSDA Officers

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President

Sharon B. Kelly, MD
Immediate Past

e-Update

Fall, 2009

www.washingtonderm.org

Please Save the Date For Our Upcoming WSDA CME Events!

2009 Pommerening Lecture

Friday, October 23, 2009

Roosevelt Dermatology Clinic - Patient Presentations

UW Tower - Pommerening Lecture with Alexa Boer Kimball, MD, MPH

2009 Odland Lecture

Friday, May 14, 2009

Seattle, WA

Pacific Northwest Dermatological 77th Annual Scientific Conference

July 8-11, 2009

Hilton Hotel

Vancouver, WA

For more information, please contact the Association at smc@wsma.org, 206-956-3648

Report from the 2009 AADA Legislative Conference

By Craig Birkby MD

I'm convinced there is a unique type of nervousness one feels walking to a meeting through the halls of the senate building in Washington D.C. The distinct sound of dress shoes on the marble floors surrounds you as a mix of staffers, press, lobbyists and senators hurry by. Only moments earlier I had passed through the front door with Senator McCain. (I saw no sign of recurrence of his melanoma.) My nervousness crescendos as I pass the Washington State flag and enter the office of Senator Murray. Just as instructed the day before by the AAD staffers, I present my business card, give the receptionist my biggest smile and say, "Hi. I'm Dr. Craig Birkby and I am here for an appointment." The scene was repeated throughout the day as I went to the office of other senators and representatives who make the laws and policies that control so much of



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our professional lives as dermatologists.

I was in our capital city as a part of the AADA delegation for the 2009 Legislative Conference. The previous two days of the conference were spent with dermatologists representing other states, many officers from the AAD, and an amazing professional staff. With healthcare reform as the top priority of Congress, the conference and meetings were at a most opportune time.

The AAD conference consisted of legislative updates and training on how to talk with legislators and their staff on the concerns of dermatologists and the AAD despite any personal political ideology or the party of the legislators with whom we were meeting. One of the main points of the conference and meeting was this: If our lawmakers don't receive input from us, how will they know how to represent our concerns in any legislation? The future of healthcare reform (or whether there will even be any healthcare reform) is certainly unknown. The approach of the AAD is to provide input on health legislation regardless of what shape it takes or the political parties directing that shape. As our presenters like to say: "If you are not seated at the table, then you are the meal." To this end, the take-home points presented this year are as follows:

1. Medicare Physician Payment - Sustained growth rate (SGR) reform. Without input from congress there will be a 20% decrease in Medicare reimbursement this January.
2. Keeping control of Medicare policy in the hands of Congress, not an entity like MedPAC or an IMAC.
3. Participation in the Physician Quality Reporting Initiative (PQRI) should be voluntary and not punitive.
4. Penalizing individual physicians who utilize more resources than their peers without appropriate risk adjustments is a step in the wrong direction. It places high risk patients and disadvantaged populations at risk.
5. Medical Liability must be part of health system reform.

While pushing these points, we also stressed the importance of the doctor-patient relationship, the current skin cancer epidemic, and the dangers of tanning. Throughout all the meetings, the underlying foundation was to remind the lawmakers and their staff of the role of dermatologists and the care we give to our patients.

Despite my nervousness about dealing directly with the lawmakers of our country, my final feeling was one of satisfaction in helping push forth our concerns for the betterment of care of our patients and dermatologists.

ADAM and AAPC Announce Dermatology Coding Certification

The American Academy of Professional Coders (AAPC, <http://www.aapc.com/>), in conjunction with the Association of Dermatology Administrators & Managers (ADAM, <http://www.ada->

Liz Vennos, MD
Member at large

**Shannon
McDonald**
Executive Director

[m.org/](#)), announced the release of the new AAPC Certified Professional Coder in Dermatology™ (CPCDTM) credential. This specialty credential enables coders with superior knowledge of the dermatology field to receive certified validation.

Elements that the CPCDTM examinee will be tested on include ability to read and abstract physician office and procedure notes, such as assigning correct ICD-9-CM, CPT®, HCPCS Level II and modifier codes; evaluation and management coding; Medicare billing rules and regulations; dermatological surgical procedures; medical terminology; and anatomy and physiology.

The ADAM Executive Board also stated that "ADAM strongly believes that this certification will enable our members and their staff to enhance their professional skill set and improve practice administration. Dermatology practices of all sizes will greatly benefit by having their administrators and coders take the CPCDTM exam."

For more information about the CPCDTM credential or for details on the AAPC's special pricing on the CPCDTM practicum and exam, visit the [AAPC Web site](#).

Spokane Pediatrician Named President of State Medical Association

Dr. Deborah J. Harper was elected president of the Washington State Medical Association (WSMA) at the association's annual meeting in Spokane, Sunday, October 4. The WSMA represents over 9,600 physicians, residents, medical students, and physician-assistants throughout Washington state.

The following physicians were also elected as officers at the association's annual meeting:

Dr. Dean Martz, Spokane neurosurgeon, president-elect; **Dr. Nicholas Rajacich**, Tacoma orthopedic surgeon, 1st Vice President; **Dr. Michael Weinstein**, Seattle rehabilitation hospitalist, 2nd Vice President; **Dr. Douglas R. Myers**, Vancouver otolaryngologist, Secretary-Treasurer; **Dr. Dale P. Reisner**, Seattle maternal fetal medicine specialist, Assistant Secretary-Treasurer.

The seventh officer of WSMA Executive Committee is past-president, Dr. Cynthia A. Markus, an emergency physician from Snohomish County, who will serve as committee chair.

Latest Study on Dangers of Indoor Tanning & Skin Cancer Risk for Teens

A new study on indoor tanning indicates that American teens are exposed to alarming levels of UV radiation when they use indoor tanning services. In a study released last week, "Youth Access to Artificial UV Radiation Exposure" it was found that almost 90 percent of tanning

facilities were violating the FDA recommendations for UV exposure levels.

ABC News and Good Morning America! covered the study and their stories can be found here:

<http://abcnews.go.com/Health/CancerPreventionAndTreatment/personal-story-study-highlight-teen-tanning-problems/story?id=8632795>.

Health Care Reform Update

With the Senate Finance Committee expected to move the Baucus bill out this week, the AMA is focusing on a number of the more onerous Baucus bill provisions, seeking amendments on the Senate Floor (once the bill is voted out of committee), including these three:

1. Fix the SGR

The Baucus bill would replace the 21.5% physician payment cut, scheduled to take effect on January 1, 2010, with a .5% positive update. In 2011, the cumulative payment cut required by the current law would take effect, resulting in an estimated 25% across the board cut for all physician services.

The concerns: access; continuation of a formula all agree is flawed to the extreme; and a provision at odds with many reform proposals and goals. You know these points from years of fighting the cuts.

The ask: "Vote to waive the Budget Act in order to repeal the SGR and replace it with a new payment system."

2. Resource Use Outliers

The Baucus bill would expand the CMS physician resource use feedback program (which uses claims data to report confidentially to physicians on the resources they use when treating Medicare patients) which currently reports to less than 260 physicians nationwide. The bill would expand the program, so that by 2012, all physicians would receive feedback reports, based on episode groups. Beginning in 2014, Medicare payment would be reduced by 5% for physicians whose resource use is at or above the 90th percentile of national utilization rates.

The concerns: CMS needs more time to develop a fair and workable system; a way to adjust for differences in patient mix needs to be developed (or we'll see potential for adverse selection); attribution issues haven't been resolved; whacking all physicians above the 90th percentile in resource use ensures that a significant number of physicians will always be subject to steep payment cuts, regardless of any changes they have made in their practice patterns or how close they are to the average.

The ask: "This proposal is premature and should not be enacted. Arbitrary 5% payment cuts based on reports that CMS has not demonstrated its capacity to produce should not be implemented."

3. Independent Medicare Commission

The Baucus bill would create an independent Medicare Commission to develop and submit proposals to Congress, aimed at extending the Medicare program's solvency and improving its quality. If future growth is expected to exceed targets set by the Commission, it would make recommendations to Congress on ways to reduce the rate of spending. If Congress fails to pass legislation to achieve the required savings through other policy changes, the Commission's recommendation would take effect automatically.

The concerns: The provision creates double-jeopardy for physicians already subject to the current Medicare physician payment system; payment rate reductions recommended by the Commission would not be applied equitably -- cuts recommended by the Commission would not apply to hospitals or hospice facilities for the first four years of the system.

The ask: "If retained, the concept of an independent Medicare Commission must be redesigned to ensure fairness and equity, and to avoid access problems for Medicare patients."

As is well known, the US House will pass whatever its leadership can get by the Blue Dog Democrats. The Senate floor is where the fight on many of these provisions will take place. Both Senators Murray and Cantwell need to hear from physicians on these three issues. Please contact them, via the WSMA Web site (www.wsma.org), at the Grassroots Action Center, and do it today.

Act Now on Medicaid ProviderOne Claims Change

Medicaid promises a better, more efficient claims payment system. It is the only way to get paid by Medicaid fee-for-service after late November - early December.

Here's what you need to do for the coming change:

- To successfully submit electronic claims for payment, physicians' practices need to use three new identifiers that require specific electronic format changes to your system.
- You must conduct successful testing of those changes before being able to submit HIPAA compliant electronic transactions.
- There is a limited window to complete both levels of testing.
- Ideally, testing should be completed by October 30, 2009.
- On November 20, testing will be suspended as transition to ProviderOne begins.

For more information on ProviderOne, go to <http://hrsa.dshs.wa.gov/providerone/providers.htm>. For questions, e-mail providerone@dshs.wa.gov or call 1-800-562-3022.

CMS issues new ICD-10 fact sheet

The Centers for Medicare and Medicaid Services (CMS) has issued a new fact sheet on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure (ICD-10-CM/PCS) coding system that health care organizations will be required to use by Oct 1

2013.

The CMS fact sheet says ICD-10-CM/PCS will improve the ability to measure health care services; increase sensitivity when refining grouping and reimbursement methodologies; enhance the ability to conduct public health surveillance; and decrease the need to include supporting documentation with claims.

Visit <http://www.cms.hhs.gov/MLNProducts/downloads/ICD-10factsheet2009.pdf> to learn more and to view and download the fact sheet.

Clarification: Surgery Performed in a Practitioner's Office Using General Anesthesia Need License

The Department of Health has determined that only practitioner offices using general anesthesia for surgery need a license as an ambulatory surgical facility. Previously, the department had said a license was also required when surgery was performed in a distinct room or area. This is no longer valid.

All practitioners who obtained an ambulatory surgical facility license because of performing surgery in a distinct area in their offices can get a refund for the license cost. They should send a letter and the license to the department. The letter should state that the practitioner performs surgery in his or her office and does not use general anesthesia. It should request a refund for the license fee. Send the letter to:

Ambulatory Surgical Facility Program
Department of Health
PO Box 47874
Olympia, Washington 98504-7874

Unique Opportunity for Washington-Licensed Dermatologist

Dermatologist needed to perform expert clinical assessments/biopsies of generalized rashes expected to occur in a multiple-dose clinical study of a new IV antibiotic in healthy volunteers.

- Less than 10 hours anticipated per two week period, over 5 months
- \$10,000 monthly retainer for 5 months
- Additional \$250 per hour for rash assessment/biopsy (additional compensation of approximately \$5,000 per month)

Assessments/procedures may be performed in Dermatologist's medical office (patients transported by Charles River staff) and/or at the study site. Dermatologist from out-of-area may be considered as we are willing to be flexible with accommodations. Contact Royce Morrison MD, Director of Clinical Strategy, at 206.605.9858 or email to Royce.Morrison@crl.com.

Membership Directory

The Washington State Dermatology Association has developed an online membership directory as an added member benefit. It will be used as a referral tool and to enhance communication among our members. Having access to each other's practice information will allow us to refer our patients with confidence if they relocate or if they are in need of a service that our practice may not provide.

In order to optimize the usefulness and effectiveness of this directory, it is important that each member provides us with updated information on their practice(s). Once you view your listing, please send any changes to Shannon at the WSDA office at smc@wsma.org.

This online membership directory is password protected and only your fellow colleagues will have access to your practice information. Please visit www.washingtnderm.org to view the membership directory.

Member Directory Access Information:

Login: wsda

Password: Derm1

Please note, these are case sensitive

Membership Report

If you haven't paid your 2009/2010 Membership Dues, please do so right away. Your practice information will be deleted from the membership directory if not paid..

164 - Active Members

44 - Retired Members

26 - Affiliate Members (PA-C)

53 - Associate Members (Out of State)

Encourage your colleagues to join the WSDA and help build a strong organization to support dermatology