



JULY / AUGUST 2004

FROM THE PRESIDENT

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AMA CONFERENCE

RIMS members attend the recent AMA House of Delegates meeting in Chicago, June 12-16 Page 5

RIMS EVENTS

'ASK DAY' tree planting ceremony in Providence and kudos to the many RIMS members who supported the national TAR WARS project. Page 4

RIMS MEMBER BANQUET

The annual Rhode Island Medical Society Member Banquet will take place Saturday evening, Sept. 18 at the Agawam Hunt. For information, contact Seth Hamilton at 528-3285.

RIMS CHARITY GOLF SET

The 10th Annual RIMS Charity Golf Classic is set for Monday, September 20 at the Agawam Hunt Course in Rumford, RI. For more information and to register, contact Steve DeToy at 331-3207.

WANTED: A FEW GOOD E-MAIL ADDRESSES

E-mail is now RIMS' most essential tool for information and advocacy. RIMS uses e-mail sparingly to alert members about important events which impact doctors and patients. RIMS will not give e-mail addresses to others without your permission. Many RIMS members still do not have e-mail addresses in our data base. Please help us to keep you better informed by contacting us with your correct e-mail address. Send a note to: shamilton@rimed.org, and we'll update your information accordingly.



RIMS Legislative Report

The 2004 RI General Assembly session

MAJOR HEALTH CARE INSURANCE BILLS PASS IN BUSY LEGISLATIVE SESSION

The Rhode Island General Assembly recessed in the wee hours of Saturday morning, June 26, having done more relating to health care than any other Assembly session in at least a decade.

Among other things, the legislature mandated the creation of a commissioner's post for health insurance, gave the Governor and General Assembly significant authority to appoint directors to the board of Blue Cross & Blue Shield of RI, banned smoking in the workplace, and passed the nation's first state law enabling consumers to purchase pharmaceuticals by mail-order directly from state-registered pharmacies in Canada.

These and other major pieces of legislation have since streamed to the desk of the Governor, who had a fixed amount of time to either sign or veto each bill, or allow bills to become law without his signature. As of this writing, the major health-related bills noted above have become law, either with or without the Governor's signature. Some of the new laws take effect immediately; the effective date of others is months away.

Unfinished business left on the table by the General Assembly included reforms of the professional liability system and a measure to give health professionals more clout with health plans through



Rep. Peter Giraait (left) and Sen. Joseph Polisena worked to persuade their colleagues in both chambers to support a moderate package of reforms. Gov. Carcieri endorsed the proposed reforms, and urged lawmakers to enact them.

antitrust reform (the Health Care Fairness Act). Both of these important and intensely contested bills achieved new breakthroughs in visibility and acceptance, but in the end the legislature failed again to send either to the Governor's desk, where they were virtually certain to have been signed into law. Here is a closer look at what the legislature and the Governor have done.

Health Insurance Commissioner

As ultimately enacted by the Assembly, this new law creates a new position that is less independent and has less authority than the Medical Society envisioned when it first proposed the idea of an insurance commissioner with broad authority more than a year and a half ago.

RIMS' vision was for a new state Department of Insurance that would unite the insurance oversight functions that are currently divided between

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Facts & Myths About Medical Liability

Towards the end of the 2004 RI legislative session, RIMS initiated an information campaign to counter misinformation relating to medical liability insurance. Using a "Myths & Facts" format, RIMS produced a series of 13 postcards which were mailed to each member of the General Assembly. A sampling from the card series is reprinted here.

MYTH: There is no liability crisis, because the frequency of malpractice suits has not increased much in recent years.

FACT: The problem has never been the frequency of suits. The rapidly escalating cost of resolving the average suit is what has been driving premiums up. Opponents of process reform talk about the frequency of suits, which is a non-issue in Rhode Island. In insurance parlance, the problem here is one of "severity," not "frequency." 2003 was by far the worst year in Rhode Island history for actual paid losses

and defense costs, which have doubled and doubled and doubled again since 1995.

MYTH: There is no malpractice crisis because very few cases actually go to trial.

FACT: It has always been true that the vast majority of malpractice cases are dropped or settled and never go to trial. The problem is that the size of settlements has gone up an average of 10% every year for the past decade. Defense costs have risen even faster.

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**RHODE ISLAND
MEDICAL SOCIETY**

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www.rimed.org

RHODE ISLAND MEDICAL NEWS

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Newell Warde, PhD

The Rhode Island Medical Society was founded in 1812 to promote the art and science of medicine. RIMS is the eighth oldest state medical association in the country.

In cooperation with the Brown University School of Medicine, Rhode Island Quality Partners, Inc., Rhode Island Chapter of ACP/ASIM, and the Rhode Island Department of Health, the Society also publishes a monthly magazine, *Medicine and Health Rhode Island*.

“... it is possible to change the world, if one is determined enough, and if one sees with sufficient clarity just what it is that has to be changed.”

Precious Ramotswa in The Kalahari Typing School for Men by Alexander McCall Smith

Letter From The President:

Tilak K. Verma, MD, MBA

Milestones and Millstones



As members know from the Society's timely electronic news flashes and reports in the public media, the world of Rhode Island health care has indeed changed and the Medical Society's agenda has advanced remarkably, though never as far and as fast as we all would like.

Blue Cross

On May 28, exactly a month after the famous press conference in which we demanded (and soon got) change in the leadership of Blue Cross, we had another important event at the Medical Society's headquarters: a meeting with Mr. James Purcell, acting CEO of Blue Cross & Blue Shield of Rhode Island, and Ms. Lynne Urbani, President and CEO of Blue CHiP. At our invitation, leadership of the associations representing our colleagues in nursing, dentistry and psychology also joined us for this meeting.

The meeting was notable for being open and forthright. Communications between the Society and the insurer, which had long been unilaterally cut by BCBSRI, have been fully restored.

Mr. Purcell and Ms. Urbani reviewed for us their plan to raise the reimbursement floor for their Blue Cross and CHiP commercial plans up to at least Medicare levels, effective August 1, 2004, for all health care professionals. They reiterated that reimbursements that already happened to be in excess of the Medicare standard would not change and that the increase in the floor was separate and apart from the \$7 million effort that was to have established a floor of 86% (for physicians only) for dates of service beginning March 1, 2004.

Moreover, an additional 2% increase in the floor is guaranteed effective 1/1/2005, regardless of what federal Medicare does. We are reviewing material that Blue Cross provided to us that includes added details on the impact of these initiatives.

The May 28 meeting was cordial and candid, and a wide spectrum of issues was raised and candidly discussed. Our message appears to have been received and understood that regional parity in reimbursement must remain the goal, and that equivalency with Medicare is an inadequate benchmark for commercial payers.

To be fair, many important issues confront BCBSRI as it reorganizes itself, braces for the legislature's mandates, searches for a new leader

(Mr. Purcell confirmed he is a candidate for this position), evaluates premium setting and reserve levels and opens a new chapter in what we hope will be a transparent, collaborative and meaningful dialog with the physician community. "Judge us by what we do," said Mr. Purcell. We, the Medical Society and its members, must be prepared and ready to do our part to continue to play a constructive role on behalf of our members and our patients.

United Healthcare

A week earlier, on May 21 we had another important meeting at Medical Society's headquarters. This one was with the president, a vice president and the medical director of United Healthcare of New England.

United Healthcare's representatives stated that they understand the market place as it relates to physician reimbursement, and they acknowledged that as a commercial payer they have room for considerable improvement in that area. They indicated they were in the Rhode Island market to stay and to grow, that they would respond to the market pressures and economic realities, and that unspecified changes would be coming.

In a recent letter to Rhode Island physicians, Aetna stated they were going to make positive changes in the area of reimbursement as well.

One final comment on this topic: clearly it is in everyone's interest that physician reimbursement be fair and adequate. In Rhode Island this means that it must rise to parity with neighboring states and keep step with our rising expenses. But as physicians, we must recognize that we need to see ourselves as members of a team that includes the payer and the patient.

Soaring medical costs cannot go unaddressed. They present challenges to everyone, and everyone must grapple with these issues. I believe that much can be achieved collaboratively if parties can divest themselves of their parochial interests and work together in the common interest.

Liability reform

"Facts do not cease to exist if they are ignored."
Aldous Huxley

Tort reform has become a year-round effort at

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the Department of Business Regulation (DBR) and the Dept. of Health, and would have the authority over rate setting reserving and fair business practices in all lines of insurance, including medical professional liability insurance.

The new Commissioner of Health Insurance will have a significant mandate, nevertheless. The Commissioner will be appointed by the Governor with advice and consent of the Senate and will report to the Governor. The Commissioner's responsibilities as specified in the new law are to guard the solvency of health insurers, protect the interests of consumers, encourage fair treatment of health care professionals, encourage policies that improve the quality and efficiency of health care service delivery and outcomes, and "view the health care system as a comprehensive entity and encourage and direct insurers towards policies that advance the welfare of the public through overall efficiency, improved health care quality, and appropriate access."

The Commissioner is to hold public meetings regarding rates, services and operations of health insurers and the impact of all these things on consumers, medical professionals and the market environment.

The Commissioner is to collect and disseminate information and make recommendations regarding insurers' administrative costs and reserves and shall propose legislation to improve the regulation of health insurance.

Finally, the Commissioner is supposed to establish and co-chair a "consumer/business/labor/medical advisory council." Included in the charge of this new body is responsibility to assess the views of medical professionals with regard to reimbursement, administrative practices of insurers, and "the insurers' role in promoting efficient and high quality health care."

Blue Cross & Blue Shield

The Medical Society's call for reorganization of the board of directors of Blue Cross was fulfilled in a new law that gives the Governor, the Speaker of the House and the President of the Senate each authority to appoint two directors to the Blue Cross board, one this year and a second next year. Thus, by the middle of 2005, a total of six of sixteen Blue Cross board members will be public appointees. Those so appointed may serve up to three consecutive 3-year terms. None of the six public appointees may be licensed health care professionals.

In addition, the new law calls for vacancies in the remaining, non-publicly appointed board seats to "be filled by an open and public process" that shall "include public solicitation."

Canadian pharmacies

As widely reported in the press, the Medical Society's bill to permit Canadian pharmacies to be registered in Rhode Island passed both the House and Senate unanimously, despite fervent opposition from industry.

This new law is the nation's first of its kind to open a state-sanctioned avenue for consumer importation of less expensive, quality pharmaceuticals from Canada.

Workplace smoking ban

This high-profile legislation, the likes of which recently went into effect in Massachusetts, is intended to protect air quality for all indoor workers and is expected to provide the greatest benefit

for the personnel and patrons of restaurants and bars.

The Medical Society was an active member of the coalition that advocated for the bill. The law becomes effective March 1, 2005.

Health insurance regulation

In keeping with its concern that "the complexities of the health insurance and health care delivery systems result in inefficiencies, confusion and additional costs for consumers and other participants in the health care system," the General Assembly charged its Joint Committee on Health Care Oversight to undertake a comprehensive study of the state's regulatory structure for health care and to report back with recommendations by March 1, 2005. The charge includes review and evaluation of various "mandated benefits" (i.e., coverage provisions of health insurance policies that are required by RI state law) that have been enacted by the General Assembly over the years for a host of benefits, including fertility services and Lyme disease immunizations. RIMS has called for such a review.

Regional insurance market competition

A new law called "The Health Care Market Expansion Act" requires the Director of the DBR to report to the General Assembly by the end of this year on steps that could be taken to adjust the state's health insurance regulatory apparatus in order to bring it into harmony with that of Massachusetts.

The goal would be "to effectuate a seamless health insurance market incorporating both states" with the objective of making RI part of a larger health insurance market.

Unfinished business: liability and antitrust reform

Important professional liability legislation remained alive in both chambers until the closing gavel. However, no vote occurred in committee or on the floor of the House or Senate.

RIMS led a broad coalition of professionals and institutions which raised awareness and mobilized support for liability reform, including strong grassroots activity.

Representative Peter Ginaitt and Senator Joseph Polisena worked hard to persuade their colleagues in both chambers to support a moderate package of reforms. Governor Carcieri urged lawmakers to enact them.

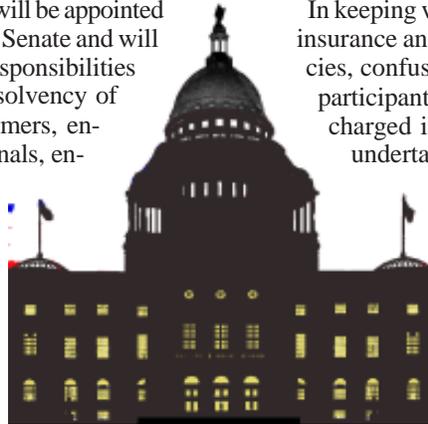
The continued reluctance of the General Assembly to act on the issue is a reflection not on the merits of the legislation but rather on the entrenched and powerful interests defending the status quo.

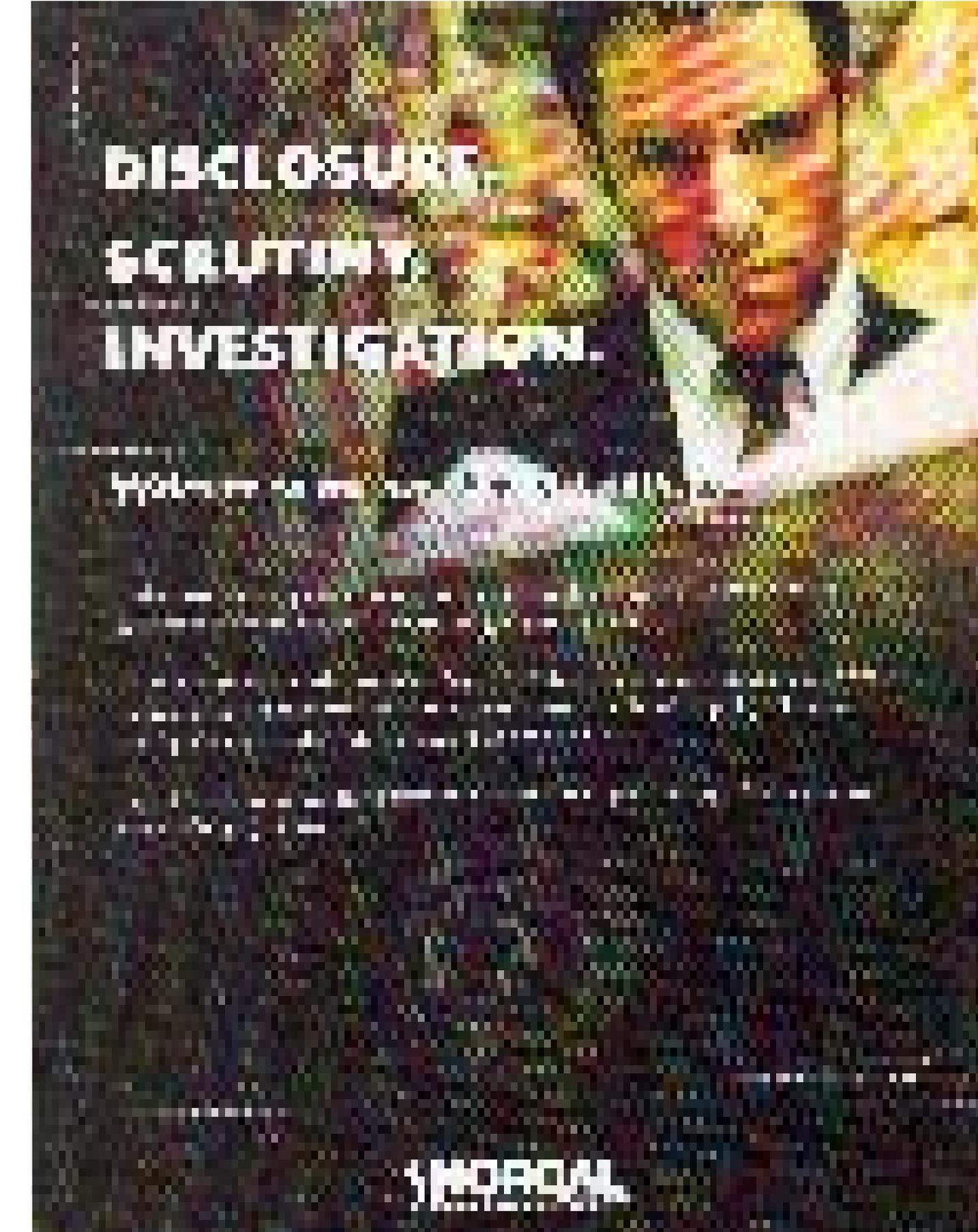
The Health Care Fairness Act (HCFA) gained new ground but did not become law. (HCFA is the bill that would enable independent health care professionals to negotiate with health insurers on a range of issues under the "state action" exemption to antitrust law.) For the second year in a row, HCFA passed the House overwhelmingly but died in the Senate.

What's next?

RIMS is reviewing the past session and preparing for 2005. RIMPAC is focused on the upcoming primaries and general election in November. All General Assembly seats are up for election in November; some contests will include primaries in September.

Six health care professionals have declared candidacy for public seats in the General Assembly. All six are graduates of the RIMS Campaign School conducted in November of 2003..





DISCLOSURE SCRUTINY INVESTIGATION

How do we measure quality of care?

The medical profession has long been a bastion of secrecy, and it's not surprising that the industry has been slow to embrace transparency. But in recent years, the medical community has begun to open up, and the industry is now facing a new era of scrutiny. This is a good thing, as it allows us to identify areas where we need to improve and to learn from our mistakes. In this article, we will explore the challenges of disclosure, scrutiny, and investigation in the medical field, and we will discuss some of the ways that the industry is beginning to address these challenges.

HOPKIN

RIMS participates in national ASK DAY

RIMS members and RI politicians got together recently to help plant trees in a public park as part of the 4th Annual National ASK DAY campaign.

ASK Day (Asking Saves Kids) is a national day of focus on protecting children from senseless acts of violence.

The ASK campaign has already inspired over 2 million families to ask if there are guns where their children play, thereby averting tragedies.

In sponsoring the program for the second year, RIMS planted trees in St. Anne Park in Providence as a memorial to the children who are killed by guns every year in Rhode Island.

Joining RIMS in the event were the co-sponsors - the American Academy of Pediatrics, and the American Academy of Emergency Medicine.

More than 40% of the homes in this country with children also have guns, many of which are kept loaded or unlocked. If a gun is accessible in someone's home, there is a good chance a child will find it.

US Congressman Patrick Kennedy and



ASK DAY tree planters include (from left to right): Providence Mayor David Cicilline, Congressman Patrick Kennedy and Dr. Michael Migliori.

Providence Mayor David Cicilline were on hand to lend support to the activities.

RIMS members support anti-smoking campaign

The nationwide tobacco education project known as *Tar Wars* completed a state-wide poster competition in June.

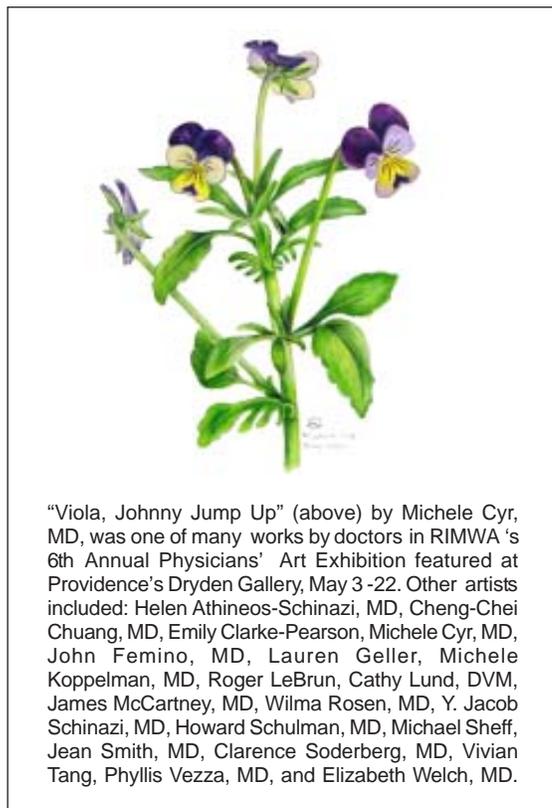
Artwork from fifth-grade students across the state was viewed by a panel of celebrity judges at the carousel in Roger Williams Park. The challenge for the contest was to promote health and non-smoking.

Many RIMS members volunteered their time in support of the program which including visiting classrooms and talking with students about health and smoking.

Tar Wars was co-sponsored by RIMS, the RI Academy of Family Physicians and the RI Chapter AAP. Art Frazzano, MD, and RIMS AMA delegate, is the statewide chair for the *Tar Wars* project.

2004 TAR WARS volunteers

Joan Abar, MD; Peter Baute, MD; Nathan B. Beraha, MD; Jeff Borkan, MD; David P. Carter, MD; Fredric Christian, MD; Colleen Cleary, MD; Susan Clemens, MD; John Conte, MD; J.R. Corcoran, MD; James P. Crowley, MD; Charles Cummings, DO; Jane Mackenzie Dennison, MD; Keivan Etefagh, MD; Michael D. Fine, MD; Arthur A. Frazzano, MD; AnnGene A. Giustozzi, MD; Arnold Goldberg, MD; Ned Gutman, MD; R. Scott Hanson, MD, MPH; Donald Hebb, MD; Melvin Hershkowitz, MD; Peter Hollmann, MD; Martin Kerzer, DO; Jibrán Khan, MD; Michael Klein, MD; Lucille Lanna, MD; Raymond H. Lewis, Jr., MD; Anthony J. Lombardi, Jr., MD; Janet B. Long, RN; Gabriela Masko, MD; Paul McKenney, MD; Lisa Mueller, MD; John F. Murphy, MD; Karen Ng, MD; Neida Q. Ogden, MD; Angelo Pharmakidis, MD, PhD; Brian J. Pickett, MD; Thomas Raimondo, MD; Ursula Reusch, MD; Josiah D. Rich, MD, MPH; Barbara Roberts, MD; Joseph Rodgers, MD; Renee Rulin, MD; James Schwartz, MD; Robert M. Serra, MD; Russell Settipane, MD; Leslie Tackett, MD; Susan E. Taft, MD; John M. Tarro, MD; Margaret Tryforos, MD; Sean Uiterwyk, MD; Tilak Verma, MD, MBA



"Viola, Johnny Jump Up" (above) by Michele Cyr, MD, was one of many works by doctors in RIMWA's 6th Annual Physicians' Art Exhibition featured at Providence's Dryden Gallery, May 3-22. Other artists included: Helen Athineos-Schinazi, MD, Cheng-Chei Chuang, MD, Emily Clarke-Pearson, Michele Cyr, MD, John Femino, MD, Lauren Geller, Michele Koppelman, MD, Roger LeBrun, Cathy Lund, DVM, James McCartney, MD, Wilma Rosen, MD, Y. Jacob Schinazi, MD, Howard Schulman, MD, Michael Sheff, Jean Smith, MD, Clarence Soderberg, MD, Vivian Tang, Phyllis Vezza, MD, and Elizabeth Welch, MD.



SPECIALTY SOCIETY NEWS

Listed below is information and recent organizational changes for some of the specialty societies represented on the RIMS Council.

RI Society of Anesthesiologists Annual Meeting 1/22/2004

Election of Officers
 President Edward Kent, MD
 VP-Treasurer Trevor Sutton, MD
 Secretary Donna Kucharski, MD
 Educ. Coord. Matt Thran, MD

RI Society of Eye Physicians & Surgeons - Annual Meeting 2/5/04

Election of Officers
 President Lory Snady-McCoy, MD
 Vice-President Ezra L. Galler, MD
 Secretary Philip R. Rizzuto, MD
 Treasurer Robert H. Janigian, Jr., MD

RI Chapter American College of Surgeons Annual Meeting 6/15/04

Election of Officers
 President Harold Wanebo, MD
 President-elect John Isaac, MD
 Treasurer Umberto Capuano, MD

RIMWA Annual Meeting 5/10/04

Election of Officers
 President Diane Siedlecki, MD
 Treasurer Pamela Harrop, MD
 Secretary Bonnie Reibman, MD

Presentation :
 2004 RI Woman Physician
 Of The Year Award
 presented to Caroline Troise, MD

RI Chapter American College of Emergency Physicians

14th Annual Ocean View Update

CME Program
 "Pediatrics and Geriatrics"
 August 11 - 13, 2004 Newport, RI
 Offers 18 hours AMA and ACEP
 approved CME

AMA HOUSE OF DELEGATES CHICAGO 2004

June 12 – 16, 2004

MEDICAL LIABILITY AND INFORMATION TECHNOLOGY STANDARDS HIGHLIGHT ANNUAL AMA DELEGATE MEETING

By Michael E. Migliori, MD
Rhode Island Delegate to AMA

The annual meeting of the AMA House of Delegates was held in Chicago, June 12-16. Medical liability reform and related resolutions were the overriding issues at this year's meeting which was relatively calm as these events go.

RIMS was represented by Delegates Arthur Frazzano, MD, Michael Migliori, Alternate Delegate Colleen Cleary, RIMS President Tilak Verma, Newell Warde and Steve DeToy.

Following here is a summary of the major issues decided in the House of Delegates.

- The House of Delegates adopted the Council on Ethical and Judicial Affairs report that physicians not offer financial incentives to patients in exchange for recruitment of new patients.
- The House also adopted a policy that all physicians testifying as expert witnesses in medical liability litigation voluntarily sign an affirmation that they will adhere to AMA principles guiding expert witness testimony.
- The AMA will advocate for states to be given the opportunity to develop and test alternative models for improving health care coverage for low-income patients, while calling for the federal government to change financing rules to allow states to pursue such models.
- It will also study Medicare shifting services from open-ended Part A to capped Part B and pursue legislation to correct prior and ongoing losses if this shift is responsible for declining reimbursement to physicians.
- Legislatively, the House reaffirmed policies to protect women's privacy in termination of pregnancy, and to express concern to the Bush administration and Department of Justice regarding the issuing of subpoenas that seek to disclose confidential medical information of women who have had second trimester abortions.
- Also adopted was policy to support legislation and other efforts to allow the adoption of a child by a same-sex partner, or opposite sex non-married partner who functions as a co-parent to address legal questions surrounding medical decision-making and medical benefits in non-traditional families.
- The AMA will ask the FDA to reconsider its denial of OTC classification of emergency contraceptives.



One item that received a lot of attention by the press was a resolution submitted by an individual asking the AMA to inform members that it was not unethical to refuse to care for plaintiff attorneys or their spouses in non-emergency situations. The introducer withdrew the resolution when it came up for discussion, claiming that he submitted this to bring attention to the liability crisis. While many understood his sentiment, the resolution was roundly criticized as inflammatory, and discrimination against a class of patients would in fact be unethical. It was unanimously voted down.

In medical education, the House charged the AMA to study the effect of duty hour standards on the learning environment of medical students, residents and faculty and to support service learning as a key component of medical education.

There were several resolutions passed to address the epidemic of obesity. Among them, a call for a study of USDA Dietary Guidelines, reaffirmation of AMA policy to eliminate soft drinks and junk foods from schools, and to call for elementary schools to offer at least 30 minutes of daily free play or physical education.

In regard to medical practice matters, the AMA will study the impact of specialty hospitals on safety, patient satisfaction, cost effectiveness, as well as the financial impact on community hospitals, call for industry-wide standards for interoperability of healthcare information technology, and advocate to Congress and insurance companies to ensure that physicians do not bear a disproportionate financial burden when they implement health information technology systems in their offices.

The AMA will draft national legislation to strengthen the rights of hospital medical staff to self-government and prohibit unilateral changes in hospital staff by-laws, rules, regulations, or policy/procedure manuals. The AMA will also continue to work with JCAHO to develop standards that improve patient safety, and develop model legislation to eliminate the sale of prescription drugs over the internet without a legitimate prescription.

Organizationally, John Nelson, MD, an obstetrician from Utah, was inaugurated as president of the AMA. J. Edward Hill, MD, and family physician from Tupelo, Mississippi, past chair of the Board of Trustees was elected President-elect.

More information is available on the AMA website, <http://www.ama-assn.org/>.

Facts dispel medical liability myths

CONTINUED FROM FRONT PAGE

MYTH: Most suits are settled out of court, so reforming the civil justice system won't help.

FACT: The General Assembly can help a great deal by addressing Certain features of Rhode Island's civil justice system that contribute to delays and high costs, whether a jury trial ultimately takes place or not.

Thanks to a generous statute of limitations, prejudice interest that accrues at 12% per year and a slow, motion-driven discovery process, plaintiffs in RI have to wait longer for resolution of their cases than anywhere else in the nation. (Statistics published annually by the U.S. Dept. of Health and Human Services consistently show RI plaintiffs have to wait more than 6 years on average.) Delay diminishes justice and drives cost.

MYTH: Doctors want to limit how much injured plaintiffs can recover.

FACT: Doctors favor *no* limits whatsoever on compensation for losses that can be fairly demonstrated, estimated and/or projected. Compensation for such plaintiffs should be full, — and it should be quick.

MYTH: Medical malpractice insurers are making profits and gouging doctors.

FACT: Losses have forced huge changes in the medical liability insurance industry. Companies have withdrawn from many markets, including Rhode Island; some have become insolvent, and nearly all have been downgraded by A. M. Best. No company is hungry for new business.

MYTH: Medical liability companies are in financial trouble because they gambled with policyholders' money and lost during the bear market of the 1990's.



FACT: The companies that serve Rhode Island have been conservative and responsible investors; they did not lose a lot of money in the 1990's.

MYTH: Weeding out a few bad doctors would lower premiums for the good doctors.

FACT: The most highly trained and skilled doctors are the ones who get sued most often for the largest amounts, because they are able and willing to take on the most difficult and risky cases.

Note: visit the RIMS website at: rimed.org to view the entire *Myths & Facts* card set.

Letter From RIMS President

CONTINUED FROM FRONT PAGE

RIMS, with activity spiking seasonally at the State House. In April and again in May, RIMS coordinated comprehensive testimony before the House and Senate Judiciary Committees in support of important liability reforms. On both occasions, the sometimes dramatic hearing process went on late into the night.

If eloquence, good organization, merit and truth carried the day, we would have long ago secured the reforms we seek. We pulled out all the stops, and we advanced our cause once again this year. We have a powerful ally in Governor Carcieri, who understands the subject well and how it impacts the practice of medicine. Indeed he stood by our side once again in the Rotunda of the State House late in the Assembly session, along with the sponsors of our bill, Rep. Ginaitt and Senator Polisena, urging the Assembly not to adjourn without enacting liability reform.

We have pushed this issue up several more notches this year, and tort reform will eventually occur. As is so often the case with major legislation, the effort requires several years, each with a successively higher high-water mark. We have played this game patiently and successfully on other issues in the past, and we will persevere until we achieve meaningful reforms.

Insurance reforms

Some successes come more easily than others, depending — as does so much in politics and in life — on timing. It was the genius of my predecessor, Dr. Dave Ettensohn, to see that the time was right and the planets were aligned to achieve some breakthroughs. Even he, however, probably did not anticipate that we would succeed in igniting such a firestorm and such a long chain of events, the end of which is by no means in sight.

As a near-term result, we will soon have a new Health Insurance Commissioner (the embodiment of an idea first articulated by RIMS two years ago) with broad powers to regulate the behavior of health plans, including their business practices and other actions affecting physicians and patients. Another tangible product of RIMS' activism of the past two years is a brand new law that requires six members of the board of directors of Blue Cross & Blue Shield of RI to be publicly appointed. Such legislative changes and the departure of BCBSRI's chief executive in early May should go along way to liber-

ate the company from the unfortunate culture that had taken root there, and help return it to its vital community mission.

The AMA whirlwind

In June I had the opportunity to participate in the Annual Meeting of the AMA House of Delegates in Chicago. I found that other states face many issues similar to ours. Our successes in insurance reform have attracted national attention, especially among our peers, and have been covered by the *American Medical News*.

Tort reform is a national issue. During the Chicago meeting, the AMA's analysts added Massachusetts to the states that are deemed to be in full-blown crisis on liability. Rhode Island can't be far behind.

The other delegates from Rhode Island, Drs. Colleen Cleary, Kathy Fitzgerald, Art Frazzano and Mike Migliori spent hours poring over the reports and resolutions that filled a binder six inches thick, and actively added our voices to the lively debates. The sheer volume of important work is amazing, and the dedication and performance of our delegates as well as that of Steve DeToy at these meetings was impressive. I came away feeling proud and lucky that Rhode Island has such committed, respected and capable individuals working on our behalf and on behalf of medicine nationally.

The road ahead

Much more work lies ahead. The summer months will bring little reprieve. We need your support and that of all our colleagues. Although all physicians benefit from the Medical Society's efforts and most physicians share in supporting RIMS' efforts through their loyal membership, it remains shamefully true that many physicians are not members. Many warm themselves at a fire built by others. Many slake their thirst at a well dug by others. This becomes a matter of fairness, equity and honorableness. We need all physicians to acknowledge the value the Society uniquely brings to them and do the right thing: join RIMS.



Looking For A Good Deal On Employee Benefits?



The Right Partner Can Make All The Difference

The Rhode Island Medical Society's Insurance Brokerage Corporation (IBC) has formed a partnership with The Good Neighbor Alliance Corporation to provide complete employee health and benefits packages.

The Good Neighbor Alliance Corporation provides a full range of employee benefit products including:

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