

## RI Foundation boosts primary care The new Fund for a Healthy Rhode Island

In February 2009, the Rhode Island Foundation announced the establishment of a new, permanent endowment that will focus on increasing access, affordability and quality of primary care in Rhode Island. In each of its first three years, this endowment, known as the Fund for a Healthy Rhode Island, is expected to distribute \$800,000.

Six hundred thousand of this amount each year will be distributed in the form of grants ranging from about \$50,000 to \$250,000 each. These competitive grants will be intended to promote improvements in three areas: making primary care more accessible; making pharmaceuticals more affordable; and raising public awareness of the importance of primary care, prevention and personal responsibility.

Individuals and organizations interested in applying for a grant should contact Elaine Saccoccia at the Rhode Island Foundation: 401-427-4029, [esaccoccia@rifoundation.org](mailto:esaccoccia@rifoundation.org). The first deadline is April 15.

The remaining \$200,000 from the Fund each year will be used to support a loan forgiveness program for primary care professionals. The Foundation, the Rhode Island Medical Society and Blue Cross & Blue Shield of Rhode Island are working together to create a robust loan forgiveness program and identify additional sources of funding for it.

The Rhode Island Foundation defines "primary care" as the "medical home for a patient, ideally providing continuity and integration of all aspects of health care. All family physicians and pediatricians and most internists provide primary care, as do nurse practitioners, mental health workers, case managers, and others who work with them."

According to the Foundation, the Fund for a Healthy Rhode Island will not make grants to fund capital improvements or medical research. Proposals will be evaluated based on effectiveness; ability to provide clear outcome measures and document results; applicability to other settings; and sustainability beyond the grant investment. The Fund will support projects of one to three years' duration. ❖

## New AMA resources for your practice: Claims process check-up; the cash practice alternative; keeping your practice competitive

The Practice Management Center and the Private Sector Advocacy unit of the AMA have developed practical new tools and resources for help medical practices keep their heads above water.

For example, as part of its "Heal the Claims Process"<sup>TM</sup> campaign, the AMA helps physicians analyze their practice's ability to detect payer problems and address delays, denials and payment reductions. The title is "Prescription for a healthier practice: Physician claims process check-up"; it is part of the AMA's "Heal the Claims Process" campaign kit and is available through the AMA website, [www.ama-assn.org/go/pmc](http://www.ama-assn.org/go/pmc).

In addition, "Cash practice alternatives: Considerations for physicians," shows doctors how to assess whether limiting their financial dependence on health insurer contracts may be a viable option. This publication too is available through the Practice Management Center section of the AMA website, [www.ama-assn.org/go/pmc](http://www.ama-assn.org/go/pmc).

The AMA's office of Private Sector Advocacy has published a second edition of its booklet "Competing in the Marketplace: How physicians can improve quality and increase their value in the health care market through medical practice integration." Its focus is on the timely issue of survival through aggregation. Many physicians have long resisted the option to band together in order to share resources and gain clout with payers. Understanding the various degrees of integration, including financial integration, clinical integration, and merger, may enable physicians to preserve their independence while also gaining market advantages by cooperating in ways that do not violate antitrust. The second edition includes a new preface and appendixes that highlight the AMA's antitrust activities. It is available through the Public Sector Advocacy section of the AMA website, [www.ama-assn.org/go/psa](http://www.ama-assn.org/go/psa). ❖

## Medicare e-prescribing incentive payments

To encourage physicians to adopt electronic prescribing, Medicare is providing incentive payments in 2009 and 2010 equal to 2% of the physician's total Medicare payments for the year, payable in a lump. In order to be eligible for the incentive payments, physicians must have a CMS-compliant system and have at least 10% of their Medicare charges represented by office visits, consultations, eye exams, psychotherapy and certain other services. They must also report one of three e-prescribing G codes for at least 50% of all their Medicare office visits, consultations, and certain other services.

In 2012, the carrot will become a stick, with penalties for physicians who have not implemented e-prescribing.

More information is available from the AMA website, [www.ama-assn.org](http://www.ama-assn.org), and from CMS at [www.cms.hhs.gov/PQRI/03\\_EPrescribingIncentiveProgram.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp#TopOfPage).

Electronic prescribing is regarded as effective in preventing medication errors, reducing adverse drug events and making patients' coverage and co-payment information conveniently available to prescribers. ❖