



**GARY BUBLY, MD
PRESIDENT**

In mid-February, while I was working a busy emergency department shift, I overheard one of our stellar emergency medicine residents introduce himself to a patient with, "Hi, I am Dr. _____, and I am part of the *team*

that will be taking care of you today." The nurse who was at the head of the bed tending to a laceration on the forehead of this patient looked up and beamed. The sense of inclusion and acknowledgement of everyone's value on the health care *team* was palpable. Although I was running around trying to juggle the care of a dozen sick patients, I stopped mid-stride in awe. I was inspired.

When the resident presented the case to me, I heaped praise upon him for that introduction. As a faculty member, I confess I am frequently learning from the residents, and everyone else around me. I quickly borrowed this play from his playbook, and incorporated the phrase into my own introduction to the same patient.

However, the family's reaction startled me. The patient's daughter assertively fired back, "We don't want a goddamn team taking care of my mother! We want one doctor who knows what's going on! Not a team that has to rely on one telling the next what's going on with my mother!"

Wow. Not what I expected, but even more thought-provoking. I reassured her I was the captain of the ship on that emergency department visit, with sole responsibility for everything that happened to her mom. At the same time I knew I would be staying late on that shift to keep my promise to her.

The concept of a single trusted caregiver remains central to the doctor-patient relationship. That concept has not faded in patients' minds despite shorter resident hours imposed by the ACGME, the enormous growth of hospitalists, and the complexities of EHRs that do or do not interface. Keeping our promise to patients means taking overarching responsibility for care, and ensuring excellent communication with consultants and colleagues in the inevitable handoffs in our system. Will Patient Centered Medical Homes, and projects on improving communication and transitions of care solve that issue? I think we will always want one doctor who is there for us, who "knows what's going on."

Communication between providers is but one element embedded in Accountable Care Organizations, aka **ACOs**. For months we were awash in discussion about the nebulous concept of ACOs without much detail, awaiting clarification from CMS, the Department of Justice and the Federal Trade Commission. Some physicians had not even heard the term yet, while others were racing to form them.

As most of you know, the hotly anticipated draft regulations were finally released March 31, 2011. RIMS hosted an educational session on April 14th with 3 outstanding attorneys who have pored over the roughly 500 pages of regulatory clarifications on ACOs, COOPs and MEWAs. The event was well attended, and RIMS members engaged our panelists with insightful questions and comments.

We all want to be prepared and positioned for the future, but it is difficult trying to navigate through the fog without radar, a chart plotter, or even an exact destination. Now that the fog is lifting, many think ACO is a destination they will bypass for now. Yet on some level ACOs, COOPs and MEWAs seem to be timely catalysts for physicians to consider aggregating into larger groups. Experience has shown that larger groups empower their physician members. And physician empowerment has been an issue for many of our members, for many different reasons. Physicians have been trained to fly solo, to think and practice independently—to be that "one doctor who knows what's going on." Forming larger groups may result in some loss of individuality and autonomy, but if you speak to colleagues in larger groups, they generally agree that the overall gains for physicians outweigh these sacrifices.

OK, change gears. On January 13th we had a **reception at RIMS for the newly elected legislators** in Rhode Island. This was the day after the blizzard, and surprisingly, at least to me, we had an excellent turnout despite the weather. Hearty legislators and many RIMS members from leadership, Council, PAC, and Public Laws turned out for a casual meet and greet. I had a great time there! It was a nice opportunity to get to know several of our newest representatives. We had some personal and thoughtful discussions about issues, which for me at least, were rather encouraging about the future! Hopefully, they won't get burned out or worn down too fast.

Our legislative agenda: the "I'm sorry" legislation; repeal of the provider tax; freedom to delegate "prior auth" for imaging; a tax on sugar-containing beverages; immunity for those administering naloxone in drug overdoses; immunity for PA's serving in a disaster or emergency situation; primary seatbelts; ignition interlock for DUI; marriage equality, and stricter regulation on teens using tanning salons.

We have met with **Senate President Teresa Paiva-Weed**, **Senator Domenic Ruggerio**, and **House Majority Leader Nicholas Mattiello** to discuss our legislative agenda.

In early February, **Drs. Damle, Migliori, Mr. Steve DeToy** and I headed to Washington for the AMA National leadership and Advocacy meeting. That was eye opening for me in terms of how relatively good we have it compared to other parts of the country. The AMA has 4 major items on its legislative agenda this year, which we discussed in our meetings with the RI delegation: the SGR fix (currently good till end of December 2011), Medicare private contracting, truth in advertising (i.e., credentials of practitioners), and liability reform.

Back home, we met with **UnitedHealthcare** to discuss United's Premium Designation Program, which was to be rolled out simultaneously in all 39 markets where United has a foothold. The program is supposedly one of quality and efficiency. The measures reportedly are evidence-based, take into account a case mix adjustment, and require at least 10 data points to report. There is an appeal process before results are posted online. Physicians and patients will have online access to this data. This will feed in to select reimbursement incentives. As in the past, we expressed concerns for the accuracy of data, the soundness of the methodology and the usefulness of the information.

MinuteClinic has apparently again postponed plans to open locations here in Rhode Island. As I mentioned in the last newsletter, our RIMS leadership team met with the leadership of MinuteClinic back in November to discuss their plans to enter the state. At that time, they accepted our invitation to them to address the February RIMS Council meeting. However, prior to that Council meeting, they apparently withdrew their plans to open locations here in RI. We will keep an ear to the ground.

We bade farewell to **Dr. David Gifford, Director of Health**. At our last meeting with him in February, we reminisced a bit and reviewed a long list of topics of mutual interest, from our legislative agenda to regulatory issues. We wished him well in his new endeavors, but also encouraged him to stay involved with us on advocacy, particularly areas he was passionate about.

I was pleased that RIMS member **Dr. Michael Fine** was appointed Interim Director of Health, while the search continues for a new Director. We met with Dr. Fine in March and again in April. He is still seeing patients at the ACI, which is admirable. Although I can only imagine the incredible time and budgetary constraints the Director has to deal with, wouldn't it be fantastic if the Director of Health was able to see patients for even a half day per month in any setting, just to keep a finger on the pulse of what clinicians struggle with?

I reluctantly accepted the resignation of **Nick Tsiongas** as president of the **Rhode Island Medical Political Action Committee**. We graciously thanked him for his years of service to the organization in this capacity. Big shoes

to fill, but **Mickey Silver** has agreed to serve as RIMPAC president, and **Elaine Jones** agreed to step up to Treasurer. I have asked **Brandon Maugham** to serve as the resident representative, and **Mark Schwager** and **Chris Luttman** to join the board of directors of RIMPAC as well.

We recently met with **Ed Quinlan, President of the Hospital Association of Rhode Island** and Craig Sayata, HARI's government relations director, to discuss areas of mutual interest.

In addition, **Daren Girard**, current president of RIACEP, Steve DeToy and I met with **Craig Stenning**, Director of BHDDH, regarding the issue of ED psych holding. We are seeking more transparency in the process of psychiatric placement.

I continue to represent RIMS on the **Special Senate Commission to Study Cost Containment, Efficiency, and Transparency in the Delivery of Quality Patient Care and Access by Hospitals**. The Commission's recommendations were released at the end of March and are summarized elsewhere in this newsletter. I also serve on the Rhode Island Health Promotion Policy Council and HealthCare Community Exchange Council (of BCBSRI, along with Dr. Nitin Damle, Dr. Marlene Cutitar, Dr. Phil Rizzuto and many others).

Finally, at the April meeting of the RIMS Council, we hosted **Lieutenant Governor Elizabeth Roberts** and her Chief Counsel, **Jennifer Wood**. Many of you read the minutes and commented. Glad you are reading this stuff! And I am grateful she took the time to write a response to clarify our minutes. She is sincerely interested in including providers in the health care reform process.

That's all for now. ❖

Lt. Governor Roberts addresses RIMS Council



Lieutenant Governor Elizabeth Roberts addressed RIMS Council on April 4, focusing on the federal Patient Protection and Affordable Care Act of 2010 and its progressive implementation in Rhode Island. A full report is available on www.rimed.org under "Working for You," along with Lt. Governor Roberts' response.