

Following His Passion: New RISOPS President Gregory Allen, DO

During the summer of 2016, the Rhode Island Society of Osteopathic Physicians and Surgeons introduced its first president in over four years. With the election of Gregory Allen, DO, the Society welcomed an experienced PCP who also spends time as a teaching physician and in hospital administration. His unique skillset makes Dr. Allen an ideal choice to lead the group in the years ahead. Early in the fall, Dr. Allen spoke with RISOPS.org to discuss his career in medicine as well as his hopes and plans for the near future.

In the very beginning why did you decide to practice medicine?

Before medical school, I worked for almost 12 years on fire department rescue, full-time. As I gained experience and was promoted to the rank of Rescue Lieutenant, I became more and more interested in emergency medicine, and developing additional skills while serving people in their time of greatest need. Although I had always aspired to attend law school, circumstances



and chance had other plans for me.

A great friend and colleague of mine (Herbert "Hub" Brennan, DO) left the same fire department to attend medical school about four years prior to me. His departure planted the seed of exploring the prospect of furthering my medical education. Not

long after, I experienced a life-changing event. We had a chance to deliver a baby in someone's house one night. You talk about fate. We took a call on the way back from another run that was out of our district. When we arrived, the baby was already crowning, and after some anxious moments, was delivered right there in the bedroom. We got her to the hospital safe and sound. On the way back, I remember thinking, Wow! That's not something that lawyers get to do.

I was really fortunate to have been introduced to RISOPS very early in the process. This group welcomed me with open arms during the application and interview process. Their recommendation got me on the radar at UNECOM, and the rest is history.

What are your goals for RISOPS for the next year and beyond?

The first goal is to put ourselves on a level playing field in Rhode Island. I'm almost

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December 14, 2016

We had a great turnout for our Holiday Dinner! 45 DOs and their guests came out to Trattoria Zooma in Providence for good food and better company. Our speaker, Terrence Healey, DO, provided a motivating presentation on lung cancer screening.

ROME2016 RECAP

ROME New England 2016 marked an opportunity for DOs across the region to network and learn together through a Continuing Medical Education curriculum featuring osteopathic principles. During our annual membership meeting, we discussed causes affecting the osteopathic profession and provided an overview on what the RISOPS has accomplished in the past year. Additionally, we displayed our appreciation for Immediate Past-President James Griffin, DO at the conclusion of his four-year tenure. We also welcomed President Gregory Allen, DO to the head of our table. We remain committed in advancing our mission to deliver efficient healthcare for our patients and ensure the health of the profession in the state of Rhode Island.

We hope you can join us in August at the Hyatt Grand Regency in Cambridge, MA for **ROME 2017**...and we will keep you informed about upcoming opportunities!



NEW PRESIDENT (cont'd from front page)

embarrassed to live in a state that can be so DO-friendly (like we are at Roger Williams, or is witnessed at Kent County Hospital) and yet have another hospital system that goes out of its way to maintain archaic and discriminatory practices against Osteopathically trained and credentialed Physicians duly licensed to practice medicine in our State. I can't understand how some physicians and administrators could still be so backward in their thinking. We are going shine

light on this practice and advocate on their behalf.

We continue to strive to make the organization visible and heard on other important issues like Tort reform, the "Modifier 25 rollback," with Blue Cross, and the State legislative agenda as it affects physicians and patients. We have to keep our presence at a high level. We are a very small organization but as a small state we have the

opportunity and flexibility to accomplish some things that bigger states cannot. To keep the association relevant and maintain membership viability, we've got to keep the organization visible. I look forward to working with my colleagues on these and other goals as we move forward.

To read the entire RISOPS Interview go to www.RISOPS.org

Connect to WELLNESS



Regional Osteopathic Medical Education



17-20 Aug 2017

Hyatt Grand Regency, Cambridge, MA

Please visit www.osteopathic.org/ROME for updated information and to book your hotel room.



UNECOM Admission Interviews

The RISOPS Student Recruitment and Placement Committee holds interviews for students each year who are applying for admission to UNECOM. Interviews are usually held on the 3rd Saturday of September. After the committee completes the interviews, recommendations letters are sent to the UNECOM admissions office. The letters are also available to be sent to other schools that the interviewee would like them sent to. This past September, we had interviewed 4 students, and we know that 2 of them were accepted into UNECOM. Applying to osteopathic school is a competitive process. Interviewing and getting a recommendation from RISOPS can be a very important addition to your application material.

If you would like more information or if you'd like to schedule an interview, please email risops@osteopathic.org.

Update on Lifespan Credentialing Issue

By Gregory Allen, DO - President, RISOPS

As many may be aware, Lifespan hospitals continue to do their best to exclude RI licensed physicians who have trained in Osteopathic programs and who have been certified by the Bureau of Osteopathic Specialists. Although Lifespan leadership has, over the years, assured our organization that the issue was related to "old bylaws" which were in process of being updated, no such change has taken place. Despite the fact that every other hospital system in the State accepts Osteopathic Board Certification on equal footing with the ABMS, Lifespan-affiliated hospitals have a segregated track, requiring special endorsement from a

department Chair to determine if he or she feels that the certification is equal. This has resulted in some Doctors of Osteopathic Medicine being denied an application in Lifespan hospitals.

The AOA has pledged support in our efforts to correct this archaic practice of closet discrimination against our colleagues seeking to obtain hospital privileges at Lifespan facilities. RISOPS will, with the support of all R.I. Physicians, continue to advocate for this long overdue change. Please check-in for regular updates on this important issue.



Brian Lehnhof, DO (center)
Kent Hospital EM PGY4 Chief Resident

Dr. Lehnhof took 1st place at the ACOEP Scientific Assembly in San Francisco in the research paper competition in November 2016
Original Research Presentation:
ECG Manifestations and Clinical Outcomes of Severe Hyperkalemia

A LOOK BACK IN HISTORY

photograph courtesy of the NEOHC



Some of the leadership for the Cranston General Hospital, Osteopathic Expansion Fund (from left to right) are:

Mrs. Harry Petri, Mr. Walter Whitney, Mrs. Pasquale Germani,
Mr. Carl I. Hayes, Jr., Joan Abar, D.O., Rep. Irving Levin,
Mr. Frank Zaino, Mrs. Carl I. Hayes, and Robert Mukstich, Ph.D.

Save the date

Four days of education and inspiration with thousands of DOs and osteopathic medical students.

It's more than just a conference – it's our homecoming!

OMED[®] 17

OCTOBER 7-10 | PHILADELPHIA, PA

Volunteer Opportunities: Committee Members Needed!

Committees:

- Bylaws
- Education
- Finance and Personnel
- Membership
- Programs/Convention
- RIOPAC
- Student Recruitment and Placement

Time Commitment:

1 to 3 hours every month to prepare and participate in board meetings. Participation can be in person or via conference call.

Interested individuals can submit a letter of interest and a CV to risops@osteopathic.org.

RI H-5012

Summary: Prohibits insurers from imposing copayments on insureds for receipt of emergency services from out-of-network providers greater than copayments applicable for in-network providers. Out-of-network providers of emergency services may bill the insurer directly and the insurer shall reimburse the greater of the following:

1. The amount the insurer would've reimbursed an in-network provider for the same service
2. The usual, customary and reasonable rate for the service or
3. The amount Medicare would reimburse for the service.

Insureds are only required to pay the applicable in-network copayment amount for emergency services. For non-emergency services, if the insurer failed to inform the insured of the provider's network status, the insured is only responsible for in-network copayments.

The insurance commissioner shall establish a dispute resolution process for resolving surprise bills. The dispute resolution entity shall select either the physician or the insurer's fee. If the insurer's fee is selected, the nonparticipating physician must pay the cost of dispute resolution process, and vice versa.

Status: House Committee on Corporations recommended the measure be held for further study on January 25th, 2017.

RI H-5069

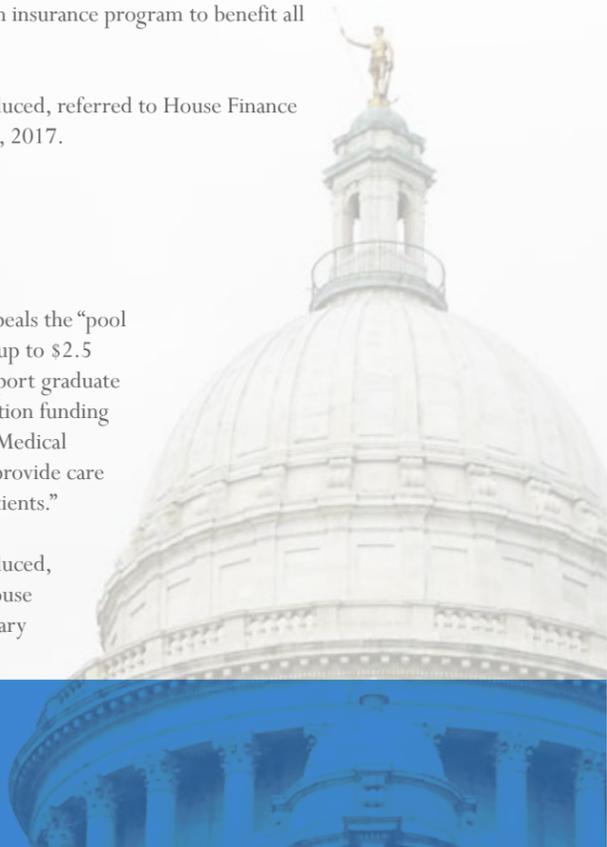
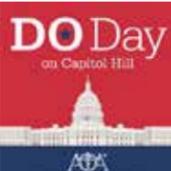
Summary: Repeals the Rhode Island Health Care Reform Act of 2004 and replaces it with the RI Comprehensive Health Insurance Program, which creates an affordable, comprehensive and effective health insurance program to benefit all residents.

Status: Introduced, referred to House Finance - January 19th, 2017.

RI H-5175

Summary: Repeals the "pool established of up to \$2.5 million to support graduate medical education funding for Academic Medical Centers who provide care to indigent patients."

Status: Introduced, referred to House Finance - January 19th, 2017.

The American Osteopathic Association's DO Day on Capitol Hill 2017 is being held on **Wednesday, April 5 in Washington, DC.**

Rhode Island Blue Cross and Blue Shield and the Modifier 25

Submitted by David Bica, DO and George Pasquarello, DO

On August 1, 2016, The Rhode Island Blue Cross and Blue Shield (RIBCBS) notified all of its participating providers that they have made an adjustment to their re-imbursment of evaluation and management code (E/M) when used with a Modifier 25 and a CPT code. Essentially, when an (E/M) code is used with a Modifier 25, the E/M re-imbursment is cut by 50%. This sudden change did not go un-noticed, and RISOPS, RIMS and the AOA immediately jumped to action to determine

if these changes have been implemented elsewhere and if these changes are consistent with CMS guidelines.

On October 11, 2016, a special meeting was held at the RIMS headquarters with leadership from RIBCBS and with an open invitation to all specialty organizations. The meeting was well attended with representation from almost all specialties. Each representative was introduced, given

an opportunity to speak and discussed how this will negatively impact their practice and specialty. Questions were asked on how RIBCBS came to this decision to target outpatient use of modifier 25. Essentially, the bottom line was that RIBCBS has sustained roughly a \$51 million dollar loss for 2016, and this was one of many cuts that they have done. RIBCBS stated that they have sustained growing costs and with increased competition

SEE "MODIFIER 25", BACK COVER

Last Name	First Name	MI	Degree
Email Address (required)		AOA No.	

BUSINESS

Practice Name <input type="checkbox"/> This is my preferred contact address		
Office Address <small>* We will only furnish your office address and phone number to patients seeking referrals.</small>		
Office Address 2		
City	State	Zip
Phone	Fax	Pager
Specialty 1: <input type="checkbox"/> Board Certified		Specialty 2: <input type="checkbox"/> Board Certified

PERSONAL

Home Address <input type="checkbox"/> This is my preferred contact address		
Home Address 2		
City	State	Zip
Phone	Fax	

PAYMENT INFORMATION

<input type="checkbox"/> Visa	Card No. _____	<input type="checkbox"/> Check	# _____
<input type="checkbox"/> MC	Exp. _____ Security Code _____	Please make your check payable to RISOPS	
Name on Card _____			
<i>I agree that I will comply with the Bylaws of the Society and the Code of Ethics of this Profession</i>			
Signature: _____		Date _____	

Your dues payments to the Rhode Island Society of Osteopathic Physicians and Surgeons (RISOPS) may be deductible as business expenses up to the amount of \$325.00. (No portion of the dues are used to pay for costs of lobbying.) Please consult with your tax advisor concerning the extent to which you may deduct business expenses. RISOPS would be happy to respond to any questions that you or your tax advisor may have.

2016 MEMBERSHIP RATES

I am: JOINING RENEWING

- R.I. Physicians \$ 325
- New Member – 1st Year FREE
- New Member – 2nd Year \$ 200
- Associate Membership \$ 150
(Physician with license in other state)
- Retired R.I. Physicians \$ 100
- Allied Health Members \$ 50
- Student/Resident FREE

Return completed application & payment to:

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142 E. Ontario Street, 4th floor
Chicago, IL 60611
Fax: 312-202-8224
Email: risops@osteopathic.org



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 Affiliate Executive

Angela Wilkins
 Accountant

MODIFIER 25 (cont'd from page 10)

in the insurance market, they have a lower market share. They cited that other insurers, i.e. Cigna and Tufts, have implemented similar changes, and they are being reactionary in an effort to stay competitive.

They explained that Modifier 25 is used extensively in RI, and they believe that it is being misused or abused, but did not give comparison to other states or substantiate this claim with facts. They explained that it would be too expensive to audit to see if it actually is being misused. RIBCBS states that this will mostly affect ophthalmology, dermatology and orthopedics that have the highest utilization of modifier 25. This will not affect emergency E/M codes used with Modifier 25. After listening to these grievances, Peter Holman (former director of RIBCBS) informed RIBCBS that CMS has already evaluated and adjusted E/M, Modifier 25, and the CPT codes for osteopathic manipulation. He advocated that OMT should be an exception to this current change considering RVUs and re-imburement have already been

adjusted to be used together. In the end, RIBCBS seemed already set to implement these changes despite the outcome of this meeting. However, this was not the end. In a joint collaboration with RISOPS, RIMS and the AOA, we continued to put pressure on RIBCBS especially with respect to OMT. It was decided to change our strategy and emphasize OMT as an alternative treatment for pain instead of opiates in an effort to fight the growing opiate epidemic.

A second meeting was held on November 7, 2016 at the RIMS counsel with George Pasquarello, DO representing RISOPS. Matt Collins, MD, Vice President of Clinical Integration of RIBCBS, attended and was ready to present RIBCBS's medical expenses and utilization. However, he was unaware of the intent of meeting to discuss RIBCBS's changes to the Modifier 25. This fight is not over; we believe that we can alter their decision to cut the E/M code when performing OMT. One thing that we have learned in life is that persistence pays off.



Stay Connected. Network with RI DOs and get all the latest news and updates. Like us on Facebook, follow us on Twitter (@Rhodeland_DOs), connect with us on LinkedIn, or visit the RISOPS homepage at www.risops.org.