RIVISIONS
Official Publication of the Rhode Island Society of Osteopathic Physicians & Surgeons
February 2014

Kent Hospital Residency Update

Family, Internal, and Emergency Medicine

Family Medicine

Family Medicine has had an exciting season of interviews with many very capable candidates. The majority of candidates are from UNECOM and PCOM. Interviews have been completed and the program will be ranking the candidates in the upcoming weeks. The Family Medicine Program will be matching four (4) first year spots this year.

Megan Johnson, DO, has accepted the UNECOM Biddeford/Portland NMM/OMM Plus One Fellowship. The other seniors are still exploring their options for employment after graduation.

Internal Medicine

Currently there are 9 Internal Medicine residents at Kent Hospital. In the fall of 2013, Kent Hospital agreed to expand to 18 Internal Medicine resident slots with an increase of three (3) per year. The ACOI approved the increase, but it was blocked by the AOA at the last minute when they put a hold on all expansions. The Internal Medicine Residency Program at Kent Hospital received over 20 applications for every one resident position available. The candidates were all high quality and approximately half were selected for interview. The program is ranking 20 candidates for the match which occurs in February.

Kent's current residents continue to perform at a high level. As a whole, they have scored in the top third of the country on all in-service exams thus far. One second year resident scored in the 96th percentile.

Our inaugural class will be graduating this June. Kent is very fortunate to retain

(see Residency, p. 3)

RISOPS member **Mark Andreozzi, DO** *(right)*, of ENT & Allery Inc. with offices in East Providence and Warwick, has donated not only his time to educate the Kent Hospital family medicine residents this year. His office also donated an operating otoscope for the residents to use in their new clinic located at the Thundermist Health Center in West Warwick. **Dr. C. Tyler Vogt, PGY-II** *(left)*, spent one month with Dr. Andreozzi in the fall of 2013 and accepted the Welch Allyn

operating otoscope on behalf of the eight current family medicine residents.

See Page 7 for This Issue's Look Back in History

As they do for each issue, this blast from the past has been provided to us by The New England Osteopathic Heritage Center **(NEOHC)**. You can read more about this fine organization on page 2.

photograph courtesy of the NEOHC

MESSAGE from the PRESIDENT

As the deadline for submitting this message quickly approaches I am again reminded of how dramatically technology has changed our lives. It is a double edged sword; along with the benefits of instant communication we have to contend with the incessant barrage of impersonal email, texts, solicitations and alerts all vying for our limited attention and time. Remote teleconferences replace face to face meetings, deadlines are compressed, and demands on time are greater than ever. Add to this the unsettling perception we all undoubtedly share- that time seems to accelerate as we age. In our headlong rush to complete daily activities, how often do we take the time to reflect on the things that really matter the most to us? Have we prioritized the diminished time we have available for others appropriately? It brings to mind the Harry Chapin song "Cat's in the Cradle" about the father who never seems to have time to spend with his young son ("Not today, I got a lot to do"), only to have these roles reversed as the child becomes an adult. Setting aside time with our immediate family, particularly for sharing the evening meal together, allows us to "connect" in a way that technology cannot possibly replicate. This "face to face" communal activity is just as important for relationships with our extended family, friends and communities.

> **Community** (n) "*a feeling of fellowship with others, as a result of sharing common attitudes, interests, and goals.*"
> - Oxford Dictionaries

As DOs practicing in Rhode Island we are a unique community of physicians by virtue of our distinctive education, training and licensure. We share the same osteopathic heritage and philosophy and have trained at many of the same osteopathic institutions, with many of the same people. Rhode Island is also the smallest state, so most DOs are friends with or a least familiar with their osteopathic colleagues.

Maintaining the distinctiveness of osteopathic medicine is essential for survival of the profession. This is clearly demonstrated by the recently threatened access to fellowship training programs by DOs trained in AOA, rather than ACGME accredited residencies.

The Rhode Island osteopathic community, representing a diversity of practice settings and specialties, possesses a wealth of collective experience and talent. We need to capitalize on this **communal** strength by keeping the entire RI osteopathic family cohesive. To this end we need our colleagues to stay active within RISOPS; in a small state such as ours, **every** member is essential. Continued engagement within the osteopathic community enriches each individual physician as well as our profession. So join us for the next dinner event, and make plans now to attend our annual ROME New England conference in August. It's a great opportunity to reconnect with local and regional DOs while obtaining top quality CME pertinent to all specialties.

As we begin 2014, make a resolution to periodically slow down, take some time from the daily grind and carve out time for the more important things in life. In the long run, it's the time spent with family, friends and colleagues, not the busywork that you will look back on and be grateful for.

Best wishes for a healthy and prosperous New Year and stay connected!

James Griffin, DO

NEOHC

The New England Osteopathic Heritage Center (NEOHC) is dedicated to preserving, promoting and providing access to the history of osteopathic medicine in New England. The center is an educational resource of archival material and museum displays offering dynamic programs.

Programs aim to educate the public and honor the profession and the men and women who have served New England for more than 100 years.

NEOHC collections include letters, documents, photographs, artifacts, videos and publications

Residency *(cont'd from front page)*

all three out of state graduating residents. Dr. Autumn Hines will be one of the first fellows in the new GI fellowship at Kent. Dr. Christopher Peters will be practicing traditional Internal Medicine in East Greenwich, joining Dr. Herbert Brennan and Dr. Charles Cronin. He will obtain admitting privileges at Kent. Dr. Christopher Palmer, our Chief Resident, will be working at Kent Hospital as a Hospitalist.

Internal Medicine

The interview season is coming to an end. This academic year we received over 300 applications for six (6) intern positions. We have had the pleasure to interview over 80 highly qualified candidates, most of whom would make a great addition to the residency. The rank list will be compiled in the next few weeks and we are anticipating a rewarding match day in February.

The current residents are busy working and studying for the annual resident in-service exam at the end of January. Stacy Page, PGY 2, has made a submission to the AAEM poster competition which takes place in New York City in February. Her submission is titled: "Found Down: An EKG Finding Not to be Missed."

As of the end of November, all six (6) EM senior residents have signed contracts with their future employers. Two (2) will be staying local and working in the Care New England Health System.

Dr. McKaila Allcorn
Samaritan North Lincoln Hospital
Lincoln City, OR

Dr. Katie Chapman, *and*
Dr. Nicole Coleman
Memorial Hospital, Pawtucket, RI

Dr. Rebecca Ondrus
Stamford Hospital, Stamford, CT

Dr. Jessica Pelkey-Blum
Berkshire Medical Center
Pittsfield, MA

Dr. Nichole Supple
Rochester General Hospital
Rochester, NY

All programs that need to be inspected were blocked from expanding by a new rule put in place in fall 2013. Although Kent requested inspection for the past two years, this will not occur until spring 2014. Despite our success, the AOA was unwilling to grant our program, or others for that matter, the traditional one year expansion with continuation of the expansion pending inspection. This is unfortunate because those spots could have easily been filled and brought more primary care doctors to the state.

documenting doctors, professional organizations, and osteopathic hospitals in New England.

If you have questions, are interested in conducting research, or are interested in contributing to the collection, please contact us:

University of New England
Biddeford Campus
11 Hills Beach Road
Biddeford, Maine 04005

207-283-0171

Welcome to Our New RISOPS Members

CORRECTION: The Summer 2013 issue of RIVisions did not correctly identify the credentials for the new members welcomed into RISOPS. This is an updated list of those individuals.

Daniel Ackil, DO
Jonathan Anderson, DO
Alyssa Bennett, DO
Amanda Beretta, DO
Desirae Budi, DO
Kelly DiFabio, DO
Justin Etter, DO
Alex M. Gerber, DO
Martin J. Kerzer, DO
Gary G. King, DO
Nina Kohli, DO
Ashley M. Lauria, DO
Brian Lehnhof, DO
Donald R. McNally, DO
Katherine Morgera, DO
Mark B. Oien, DO
Zuhair Qureshi, DO
Mark V. Salmon, DO
Richard Sayegh, DO
Justin Valiquet, DO
Colin Woodard, DO

IMPORTANT INFO

Critical Steps to Implementing ICD-10 in 2014: It's Getting Late!

by Stanley Nachimson

With less than one year to go before the October 1 implementation of ICD-10, it is becoming more and more evident that practices must be able to code and bill diagnosis for services on and after that date. CMS is insisting that the Oct. 1 deadline will not change. Medicare is insisting that any claims with ICD-9 codes will be immediately rejected. Many health plans are following the Medicare guidelines. Even State Medicaid agencies are expected to be ready. Any practice that is not ready faces revenue loss and/or significant cost and delay to get paid.

Industry surveys continue to show a significant number of providers have not even begun preparations for ICD-10, or expect their vendors to do all of the work. Vendors cannot make a practice ICD-10 ready, as the documentation and coding remains the responsibility of the practice. The time to understand ICD-10 impacts, plan, train, remediate, and test was expected to take several years, even for the smaller practices. We are now at a crucial point for practices. The time to do a well thought out, well planned, and non-invasive implementation is past. Practices are now facing a process where they must prioritize actions so that they can be at least minimally ready for ICD-10.

During the first half of 2014, AOA will provide the specific steps each practice must accomplish each month to be prepared for ICD-10. Those practices that have already started are to be commended. The AOA will be setting up a "success" page on their website for practices to share successful lessons learned. There will also be a "questions" mailbox so practices can submit questions to AOA where answers from the staff and ICD-10 consultant will be posted.

Each month's topic will include details about what must be accomplished; resources from AOA and other sources to assist practices, potential measures of success so that practices will know if they have done what is necessary and any success stories we have received. The FAQ site will also be updated as necessary.

Below is the schedule with a brief description of each month's activity:

January 2014 – *Know Your Practice Diagnoses Patterns*

As a beginning point, it will be important to know the types of diagnoses that you deal with most often. Even specialists will need to determine their "most important" diagnoses in terms of revenue and volume. Knowing this will enable you to prioritize all of your implementation steps and pick the most important ones. You will also need to understand where most of the information to identify the diagnosis comes from; whether from within your own practice or based on information and referrals from other practices.

February 2014 – *Understand ICD-10 codes and documentation requirements*

Once you have identified the important diagnoses for your practice, and where the information comes from, it is time to learn the ICD-10 codes applicable to your practice. While there has been a desire to just translate ICD-9 codes to ICD-10, there is no reliable method to do that. It is important that as a practice you understand what ICD-10 codes you are likely to use, how to gather the information necessary to correctly code them, and have the documentation to support them. This is really the core of ICD-10 implementation for practices. Knowing this information will allow you to move forward to successful and compliant ICD-10 coding and billing.

March 2014 – *Check with your vendors*

Most practices rely on outside vendors for their EHR and practice management software and billing. Remember the whole country going through this ICD-10 implementation – every health care provider. So it is likely that vendors will be stretched to the limit in supporting their customers. With just 6 months before ICD-10 implementation, we need to assure ourselves that our vendors will be ready and able to support upgrades for ICD-10. We will provide information about the types of vendors to contact, what readiness information has been already provided, and the top questions to ask your vendor to assure they will be able to support your practice's implementation.

April 2014 – *Check with your health plans*

Every health plan is retooling their systems, reports, business processes, and policies to comply with the ICD-10 changes. Their rules will drive the coverage and reimbursement you receive from your claims. By April it is expected that Medicare will have all of their national and local coverage decisions published, and other health plans will also make providers aware of their changes. Policies on prior authorization and claims that span the Oct. 1 date also need to be updated. April is time to check with your health plans on what their changes will mean to your practice.

May 2014 – *Update and begin training*

We have gathered the necessary information to make the changes in our practice methods. It is now time to update our processes and software, and begin implementing the necessary changes. We can start upgrading our documentation processes, train our staff on health plan and vendor changes, and begin making the changes necessary to be an ICD-10 ready practice.

June 2014 – *Testing Within Your Practice*

With the extent of changes being made for ICD-10, and because we have no prior experience with the code set, it will be critical for each practice to internally test, if and how all of the changes made for ICD-10 are working. We want to make sure that we are correctly documenting and coding, that we can continue to collect necessary information and get it into our practice management and billing process, and that we can produce accurate claims to be sent to the health plan. There are a number of important steps to take here, including determining what to test, how to create test data, and interpreting results. Most likely, our tests will show there are still some "bumps," or issues in our ICD-10 implementation. We will need to correct and re-test them until we are reasonably satisfied that all is working correctly. Further training may also need to be provided to staff if knowledge gaps become apparent.

July thru Sept 2014 – *"End To End" Testing with Clearinghouses and Health Plans*

It's now time for the real test – can I submit a claim to a health plan (either directly or through a clearinghouse) and receive an expected payment back from the health plan. With all of the changes in policies, payment rules, systems, and processes at both providers and health plans, what will happen under ICD-10. There is only one way to predict this and that is to test using data as close to "real" as possible, and go through all the steps necessary to get a claim paid by a health plan. By doing this, we can get a picture of what our claim and revenue flow might look like after Oct. 1.

Given the number of health plans and number of situations to be testing, this will be a time consuming process. There are a number of factors to monitor; including coding accuracy, reimbursement amounts, types of denials, requests for additional information, reporting, etc. While health plans have gone through their own internal testing, providers have to be willing to determine if the health plans have correctly implemented their changes and meet provider expectations. And we may need to correct any problems found in dealing with the health plans and retest. The AOA will provide guidance on how to test end to end, and more importantly, share information on the results of testing with health plans.

Visit www.osteopathic.org/ICD-10 for additional information regarding ICD-10.

Stanley Nachimson is the author of the authoritative paper on the cost of ICD-10 for physician practices and co-chairs the HIMSS ICD-10 Task Force. He is principal of Nachimson Advisors, a health IT consulting firm.

ROME NEW ENGLAND 2013

Outstanding Program Offered at 2013 ROME New England

Those who attended the 2013 ROME New England Program in Boston last August will recall the excellent event they experienced. The planning committee organized a motivating and inspiring program for over 100 attendees, guests, and speakers.

Program highlights featured:

- Workshops offering ACLS Recertification and REMS (Risk Evaluation and Mitigation Strategy) Completer Status
- A riveting presentation by AOA past president, Martin Levine, DO, FACOFP recounting the Boston Marathon bombing
- Annual RISOPS Membership Meeting with a Year in Review report and board elections
- A special award acknowledging AOA past president and RISOPS past president, Dr. Laurence Bouchard, with the Laurence E. Bouchard, DO, Outstanding Service Award for his many years of devoted service

L to R: *Gregory Allen, DO, George Pasquarello, DO, and Guy DeFeo, DO*

Laurence Bouchard, DO ***(left)*** *and James Griffin, DO* ***(right)***

L to R: *Martin Levine, DO, MPH, Pamela Grimaldi, DO, Norm Vinn, DO, MBA, Gregory Czarnecki, DO, and James Griffin, DO*

UNECOM Dean, Douglas Wood, DO, PhD, addresses ROME attendees during the evening reception

Patricia Kelley, Associate Dean of Constituent Services – UNECOM

Legislative Update

Rhode Island convened in legislative session in 2013 from January 1 through July 3. The legislature considered 2389 bills during the session, with carryover into 2014. The AOA tracked over 125 of these bills, with 45 earning Governor approval.

The AOA and the Rhode Island Society of Osteopathic Physicians and Surgeons opposed three bills relating to scope of practice expansions for Advanced Practice Registered Nurses (APRN) in 2013. This effort was unsuccessful in defeating Senate Bill 614 and House Bill 5656, which grant independent practice rights to APRNs. Both bills were signed into law by the Governor. The third APRN bill that was opposed Senate Bill 197, would allow APRNs to serve as primary care providers, use the title "doctor" or the abbreviation "Dr.", as well as perform advanced diagnoses and prescribe drugs. The bill did not pass before the end of the legislative session, but it could be carried over to 2014.

An additional issue the AOA and RISOPS addressed in 2013 was opposing legislation that deleted a statutory provision that prevents discrimination against any particular school or system of medicine. Without that provision in place, osteopathic physicians in the state could potentially be discriminated against. The Bill, House Bill 5725, did not pass before the end of the legislative session. The AOA will be monitoring closely though to see if the bill is carried over to 2014, or reintroduced.

There has been no legislative prefiling in Rhode Island 2014, however, legislation that did not pass in 2013 can be carried over. The AOA closely tracked legislation relating to scope of practice for nurses and pharmacists, as well as telemedicine legislation in the state in 2013, and will be monitoring for any of these bills to be carried over.

Additionally, the AOA will also be monitoring for other high priority issues, such as medical liability reform, scope of practice, telemedicine, graduate medical education, osteopathic equivalency, and Affordable Care Act implementation. The 2014 legislative session is projected to run from January 7 through June 15.

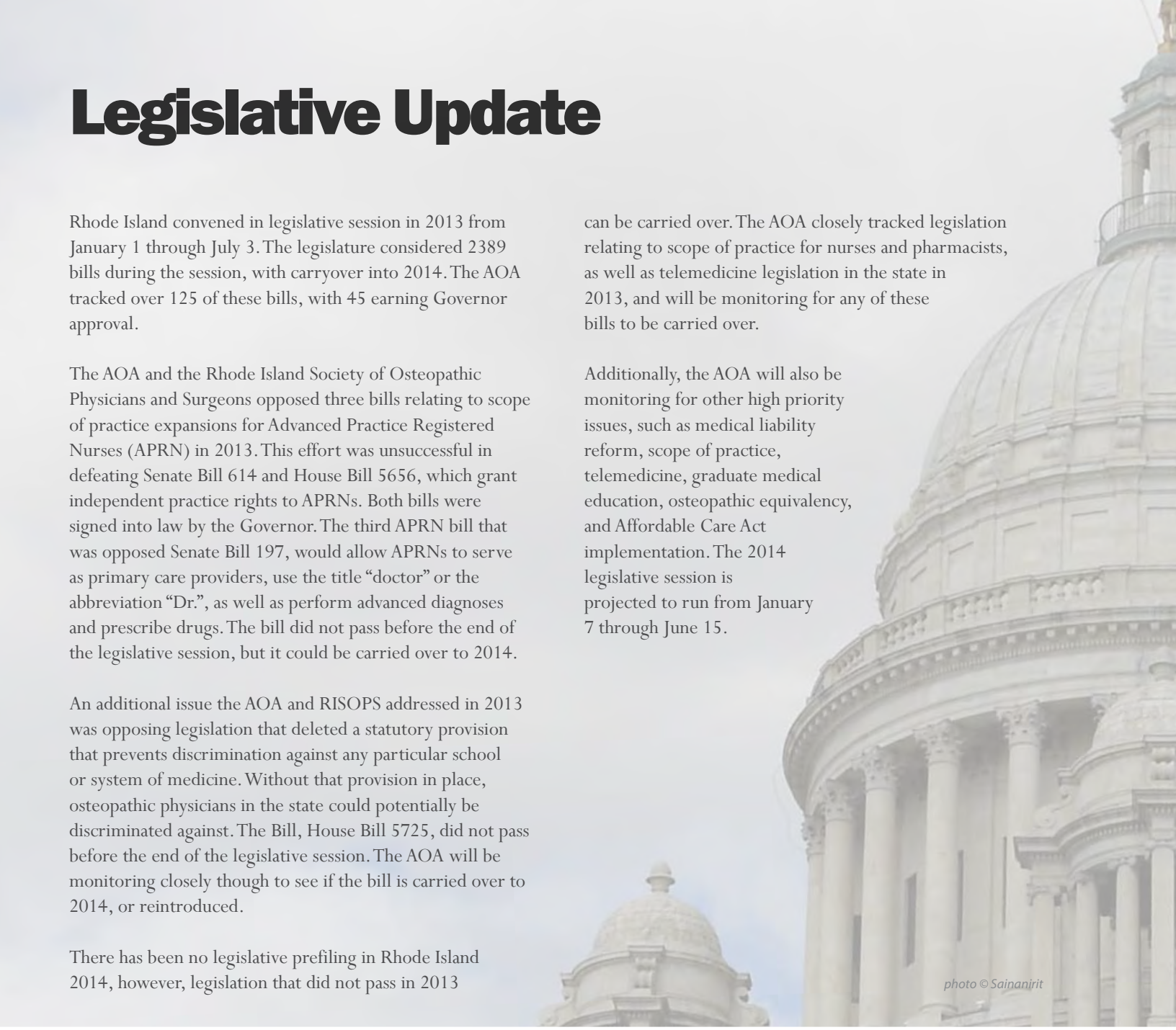


photo © Sainanirit

A LOOK BACK IN **HISTORY**

photograph courtesy of the NEOHC

Present to sign the Memorandum of Understanding which entitles Cranston General Hospital to delegate status for RIPSRO were: (seated, from left to right), J. Weston Abar, D.O., Cranston General Chief of Staff; Alton M. Paull, M.D., President of RIPSRO; Elliot E. Benadon, Administrator of Cranston General; and Jack M. Frazier, President of Cranston General's Board of Trustees. (Standing, from left to right), William S. Klutz, M.D., Chairman of the RIPSRO Utilization Review Committee; Wallace Gonsalves, D.O., Chairman of Cranston General's Utilization Review Committee; and Edward J. Lynch, RIPSRO Executive Director.

Bits&Pieces

Brown Residency Update

Our DO interns, Laurie Garbedian and David Dick are well settled in and more than half-way through their internships. Their OMM skills are top-notch and adding to our bimonthly OMM clinics at the Family Care Center.

Our second year DO residents, Melissa Mackel, Daria Szkwarko, and Jenn Lu are thriving! Daria just returned from a 6 week global health rotation in Kenya and has been elected one of the Family Medicine Residency Co-Chiefs for next year. This keeps the tradition alive - three years and running where one of the chiefs is a DO!

Lauren & Jim Hedde, our third year residents, are enjoying the final months of residency and have celebrated the birth of their first child, a baby girl last July. Lauren will be one of the outgoing Chief Residents and plans to start her own practice in August in Wickford, RI (www.directdoctors.org), while Jim joins a practice in Mansfield, MA.

Last year's chief resident, Ashley Lakin, DO, will be joining the Brown Maternal Child Health Program as a fellow this summer after serving one year as faculty at the program. Faculty member and team leader at the Family Care Center, Amity Rubeor, DO, was chosen as the inaugural fellow for the Brown Family Medicine Sports Medicine Fellowship, and will be changing to that role in July. This year we welcomed the addition of new faculty member, David Bica, DO.

Renew Your Membership

The start of a new year is often accompanied by a list of resolutions as people pledge to make improvements through the coming year. RISOPS has made a pledge too. We promise to be the leading professional home for all Osteopathic physicians in the state. RISOPS is here to help guide our members through the unfamiliar territory of a changing health care landscape.

Join or renew your RISOPS membership now and reap the benefits all year long. By doing so, you will learn and benefit from our advocacy efforts on behalf of the Osteopathic profession. Our responsive community supports you and your colleagues on topics of mutual concern.

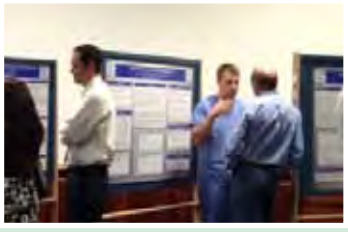
RISOPS makes it easy to be a member. Just complete the application included on the last page of this newsletter and return by mail, fax, or email. Or join online at www.risops.org and click on the Membership link. As an added incentive, if you are a first time member to RISOPS, your first year is FREE. Join today and discover what you can gain with shared goals and a cooperative spirit!

Kent Research Forum

The Kent Hospital Graduate Medical Education Program will be having the 3rd Annual Research Forum on Thursday, April 24th. Presentation of the winning posters will take place in the morning and posters will be on exhibit for the rest of the day. All residents participate in the research and poster assignment, as well as all University of New England medical students assigned to the Kent program. Faculty and attending physicians work as co-authors for the research and posters. All are welcome to attend the presentations or to view the posters on April 24, 2014.

RIGHT: *Dr. Joseph Spinale, DO, FACC, Director of Medical Education, Chief Medical Officer and Senior Vice President, presents the winning posters at last year's event.*

RIGHT: *Family Medicine Resident Cary Vachon, DO* (left)*, and Underseas Medicine/Hyperbaric Fellow Christopher Modzanowski, DO* (right)*, present their posters to faculty and medical staff at Kent.*



Classifieds

2014 Membership Application

Join online at www.risops.org

Last Name	First Name	MI	Degree

Email Address *REQUIRED	AOA No.

Work Information

Practice Name ☐ **This is my preferred contact address**

Office Address *We only will give your office address and phone number when patients are seeking referrals

Office Address 2

City	State	Zip

Phone	Fax	Pager

Specialty 1: ☐ **I am Board Certified in this specialty.**

Specialty 2: ☐ **I am Board Certified in this specialty.**

2014 Membership Rates

JOINING ☐ **RENEWING** ☐

☐	RI Physicians New Member-First Year New Member-2nd Year	$325 FREE $100
☐	Associate Membership *Physician with license in other state*	$150
☐	Retired RI Physicians	$100
☐	Allied Health Members	$ 50
☐	Student/Resident	FREE

Return completed application & payment to:
RISOPS
142 E. Ontario St., 4th Floor
Chicago, IL 60611
Fax: 312-202-8224
Email: risops@osteopathic.org

Personal Information

Home Address ☐ **This is my preferred contact address**

Home Address 2

City	State	Zip

Phone	Fax

Payment Information

Please charge $_____to my ☐ Visa ☐ MasterCard

Card No. _____ Exp. _____ Security Code _____

Name on Card _____

☐ Enclosed is check number _____, made payable to RISOPS.

I agree that I will comply with the Bylaws of the Society and the Code of Ethics of this Profession

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.

Questions? Please call RISOPS at 800-454-9663.

Rhode Island Society of Osteopathic Physicians and Surgeons
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risops@osteopathic.org

Plan to attend the 2014 ROME New England. It's going to be stimulating and engaging!

Details and registration information will be available soon.

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