

P^{MMA} PHYSICIAN ADVOCATE

News that affects physicians and their patients—from the MMA Center for Physician Advocacy



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BRIEFS

New Name for Day at the Capitol

The MMA has changed the name of Day at the Capitol to Physician Legislative Grassroots Summit. The MMA is expanding the event to include not only a chance to meet with legislators, but also training on how to be an effective advocate for the issues you care about.

Mark your calendar and reserve Thursday, March 16, 2006, for this event.

The summit will be held at the Minnesota History Center from 9 a.m. to 4 p.m.

Check www.MMAonline.net for more information as it becomes available.

MMA 2006 Dues Deadline is February 15

Your MMA dues are an investment in your professional future.

Your continued membership will strengthen the voice of medicine in Minnesota and influence public policy that impacts your practice and your profession.

Please contact the MMA with your questions or comments. The MMA member relations staff can be reached at 612/378-1875 or 800/DIAL-MMA(ext.747) or duesprocessing@mnmed.org.

MMA Fights Medicare Cuts

At the end of December, physicians, patients and medical associations including the MMA were on track to derail a pending 4.4 percent cut in Medicare reimbursement rates at the end of the year.

On Dec. 20, the U.S. House of Representatives passed a one-year freeze in Medicare payment rates. The Senate was expected to approve a similar package.

The word on Capitol Hill was that Congress ditched the cuts in response to a grassroots campaign that resulted in Congress receiving more than 360,000 messages declaring the cuts unacceptable.

This is an example of a grassroots campaign that really made a difference, said Dave Renner, MMA director of federal and state legislation. Minnesota physicians sent Congress nearly 1,000 e-mails. MMA staff met with members of the Minnesota Congressional delegation several times and partnered with the American Medical Association (AMA) on a letter-writing campaign to stop the cuts. The MMA also surveyed members and found that the cuts would likely limit seniors' access to health care.

Physicians may have dodged a bullet, considering that the budget reconciliation package includes a total of \$41 billion in cuts to various programs.

"Although a freeze isn't ideal and the battle for a fair payment formula will continue next year, this is a pretty big victory considering Congress was in a cutting mode," Renner said.

The AMA released a statement saying it appreciated the efforts of congressional leaders to avert the 2006 payment cut.

Another positive for doctors is that the House proposal does not include pay-for-performance language that would withhold payments from physicians failing to meet certain requirements. The Senate had approved such a proposal.

However, the House proposal does include some cuts that may be unpopular with physicians. To offset the cost of the freeze, the House passed \$2.9 billion in cuts over five years for imaging services and \$300 million in cuts over five years to payments for ambulatory surgical centers.

Also, the proposal does not address the core problem with the Medicare SGR funding formula, which is tied to the nation's gross domestic product rather than actual health care costs.

The AMA released a statement saying it will continue to work for a fair physician payment formula based on practice costs, and will continue to advocate for sound quality improvement initiatives. ♦

Mentoring Future Doctors

The MMA's Minority and Cross Cultural Affairs Committee has launched a mentoring program to encourage minority students to consider careers in medicine. The first session, held at Roosevelt High School in south Minneapolis on December 8, attracted 16 students, primarily Somali girls.

"I really enjoyed being able to interact with a bunch of teenagers and teach them without them knowing they were being taught," said Fatima Jiwa, M.D., who volunteered for the event. ♦



Clifford Phibbs, M.D., and Juan Bowen, M.D., play medical Jeopardy with Roosevelt High School students in south Minneapolis as part of a new medical mentoring program.





Hennepin Leaders Flip-Flop Snubs Public Health

The recent move by the Hennepin County Board of Commissioners to allow smoking in traditional bars highlights the state's need for a comprehensive ban.

In mid-December, the Hennepin County Board voted 4 to 3 to allow smoking in traditional bars (those where food accounts for less than 50 percent of sales) at least until July 2007. The move was a weakening of a comprehensive county-wide ban that began in March.

"Hennepin County commissioners have passed a bad policy that says everyone should be free from breathing smoke at work except people who work in bars," said Dave Renner, director of federal and state legislation for the MMA.

The move flies in the face of the overwhelming medical evidence that secondhand smoke is hazardous and the fact that the smoking ban has been popular with a large majority of Hennepin County residents, Renner said.

In addition, nearly nine months after smoking restrictions took effect in the bars and restaurants in the Twin Cities, the local hospitality industry is financially doing just fine, according to a *Pioneer*

Press analysis of taxable sales reported to the Minnesota Department of Revenue.

The St. Paul newspaper printed the results of its analysis in a December article "Smoking ban fears prove unfounded."

The story said that the hospitality industry continues to grow despite claims that bans are hurting individual bars and restaurants. The *Pioneer Press* also reported that sales throughout the metro area, including Hennepin County, increased during the second quarter of 2005 over second quarter sales of 2004.

But despite that positive news, Renner said the backtracking by Hennepin County shows that this issue can't be left to local governments and that employees of bars and restaurants won't be safe until a statewide ban is enacted.

Physicians and others interested in preventing smoking-related illnesses must stay vigilant about efforts by bar owners to roll back bans recently put in place in other Minnesota cities, particularly Minneapolis, Renner said.

A statewide workplace smoking ban is one of the MMA's top legislative priorities. ♦

Bad for Cancer, Not Business

A *Pioneer Press* study found that . . .

- Fears that a patchwork of regulations would lead customers to seek smoker-friendly bars and restaurants appear to be largely unfounded. There was no significant decline in food and liquor sales in any of the counties or cities where smoking is restricted.
- Several popular destinations, including downtown Minneapolis, Uptown, Dinkytown and parts of St. Paul, did better after the ban went into effect than the year before.
- Despite claims of widespread bar and restaurant closures in Minneapolis since the ban, there now are more liquor establishments in the city than when it took effect.
- Food and liquor sales in suburbs and counties without smoking restrictions are strong, but that trend existed even before the bans went into effect.

Source: *Pioneer Press*, "Smoking Ban Fears Prove Unfounded," Dec. 6, 2005

MDH to Update Newborn Screening Rules

The Minnesota Department of Health (MDH) is seeking comments for proposed revisions to the state's newborn screening rules.

The proposed rule changes clarify a new provision made law in 2003 that allows parents to opt out of the screenings, which indicate whether an infant has a life-threatening but treatable disease.

The proposed rule changes will also clarify the roles of different providers in the screening process, said Patricia Segal-Freeman at MDH.

Minnesota has been screening newborns for harmful or potentially fatal metabolic disorders since 1965. Each year the state screens about 72,000 infants and catches about 70 of these rare disorders.

The department only screens for disorders that are treatable. Given advancements in medicine, the department has been able to greatly increase the number of disorders it screens for from only about

five prior to 2003 to about 50 today, Segal-Freeman said.

The rules need to be updated to reflect technological advancements in infant screening and the new law passed by the Legislature in 2003 that allows parents to choose not to have their newborns screened, said Segal-Freeman.

Although most infants are screened before leaving the hospital, the rule changes will affect primary care providers who are responsible for screening infants not screened in the hospital, Segal-Freeman said.

MDH is encouraging providers to submit comments by Feb. 13, 2006, to ensure that they are considered.

For more information and a copy of the draft revisions, e-mail NBSrule@health.state.mn.us, or call 651/201-5465 or 800/664-7772. ♦





LEGISLATION

Fighting Childhood Obesity

In December, the MMA's Executive Committee of the Board of Trustees passed two measures designed to help further the association's goal of preventing obesity.

The first was to ask the federal government to include whole fruits and vegetables in its food assistance programs, while at the same time eliminating fruit juice.

The second was to endorse a statement about the ideal model of care for treating obesity.

Is Juice Healthy?

Pediatricians tend to say no, while marketers say yes.

For this reason, the MMA wants juice out of and real fruits and veggies in federal food assistance programs.

"The idea that juice is a healthy thing is a marketing ploy," said Sarah Jane Schwarzenberg, M.D., a member of the MMA's Obesity Task Force and director of the Pediatric Weight Management Clinic at the University of Minnesota Children's Hospital. It has been glamorized and promoted by industry as a healthy beverage, but it is not much better than pop with some vitamins added into it, she said.

In December, the Executive Committee of the Board of Trustees adopted a policy calling for the MMA to ask federal policymakers to change the requirements for the supplemental nutrition program for women, infants, and children (WIC) to eliminate fruit juice from the list of WIC-eligible foods and to add fruit and vegetables. The federal program provides low-income women and children assistance with buying food. WIC-eligible foods are those foods that can be purchased with food assistance checks or vouchers.

The board adopted the policy at the request of the MMA's Obesity Task Force, which has con-

cluded that consumption of fruit juice has contributed to the rapidly increasing rate of obesity in Minnesota's children.

Nationally, the percentage of children ages 6 to 11 years who are overweight has more than doubled in the past 20 years. Obesity puts children at increased risk for developing high blood pressure,

MMA Endorsed Statement on Obesity

"Obesity is a chronic disease. The ideal model of care for obesity includes a dietician, nurse, physician, physical fitness professional, and, when appropriate, access to psychiatric care. When the ideal model of care is impossible to attain, creative approaches should be developed that may include community groups, schools, video consultations, physical education teachers, and social workers."

high cholesterol, and type 2 diabetes, as well as bone and joint problems, shortness of breath, sleep apnea, and depression.

A draft of WIC-eligible foods is expected to be available for comment in January 2006.

Currently, any 100 percent fruit and/or vegetable juice or juice blend (for example, orange, grapefruit, apple, grape, pineapple, tomato, and cranapple) is WIC-eligible. Fruits and most vegetables are not.

Schwarzenberg said fruit drinks are not only high in calories but also not as filling as whole fruits, which provide children with important fiber, micronutrients, and antioxidants.

The American Academy of Pediatrics recommends that children eat whole fruits, that juice be limited to 4 to 6 ounces a day for young children and 8 to 12 ounces for children age 7 and older, and that infants not be given juice in bottles or sippy-cups. Pediatricians advise against juice because research shows that when children con-

sume more than 6 ounces a day, they have a significantly higher incidence of being overweight, Schwarzenberg says.

The Institute of Medicine released a report in April that recommended WIC limit juice eligibility to 4 ounces per day and provide cash vouchers for fruits and vegetables.

Schwarzenberg said she's pleased that the MMA has come forward with an even stronger recommendation than the Institute of Medicine by advocating for no fruit juice.

By doing so, the MMA is emphasizing the message that juice is not the preferred choice, and "why wouldn't we want the best foods for our children?" she says.

Schwarzenberg advises that children should drink milk or water. If you want to give your children 4 ounces of fruit juice, then do it as a treat instead of a cookie.

Is Obesity a Chronic Disease?

It is according to the Institute for Clinical Systems Improvement and the MMA.

The board's executive committee endorsed a statement recommended by the MMA's Obesity Task Force affirming that obesity is a chronic disease and that the ideal method of treating it is a team approach involving a dietician, a nurse, a physician, a physical fitness professional, and, when appropriate, a mental health professional.

The stance on obesity is consistent with existing MMA policy regarding the treatment of chronic diseases. The MMA holds that the optimal approach for treating chronic diseases is the formation of a provider 'team' to develop protocols and systems that will result in information sharing and adherence to treatment standards in a particular care setting. ♦

President Luehr Focuses on Greater Minn.

The Minnesota Medical Association and the Blue Earth County Medical Society are sponsoring an event for Blue Earth County physicians Monday, January 23.

The complimentary dinner is open to member and non-member physicians who live or work in Blue Earth County.

The featured speaker will be MMA President David Luehr, M.D., who will provide an update on MMA activities. Luehr is a practicing physician in Cloquet in Northern Minnesota and outreach is one of his priorities. He plans to spend time traveling the state to seek ways to better serve outstate physicians. The day after the Mankato event,

Luehr will appear in Worthington and Luverne. To register, contact Julian Locke, manager of membership relations, who serves as a liaison between greater Minnesota clinics and doctors and the MMA at 612/362-3745. ♦

State Seeks MD

The state of Minnesota is seeking to fill the newly created position of medical director of Minnesota's health care programs. These programs serve more than 600,000 Minnesotans and account for more than \$4 billion a year in state and federal spending.

The Legislature created the position during the 2005 legislative session. The department is looking for a primary care physician to staff the position. The MMA is encouraging members to apply.

MMA CEO Robert K. Meiches, M.D., said he's optimistic that having a physician serving as the state's medical director will improve the dialogue and the relationship between the state's physicians and its public policy makers.

"This new position creates a positive opportunity for a physician to make a difference in the state's health care programs, which affect hundreds of thousands of Minnesotans," Meiches said. ♦

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MMA Discounted Software Adds MedicareRx

The Minnesota Medical Association is partnering with Epocrates to offer members a 25 percent discount on Epocrates clinical reference software.

The software programs, used by more than

420,000 health care professionals, work with Pocket PC and Palm OS handheld devices.

Epocrates announced that it is adding Medicare Part D formularies to its products.

Existing subscribers can download the formularies

from the Epocrates Web site. The formularies are expected to be available at the end of January. Visit www.MMAonline.net to learn about the Epocrates discount offer. ♦



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Nearly 1,000 E-mails Help Nix Medicare Cuts

Grassroots efforts helped convince Congress to freeze Medicare payments rather than cut them by 4.4 percent in 2006.

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Smoking Ban Fears Prove Unfounded

The MMA gears up to lobby for a statewide smoking ban during the next legislative session in response to Hennepin County's flip-flop on its ban.

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MMA Passes Obesity Policies

The MMA wants whole fruits and vegetables included in food programs for the poor and endorses a model of care for treating obesity.

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