

Insurers wrong on imaging, MMA says

The MMA has called for Minnesota's health plans to drop requirements that physicians "consult" with nonmedical professionals and out-of-state radiologists before ordering imaging tests.

The MMA sent a letter to the state's major insurers urging them to put aside their latest efforts to reduce the number of imaging tests patients receive. Medica and HealthPartners

rolled out imaging review processes in January.

MMA President G. Richard Geier, M.D., MMA board chair, Michael Ainslie M.D., and MMA CEO Robert

K. Meiches, M.D., said in their letter to Medica, "We strongly believe . . . that the response you've developed is the wrong solution."

Costs for imaging tests have been rising rapidly in Minnesota. Health plan executives have responded by implementing programs that they hope will slow that growth, since they believe that between 5 percent to 15 percent of CT, MRI, and PET scans are not called for according to evidence-based guidelines.

Plans to reduce the number of imaging tests run the gamut from prior authorizations to Medica's consultation model, which does give physicians final say but requires them to jump through a series of hoops that involve first talking with a technician, and then, if the test is questioned, a nurse and, finally, a radiologist.

For the past two months, MMA leaders conducted an extensive review of Medica's approach and heard from hundreds of angry physicians. Demanding "consultations" for all imaging procedures is a waste of energy, time, and money, MMA leaders told the health plans. It puts an administrative burden on clinics, increases health care costs, and adds to the time patients must wait for an imaging procedure.

For example, Medica requires physicians ordering imaging tests to check in with staff at HealthHelp, a Houston-based for-profit company that advises physicians based on a set of guidelines it has assembled.

The MMA heard from members that the review can take between 20 and 40 minutes, and can become a pointless exercise of educating a HealthHelp employee about medical terminology.

One physician said that during his call to HealthHelp, he dealt with a person who was unaware that the patient's condition even existed and asked for a spelling of the name of the disorder. The "peer-to-peer" consult occurred with a radiologist who admitted to never having practiced medicine. HealthHelp says on its Web site that all of its radiologists are board-certified.

Physicians told the MMA they are disappointed Minnesota

insurers appear to be returning to schemes similar to prior-authorization ones largely abandoned during the past decade because they were wildly unpopular and didn't really save money.

Other plans have also indicated they intend to roll out their own imaging review programs later this year. The Department of Human Services also plans to implement a prior authorization review, as required by a 2005 legislative mandate.

The MMA sent a letter to all of these third-party payers calling for them to pursue a different course and to collaborate with providers to create a consistent set of imaging guidelines and decision-support tools physicians across the state can use.

The MMA also advocates more study of the issue and a less scatter-shot approach that will not force all providers to go through a burdensome process in order to catch a few inappropriate scans.

"We know that the use of high-tech imaging is increasing and it's important to find out why," Geier said in a MMA news release. "If there are problems, we want to address them. But diagnosis of a problem should come before a solution. This is the wrong response." ■

Why physicians oppose Medica's imaging review process . . .

- A lack of data justifying the program.
- It is not based on a consensus set of evidence-based guidelines endorsed by the Institute for Clinical Systems Improvement or Minnesota physicians.
- It delays patient care.
- It places significant administrative burdens on clinics.
- It relies on nonmedical professionals to make clinical judgements about patients.
- It's a scatter-shot approach that wastes time and money by requiring review of all scans.

What the MMA recommends . . .

- A community-wide effort to collect information that will result in a clear understanding of high-tech imaging use throughout Minnesota.
- A solution based on Minnesota data and consensus guidelines to address any inappropriate use of high-tech imaging.
- Health care providers rapidly move towards implementing evidence-based decision tools.

■ How are imaging "consults" working for you?

Tell us your experience at imaging@mnmed.org.

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The MMA is committed to providing members with timely health care news online. Visit www.MMAonline.net to read the latest news and member benefits.

Get "My Medicine List," a handy form patients can use to track their medications at www.mmaonline.net/medicinelist.cfm.

Learn the latest news about the statewide smoking ban.

Send an e-mail to your legislator at the Grassroots Action Center.

MMA members testify and rally for smoking ban



Smoke Free Minnesota Day at the Capitol drew the largest ever gathering of supporters of a statewide smoking ban in all workplaces.

Physicians representing the MMA have been in front of House and Senate committees testifying in favor of a comprehensive statewide smoking ban in all workplaces.

During the first weeks of February, the comprehensive ban was gathering momentum as the Freedom to Breathe bill passed committees in the House and Senate. The Capitol also saw a record turnout of about 800 people for the Smoke Free Minnesota Day at the Capitol, January 31, which was supported by the MMA.

Under the bill, smoking would be prohibited in indoor workplaces and on public transportation vehicles. Exclusions include places in which smoking studies and traditional Native American ceremonies are taking place, hotel and motel rooms, and tobacco shops, where customers can sample a product.

Two physicians heartened by the rally were A. Stuart Hanson, M.D., a pulmonologist, former MMA president, and clean-air advocate, and Edward Ehlinger, M.D., director and chief health officer, University of Minnesota Boynton Health Service and chair of the MMA Committee on Public Health. Both attended the event.

“This was the largest rally ever,” Hanson said. “There’s a good chance of passage, but we have to keep it up.”

In response to the enthusiasm for the bill, tobacco advocates have switched their tactics

from fighting the measure outright to trying to weaken it with amendments, such as exemptions for bars or private clubs or for bars that install ventilation systems.

For example, in the House Health and Human Services Committee, bar owners claimed that ventilation systems can obviate the effects of secondhand smoke. Mayo tobacco expert, and MMA member, Richard Hurt, M.D., countered by citing the 2006 U.S. Surgeon General report, which found that ventilation systems did not protect workers from the health hazards of secondhand smoke.

After his testimony, an amendment that would have exempted bars with ventilation systems from the ban was defeated by one vote.

Dave Renner, the MMA’s director of state and federal legislation, said there’s a real danger of the bill being amended and Minnesota having a weak law that would not fully protect hospitality workers. For that reason physicians need to keep the pressure on and tell their lawmakers to support the bill in its original form.

“We expect to see opponents push for ventilation and other weakening amendments every step of the way,” Renner said. “And if the state sets a weak ban as the standard, local communities will likely be hesitant to enact stricter standards.” ■



Above: Richard Hurt, M.D., testified that ventilation systems do not protect workers from the dangers of secondhand smoke. **Below:** A. Stuart Hanson, M.D., former MMA president, and Edward Ehlinger, M.D., chair of the MMA’s Public Health Committee, attended Smoke Free Minnesota Day at the Capitol.



■ PRESCRIBE WITH CONFIDENCE

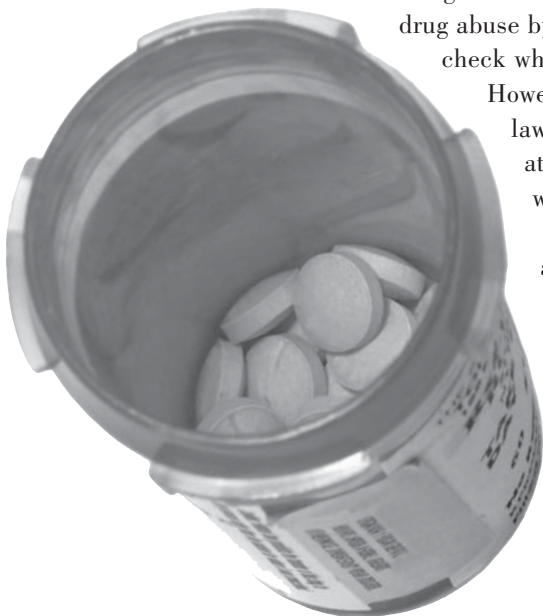
Board OKs “doctor shopping” database—with caveat

The MMA supports the creation of a state-operated, controlled-substances monitoring program that would attempt to stop patients from doctor shopping for drugs, as long as the database does not identify the prescribing physician. In March 2006, the MMA Board of Trustees voted to support the creation of a controlled substances electronic monitoring system in Minnesota based on NASPER, the National All Schedules Prescribing Electronic Reporting Act. However, the 2006 House of Delegates told the board to reconsider its position.

The goal of the system is to stop doctor shopping and drug abuse by creating a database that physicians can check when they suspect a patient is a drug seeker.

However, some fear that employers, insurers, or law enforcement officers would inappropriately use the tool to investigate physicians who prescribe a lot of pain medications.

The board sided with those concerned about physician harassment and voted to oppose the creation of such databases, unless they do not identify the prescribing provider. ■



■ PREVENT CRASHES

Board approves tougher teen driving rules

The MMA Board of Trustees in January voted in favor of Minnesota establishing a graduated driver’s license for teens that would restrict nighttime driving and the limit the number of teens allowed in a vehicle at one time.

“The need for this was pretty obvious based on the morbidity and mortality data of crashes and the effectiveness of graduated programs in other states,” said Edward Ehlinger, M.D., chair of the MMA’s Public Health Committee.

The board vote on Saturday was prompted by Resolution 314, which the 2006 MMA House of Delegates referred to the board in September.

The resolution called for the Legislature to establish a graduated license program that would include an intermediate license for teens.

The purpose of the graduated licenses is to give teens time to gain driving experience under less risky driving conditions. Minnesota is only one of five states that do not have a graduated license program that requires teens to have an intermediary driver’s license before getting their adult license.

The board voted in favor of the teen driving restrictions because evidence shows that they would reduce traffic crashes, which are the leading cause of death for 15- to 17- year-old adolescents. From 1999 to 2003, 236 teens died in car crashes in Minnesota.

Members of the public health committee that studied the issue cited a 2000 study in the *Journal of the American Medical Association* that found effective restrictions for teens included a nighttime driving restriction and a passenger restriction. The board did not specify a driving curfew time for teens nor the number of teens allowable in a car.

The risk of death for a 16-year-old driver increases when more teens are in the car. The death rate is nearly three times higher for a teen driving with three passengers, then for one driving alone.

“This is one of those trade-offs between lives and convenience, and the first thing we want to do is make sure these adolescents get through their teen years,” Ehlinger said.

The resolution had also called for teens to receive a more rigorous driver’s test, including a crash avoidance test, but the committee couldn’t find evidence that supported its value. ■

MMA pushes for oversight of sick-tax dollars

House lawmakers introduced a bill in February calling for a commission that would oversee spending from the Health Care Access Fund (HCAF), which receives revenues from the 2 percent provider tax, also known as the sick tax.

The bill, HF 644, was introduced to the Health and Human Services Committee February 5. A companion bill has also been introduced in the Senate.

The bill calls for an oversight commission that would develop criteria for acceptable use of sick-tax dollars in accordance with the goal of expanding access to health

care services for low-income Minnesotans.

The commission would review all legislative proposals for new uses of provider tax revenues. The proposed commission would include three health care providers appointed by the governor, two MinnesotaCare enrollees appointed by the governor, two House representatives, two state senators, and the commissioner of human services. The commission would meet at least twice a year.

The House authors of the bill include Thomas Huntley, DFL-Duluth, Jim Abeler, R-Anoka, Paul Thissen, DFL-Minneapolis, Kim Norton, DFL-Rochester, and Matt

Dean, R-Dellwood. MMA support for such a commission marks a shift in strategy for the MMA.

The MMA has fought for the elimination of the tax since it was passed in 1992 to fund MinnesotaCare. The MMA continues to advocate for its repeal. But in 2006, MMA leaders recognized that state lawmakers were raiding the fund to pay for programs unrelated to health care to balance the budget.

The MMA formed a workgroup to study the issue and recommend a response.

The MMA surveyed members and found that they didn't like the tax but that they

wanted to protect MinnesotaCare. Only 22 percent of members polled supported eliminating MinnesotaCare to get rid of the tax.

So the workgroup recommended that the MMA not only pursue the repeal of the tax but also lobby to make sure its revenues were spent appropriately.

The workgroup recommended the creation of an HCAF oversight commission, and the MMA's 2006 House of Delegates passed Resolution 218, that directed the MMA to lobby for an HCAF oversight commission. ■

■ REDUCE OFFICE HEADACHES

MMA endorses Clary Document Management

The Minnesota Medical Association has endorsed Clary Document Management as its preferred provider of document management services. MMA members and their practices are now able to manage paper-based medical records through Clary at special rates.

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For more information about this unique program, call Chris Funke or Gary Robitshek at Clary Document Management 612/588-8554. ■

■ STAY POLITICALLY ACTIVE

Spend a day at the Capitol March 1

For the third consecutive year, the MMA's Day at the Capitol will include a grassroots advocacy training session. Texas health care lobbyist Joe Gagen will lead the training session. The day's schedule will also include lunch, a rally, and meetings with lawmakers. Physicians can receive three continuing medical education credits for the event. Member and nonmember physicians are welcome to attend, as are partners, medical students and residents.

Partial-day attendance is OK, although the \$30 attendance fee still applies.

To add a bit of fun, the MMA will award the local medical society with the highest percentage of members attending a trophy. ■

■ **To register . . .**
Contact Vicki Westling
at 612/362-3764 or
vwestling@mnmed.org.

Schedule

8:30 a.m. Registration begins at the Minnesota History Center in St. Paul

9 - 12 p.m. Joe Gagen, Legislative Grassroots Trainer

12 - 12:30 p.m. Session for MEDPAC members: The Inside Scoop

12 - 1:30 p.m. Lunch/break time

1:30 - 2 p.m. Walk to the Capitol (transportation will be available)

2 p.m. Group photo (Capitol steps, weather permitting; otherwise in rotunda)

2-2:30 p.m. Physician rally in the rotunda

2:30-5 p.m. Legislator visits and guided tours



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■ SUPPORT THE MMA

Are your dues late?

Although the deadline was January 31, there is still time to pay your MMA dues so you can be included in the 2007 physician directory.

Membership in the MMA is an investment in your professional future. United, physicians can promote excellence in health care, ensure a healthy practice environment, and preserve professionalism in medicine. There's much work to be done in 2007 such as passing a statewide smoking ban and continuing to push for health care reform.

The MMA member relations staff can be reached at 612/378-1875 or 800/DIAL-MMA (ext.747) or duesprocessing@mnmed.org. ■

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PHYSICIAN ADVOCATE

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MMA calls for tougher teen driving rules

The MMA Board of Trustees called for Minnesota to institute a night driving curfew for teens and restrict the number of teens who can be in a car at the same time. Page 3.

Fourth Annual Medical Musings Writing Contest

Minnesota Medicine is sponsoring its fourth annual writing contest. Cash prizes will be awarded for the best creative writing (unpublished nonfiction story, short fiction piece, poem, or essay) in each of three categories: physician, resident, and medical student.

Contact Joanna Kapke at jkapke@mnmed.org or 612/362-3728 for rules and submission information.

Deadline: May 1, 2007

Once upon a time...



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