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NWAOW Winter Conference

January 8-9, 2010

Bell Harbor International Conference Center

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Northwest Academy of Otolaryngology

Save the Date For Our Upcoming NWAOW Events!

2009 Fall Dinner

Thursday, October 29, 2009

Embezzlement - The Top Five Warning Signals in your Practice and How to Control It

Seattle Tennis Club

[Click here for a registration form](#)

2010 Winter Conference

January 8-9, 2010

Bell Harbor International Conference Center

Seattle, WA

For more information, please contact the Academy at smc@wsma.org, 206-956-3648

Advocacy Alert - Senate to Vote on SGR FIX

On Oct. 13, Sen. Debbie Stabenow (D-MI) introduced S. 1776, the "Medicare Physicians Fairness Act of 2009," which will serve as the Senate legislative vehicle for eliminating Medicare's sustainable growth rate (SGR) formula and laying the foundation for establishing a new Medicare physician payment update system.

The Senate is scheduled to take action on the bill beginning Monday (10/19) with the first of several procedural motions, which will require 60 votes to pass. The physician community must take immediate action! Please contact Senator Cantwell and Senator Murray ASAP to urge their support of any and all procedural motions and final passage of S.1776 to help fix the SGR problem, once and for all. Let them know how important this legislation is to the seniors and physicians in your state.

The main obstacle to achieving our goal of eliminating the fundamentally flawed SGR formula is the overall cost of the measure. Because S. 1776 is not offset by other spending cuts or revenue increases, it will add to the federal budget deficit, making it difficult for some Senators to fully support.

The bill repeals the sustainable growth rate (SGR) formula that is currently used to establish annual Medicare physician payment updates and resets the budget baseline that has been the primary obstacle to Medicare physician payment reform. By passing a separate bill that repeals the SGR and eliminates the accumulated Medicare physician debt, budget constraints will be eased, allowing a new physician payment update system to be incorporated into the broader health system reform bill.

Click on the below Washington State Senators and take action today!

[Patty Murray \(D\)](#)

[Maria Cantwell \(D\)](#)

Membership Product Warning

Last year our practice changed the suture manufacturer for the plain and chromic sutures we

Kris Moe, MD
Member-at-Large

Christine Puig, MD
Member-at-Large

Eric Waterman, MD
Member-at-Large

Shannon McDonald
Executive Director

NNAAP Website

www.nnaap.org

used in septal surgery. We found later that the suture was not absorbing.

This has caused problems with healing in our patients. As soon as the difficulty was identified we returned to our previous manufacturer and have had no further problems.

If you use sutures to re-approximate the mucosal surfaces in your technique of septoplasty this could become an issue for you as well. This was difficult to identify promptly since patients initially did well. It was only after late complications occurred and problems were identified in more than one patient that the cause was identified.

We recalled all the patients where this suture had been used. We have found numerous retained sutures. Some even greater than 6 months postoperatively. I would recommend you review recent cases if you have changes suture recently.

If you have noted any similar problems, please contact the manufacturer. I would also welcome any information concerning this difficulty.

Julie A. Gustafson, M.D.

Diplomat of American Board of Otolaryngology
Cascade Ear, Nose, Throat & Associates
(253) 848-0368

Spokane Pediatrician Named President of State Medical Association

Dr. Deborah J. Harper was elected president of the Washington State Medical Association (WSMA) at the association's annual meeting in Spokane, Sunday, October 4. The WSMA represents over 9,600 physicians, residents, medical students, and physician-assistants throughout Washington state.

The following physicians were also elected as officers at the association's annual meeting: **Dr. Dean Martz**, Spokane neurosurgeon, president-elect; **Dr. Nicholas Rajacich**, Tacoma orthopedic surgeon, 1st Vice President; **Dr. Michael Weinstein**, Seattle rehabilitation hospitalist, 2nd Vice President; **Dr. Douglas R. Myers**, Vancouver otolaryngologist, Secretary-Treasurer; **Dr. Dale P. Reisner**, Seattle maternal fetal medicine specialist, Assistant Secretary-Treasurer. The seventh officer of WSMA Executive Committee is past-president, **Dr. Cynthia A. Markus**, an emergency physician from Snohomish County, who will serve as committee chair.

Health Care Reform Update

With the Senate Finance Committee expected to move the Baucus bill out this week, the AMA is focusing on a number of the more onerous Baucus bill provisions, seeking amendments on the Senate Floor (once the bill is voted out of committee), including these three:

1. Fix the SGR. The Baucus bill would replace the 21.5% physician payment cut, scheduled to take effect on January 1, 2010, with a .5% positive update. In 2011, the cumulative payment cut required by the current law would take effect, resulting in an estimated 25% across the board cut for all physician services.

The concerns: access; continuation of a formula all agree is flawed to the extreme; and a provision at odds with many reform proposals and goals. You know these points from years of fighting the cuts.

The ask: "Vote to waive the Budget Act in order to repeal the SGR and replace it with a new payment system."

2. Resource Use Outliers. The Baucus bill would expand the CMS physician resource use feedback program (which uses claims data to report confidentially to physicians on the resources they use when treating Medicare patients) which currently reports to less than 260 physicians nationwide. The bill would expand the program, so that by 2012, all physicians would receive feedback reports, based on episode groups. Beginning in 2014, Medicare payment would be reduced by 5% for physicians whose resource use is at or above the 90th percentile of national utilization rates.

The concerns: CMS needs more time to develop a fair and workable system; a way to adjust for differences in patient mix needs to be developed (or we'll see potential for adverse

selection); attribution issues haven't been resolved; whacking all physicians above the 90th percentile in resource use ensures that a significant number of physicians will always be subject to steep payment cuts, regardless of any changes they have made in their practice patterns or how close they are to the average.

The ask: "This proposal is premature and should not be enacted. Arbitrary 5% payment cuts based on reports that CMS has not demonstrated its capacity to produce should not be implemented."

3. Independent Medicare Commission. The Baucus bill would create an independent Medicare Commission to develop and submit proposals to Congress, aimed at extending the Medicare program's solvency and improving its quality. If future growth is expected to exceed targets set by the Commission, it would make recommendations to Congress on ways to reduce the rate of spending. If Congress fails to pass legislation to achieve the required savings through other policy changes, the Commission's recommendation would take effect automatically.

The concerns: The provision creates double-jeopardy for physicians already subject to the current Medicare physician payment system; payment rate reductions recommended by the Commission would not be applied equitably -- cuts recommended by the Commission would not apply to hospitals or hospice facilities for the first four years of the system.

The ask: "If retained, the concept of an independent Medicare Commission must be redesigned to ensure fairness and equity, and to avoid access problems for Medicare patients."

As is well known, the US House will pass whatever its leadership can get by the Blue Dog Democrats. The Senate floor is where the fight on many of these provisions will take place. Both Senators Murray and Cantwell need to hear from physicians on these three issues. Please contact them, via the WSMA Web site (www.wsma.org), at the Grassroots Action Center, and do it today

Act Now on Medicaid *ProviderOne* Claims Change

Medicaid promises a better, more efficient claims payment system. It is the only way to get paid by Medicaid fee-for-service after late November - early December. Here's what you need to do for the coming change:

- To successfully submit electronic claims for payment, physicians' practices need to use three new identifiers that require specific electronic format changes to your system.
- You must conduct successful testing of those changes before being able to submit HIPAA compliant electronic transactions.
- There is a limited window to complete both levels of testing.
- Ideally, testing should be completed by October 30, 2009.
- On November 20, testing will be suspended as transition to ProviderOne begins.

For more information on ProviderOne, go to <http://hrsa.dshs.wa.gov/providerone/providers.htm>. For questions, e-mail providerone@dshs.wa.gov or call 1-800-562-3022.

CMS Issues New ICD-10 Fact Sheet

The Centers for Medicare and Medicaid Services (CMS) has issued a new fact sheet on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure (ICD-10-CM/PCS) coding system that health care organizations will be required to use by Oct. 1, 2013.

The CMS fact sheet says ICD-10-CM/PCS will improve the ability to measure health care services; increase sensitivity when refining grouping and reimbursement methodologies; enhance the ability to conduct public health surveillance; and decrease the need to include supporting documentation with claims.

Visit <http://www.cms.hhs.gov/MLNProducts/downloads/ICD-10factsheet2009.pdf> to learn more and to view and download the fact sheet.

Clarification: Surgery Performed in a Practitioner's Office Using General Anesthesia Need License

The Department of Health has determined that only practitioner offices using general anesthesia for surgery need a license as an ambulatory surgical facility. Previously, the department had said a license was also required when surgery was performed in a distinct room or area. This is no longer valid.

All practitioners who obtained an ambulatory surgical facility license because of performing surgery in a distinct area in their offices can get a refund for the license cost. They should send a letter and the license to the department.

The letter should state that the practitioner performs surgery in his or her office and does not use general anesthesia. It should request a refund for the license fee. Send the letter to:

Ambulatory Surgical Facility Program
Department of Health
PO Box 47874
Olympia, Washington 98504-7874

NWAO Profiles: George H. Drumheller, MD (1919-1991)

George Drumheller was born November 24, 1919 in Aspinwall, Pennsylvania. He graduated from the University of Pittsburg Medical School and received his specialty training in Eye, Ear, Nose and Throat at the EENT Hospital in Pittsburg.

George served as the medical officer in the Navy during World War II. His last tour of duty brought him to Bremerton, Washington. After his discharge in 1946 he began the private practice of EENT in Everett, Washington. He practiced EENT medicine and surgery in Everett up to his retirement in 1986.

In the early 1950's George became interested in functional nasal surgery. He was a student of Dr. M.H. Cottle. George was a teaching member of the society and served on the Board of Directors. He was secretary of the society and became president in 1974.

George conducted seven major Cottle courses at Everett General Hospital and three at the University of Washington. In addition he attended as a teacher and lecturer in virtually all of the A.R.S. courses held in the United States and abroad including those held in Jerusalem and Raifa, Israel/Leiden, Holland, Zagreb, Yugoslavia/Odense, Denmark and Bologna, Italy.

Along with others he was responsible for founding the International Rhinologic Society during the World Congress of Otolaryngology in Kyoto, Japan in 1965. He served as Secretary for the I.R.S.

George had a special interest in Mexican and South American physician's interested in learning and teaching functional nasal surgery as taught by Cottle. He assisted many of them in attending his courses in Everett. At his own expense and with the help of Dr. Thomas Azuara he published "Fundamentals of Anatomy and Surgery of the Nose" by Kenneth Hinderer, MD in Spanish.

George received the Golden Head Mirror award and Rhinologist of the Decade Award (1970-1980) from the American Rhinologic Society for his dedication to the teaching of functional nasal surgery. He was awarded the Hadassah Medal for teaching from the Hebrew University Hadassah Medical School, Jerusalem, Israel.

With his death a real era in Rhinology draws to a close. There are virtually no more gifted surgeons that had followed Cottle before and since Cottle organized the American Rhinologic Society in 1954. He recognized the importance of Cottle's ideas and techniques. He understood the physiologic principles behind them as well as furthering and advancing them. Since 1956 he was the perpetual student, follower and teacher in virtually every course presented. George understood, tolerated, loved and supported Cottle for all those years. Dr. Cottle reciprocated with his deepest love and affection.

Membership Directory

The Northwest Academy of Otolaryngology has developed an online membership directory as an added member benefit. It will be used as a referral tool and to enhance communication among our members. Having access to each other's practice information will allow us to refer our patients with confidence if they relocate or if they are in need of a service that our practice may not provide.

In order to optimize the usefulness and effectiveness of this directory, it is important that each member provides us with updated information on their practice(s). Once you view your listing, please send any changes to the NWAO office at smc@wsma.org.

This online membership directory is password protected and only your fellow colleagues will have access to your practice information. Please visit www.nwao.org to view the membership directory.

Member Directory Access Information:

Login: nwao

Password: ents

Membership Report

If you haven't paid your 2009 Membership Dues, please do so right away. Your practice information will be deleted from the membership directory if not paid.

189 - Active Members

12 - Retired Members

5 - Affiliate Members (PA-C/ARNP)

About Us

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