



GAMA

GREATER ALBUQUERQUE MEDICAL ASSOCIATION

FOUNDED 1893

GAMA Reports

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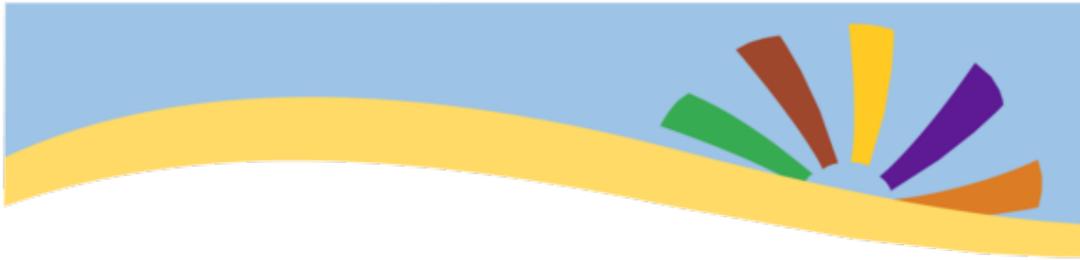
Message from the Executive Director

GAMA is a dues-based membership organization, and the dues you pay support our communications, advocacy, CME education, and various member events throughout the year. More importantly your membership in GAMA gives you access and a voice for what you would like to see addressed by your leadership. GAMA is very fortunate to have a dedicated Board of Trustees and committee members. They work tirelessly for you and share their time and talent while maintaining a full clinical schedule and always putting their patients first. As your elected representatives, please let them know if you have questions or concerns so they can present them to the Board for consideration. A healthy and thriving membership organization is driven by its members.



One of GAMA's strategic initiatives this year is the formation of a new Member Value Task Force. The group will focus on defining and exploring ways your trade association can provide better value and increased participation within the membership. They may be contacting you in the future to gain a deeper understanding of how we can help you in the increased complexity of the practice of healthcare.

Another primary focus for GAMA this year is the complicated legislative climate surrounding "surprise" or "balanced" billing. GAMA is part of a comprehensive coalition of providers, MCOs, insurance carriers, and hospitals. We have been meeting regularly since last fall to insure that legislation proposed for the 2019 session will provide the best possible patient care and create a reimbursement level for providers that is fair and reasonable. All the stakeholders at the table for this discussion are committed to the most transparent and effective process possible. We are also working with the Office of the Superintendent of Insurance and meeting with key legislators so they are informed and educated on the issue. GAMA will keep you apprised of any significant developments throughout the year as we maneuver through this maze.



GAMA Hosts the NMMGMA

The New Mexico Health Professional Wellness Program

The New Mexico Health Professional Wellness Program was established to confidentially assist health professionals who have problems that can cause impairment (including substance related disorders, psychiatric problems, behavioral problems, physical disabilities and others). NM HPWP conducts assessments, evaluations, case management, wellness consultations for substance abuse/addiction, mental health and behavioral health. The goal is to provide health professionals with ongoing support for a safe return to or continuation of practice.

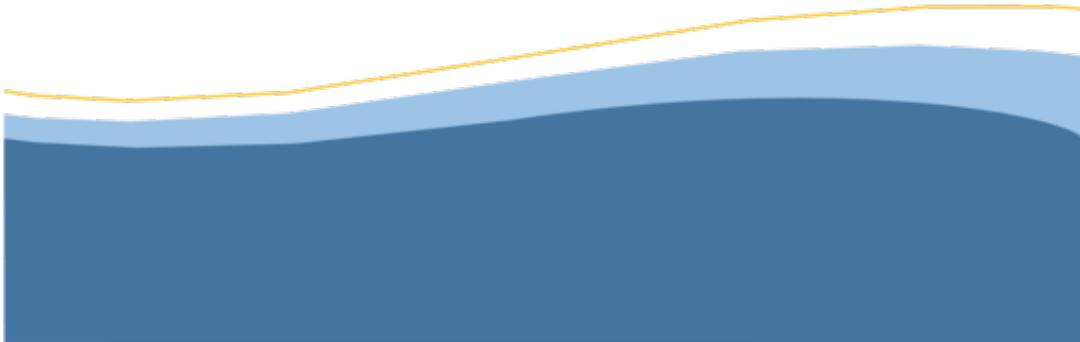
Presented by Andrea P. Newman PhD LMFT LADAC
Executive Director

May 15th at 12:00 PM

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RSVP: Jennifer.Valenti@gamamed.org



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GAMA Pain Management CME Webinar

All licensed New Mexico physicians are required to complete 5 hours of Pain Management CME every 3 years. GAMA has produced a quality webinar with renowned healthcare professionals available on the GAMA website www.gamamed.org. The webinar is only **\$98** to **GAMA** members. **This webinar is available until October 2018 so don't wait!**

Presenters and Topics are:

- Epidemic of Pain and Unintentional Opiate Overdose Deaths - Robert Twillman
- New Mexico And Federal Regulations, Steve Jenkusky, MD
- Best Practices Pain Management for Patients with Chronic Non-Cancer Pain - Joanna Katzman, MD
- Appropriate Use of Non-Opiate Medications for Patients with Chronic Non-Cancer Pain - Joanna Katzman, MD
- Prescribing and NM Overdose Death & Education on Legislation for Naloxone Use in NM - Michael Landen, DO
- Training on the Prescription Monitoring Program - Shelly Bagwell, R.Ph

Hospice - Sooner Than Later

By Ruby Bendersky, MD, FACC

CMS has determined that a hospice beneficiary “be determined to have a terminal illness - which is defined as having a prognosis of 6 months or less if the disease or illness runs its normal course.” A patient is eligible for hospice when 1) he has less than six months to live, and 2) he chooses to forego curative treatment.

But the reluctance to turn to hospice sooner in the disease process than later may be due to societal & cultural taboos, patient or family denial, lack of shared Advance Directives, miraculous stories and other barriers from both physicians and their patients/families.

Barriers and benefits of hospice care

Some patients and their families simply do not want to receive hospice care. They may be unwilling to recognize that comfort rather than curative care is a more realistic goal. From the physician perspective, medical care is focused on curing and healing. There is still a strong social stigma within physician circles that hospice requires “giving up” on a patient. On the contrary, the benefits of hospice and palliative care is the true care coordination that occurs in this model. Medication reconciliation/management and care protocols are overseen by the hospice and patient selected physician, as well as an all-inclusive team. This care coordination reduces duplicative medication therapy, improves access to medical oversight and psychosocial needs, while improving the persons quality of life

A cursory list of eligible diagnoses includes ALS, Cancer, CVA/Stroke/Coma, Dementia/Alzheimer’s, Heart Disease, Huntington’s Disease, Lung Disease/COPD, MS, MD, Parkinson’s, Chronic Renal Failure and other non-specific illnesses.

Some persistent myths

Hospice doesn’t require a physician’s order, but a physician’s recommendation is extremely influential. The burden of fully explaining the hospice benefit can and should be delegated to the hospice of choice. For the physician, ACA/Medicare penalties associated with rehospitalization and mortality are often mitigated or even dismissed by utilizing hospice. Physicians may also choose to continue following their patients on hospice as well.

Finally, perhaps the most common patient-perspective myth is that hospice benefits can be “used up.” Hospice care is available for two 90-day periods followed by an unlimited number of 60-day periods during the remainder of the hospice patient’s lifetime if they continue to meet hospice eligibility. And for the most part, DME and medications related to the diagnosis are provided at no cost, relieving some of the financial burdens often associated with end-of-life.

And hospice care comes with its own version of a guarantee: If the patient or family isn’t satisfied or wants to re-pursue curative measures, a beneficiary may voluntarily terminate (revoke) his or her hospice election period at any time.

Changes in hospice care

With the national average length of stay hovering near 17 days within the last few years, far too many patients and their families are not receiving the care and financial benefits of hospice earlier in their disease process. Technological advances in home care have brought about the use of EMRs, secure texting, even one-button cell phones with GPS and fall-algorithms, connected to quick react clinical teams. These and other advances are helping patients, physicians and hospital systems avoid unnecessary and often further-debilitating ER visits and hospitalization stays. This is especially true within the 30 days of an acute discharge. *The best hospice programs are not ambulance chasers – they’re ambulance avoiders.*

“Final” thoughts

No one has a crystal ball when determining the length of the “normal course” of a disease or illness process. As physicians, unless we come to embrace hospice as the best alternative care plan, we deprive both patients and families of realizing what could have been. Atul Gawande, MD, MPH, author of “Being Mortal,” sums it up this way: “Our ultimate goal, after all, is not a good death but a good life to the very end.”



Go to www.ofnm.org and click on the Bone Symposium image for more information and to register.

AMA Introduces New Training Module to Combat Disruptive Behavior

In response to a directive from the House of Delegates (Resolution 012, A-17), the AMA has created a new resource to help medical staffs address disruptive physician behavior. Now available in the AMA Education Center, this free 30 minute learning module shows physicians how to define appropriate, inappropriate, and disruptive behavior, presents guidelines for dealing with these behaviors in a fair manner, and provides users with their own downloadable copy of the AMA Model Medical Staff Code of Conduct that they can integrate into their medical staff bylaws. We would appreciate your assistance in spreading the word to your members about this valuable resource.

<https://cme.ama-assn.org/Activity/5976608/Detail.aspx>

GAMA PAC

Join your colleagues in donating to GAMA PAC to support candidates interested in the health of New Mexico. With all 70 seats in the House of Representatives up for grabs in 2018 and key state offices (like the Governor), your contributions will be critical in making sure we elect candidates who are informed about the state of the healthcare industry. Every dollar counts so please send your check or make a payment online today!



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