

**Network of Ethnic Physician Organizations
California Medical Association Foundation**
*Optimal Wellness and Equality in Healthcare
for All Communities*

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**A Word from NEPO Chair,
Dr. José A. Arévalo**



Last week, the Joint Select Committee on Deficit Reduction, also known as the "Super Committee," failed in its efforts to reach a budget compromise and news of this failure echoed loudly in the hallowed halls of our nation's capital but drew very little attention from the public at large. But what does this mean for physicians who treat Medicare patients? The Super Committee's failure to reach agreement now allows the flawed sustainable growth rate, or SGR formula that determines Medicare physician payment to move forward. Without further congressional intervention, physicians face a 27.4 percent reduction in Medicare physician payment on January 1, 2012.

Moreover, continued inaction by Congress on the SGR will trigger a further reduction in 2013. Many of our physician leaders had been counting on the Super Committee to reach beyond their partisanship borders and finally deal with the SGR as part of a larger package that called for cuts in the Defense Budget, the repeal of unfair tax loopholes, and extension of significant cuts to other entitlement programs. In the end, compromise essentially became a four-letter word and the members agreed they would not make the November 23rd deadline.

Along with the 27.4 percent reduction that could take place a month from now, the failure of the Super Committee will allow Medicare to further reduce physician payments by 2% on January 1, 2013 NEXT YEAR because of the sequestration agreement. The entire Medicare program will take a 2% cut, including GME, Medicare Advantage and other programs within Medicare.

Congressional leaders have agree to continue the fight over insurance funding, extending the Alternative Minimum Tax (AMT), extending the payroll tax cut and revisiting the SGR Formula. The struggle is not over and we must keep calling, writing and meeting with our Members of Congress. It is imperative that our collective and individual NEPO voices be heard in our fight to stop the 27.4% cut BEFORE Jan 1, 2012.

Your comments are welcome and you can reach me at arevaj@sutterhealth.org



To submit articles or announcements, please contact: agutierrez@thecmafoundation.org

The CMA Foundation reserves the right to edit all contributions for clarity and length, as well as the right not to publish submitted articles, for any reason.

Individualized Treatment Plans for Patients with Diabetes Webinar



The California Medical Association Foundation's Diabetes Quality Improvement Project is planning a webinar to support physicians and other health care providers in improved diabetes management.

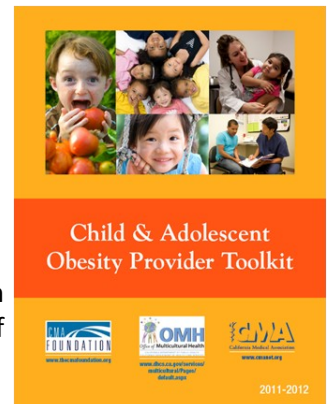
"Individualized Treatment Plans for Patients with Diabetes" will be led by Dr. Anne Peters, professor of medicine at the Keck School of Medicine of USC, Director of the USC Westside Center for Diabetes, and Director of the Comprehensive Diabetes Center at Roybal Community Medical Center.

The no-cost one-hour webinar will take place Wed., December 14th, 2011, at 12 p.m. PST
To register, click [here](#). For more information, including a presenter bio, click [here](#).

2011-2012 Child & Adolescent Obesity Provider Toolkit Now Available!

The **2011-2012 Child & Adolescent Obesity Provider Toolkit** is now available. The California Medical Association (CMA) Foundation convened an expert panel of physicians and other health care providers to update the clinical components and guidelines in this toolkit and added new resources addressing culturally competent care, multicultural communications and stronger patient education materials. The toolkit also addresses the link between clinical prevention and community advocacy, offering health care providers the opportunity to become one of the Foundation's Advocacy Champions and update on billing and coding procedures.

The toolkit is made possible by the generous support of the California Department of Public Health and Department of Health Care Services, Office of Multicultural Health and the U.S. Department of Health and Human Services, Office of Minority Health, State Partnership Grant Program (Grant No. STTMP051006-01-00).



To access the Child & Adolescent Obesity Provider Toolkit, please visit the Obesity Prevention Project website at:

<http://www.thecmafoundation.org/projects/obesityProject.aspx>.

For more information, please contact cmf@thecmafoundation.org or 916.779.6620.

California Immunization Coalition Health Disparities Webinar Tips and Tools for Improving Health Literacy December 19th, 2011 | 12:00 pm - 1:00 pm PST

Health literacy is the capacity to understand basic health information needed to make appropriate health decisions and follow preventive and treatment recommendations. Nearly one half of all high school graduates in the United States have limited health literacy and the majority of adults have difficulty using everyday health information. Individuals with limited health literacy may have trouble reading a typical patient educational handout, deciphering an immunization schedule or following up on preventive health appointments. Not surprisingly, those with limited health literacy have been found to have less awareness of preventive and self-care measures and exhibit less healthy behaviors.

Learn why health literacy is an important issue for anyone who is promoting healthy practices and ways that you can address this issue in your daily work.

Featured Presenter: Michael Villaire (MSLM), is Chief Operating Officer at the Institute for Healthcare Advancement (IHA).

Learning Objectives: Define health literacy and describe the general characteristics, abilities, and challenges of those with poor health literacy skills, including adherence to preventive care practices, such as immunizations; Apply basic plain language principles to designing written materials and using oral communication; Identify at least one tool or strategy that they plan to use to address health literacy issues with patients, clients and community members

To Register for the Webinar, please contact the California Immunization Coalition at (916) 447-7063 or via email at storres@communitycouncil.org.

CMA Files Lawsuit Against DHCS and HHS Over Medi-Cal Reimbursement Cuts



The California Medical Association (CMA) joined with the California Dental Association, the California Pharmacists Association and the National Association of Chain Drug Stores to file a lawsuit against the California Department of Health Care Services (DHCS) and the U.S. Department of Health and Human Services (HHS). The suit is in response to the recent approval of a 10 percent reimbursement rate cut for Medi-Cal providers.

“In late September, CMS asked DHCS for more information that would substantiate their state plan amendments (SPAs) for cuts in the Medi-Cal program. Without receiving that information, CMS went ahead and approved the cuts,” said Francisco J. Silva, CMA General Counsel and Vice President. “It is clear that CMS did not follow protocol and applied the wrong legal standard. The approval of the SPAs will have dramatic effects on access to health care for the poorest, most vulnerable Californians.”

According to Silva, federal law requires that Medi-Cal patients have the same access to physicians and other health care providers as the general insured public. “CMA strongly believes that even before these cuts, California is in violation of federal access law,” he notes.

“Medi-Cal patients are already having a tough time getting access to care,” says CMA President James T. Hay, M.D. “The approved cuts are irresponsible and will only put the health of California’s most vulnerable population further at risk. The federal government has made a terrible mistake in approving the cuts, especially in the face of health care reform. We simply cannot treat more patients with fewer resources.”

California's Medi-Cal rates are already almost the lowest in the nation. Currently, half the doctors in the state cannot afford to participate in the program. The gaping hole in California’s safety net will be further exacerbated by the 3 million uninsured newly eligible for Medi-Cal in 2014 under federal health reform legislation.

An [independent study](#) recently commissioned by CMA found that 49 percent of Medi-Cal patients are unable to get health care when they need it, compared to just 26 percent of privately insured patients.

What you can do

CMA and its member physicians want to make sure that Medi-Cal patients have access to health care. But we need your help. Contact CMA if you, your clinic or medical group can no longer afford to treat Medi-Cal patients, cannot find specialists who take Medi-Cal patients, or would otherwise be negatively impacted by the recent cuts that California made to the Medi-Cal program. You can also [download a form](#) to give to your patients to determine how they're being affected. You can help us in our efforts to reverse these cuts.

Contact: Michelle Rubalcava, (916) 551-2543 or mrubalcava@cmanet.org

**If you haven't looked at the CMA [education calendar](#), now is the perfect time!
Check out their new website, including their updated registration process!**

100,000 PRIMARY CARE PROVIDERS COMMIT TO ADOPTING ELECTRONIC HEALTH RECORDS

Regional Extension Centers Gains Commitment from Providers to Advance America's Healthcare

At the ONC Annual Meeting on November 17, 2011, the Office of the National Coordinator for Health Information Technology (ONC) announced that the network of 62 Health IT Regional Extension Centers (RECs) achieved one of its first major milestones – gaining commitments from 100,000 primary care providers (PCPs) to adopt electronic health records in a meaningful way. As part of this network of RECs, COREC has enrolled 778 primary care providers to date in the Orange County, CA area. Representing roughly one-third of all PCPs in the U.S., these 100,000 providers are building the foundation of a fully-electronic healthcare system.

“This is an enormous milestone for America’s healthcare providers,” said Farzad Mostashari, MD, ScM, national coordinator for health information technology at ONC. “EHR-enabled providers are taking the first steps in transforming healthcare in the U.S., enhancing the safety and quality of care for patients. We would not have been able to accomplish this without the hard work of regional extension centers across the country.”

Primary care providers are the foundation of America’s healthcare system as they are often the patient’s first point of contact for healthcare and can be the center of the patient’s care network. EHR-enabled PCPs allow clinicians to share more accurate, complete information and better coordinate patient care across specialists, hospitals and other healthcare providers. As EHR technologies become more widely adopted by providers and reach their full potential, patients will be able to access their own health information and become empowered partners in their medical care.

Since September, COREC has been using its broad, Health IT expertise to help PCPs, who face unique and complex challenges with EHR adoption, make a smooth transition to their EHR goals. Because all practices are different, COREC gears its support to meet each practice’s specific needs – from identifying financial resources to negotiating with EHR vendors to redesigning office workflow.

“We have witnessed, firsthand, providers making significant strides in switching to an electronically-enabled practice,” said Karynsue Frank, Director of COREC. “The 799 providers who have partnered with our REC are leading the way for the Orange County medical community in meeting the meaningful use EHR criteria, ultimately leading to improved patient health care.”

Throughout the country, RECs are working with providers in different practice settings to ensure widespread adoption of electronic health records. While RECs mainly assist primary care providers, they may also work with specialists such as cardiologists. The regional extension centers leverage their broad health IT experience to provide assistance to clinicians working in practices of various sizes and in both urban and rural settings.

As part of its EHR Incentives Program, the Centers for Medicare and Medicaid Services defined meaningful use criteria to ensure providers use a certified EHR system to:

- Exchange health information as part of coordinated care,
- Report clinical quality care measures and
- Utilize electronic medical services such as e-prescribing.

About COREC:

COREC was awarded through an objective review process by the U.S. Department of Health and Human Services, Office of the National Coordinator for Health IT (ONC), as the designated organization in Orange County, CA to support primary health care providers on EHR adoption and meaningful use. **Learn more about meaningful use, EHRs, and incentive payments when you ENROLL in COREC. All Orange County priority primary care providers receive these technical assistance services at no cost to YOU!!! Find out if you are eligible – CALL TODAY 1-855-241-1145 or COREC@caloptima.org**

COREC – With You Every Step of the Way



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Lilly



Health Information Technology Extension Center for Los Angeles, and it's federally-funded and here to help you select, implement and meaningfully use EHRs. Our support services and resources include: Education and Outreach, Vendor Selection and Group Purchasing, Implementation and Project Management, Practice and Workflow Redesign, Functional Interoperability and Health Information Exchange (HIE) Services, Privacy and Security Best Practices, Progress Towards Meaningful Use. All Los Angeles County health care providers may enroll for free. Subsidies are available for those that meet federal 'priority primary care provider' criteria. (Contact HITEC-LA for criteria).

Why Should Your Small or Solo Practice Enroll?

- You receive advice that is in your best interest; we are an impartial, trusted source.
- You get access to our free and reduced-cost services as well as volume discount programs
- You learn best practices via peer-to-peer collaboration within Los Angeles County and throughout the United States
- You benefit from the experience of our EHR technology and meaningful use teams who help you select the right system for your practice.

Sign Up Now—For Free! Contact HITEC-LA at 888.524.4832 or hitec-la@lacare.org

CalHIPSO: Medi-Cal EHR Incentive Program

By Dorian Seamster, Chief of Health Information Services

The Medi-Cal EHR Incentive program launched in October 2011 with a staggered approach. Hospitals went first; medical groups, including clinics, will be able to register beginning November 15, and Eligible Providers can begin registering on December 15.


Providers can submit verification of AIU (Adopt/Implement/Upgrade) through February 29, 2012 and still earn an incentive for the participation year 2011. This will allow a provider to report on Meaningful Use for 90 days in 2012 and receive an incentive payment for participation year 2012.

Medi-cal providers who have at least 30% of their patient volume covered by Medi-cal (20% for pediatricians) are eligible to participate in the Medi-cal EHR Incentive Payment Program. In order to streamline the eligibility verification process, Medi-Cal has created a prequalification process. Based on data available to the state, Medi-Cal has already started notifying community clinics of their prequalification status, and expects to do the same by December 1 for Eligible Providers. If a Group or Eligible Provider does **not** receive a prequalification notice they can still register on November 15 or December 15, but will have to submit data documenting their Medi-Cal patient volume.

CalHIPSO is working closely with Medi-Cal and our many partners to ensure that our members have the information and support needed to register and attest to AIU successfully before February 29, 2012. We have updated the [EHR Incentives page](#) on our website and are providing weekly webinars, with the next scheduled for November 7, Noon.

Medicare EHR Incentive Payment Program

As of November 1, 2011, 37 CalHIPSO members have attested to Stage 1 Meaningful Use (MU) and earned Medicare EHR incentive payments! Approximately 1,100 subsidized slots remain open for providers wanting to benefit from the services of CalHIPSO in helping our members achieve Meaningful Use.



**Helping California Clinicians
Successfully Transition to Electronic
Health Record Systems**



The California Health Information Partnership and Services Organization (CalHIPSO) is an independent, non-profit, vendor neutral organization founded by clinical providers, for clinical providers. CalHIPSO provides technical assistance, guidance and information on best practices to support and accelerate providers' efforts to become meaningful users of certified EHR technology.

Ph: 510-285-5723 Toll-free: 888-589-4897 info@calhipso.org

Visit us online at www.calhipso.org and click on "Join Now"



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