Thomas M. Anderson, MD
ISMS President
2016-2017
Libertyville, IL
Radiology

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Illinois State Medical Society

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President's Forum

Thomas M. Anderson, M.D., Chicago, was inaugurated president of the Illinois State Medical Society (ISMS) during its 2016 annual meeting here.

Dr. Anderson is board-certified in diagnostic radiology and nuclear medicine, with subspecialty certification in pediatric radiology and neuroradiology and serves on the medical staff at the University of Illinois Hospital and Health Sciences System. He is a Diplomate of the National Board of Medical Examiners, the American Board of Radiology, and the American Board of Nuclear Medicine. Dr. Anderson has an academic appointment as a Clinical Associate Professor of Radiology at the University of Illinois at Chicago.

Active in ISMS since 1975, Dr. Anderson most recently served as the society's president-elect. He is a member of the American Medical Association, American College of Radiology, Illinois Radiological Society, Chicago Radiological Society and numerous other specialty societies. He is a past president of the Chicago Medical Society.

Dr. Anderson received his medical degree from Harvard Medical School in Boston and completed both his internship and residency at the University of Chicago Hospital. His fellowship was completed at Michael Reese and University of Chicago hospitals.

Dr. Anderson's term as president runs through April 2017.

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President's Message

Fine-Tuning Still Needed for Medicaid Managed Care

Thomas M. Anderson, MD

2016 ISMS President's Address

Illinois' transition of Medicaid patients to managed care organizations (MCOs) delivered a major shift to health care delivery. To date, 66 percent of Illinois' Medicaid beneficiaries are now in some form of managed care, and just this week Governor Rauner announced a plan to reconfigure the MCO program structure and increase participation to 80 percent. Medicaid managed care is here to stay.

The overall concept is a good one – help low income residents of Illinois obtain better care overall, increase access to preventive care in particular, and slow down the revolving door at the emergency room. But how is it really working out there where the rubber meets the road?

For starters, the state's initiative got off to a bumpy start, as it caused significant confusion among health care professionals and patients. It didn't help that this transition began at about the same time as Illinois' Medicaid expansion under the Affordable Care Act, which resulted in an estimated 625,000 additional lives covered under the Medicaid program.

Many patients brought into MCOs had difficulties understanding the new system and the new rules for obtaining care. A patient's preferred physicians might not all be in the same MCO, forcing difficult decisions when choosing a plan. In many instances patients didn't fully grasp the physician and hospital limitations required by the managed care model.

In advance of this transition, ISMS advocated that patients must be able to continue with their primary care physicians so that any disruption to existing doctor/patient relationships is avoided. As implementation progressed, we conducted a survey, which provided data highlighting many of the problems we'd been hearing about from physicians.

Our survey revealed administrative issues and inadequate communication have been especially frustrating for doctors.

Credentialing is one of the common administrative hassles. When applying to enroll with an MCO, physicians experience significant delays. The process is also quite cumbersome as some physicians may be required to credential separately with multiple MCOs within the Medicaid program. Most problematic is that there is a different process for each MCO.

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Fine-Tuning Still Needed for Medicaid Managed Care

Physicians and patients alike are also experiencing many problems with drug formularies. MCOs all have their own formulary and MCO drug manuals are hard to come by. Therefore, physicians have the burden of keeping track of what medications are included in various plans' formularies.

Probably the biggest concern is that physicians do not even know who to contact at the MCOs!

In order to help the state's most vulnerable patients, physicians need a streamlined process for credentialing, more consistent formularies and prior approval protocols, and a clear pathway to contact their MCOs. If and when these issues get ironed out, Medicaid's major system redesign has the potential to be a successful chapter in its long-standing history.

There is some good news to report. ISMS has been in contact with the state, and progress is being made with the credentialing issue. The state has also developed a protocol for physicians to contact Medicaid when problems are not addressed by certain MCOs.

Additionally, the plan announced by Gov. Rauner this week includes reducing the number of MCOs in the Medicaid system. This could result in reduced hassles for physicians, which would be a step in the right direction. We look forward to hearing more details about this proposal, and ISMS remains committed to helping ensure the long-term viability of a responsible safety net for our state's most vulnerable citizens.

I look forward to hearing from you. During my term, I can be reached at DrAnderson@isms.org.

The ISMS Advocacy team is interested in hearing about any problems you experience with the MCO initiative. Please email us with a brief description of your problem to help us track and monitor physician complaints.

President's Message

Serving the Underserved

Thomas M. Anderson, MD

Much has been made of the challenges associated with meeting medical care needs in underserved rural areas. Just last month, the Centers for Disease Control and Prevention released a report that rural Americans are more likely to die from the top five causes of death than those living in urban environments.

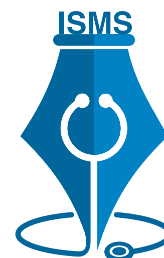
This is a real problem for Illinois, and ISMS is committed to meeting the health care needs of every Illinois patient. I'd like to highlight several initiatives that address rural health workforce challenges, and some of the resources that are available to help these communities.

Let's start with the crown jewel, the Rural Illinois Medical Student Assistance Program (RIMSAP). Formed as a partnership between ISMS and the Illinois Farm Bureau (IFB) in 1948, RIMSAP's goal is to supply more doctors to rural communities in the Prairie State. Over the years, RIMSAP has helped more than 800 qualified students pursue – and pay for – their medical education. In return, students agree to practice medicine in an approved rural Illinois community, and specialize in family practice or another primary care field.

Organizations such as RIMSAP work in tandem with Illinois' Rural Health Association and the Southern Illinois Medical Association (SIMA) to boost the health of our rural patients.

At a recent SIMA meeting, I learned more about a couple other programs that are being offered right here in Illinois. Some small towns with local hospitals are providing financing for loan forgiveness and developing creative incentives to attract needed health professionals.

This reminded me of the important contributions of our medical schools and residency programs. Southern Illinois University (SIU) and the University of Illinois offer rural health training tracks and programs to increase the flow of health professionals to where they are needed most.



SIU also has a loan forgiveness program. Federal and state programs are available to help discharge all or a portion of a student loan if specific criteria are met, including working for not-for-profit organizations that provide certain types of qualifying public service.

I'm happy to report that during my travels around the state I have met with several medical students who indicated an interest in rural practice.

ISMS recently published a new resource to help communities build their health workforce. Best Practices in Recruiting Physicians to Rural Areas was developed to call attention to several innovative methods (including a few that I've mentioned above) for bringing physicians to rural areas.

All of these programs and initiatives can make a difference. ISMS will continue to investigate these access issues, support necessary legislation, and take bold action to create a future in which all patients – regardless of geographic location – have access to the health care they need.

I look forward to hearing from you. During my term, I can be reached at DrAnderson@isms.org.

President's Message

How is MACRA Going to Work Out for Physicians? Thomas M. Anderson, MD

Last month, the Centers for Medicare and Medicaid Services (CMS) released the Final Rule for implementing the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA).

Many doctors are looking at this new payment system with trepidation. Complying with MACRA will require considerable time and effort. If we look at the big picture, MACRA could be an improvement over Medicare's previous payment methodology, the flawed sustainable growth rate (SGR) formula.

While MACRA was still in the sausage-making stage, ISMS sent a comment letter to CMS requesting modifications to the proposed rules. I'm happy to report that **many modifications in the Final Rule are consistent with our advocacy**.

For starters, 2017 will be a "transition year," meaning that doctors can choose a "test" option and report just one measurement activity. A partial-year reporting option is also part of the Final Rule, which will give physicians more of a chance for a payment uptick.

The Final Rule also ensures that solo practices, small medical groups and physicians working in rural parts of Illinois won't be at a disadvantage due to practice size or geographic location.

Where the rules fall a little short is the need for a much bigger "carrot" to incentivize physicians to participate in the Advanced Alternative Payment Model (APM), one of the two-payment tracks. Otherwise, most doctors will gravitate toward the other track, the Merit-Based Incentive Payment System (MIPS), which will be more familiar to them. Indeed, CMS expects at least 90 percent of physicians to take this route.

Another area CMS could improve is providing education on how to implement MACRA so that physicians can better understand all the new program rules. MACRA is a historic change in the nation's Medicare payment system. But where's the education?

Finally, we have a problem with Physician Compare's time period for reviewing data. Before MACRA, our Physician Quality Reporting System (PQRS) data was posted on the internet. The time frame we had to review our data was 30 days. But the Final Rule did not budge as far as increasing the review period. Realistically, as we begin to report MIPS data instead of PQRS data, 30 days is no longer a sufficient period of time given the expanded nature of the data that must be reported. ISMS had advocated for a 90-day review period.

It should be noted that the American Medical Association estimates roughly one-third of doctors will be exempt from MACRA reporting and can continue to operate under fee-for-service Medicare without being subject to the MIPS adjustments. Physicians must treat fewer than 100 Medicare patients annually or receive less than $30,000 in reimbursement under the program in order to qualify for the exemption.

Sure, we physicians are very busy caring for patients and are not exactly enamored with having to implement yet another program in the name of "quality." Yet, even with some of the flaws, it's possible that living in a MACRA world might not be so onerous after all. But only time will tell.

I look forward to hearing from you. During my term, I can be reached at DrAnderson@isms.org.

Does your practice or group need help demystifying MACRA? ISMS members and their practice management professionals can contact ISMS for hands-on support to help ease the transition. Call your ISMS Advocacy Team at 800-782-4767 ext. 1470 or send an email.

President's Message

Help your Patients Fight Prescription Drug Abuse Thomas M. Anderson, MD

Who ever thought that expired or unused prescription medications innocently lingering in America's medicine cabinets, night stands or kitchen drawers could actually be helping to fuel our country's opioid epidemic?

In the United States, approximately one-third of all medicines go unused each year – and some of these medications are taken by others to get high or feed a growing addiction.

The majority of prescription drug abusers report in surveys that they get their drugs from friends and family. So to encourage the general public to address their supply of unused or expired prescription medications, law enforcement and other government agencies often host "take-back" events in which these drugs can be brought to a legal collection site.

National Prescription Drug Take-Back Day, which is coming up on **October 22**, aims not only to offer a safe, convenient and responsible means of disposing of prescription drugs, but also to educate the general public about the potential for abuse of their unused medications. This event is an initiative of the U.S. Drug Enforcement Administration (DEA).

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Help your Patients Fight Prescription Drug Abuse (*Continued*)

At the DEA's last take-back event, **893,498 pounds** of unwanted medications were turned in for disposal across all 50 states. In Illinois alone, roughly 48,000 pounds of pills were collected! This impressive haul was the fourth largest in the nation.

While these take-back events are clearly successful, it's important to let your patients know that here in Illinois they may take their unused medication to an authorized collector all year round. Patients and physicians alike may visit our website, www.isms.org/Take-Back, for tools to aid in locating a convenient collection site for dropping off unused medication. These sites are legally allowed to receive controlled substances for the purpose of destruction.

ISMS has also developed a new Issue Brief to tackle this topic, Combating Prescription Drug Misuse and Abuse: Physician and Patient Roles and Responsibilities for Disposal of Unused Medications. This resource is designed to help you guide patients on give you information on how to properly dispose of prescription medications and how to dispose of your sample medications.

In addition to the Issue Brief, ISMS developed other patient education materials, including posters (one and two) and wallet/purse-sized cards with disposal guidance. Watch your mailbox, because active practice ISMS members and residents will be receiving printed copies of the kit.

We have been at the forefront advocating for legislation to address the opioid epidemic.

ISMS was among several organizations and individuals who testified before the House Bipartisan Heroin Crisis Task Force, the workgroup that contributed to the framework for ISMS-backed House Bill 1, which was enacted in the fall of 2015 to address opioid and heroin abuse in Illinois. One of the provisions in the law directed that the Illinois Environmental Protection Agency establish a medication take-back program, which began last June.

Additionally, within the last year several national pharmacy chains have placed medication disposal collectors in their stores. When all is said and done, the appropriate disposal of unused medications is critical in preventing them from getting into the hands of those who might misuse them.

With four out of five new heroin users starting out on prescription meds, forgotten pills need to be properly destroyed so they will never cause harm to others.

I look forward to hearing from you. During my term, I can be reached at DrAnderson@isms.org.

President's Message

Like Everyone Else, Our Veterans Deserve Quality Health Care

Thomas M. Anderson, MD

As a physician I am concerned about all patients, but as a U.S. Navy veteran, I confess I am particularly interested in making sure all those who have served get the health care they need.

So when I read about a recent proposed rule from the U.S. Department of Veterans Affairs (VA), I did a double-take. In an attempt to address exceedingly long wait times within the VA health system, the proposed rule would allow all four categories of Advanced Practice Registered Nurses (APRNs) to provide services without the clinical oversight of a physician.

I can tell you this: Giving full practice authority to APRNs will not increase the quality of care for veterans. In fact, quite the opposite. Vets would have reduced medical benefits compared to anyone else seeking health care. This is unacceptable – especially for those men and women who have put their lives on the line.

There's no question that APRNs play a key role on the health care team. However, as you all know, an APRN is required to have five to seven years of training and 500 to 1500 hours of patient care experience, falling significantly short of the education and training of physicians. Most veterans are enduring serious medical challenges, including traumatic brain injuries, which require highly complex medical care. At the end of the day, APRNS are just not a substitute for physicians.

ISMS is strongly opposed to the VA's unprecedented move. After the VA published its proposed rule at the end of May, ISMS quickly urged the VA and Congress to maintain APRN supervision requirements. ISMS also joined other national specialty and state medical societies to advocate that the VA **not move forward** with its proposed rule.

If the larger goal is to increase access to care for veterans, why not allow them to see physicians outside of the VA system? This model works well for the TRICARE program (formerly CHAMPUS), which covers military service family members. While we recognize the enormous pressure on the department to reduce wait times throughout the VA health system, removing physician supervision is clearly not the answer. Team-based health care must be physician-led.

The four categories of APRNs that would be affected by the VA's proposed rule include Certified Nurse Practitioner (CNP);

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Help your Patients Fight Prescription Drug Abuse (*Continued)*

Certified Registered Nurse Anesthetist (CRNA); Clinical Nurse Specialist (CNS); and Certified Nurse-Midwife (CNM).

Of particular concern is that physician-led anesthesia care could be jeopardized in surgical settings. Physician anesthesiologists serve a critical role in providing safe anesthesia care, especially in cases of VA patients who often pose a heightened risk of complications during surgery. The team-based model of care ensures that patients will have access to a physician anesthesiologist if an emergency or complication occurs.

APRNs working outside of VA facilities would remain subject to state or local laws pertaining to APRN scope of practice. Illinois requires physician involvement for nurse practitioners to diagnose, treat and prescribe.

Doctors play an integral and invaluable role on the health care team. The VA must reverse the course of its dangerous proposal. Every veteran deserves the highest standard of care for the sacrifices they made for our country.

I look forward to hearing from you. During my term, I can be reached at DrAnderson@isms.org.

For more on the role of APRNs, access ISMS' medical legal guideline *Advanced Practice Nurses' Authority to Diagnose and Prescribe*.

This ISMS medical legal guideline is password protected. If you need to request a username and password, contact online support at 888-476-7776 or onlinehelp@isms.org between 8:30 a.m. and 4:45 p.m. After-hours requests are answered promptly the next business day. You may also register online or retrieve

President's Message

Beneficial Changes in Store for Illinois' Medical Cannabis Program

Thomas M. Anderson, MD

In recent years, it's been a rite of passage for ISMS presidents to become experts on medical cannabis due to the large number of media requests on this topic. I earned my stripes recently in a conversation with Missouri's *The Joplin Globe*. Our neighbor to the south is considering its own medical cannabis initiative, and the *Globe* was reaching out to see how things were working in other states.

Of course, just as I had Illinois' medical cannabis law mastered, our General Assembly passed Senate Bill 10 only a few days later, modifying and extending the state's pilot program through July 1, 2020. Governor Rauner signed the bill late last week, as ISMS urged him to do.

While as a diagnostic radiologist I am not someone who would ever need to certify patients for medical cannabis, I can tell you that ISMS was very involved in the changes to the Compassionate Use of Medical Cannabis Pilot Program Act on behalf of Illinois physicians.

One of our top priorities was removing the requirement that in order to certify a patient for medical cannabis, the physician must state that in his or her professional opinion the patient would be "likely to receive therapeutic or palliative benefit from the medical use of cannabis." Under the new bill, physicians will certify that the patient is under the physician's care and has a qualifying condition.

This is good news for doctors. We have heard from many of you regarding the current burden of having to "recommend" medical cannabis, and we worked hard to remove it.

Another change that ISMS initiated requires the Illinois Department of Public Health to electronically submit the names of all approved registrants for medical cannabis to the Prescription Monitoring Program (PMP). This will allow physicians to see if a patient under their care is already certified for medical cannabis.

Speaking of the PMP, when Illinois enacted a law (House Bill 1) last year to tackle its serious problem with heroin and opioid abuse, one of the provisions required automatic enrollment in the PMP when a physician renews his or her state controlled substance license. All physician licenses in Illinois will be up for renewal in 2017.

If you maintain a Drug Enforcement Agency (DEA) number and want to get a head start with the PMP before next summer, register here. You may want to take ISMS' free on-demand course, The Illinois Prescription Monitoring Program and Your Practice.

ISMS also provides free resources for members about the Medical Cannabis Pilot Program. Keep in mind these resources reflect the law *prior to the passage of Senate Bill 10:*

- Medical legal guideline: *Tips for Certifying Patients for Medical Cannabis Cards*
- On-demand program: Medical Cannabis in Illinois: Legal Impact on Physicians

Medical cannabis dispensaries first opened their doors for business last November 9. As of June 1, the state has approved applications for 7,000 qualifying patients (including 52 Illinois residents under the age of 18).

While the number of patients requesting medical cannabis in Illinois is far lower than anticipated, it appears the program will not be going away any time soon. But thanks to ISMS advocacy, it will be much less burdensome for doctors and will provide crucial data on patients' histories with medical cannabis – important information to ensure the health and safety of Illinois citizens.

I look forward to hearing from you. During my term, I can be reached at DrAnderson@isms.org.

President's Message

Patients Need to Know What's Inside the Insurance They Buy

Thomas M. Anderson, MD

Just four days after I was sworn in as your new ISMS president, I found myself speaking at a news conference in Springfield. It was my pleasure to be the voice of physicians in support of the Network Adequacy and Transparency Act (House Bill 6562), legislation to protect patients from unacceptable insurance practices.

As I'm sure you are aware, over the past year commercial health insurers have accelerated their efforts to "downsize" PPO networks by severely limiting the number of in-network health professionals available to patients.

These "narrow networks" force patients to scramble in search of new – and often unfamiliar – "in-network" physicians for their care, cutting off the vital physician-patient relationship.

Not only is their care disrupted, many patients face sticker shock when they lay eyes on their new bill for care that was previously in-network.

The impact of reduced network options is significant. Imagine a pregnant woman having to find another OB/GYN mid-pregnancy, or a cancer patient fighting for life suddenly learning that his or her trusted physician is no longer an affordable option.

Unfortunately, some people don't have to use their imagination.

Click here to read about a patient who had been seeing specialists at the University of Chicago to treat her autoimmune disease. At an early January visit, just a few weeks after she purchased a Land of Lincoln PPO plan for 2016, she learned that her insurer would be dropping the medical center and its doctors from the network she chose, effective March 1. Of course, by March 1 open enrollment had already closed, leaving her without the option to change her plan.

Witnessing the confusion and disruption our patients experience is immensely frustrating for doctors.

The good news is that we've identified a remedy: the bi-partisan, ISMS-backed House Bill 6562. Here's why we are excited about it.

This legislation would require insurers to demonstrate that their plans have an adequate ratio of health professionals to patients, and that patients can access care close to home. Otherwise, the plan couldn't be sold to consumers. Patients with certain medical conditions and pregnant women would be allowed to continue care with their doctor as "in-network," even when plan options change. What's more, all patients would be allowed to reconsider their coverage when a plan removes their doctor from the network outside of the open enrollment window.

The bill also requires insurers to maintain accurate and up-to-date network directories of doctors and hospitals so that patients can make well-informed decisions when selecting health insurance plans.

ISMS is aggressively working to enact House Bill 6562.

At the end of the day, we cannot allow our patients to live in fear that their chosen physician or hospital might abruptly become an unaffordable choice, or that the network they signed up for might change without warning.

The patients of Illinois deserve to know what they're getting when they buy health insurance.

President's Message

Thank You for the Privilege of Representing You

Thomas M. Anderson, MD

Thomas M. Anderson, MD
ISMS President

As my term as your ISMS president winds down, I'd like to talk about this incredible past year.

While traveling to many areas around Illinois, I met with local county medical societies, medical groups and hospital staffs. As ISMS' spokesperson, I represented you and your patients to the media, legislators, specialty conferences and the general public.

I visited several Illinois medical schools, discussing what's on the horizon of medicine and the challenges they will face as future doctors. I can tell you this – the students I met are bright and full of enthusiasm. Rest assured, this next crop of physicians is a force to be reckoned with.

Of course I also met many practicing physicians, and Illinois should be proud of the many fine doctors serving the state's residents. From my various dialogues with them, a common theme emerged: Uncertainty in our health care system has, unfortunately, become part of the medical profession. Our doctors earnestly yearn for stability and predictability in the overarching landscape of medicine.

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Thank You for the Privilege of Representing You (*Continued*)

Speaking of uncertainty, after years of talk about repealing and replacing the Affordable Care Act (ACA), last week saw the defeat of legislation designed to accomplish these goals. While it appears that the ACA will remain the law of the land, the topic is now resurfacing in Washington with some speculation of regulatory or enforcement changes. But it's anyone's guess what we might see in the future.

Back here in Illinois, shortly after my term began, Illinois entered its second year without a budget. But not everything stands still just because Illinois doesn't have a budget. Just four days after I was sworn in as your new president, I found myself speaking at a news conference in Springfield in support of legislation to protect patients from narrowing networks and other unacceptable insurance practices. Before long, l was interviewed on WBBM Radio's At Issue with Craig Dellimore and network adequacy was one of the topics we discussed.

ISMS had already been hearing from many of our members who were concerned about health insurer network changes that were negatively affecting the physician-patient relationship. Witnessing the confusion and disruption our patients experience is immensely frustrating for doctors.

Just last February I spoke again at a press conference in Springfield on this same topic, introducing the 2017 version of the ISMS-backed legislation called the Network Adequacy and Transparency Act (NAT Act). Earlier this month, the bill passed out of the House Insurance Health & Life Committee and is now poised for a vote by the full House.

Despite our early success, the NAT Act still faces significant opposition from the insurance industry. We will press on, and thankfully can count more than 50 House members from both parties as supporters.

In recent years, it's been a rite of passage for ISMS presidents to become experts on medical cannabis due to the large number of media requests on this topic. It wasn't long before I found myself contributing to Missouri's The Joplin Globe. Our neighbor to the south was considering its own medical cannabis initiative, and the Globe was reaching out to see how things were working in other states. This was the first of several interviews on this topic.

ISMS was very involved in important changes to the law for medical cannabis. As a result of our advocacy, a requirement was removed that physicians certify that, in their professional opinion, the patient would be likely to receive therapeutic or palliative benefit from the medical use of cannabis. This is good news for doctors. We heard from many of you regarding the unease of having to "recommend" medical cannabis, and ISMS worked hard to change the legal requirement to simply certifying that a patient has a qualifying condition. This change was designed primarily to ease the burden on physicians. Legislation was recently introduced in Springfield to legalize recreational use of marijuana, but ISMS remains opposed to this initiative.

Illinois' opioid epidemic was also on the front burner during my presidency. I met with U.S. Senator Dick Durbin of Illinois and spoke to the media on this topic. In 2015, ISMS supported legislation to help alleviate the opioid and heroin epidemics. Now law, its impact is starting to take root. Prescribing levels are on the decline in Illinois. However, as physicians, we must continue to be mindful of our role in prescribing these medications safely. But safe prescribing is just one component of the solution – payers must cover treatment for addiction and patients need to get rid of their unused medications so that they are not diverted.

Last fall, in support of the National Prescription Drug Take-Back Day, ISMS and ISMIE Mutual joined together to distribute a printed kit to help physicians and their staff educate patients about safe disposal of unused and expired prescription medications. This campaign centered on the fact that unused prescriptions help fuel the opioid crisis. We are promoting another disposal event slated for April 29.

These are just some of the highlights of the work that ISMS accomplished over this past year. It was an honor to represent you while making our concerns and our patients' needs known. I would also like to express how grateful I am for the support of ISMS staff during my term as president.

Thank you for the opportunity.

During the remainder of my term, I can be reached at DrAnderson@isms.org.

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