**President’s Message**

How does Asheville do this?

To me, we are the antithesis of McAllen. Asheville is blessed with an inordinate number of highly qualified and compassionate physicians who value the patient first. When faced with the issue of the uninsured, the physicians of Buncombe County came together to form Project Access which has become a national model of care. We are also blessed with top notch hospitals that provide the technical and, more importantly, human resources to give our patients world class care.

Not surprisingly, when asked in a recent BCMS physician survey, 90% of the 160 non-employed respondents reported that they were very satisfied with their current practice. The most commonly noted things they valued about their practices were their relationship with their partners and colleagues and their relationship with their patients. As a group they also highly valued autonomy – autonomy to run their practices and treat their patients as they saw fit. When asked whether they were interested in direct hospital employment, only 6% were interested or very interested. The vast majority did not seem persuaded that the potential benefits of such a system would outweigh the cost in their loss of autonomy.

**Is There an Argument for Change?**

In a recent article for the *New Yorker* magazine, Dr. Atul Gawande investigates wide spread regional disparities in health care cost. Utilizing data from the Dartmouth Atlas, Dr. Gawande visits McAllen, Texas which is one of the nation’s most expensive health care markets based on Medicare per enrollee costs. In a rather scathing exposé, Dr. Gawande determines that the fee-for-service structure of health care coupled with the culture of McAllen, leads to an environment where profit motive outweighs the interest of the patient.

Dr. Gawande’s article caught the attention of many. As an article in the *New York Times* reported, President Obama met with a number of Democratic Senators, provided them with the article and declared, “This is what we have to fix.”

In contrast to McAllen, Dr. Gawande also highlights communities that provide very high quality care at a fraction of the cost. Some of the names are familiar: the Mayo Clinic, the Geisinger Clinic, and Kaiser Permanente. Some are less familiar such as Grand Junction, Colorado and Marshfield, Wisconsin. One community not mentioned as a center for high quality cost-effective care is Asheville, North Carolina. According to the Dartmouth Atlas, the cost per Medicare enrollee for a number of services runs from 0.79 to 0.84 of the national benchmark and is comparable to the above listed communities. Unlike most of the other communities, however, Asheville is not home to a large multispecialty clinic or integrated health system.
In sum, most physicians who responded to our survey were saying “If it’s not broken, why fix it?” Indeed, is there an argument for change?

I, for one, believe that there is, although not as dramatic as a fully integrated health care system. While the scope and speed of health care reform will likely not be as dramatic as many hoped/fearred, it is clear that policy makers in Washington, including President Obama, are determined to move away from our current fee-for-service system. The abuses of McAllen make clear that the current system’s incentives are poorly aligned. In time, I fully expect to see payment shift toward bundled payments per beneficiary or per episode of care. In such an environment, our current fragmented system will be poorly suited. Greater degrees of clinical integration will be needed to effectively compete for health care dollars and to both provide and clearly demonstrate quality care through outcomes measures.

Given these challenges, what is the best course for Buncombe County? How do we preserve what we value and what we do so well and prepare for future? To help answer these questions, BCMS has been actively engaged in talking with other communities both inside and outside of North Carolina to see how they are addressing these issues. BCMS hosted a physician-only forum on physician led integration models with two national experts on the issue, Mr. Elias Matsakis, JD and Mr. George Sanders, JD. Having studied the BCMS membership survey results, Matsakis and Sanders highlighted three integration models that they believe are better suited for our community than hospital employment – a Management Service Organization (MSO), an Umbrella Organization, and a Community Foundation Model. With each model, the need for physician leadership and physician directed change was emphasized.

As a physician community, we should all be very proud of what we have built here. We provide our patients and our community with high quality, compassionate health care and do so in a very cost-effective fashion. The overwhelming majority of us are very happy in our current practice. And yet, change is coming and, as Matsakis noted, we can “either make a suboptimal change now or have suboptimal change forced upon (us) later.”

I believe that we are standing at a crossroads. One path is by far the easier one, but fraught with enormous risk. This is the path of apathy and allowing others to dictate how change will be directed. Physician autonomy and control over how best to treat patients will be at risk. The other, more arduous but more rewarding path, is the path to forging our own future. This path will require physician leadership and force of conviction to preserve what we value and to meet the challenges that lie ahead.

Which path will you choose?

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**Physician Profiling: What you don't know can hurt you**

AMA Private Sector Advocacy staff

Big news related to physician profiling came out of New York last year, when Attorney General Cuomo announced his landmark settlements with insurers operating in his state. Resulting from these settlements, the insurers are now required to submit the rating criteria they use to place physicians in tiered networks, in which members pay lower co-pays or otherwise receive discounts for seeing favored physicians. In addition, these insurers must abide by a set of standards for their physician profiling programs and hire an independent Ratings Examiner to report to the Attorney General every six months or incur penalties.

Shortly after the insurers signed agreements with Mr. Cuomo, members of the Consumer-Purchaser Disclosure Project adopted The Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs. Under this voluntary agreement, health insurers will follow a set of standards, hire an independent entity to audit their programs to ensure they use valid measures to rate physicians, and work toward pooling their data.

Although neither the New York settlements nor the Patient Charter is a panacea for the problems associated with physician
profiling, they represent important steps forward. However, the AMA contends that all physician-profiling programs must follow standards that require the use of valid methodologies, promote transparency at all levels, and assure accurate results. In order to encourage legislation on physician profiling programs, the AMA developed a model bill, which mandates profiling programs adhere to a set of standards, use valid quality standards, properly adjust for risk, use sufficient sample sizes, and correctly attribute episodes of care. Additionally, insurers must fully disclose the methodology used to profile physicians and disclose the limitations of the methodology, profile physicians at the group level, establish a reconsideration or appeal process, and hire an independent third party to oversee the program.

Recently, Colorado Governor Bill Ritter signed legislation aimed at regulating the physician rating systems used by many of the state’s health insurers. The Colorado law requires health insurers to make their processes for profiling, rating or characterizing physicians more transparent, and ensure greater accuracy in the results. The law also provides for an appeal mechanism so physicians can challenge the validity of their rankings prior to their release or use by health insurers.

Regulations like those adopted in New York and now Colorado, and documents such as the Patient Charter, are essential to help ensure that the physician performance information that health insurers provide patients is both reliable and meaningful. They establish processes that temper some of the inherent risks that can result from physician profiling.

While the AMA neither supports nor opposes physician profiling per se, when it is done, patients and physicians have the right to understand how the profiles are developed as well as an expectation that the results accurately reflect the realities of the physician practice. Some health insurers have unfairly evaluated physicians’ individual work. Not only can incorrect and misleading information tarnish a physician’s reputation, it is unfair to patients who may consider it when choosing a physician. Erroneous information can erode patient confidence, trust in physicians, and disrupt patients’ longstanding relationships with doctors who know them and have cared for them for years.

In an effort to assist physicians engaged in programs that use physician data, the AMA Private Sector Advocacy (PSA) unit created an entire series of informational pieces designed to help physician practices understand and effectively deal with such programs:

- **Physician pay for performance initiatives** is a white paper detailing all facets of the pay for performance movement.
- **How physician incentives are used to impact medical practice** describes the various incentive models in use and provides examples of these models in practice.
- **Tiered and narrow physician networks** explains how these networks are constructed and gives numerous examples of programs in place.
- **Pay for performance: A physician’s guide to evaluating incentive plans** provides physicians with a roadmap to evaluating pay for performance programs.
- **Optimizing outcomes and pay for performance: Can patient registries help?** describes how patient registries may be used to enhance pay for performance opportunities.
- **Economic profiling of physicians: What is it? How is it done? What are the issues?** is another white paper that explains how cost of care measurement is performed and what its abilities and limitations are in providing accurate results.
- **How to challenge your "profile" or placement in a tiered or narrow network** is a one-page document that gives physicians a systematic process to follow for challenging their profile ratings.
- **Physician profiling: How to prepare your practice** provides physician practices with steps to take to be well prepared for profiling programs.
- **To our patients** is a poster designed for physicians’ offices to educate their patients on the problems with physician rating systems.
- **A comparison of 4 physician profiling programs** is a chart comparing key components of The AMA model bill, the Colorado law, the Patient Charter, and Mr. Cuomo’s settlement with CIGNA.

A list of tools and publications that the PSA unit has developed to aid physicians and their staff can be found at [http://www.ama-assn.org/ama/no-index/legislation-advocacy/16548.shtml](http://www.ama-assn.org/ama/no-index/legislation-advocacy/16548.shtml). Should you have any questions regarding the article please contact Susan Close at susan.close@ama-assn.org.
Buncombe County physicians are once again making headlines and attracting the attention of policy makers and national leaders in healthcare reform.

Last month, BCMS was contacted by researchers at Wake Forest University Law and Public Policy Department. They have received a Robert Wood Johnson grant to research safety net systems that will help inform national deliberations on the optimal structure and funding for the uninsured. Our reputation with Project Access (PA) has again preceded us as we are only one of five safety net programs in the United States that they are studying (and the only Project Access site). BCMS PA was selected because of our physician community’s remarkable ability to organize and provide a highly functional network of healthcare services to the uninsured.

What makes this study particularly exciting is that it is one of the first studies of its kind that focuses on how to adequately reimburse physicians for the indigent care they provide. Because we have over twelve years of experience operating Project Access, we have a wealth of electronic claims data (Thanks to your practices for sending them in!) that provide the researchers with meaningful information on healthcare costs for the uninsured. In addition, the Wake Forest research team will conduct a Return on Investment for our Medical Society, which will not only include the total amount of donated services, but will also address cost savings, such as avoided hospitalizations and ED visits. This will provide tremendous information and guidance for our Medical Society at no cost to us except minimal staff time.

At the same time, Mission administration and physician leadership (Drs. Baumgarten and Hathaway) met with other healthcare providers and government leaders in Washington, D.C. in July to share information about how Asheville became a “high-performing” healthcare region. This invitation came as a result of our medical community’s long-standing national reputation for providing high-quality, low-cost care (as evidenced by Dartmouth Atlas data). Physician leaders met with national leaders in important discussions on healthcare reform.

I am so proud to be part of such a generous and committed community of doctors. You deserve to be in the spotlight for the work that you have done and continue to do. Regardless of your political affiliation, specialty of medicine, or personal belief systems, it is clear that good health, well-being, and human dignity are priorities for our community. Whether you are caring for patients at your practice, in the OR, or at ABCCM, you provide the leadership that not only our community, but our country, desperately needs. Thank you for your ongoing dedication to making Buncombe County and western North Carolina a healthy, vibrant community.

**Foundation Chair Report**

Shannon Dowler, MD

Doctors and lawyers are preparing for a rumble right here in WNC. This faceoff isn’t what you might expect, however. Instead of being courtroom opponents, these MDs and JDs are athletic adversaries in the upcoming 2009 Sawbones vs. Jawbones Basketball Match. Despite the pre-match banter between the teams, the matchup is truly a light-hearted, family-friendly fundraiser for the BCMS Foundation. Pisgah Legal Services will be presented with an honorary donation at the event also. Tickets are $5 at the door and all kids four and under enter for free.

**Court Battle Looms for Local Doctors & Lawyers**

**Date:** Sunday, September 13  
**Time:** Pre-game festivities start at 1:30 p.m.; Tipoff at 3:00 p.m.  
**Location:** UNCA Justice Center
Many physician offices are seeing an increasing number of older adults, some living “independently” well into their 90’s. But with independence come issues that may not be immediately apparent to physicians and their office staff. For example, issues such as management of multiple medications, nutrition adequacy, capacity for making decisions, safety in the home, geographic proximity of family members (if there are any) and their engagement as caregivers all have significant impact on the health and well-being of the independent elder.

Physician offices are usually not in the position to make home visits to discover some of the answers to these questions. Even if you were able to make a home visit and uncover problems, then what?

Geriatric Care Management (GCM) can and does help in a wide variety of ways. Each care management practice functions somewhat differently, but there are some similarities. For instance, all GCM’s make routine home visits, set up appropriate in-home services and monitor them, advocate for clients with the medical system and insurances, communicate with family, educate, provide information and referral, and help families determine appropriate level of care for the older adult family member. Some GCM’s serve as guardians, Powers of Attorney, Health Care Powers of Attorney, move managers, travel coordinators, and family counselors.

GCM’s are usually trained as nurses, social workers, or gerontologists. Some work independently, some work as part of a larger legal or health care organization. But no matter what the practice looks like, the GCM can be of critical assistance to the physician and his/her staff by helping assure that medications are being taken correctly, the home is monitored for safety, nutritional needs are being met, appointments are made and kept, and family is “in the loop” when appropriate.

When a patient, especially one with dementia, is hospitalized, the GCM can provide critical information and assistance to the physician and hospital staff. As Dr. Christina McQuiston said recently about her experience with GCM: “I had the opportunity over a three-week period to care for three patients at the hospital who had a Geriatric Care Manager. It was very helpful to have that degree of care oversight. None of these patients could speak for him/herself or had any family intimately knowledgeable about their medical condition. The care manager was able to provide advocacy and participate in decision-making in these very difficult cases. I believe patient outcomes were improved in each case.”

To locate a GCM, office staff can contact the Buncombe County Council on Aging at 277-8288 or the Area Agency on Aging at 251-6622 (ask for the Family Caregiver specialist). Other helpful resources include the Alzheimer’s Association, Memory Care, Meals on Wheels, and adult day health programs. One of the great things about engaging a care manager is that s/he has all this information and much more: one stop shopping that can ease the potential burden on the physician office yet provide a wealth of information and support to the ever-increasing number of elders in western North Carolina.

*Spike Graham is Geriatric Care Manager at Senior Care Consulting, LLC.*

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**Geriatric Care Management: A Model That Works for Older Adults**

Spike Graham

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**Join Us at the Newcomers Picnic!**

Date: Sunday, September 27  
Time: 1:00-5:00 p.m.  
Location: Taylor Ranch  
(direcitions at taylorranch.com/directions.html)

If your practice has newcomers, contact Donna (donna@bcmsonline.org or 274-2267, #313) so we can invite them and their family to share in the fun of this year's picnic. Thanks!
WIN’s Latest Fan!

In 2008, WNC Interpreter Network (WIN) received a grant from Blue Cross Blue Shield (BCBS) Foundation of North Carolina. This grant was designed to support language access in healthcare for our international community by providing qualified interpreters at medical appointments in Buncombe County.

At the end of the grant period, WIN was selected to be part of an audio and photographic documentary highlighting the work of grantees. BCBS sent John Santa, audio producer, from Raleigh to record a WIN appointment. The appointment took place at Asheville Cardiology with Dr. Brian Asbill, WIN interpreter Irisha Pomerantzeff, and a Russian-speaking patient. John recorded portions of the appointment as well as interviewing the physician, patient, and interpreter.

To get a feel for the multicultural flair of our area, he recorded Laura Cooper (WIN Assistant) speaking Portuguese and Elena Ruiz (WIN interpreter and Project Access Enrollment Specialist) in Spanish. John also interviewed Althea Gonzalez, BCMS Manager of Health Parity and coordinator for WIN.

It surprised John that a small community like Asheville could support a network of interpreters who speak more than a dozen languages. The more he learned about the challenges for people speaking a different language than their physician and the critical role that WIN interpreters play, the more enthused he became with WIN.

John spoke of his relatives who had come from Eastern Europe to the U.S. through Ellis Island. He wondered if they too had difficulty communicating and whether there were interpreters to help. The experience really made him think! He returned to Raleigh, fascinated with his experience.

As a result of Mr. Santa’s enthusiastic report to BCBS and the great information captured on the recording, BCBS contracted a photographer to visually capture a WIN appointment, this time with an American Sign Language patient (see inset photos).

BCMS is thrilled to have this opportunity to highlight our successful WNC Interpreter Network. This documentary by Blue Cross Blue Shield demonstrates the importance of using interpreters in medical appointments to facilitate communication between providers and their patients. We are grateful to the Blue Cross Blue Shield Foundation of NC for their support.

WIN staff thanks the practices and staff who were gracious enough to accommodate these interviews. At Asheville Cardiology our thanks go to Dr. Brian Asbill, Tom Talley, Kim Hagler, and Brandy Harris who helped facilitate the scheduling. At Care Partners Outpatient Rehabilitation - West Clinic, we thank Mark Modica and scheduler, Andrea Simmons.

Remember to call WIN for all your language service needs. WIN provides online scheduling to improve your practice’s efficiency and friendly staff to answer your questions.
Do You Know Your BCMS?

Sure, you know that the good ol’ Buncombe County Medical Society is genuinely old—formed in 1885—when laudanum was legal and “reimbursement” came as a dozen eggs, fresh produce, or some other tangible goods. But do you know who’s who within the modern organization? Below is a brief “bio”sphere of our team, what we each do, and how you can contact us.

Althea Gonzalez, Manager of Parity Programs
- Her main responsibility: Health Parity Programs, especially WIN (WNC Interpreter Network)
- Contact her via email (althea@bcmsonline.org) or 274-2267, ext. 308.
- She’s been with BCMS for 4 years.

Christie Calaycay, Member Services Coordinator
- Her main responsibility: Membership
- Contact her via email (christie@bcmsonline.org) or 274-2267, ext. 310.
- She’s been doing contract work with BCMS for awhile and has been an employee for 2 years.
- She’s a jeweler who works in sterling silver and gold. She is mom to a hilarious (most of the time) three-year-old.

Denise Lewis, Bookkeeper/IT/Admin Assistant
- Her main responsibility: Maintaining the financial records for the Corporation and the Foundation
- Contact her via email (denise@bcmsonline.org) or 274-2267, ext. 302.
- She’s been with BCMS for 2 years.
- She likes to challenge herself by doing logic puzzles such as Sudoku and word puzzles.

Donna M. Wiedrich, Director of Operations & Member Services
- Her main responsibility: Overseeing operations for the Corporation and managing member services
- Contact her via email (donna@bcmsonline.org) or 274-2267, ext. 313.
- She’s been with BCMS for 11 years.
- She is an avid physician advocate and very passionate about the work we do at BCMS for our physicians. She is also the mother of three beautiful children and has been happily married for 15 years.

Elena Ruiz, Project Access Bilingual Enrollment Specialist
- Her main responsibility: Enrolling patients, especially Spanish-speakers (ensuring they are truly in need)
- Contact her via email (elena@bcmsonline.org), the Project Access line 274-6989, or 274-2267, ext. 304.
- She’s been with BCMS for nearly 1.5 years.
- She is thankful for being part of PA and working with a great team! Elena notes that, “We are lucky to have PA.”

Jana M. Kellam, Manager of Health Access Programs
- Her main responsibility: Managing Project Access
- Contact her via email (jana@bcmsonline.org) or 274-2267, ext. 305.
- She’s been with BCMS for 2 years.
- She has a wonderful family, including her amazing husband, a dog, two cats, and their new horse.

Laura Cooper, WNC Interpreter Network (WIN) Program Assistant
- Her main responsibility: Scheduling, recruiting and supervising interpreters as well as doing bookkeeping for WIN.
- Contact her via email (laura@bcmsonline.org), the WIN line 274-0950 or 274-2267, ext. 307.
- She’s been with BCMS for 2 years.
- She is a native of Brazil.

Miriam Schwarz, CEO (a.k.a. Patron Saint of Physicians)
- Her main responsibility: Since CEOs don’t just have one area of responsibility, she said, “CEO, COO, CFO, HR Director, Strategic Planning, Marketing/PR, Membership recruitment/retention/support, Fundraising, Donor development, community liaison, advocate, lobbyist, policy developer, communications, education, collaboration/partnerships, etc.”
- Contact her via email (miriam@bcmsonline.org) or at 274-2267.
- She’s been with BCMS for 2 years.
- She is the mother of four high-spirited kids who keep her laughing. Miriam notes that, “I love my career.”

Robert C. Kundich, Data Specialist
- His main responsibility: Project Access Data Collection
- Contact him via email (robert@bcmsonline.org) or 274-2267, ext. 303.
- He’s been with BCMS since April of 2009.

This isn’t the whole team. More members listed on page 8.

“There is a big difference between being an organization with a vision statement and becoming a truly visionary organization.”

~ Jim Collins
Sheri Atkins, Executive Administrator
- Her main responsibility: Screening Project Access patients
- Contact her via email (scheri@bcmsonline.org), the Project Access line 274-6989, or 274-2267, ext. 306.
- She’s been with BCMS for 8 years.
- She is continuously amazed by the work our physicians do daily and how much they care for our community.

Shonnie Lavender, Lead Life Skills Coach
- Her main responsibility: Providing select Project Access patients with life skills coaching to help them improve their overall quality of life by reaching important goals and achieving greater self-sufficiency.
- Contact her via email (shonnie@bcmsonline.org) or 274-2267, ext. 311.
- She’s been with BCMS for nearly 2 years.
- She is an avid trail runner, vegetarian, wife, and mother to four cats. She will finish her Masters Degree this fall.

Buncombe County Medical Society Mission
BCMS is the physicians’ voice advocating for the health of the medical profession, the health of the patient, and the health of the community.

Corporation (Corporation Board Member List)
The Corporation (a 501(c)6 organization) focuses on legislative advocacy, including a political action committee (BCMSPAC); educational initiatives on topics such as health care reform, health information technology, physician/hospital relations, and practice management; as well as producing regular communications such as e-news and the Bulletin. The Corporation also oversees all membership activities for BCMS and hosts many collegial gatherings throughout the year.

Foundation (Foundation Board Member List)
This part of the organization addresses issues of access to quality healthcare and disparities in health. The “charitable” arm of BCMS, the Foundation (a 501(c)3 organization) oversees Project Access, WIN, the Charles Blair Health Parity Scholarship, and the Life Skills Coaching program. The Foundation is also heavily involved in special events like HeartStrings and partners with the Alliance in managing the Endowment.

Alliance
Comprised of physician spouses, the Alliance (a 501(c)3 organization) is a catalyst for the health and unity of the physician family community through opportunities for learning and social interaction, such as the Newcomers Picnic. Additionally, they support a healthy community through initiatives such as the Dr. Brian Ling Memorial scholarship and the Endowment.

Project Access Updates

Enrollment Changes
Over the last several years, we have seen an increasing number of patients referred to Project Access who are new Buncombe County residents. In an effort to ensure that only people who are truly dedicated to this community are enrolled in Project Access, the Physician Task Force recently made the decision to double the eligibility requirement from three (3) months of residency to six (6) months of residency.

In addition, the Physician Task Force decided to increase the income requirement from 175% of the Federal Poverty Line (FPL) to 200% of FPL in order to align more closely with the community safety net providers’ income guidelines. We will continue to require documentation from every patient showing that they meet both income and residency rules prior to enrollment and every six months during their enrollment.

New Provider Options
Chiropractic care, massage therapy, and acupuncture are all now available to Project Access patients. If you have patients who you believe could benefit from any of these services, please contact Jana Kellam, Manager of Access Programs (274-2267, ext. 305 or jana@bcmsonline.org). In addition, if you know of any chiropractors, massage therapists, or acupuncturists—or any other complementary/alternative medicine providers—who you believe would like to donate their services for the underserved here in Buncombe County, please ask them to contact Jana Kellam, or send their information to Jana so she can call them and explain the program.
Legislative Update

The 2009 Legislative Session is nearing an end nearly seven months after opening. At the start, the General Assembly had to deal with a State Employee Health Plan and the brink of failure. Add to that an economic recession that has sent lawmakers into a tailspin on budget cuts and new taxes and you have a recipe for a long and painful year. Even in the midst of this crisis, there has been hope for significant improvement in a number of areas important to organized medicine.

The first significant change relates to the regulation of insurance. S877 – Fair Contracting (Clodfelter D-Mecklenburg) creates regulation for changes between healthcare providers and insurers mid contract. North Carolina becomes the third state in the nation to prevent insurers from making changes to fee schedules during a contract period without mutual agreement. S877 requires appropriate notice to a contact of the providers’ choosing along with an option for the provider to accept or reject the amendment. This change is regarded by many to be a fundamental improvement to contract negotiations.

Two other significant changes deal with transparency at the NC Medical Board. The first issue is in H703 – NCMB Profiling Rules (Glazier D-Cumberland) that raises the threshold for online notice of a physician medical malpractice payment from $25,000 to $75,000. This change provides for public awareness while not discouraging smaller settlements. The second issue is S958 – NC Medical Board/Discipline Procedure (Nesbitt D-Buncombe). This bill provides all licensees with a basic understanding of the process for an investigation and disciplinary proceedings held by the Board. Both of these bills provide more information to the public and to the licensee so that everyone can make informed decisions.

These bills and others supported by NCMS and BCMS have been passed due in large part to Buncombe County physicians developing relationships with their legislators and regularly communicating with them about proposed legislation. This significant grassroots advocacy is a cornerstone for success. NCMS and BCMS continue to work together on state and national issues to ensure that the physicians’ voice is strong and enduring. While this article only points out a few key successes, a more detailed accounting of all of the bills related to medicine from the 2009 Legislative Session will be published after adjournment.

Chip Baggett is the Director of Legislative Relations for the North Carolina Medical Society.

Do You Know Your BCMS Crossword Puzzle

Across

4. The 501(c)6 part of Buncombe County Medical Society
6. Keeps Project Access running smoothly
9. Buncombe County Medical Society in short
13. Supports physician families
15. The common name for BCMS’ 501(c)3
16. Provides Project Access enrollments “en español”
17. BCMS is the “physicians’…."

Down
1. Handles all “interpretations”
2. BCMS’ longest-term employee
3. The in-house data cruncher
5. This profession comprises the membership of BCMS
7. Ensures equality of access and care for all
8. Schedules physicians for ABCCM evening clinic
10. “Runs” the PA life skills coaching program
11. Makes sure the books are balanced
12. If only she could have just one responsibility at BCMS
14. She’s “sterling” when it comes to membership issues

Answers are on page 12.
If you answered your practice, you’re not alone. Let’s face it…times have changed.
Provider reimbursements are decreasing, insurance rates are increasing, and legislative changes are impacting your practice.

For over 50 years, Johnson, Price & Sprinkle, P.A. has been helping physician practices like yours solve their time-consuming financial matters so you can get back to doing what you do best…taking care of patients.

Now take two aspirins, rest well and give us a call in the morning.

(828) 254-2374
Debt Management in a Real Estate Slump

Given the current state of the overall economy and, more specifically, the real estate market, many commercial real estate owners find that banks that have survived this financial crisis have significantly tightened their underwriting policies. Loans with balloon payment structures, negotiated five to seven years ago, are now in the process of being reviewed for renewal. If a loan is scheduled to mature soon, a real financial crisis could be on the horizon.

As many commercial real estate owners begin to consider options for renegotiating or restructuring their debt, it is helpful to understand some of the more common options available. The options discussed below may also apply to mortgages on personal residences or vacation homes.

Communicate
It is important to be proactive and talk to the lender at the first anticipation of future challenges in meeting the debt terms. Banks generally appreciate this. Also, if the plan is to be able to continue business when the real estate market improves again, you want lenders to be interested in doing business with you later.

Selling short
Short sales occur when property is sold for less than the loan balance. A short sale is often attractive to a bank, as they can avoid the cost and delay typical of other debt restructuring options. In addition, as the owner is more familiar with the property, most banks prefer them making the effort to market and sell the property.

Deed in lieu of foreclosure
A foreclosure occurs when a lender obtains a court ordered termination of the borrower’s equitable right of redemption, allowing the lender to sell or repossess the property.

If given the option, the bank may be open to this as an option in order to avoid the lengthy and costly foreclosure process to obtain title to the property. The borrower can deed the property to the bank in lieu of a foreclosure to save the bank this time and money. At this point, the debt is considered satisfied and the bank owns the property. But you should know that this will have a negative impact on your credit.

Bankruptcy or reorganization
The borrower could file for bankruptcy and, if successful, obtain a discharge of its liability or a reorganization of the debt to allow you to continue to own the property and make payments that are affordable. However, this option can be costly, time consuming, and will have the most detrimental effect on the borrower's credit history. In general, bankruptcy should be the last resort among restructuring options. You should consult a bankruptcy attorney to discuss these options.

Tax implications
It is also important to consider tax implications of debt restructuring. For example, normally debt relief results in taxable income to the borrower – known as discharge of indebtedness (DOI) income. However, DOI income is not taxable if the discharge occurs in bankruptcy or to the extent the borrower is insolvent before the discharge. Careful tax planning will minimize unexpected tax liability from debt relief granted in a restructuring plan.

Other considerations
Additional restructuring alternatives include pledging additional collateral, changing principal and/or interest payment terms, changing the interest rate and auctioning the property with the consent of the lender.

Conclusion
Although the options outlined here detail some of the many loan restructuring options available, it’s important that commercial real estate owners understand how the impact of each varies depending on the circumstances of each particular case. Seeking the counsel of accounting and legal professionals who specialize in serving the real estate industry is recommended.

Adapted from an article originally appearing in Builder Architect Magazine, January 2009, by Rollin J. Groseclose, CPA, of Johnson, Price & Sprinkle, P.A.

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Google Your Practice for a Better Web Presence

Ibby Whitten

Many of you may have seen the ads where a husband asks his wife a question and she spouts out fifty nonsensical answers in rapid succession because she has “search engine syndrome.” The scenario depicted in the ads is pretty close to the truth. Last week while researching patient satisfaction data for a practice, it occurred to me that there are a considerable number of paths that lead people to practice information on the web.

Simply entering the practice name or the name of one of the physicians in the practice can produce an amazing array of information (and in some cases disinformation) including specialty, hospital affiliation, location, website, physician qualifications, patient experience ratings, MD ratings, general medical advice, patient complaints, and ratings on willingness to prescribe. Often, I’ve gotten directed to sites of practices in other locations with similar names or, even worse, to some general directory site that lists the practice location on a map and promises patient ratings and unedited feedback about the practice. In today’s webscape, it’s not enough just to have a website; one must actively seek to optimize the practice’s presence on the web.

Boosting your web presence is easy. Here are four tools:

1. Keyword research
2. Title tags
3. Address in footer
4. Claiming directory listings

Keyword research
Every online marketing strategy is dependent on keywords to drive patients to its website. Ask your patients which keywords they are using. Google has a free tool you can use called Google Adwords that can help you develop a list. Once you’ve got a working list, search daily on those words to determine how quickly your website comes up. Also, consider appending your geographic location to each of your keywords.

Title tags
Once you have your keywords, turn to your title tags. The title tag is the text that is displayed in the search engine results page. It is the link that will take a searcher to your page after they type the keyword. Ask yourself – “Is this the page I want people to see when they type the keywords into the search engine?”

Address in footer
Finally, make sure that your address and phone number are on the footer of every page of your website. It seems simple, but patients will click a link from a search engine that takes them to a page that is not the homepage. Search engines look for consistent information like address and phone number on every page to ensure they are providing accurate information.

Claiming directory listings
After taking care of the active search directors (keywords, title tags and address) it is time to move to a more passive one, directory listings. Do a search for your address, the name of your doctor or practice in Google, Yahoo, and MSN. Find every local directory where you have a listing and claim the listing. Your practice is already on the Internet, likely in dozens of directories. Most of these directories allow you to “claim the listing” (in essence proving it’s “yours”). Once you have claimed the listing, verify that everything is accurate and add as much information as you can.

Implementing these strategies should help increase the power and accuracy of the online information about your practice.

Crossword Puzzle Answers

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<tr>
<th>Across</th>
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<tr>
<td>4. Corporation</td>
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<td>17. Voice</td>
<td>10. Shonnie</td>
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<td>12. Miriam</td>
<td>11. Denise</td>
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</tbody>
</table>

Elizabeth “Ibby” Whitten, Owner and Director of Medical Insights, has over fifteen years of management and consulting experience in the health care industry.
Transitions at the Health Center
The Primary Care clinic at the Buncombe County Health Center (BCHC) will be moving under Western North Carolina Community Health Services (WNCCHS) on January 4, 2010. This will include all Adult and Children Primary Care services and approximately 10,000 patients. Six of our current primary care Providers including myself will be joining the WNCCHS team starting January 4, 2010. Many of our other clinic staff will also become part of the WNCCHS team as well. We are all hoping for a smooth transition. The county building at 257 Biltmore is being remodeled to make room for expanded services at WNCCHS.

Dr. Cynthia Yancey will be the new Medical Director at BCHC after the transition. Dr. Yancey, Dr. Jennifer Mullendore, and Dr. Charles Murray will continue to provide services for the clinical areas remaining at BCHC: Women’s Health Services including Prenatal, Family Planning, Breast Cancer and Cervical Cancer Prevention. Also the traditional Public Health Services—Immunizations, STD, TB, Refugee, and Disease Control services—will remain.

H1N1 Update
The novel influenza virus H1N1 continues to circulate in Buncombe County, North Carolina, the US and worldwide. Because of the high number of cases, the CDC has announced that it will no longer be reporting number of cases by state.

We continue to ask you to report to us about possible cases with public health implications such as persons in day-care, nursing home, school settings and any suspected clusters of cases. Any person sick and in the hospital with Influenza Like Illness (ILI) should be tested and treated with antiviral medication. See links below for more information. Disease Control reporting can be done by calling 250-5109 or 250-6565 after hours.

Plans for vaccination for H1N1 in Buncombe County are getting under way. We still do not have specific guidance on populations to be targeted or the volume of vaccine that we will receive. We have received some Federal money to provide seasonal flu vaccine in the public schools and we will be targeting K through 4th grades.

http://www.cdc.gov/h1n1flu/guidance/
http://www.cdc.gov/h1n1flu/general_info.htm

Check out the Public Health Corner on the BCMS Website
Buncombe County Health Center now has a public health area on the BCMS Website—https://www.bcmsonline.org/main/physicians/public_health.php—where you will find up-to-date information and general resources for clinicians.

Buncombe County Has a New Health Director
Alma “Gibbie” Harris took over as the Health Director of the Buncombe County Health Center on March 2, 2009.

Ms. Harris comes to Buncombe County with 24 years of leadership experience in human services management with 17 of those years in public health and 9 as the health director in Wake County. In addition to her experience, Ms. Harris graduated from the University of North Carolina, Chapel Hill, with a BS in Nursing and is certified as a Nurse Practitioner. She also has a Masters Degree in Public Health Policy and Administration.

Ms. Harris stood out among candidates due to her NC public health knowledge, her experience working in a combined human services agency model, her demonstrated record of health outcomes achieved through strong community partnerships, and her experience in county-wide disaster preparedness and response initiatives. Ms. Harris is the incoming Vice President of the NC Association of Local Health Directors and serves as a board member on the Accreditation Commission of Health Care as well as a governor appointee to the NC Child Fatality Task Force.
How Will an EAP Help Your Practice?

Stress from personal problems can undermine our health, happiness, job satisfaction, work performance and ultimately a medical practices’ bottom line. More and more medical practices are offering an EAP as a benefit to not only help employees but also help the practice run more efficiently and be more productive. Very often the first thing people think about when an EAP is mentioned is that it provides free counseling to employees and family members. While that is true, a good EAP provides more than just access to a counselor. The following are all services that an EAP should provide to the employer:

- Training for management and employees on workplace topics like Preventing Violence, Sexual Harassment and Harassment Awareness and Prevention
- Unlimited consultation for management around employee issues and performance issues
- Unlimited consultation on policy development such as the EAP, Violence Prevention, and Harassment Prevention
- 24-hour access to a counselor and consultant to assist with critical incidents and workplace trauma
- Conflict resolution for employees in conflict
- Confidential, professional assessment, referral and short-term problem solving for all employees and family members

The Buncombe County Medical Society provides its members with affordable EAP access through the Employee Assistance Network (EAN), a local EAP provider with over 30 years of experience in Buncombe County and Western North Carolina.

EAN currently contracts with over 130 employers in the Southeastern United States and works with many of the larger medical practices and hospitals in Western North Carolina. No matter how small your medical practice may be, this service is affordable through the BCMS. Simply call Donna Wiedrich at BCMS or Dawn Klug at EAN (252-5725) for more information.

2009 Calendar of Events

September 13................................................................. Sawbones vs. Jawbones, 1:30pm, UNCA Justice Center
September 23................................. Working Models of Physician-Led Practice Integration, 6pm, Doubletree Hotel Biltmore
September 27................................................................. Newcomers Picnic, 1 pm, Taylor Ranch
September 28................................. BCMS Corporation Board Executive Committee Meeting, 6pm, Doubletree Hotel Biltmore
October 28................................. BCMS Foundation Board Executive Committee Meeting, 6pm, Doubletree Hotel Biltmore
November 16................................. BCMS Corporation Board Meeting, 6pm, Doubletree Hotel Biltmore
November 18................................. BCMS Foundation Board Meeting, 6pm, Doubletree Hotel Biltmore
November 19................................. Fall Conference: Succeeding in the Era of Reform, 8am, Doubletree Hotel Biltmore
November 19................................. Conference Evening Session: Medical Staff Boot Camp, 5pm, Doubletree Hotel Biltmore

Online calendar access at: https://www.bcmsonline.org/main/about/calendar.php
This year’s conference will be held at the Biltmore Doubletree Hotel, which offers state of the art facilities, wireless internet access and spacious surroundings for attendees. This year’s event will focus on Healthcare Reform and what it means for your practice. Online registration will be available soon. Additional details forthcoming!

Topics will include:
- Healthcare Reform & How Practices Are Affected
- EHR Incentives / HITECH Legislation
- Patient Communications
- Physician-led Integration
- NC Legislative Update

COST: $50 for members and $35 for each additional person per member practice
$75 for non-members and $50 for each additional person per non-member practice

Evening Session for Physicians: Medical Staff Boot Camp, 5pm to 7pm presented by NCMS and BCMS

For complete details go to https://www bcmsonline org/main/fallconf/general.php.

For more information contact Christie Calaycay, Membership Coordinator, at christie@bcmsonline.org or (828) 274-2267 ext. 310.

Many Thanks to Our Sponsors (to date)
Welcome New BCMS Members

Ted Marcus Barnett, M.D. (Orthopedic Surgery)
Dr. Barnett received his Medical Degree from University of Virginia. Dr. Barnett completed both his internship and residency at Wake Forest University. Dr. Barnett is associated with Asheville Orthopaedic Associates.

Leland Berkwits, M.D. (Physical Medicine and Rehabilitation)
Dr. Berkwits received his Medical Degree from Northwestern University. Dr. Berkwits completed his internship at Rehabilitation Institute of Chicago. He completed his residency at JFK Johnson Rehabilitation Institute. Dr. Berkwits is associated with Center for Spine & Joint Wellness.

Gretchen Brown, M.D. (Pediatrics)
Dr. Brown received her Medical Degree from Louisiana State University. Dr. Brown completed her internship and residency at the University of Mississippi Medical Center. Dr. Brown is associated with Asheville Pediatric Associates.

Leigh Dodson, M.D. (Pediatrics)
Dr. Dodson received her Medical Degree from University of North Carolina at Chapel Hill. Dr. Dodson completed her residency at Kosair Childrens Hospital in Louisville, KY. Dr. Dodson is associated with Asheville Pediatric Associates.

Alan Feiler, M.D. (Family Practice)
Dr. Feiler received his Medical Degree from State University of New York at Syracuse. Dr. Feiler completed his residency at Wake Forest University. Dr. Feiler is associated with Weaverville Family Medicine.

Neftali Fernandez, M.D. (Pediatrics)
Dr. Fernandez received his Medical Degree from Spartan Health Sciences University. Dr. Fernandez completed his internship and residency at Charleston Area Medical Center in Charleston, WV. Dr. Fernandez is in solo practice.

Stephanie Gillis, M.D. (Family Practice)
Dr. Gillis received her Medical Degree from Wake Forest University School of Medicine. Dr. Gillis completed the MAHEC Family Medicine Residency Program. Dr. Gillis is associated with Vista Family Health, PA.

BouaSy Huneycutt, M.D. (Internal Medicine/Pediatrics)
Dr. Huneycutt received her Medical Degree from East Carolina University Brody School of Medicine. Dr. Huneycutt completed her residency at University of South Florida’s All Childrens Hospital. Dr. Huneycutt is associated with Asheville Medicine & Pediatrics.

Shannon Hunter, M.D. (Otolaryngology)
Dr. Hunter received her Medical Degree from University of North Carolina at Chapel Hill. Dr. Hunter completed her internship and residency at Duke University. Dr. Hunter is associated with Western Carolina ENT Specialists.

Kelly Largent, M.D. (Internal Medicine)
Dr. Largent received her Medical Degree from University of Minnesota. Dr. Largent completed her internship and residency at University of Wisconsin. Dr. Largent is associated with Biltmore Medical Associates.
Welcome New BCMS Members

**Jung Noh, M.D.** (Physical Medicine and Rehabilitation)
Dr. Noh received her Medical Degree from EHWA Women's Medical School in Korea. Dr. Noh completed her internship at Berkshire Medical Center, Berkshire, MA. She completed her residency at Mount Sinai Medical School. Dr. Noh is associated with V.A. Medical Center.

**Gregory Pollack, M.D.** (Internal Medicine/Hematology and Oncology)
Dr. Pollack received his Medical Degree from University of Florida. Dr. Pollack completed his internship and residency at University of Utah at Salt Lake City. Dr. Pollack is associated with Cancer Care of WNC.

**Kate Queen, M.D.** (Internal Medicine)
Dr. Queen received her Medical Degree from University of North Carolina at Chapel Hill. Dr. Queen completed her internship at UNC Chapel Hill NC Memorial Hospital. She completed her residency at NC Memorial Hospital and Duke University Medical Center. Dr. Queen is associated with Mountain Medical Associates.

**Andrew Runkle, M.D.** (Family Practice)
Dr. Runkle received his Medical Degree from Medical College of Pennsylvania. Dr. Runkle completed the MAHEC Family Medicine Residency Program. Dr. Runkle is associated with Vista Family Health, PA.

**Karl Speers, D.O.** (Family Practice)
Dr. Speers received his Doctor of Osteopathic Medicine degree from West Virginia School of Osteopathic Medicine. Dr. Speers completed the MAHEC Family Practice Residency Program. Dr. Speers is associated with Vista Family Health, PA.

**Erik Thingvoll, M.D.** (Pediatrics/Neonatal Perinatal Medicine)
Dr. Thingvoll received his Medical Degree from University of Rochester. Dr. Thingvoll completed his residency at University of Rochester Medical Center. He also completed a fellowship at University of Rochester Medical Center. Dr. Thingvoll is associated with Asheville Neonatology.

**Calvin Tomkins, M.D.** (Pediatrics)
Dr. Tomkins received his Medical Degree from Albert Einstein College of Medicine. Dr. Tomkins completed his residency at Children's Hospital at Montefiore. Dr. Tomkins is associated with Asheville Pediatric Associates.

**Beth Vo, M.D.** (Pediatrics)
Dr. Vo received her Medical Degree from Duke University. Dr. Vo completed her residency at University of North Carolina at Chapel Hill. Dr. Vo is associated with All Kids Pediatrics.

**Stephen Wall, M.D.** (Pediatrics)
Dr. Wall received his Medical Degree from University of Texas at Houston. Dr. Wall completed his internship and residency at University of Texas at Houston. Dr. Wall is associated with Haywood Pediatrics.