

# Maryland Medicine

VOLUME 19 ISSUE 4



**What You Need  
to Know Now**

**Can Technology  
Help Solve the  
Opioid Crisis?**

**Top Nine  
Medical Apps  
for Physicians**

**Technology and the  
Physician–Patient  
Relationship**

## Less Documentation, E/M Pay Changes Proposed in 2019 Fee Schedule

Big changes affecting physician payment and documentation burdens — especially for evaluation and management (E/M) services — are included in a proposed rule covering the 2019 Medicare Physician Fee Schedule (PFS) and the Quality Payment Program (QPP).

Issued by the Centers for Medicare & Medicaid Services (CMS), the massive document also includes proposed changes to the QPP's Merit-based Incentive Payment System's (MIPS), including changes to the low-volume exemption thresholds and the promoting interoperability performance category.

The AMA has released an initial summary of the CMS proposals and is working with national specialty and state medical societies to analyze the proposed rule and draft responses to specific items.

The AMA applauds the effort to cut physicians' documentation burdens. The Association will offer constructive recommendations that advance that goal while ensuring pay policies that allow physicians to deliver high-quality care for seniors.

The Bipartisan Budget Act of 2018 included a provision to increase physician fees by 0.25 percent in 2019. After a budget-neutrality adjustment of -0.12 percent, the fee update is 0.13 percent. For most specialties, this results in a conversion factor of \$36.05, compared with \$35.99 for 2018.

**Changes for E/M Fees:** A major CMS proposal involves cutting documentation requirements for E/M services while collapsing payment rates for office and inpatient visits.

**Expanding Telehealth Payments:** CMS also proposes, consistent with AMA recommendations, to expand pay for remote physiologic monitoring of chronic care patients. CMS will also expand coverage of telestroke and other telehealth services without geographic restrictions and to a patient's home.

**Movement on MIPS Measures, Thresholds:** For MIPS, CMS proposes retaining the current low-volume thresholds but adding a third criterion: providing fewer than 200 covered services to Part B patients.

Visit the AMA website ([www.ama-assn.org](http://www.ama-assn.org)) for a complete summary of the CMS proposals.

## What You Need to Know Now

1. There is an app to assist prescribers to comply with the new PDMP use mandate — iPrescribe (<https://www.drfirst.com/products/iprescribe/>).
2. There is an on-line tool to assist practices in reporting MIPS — the MIPS Navigator. Contact Colleen George at [cgeorge@medchi.org](mailto:cgeorge@medchi.org) or 410.539.0872, ext. 3360 for more information.
3. One of the requirements to participate in the Maryland Primary Care Program is the use of a Certified Electronic Health Record. Practices must register for the Maryland Primary Care Program in August. For more information, contact Colleen George at MedChi.
4. Use the CRISP Unified Landing Page to log-in to check patent data (<https://ulp.crisphealth.org>).
5. Telehealth is expanding. The Maryland Health Care Commission has awarded telehealth grants to qualified organizations to implement innovative projects in the state that assess the effectiveness of telehealth in various care settings.

## Maryland Physicians, Male and Female, Earn Less Than Physicians Nationally

A new survey indicates that wide pay gaps exist between male and female physicians in Maryland, and that Maryland physicians earn less on average than do physicians nationally. Conducted by Merritt Hawkins, a national physician search and consulting firm, on behalf of MedChi, The Maryland State Medical Society, the survey tracks compensation, benefits and practice metrics of Maryland physicians and compares them to physicians nationally. It also benchmarks compensation among Maryland physicians by gender, age and practice status.

Average annual compensation for male physicians in Maryland tracked by the survey was \$335,000, compared to \$224,000 for female physicians, a difference of almost 50 percent. Even when compared on

a specialty-by-specialty basis, male physicians earn considerably more than female physicians, the survey indicates. For example, male family medicine physicians in Maryland earn an annual average of \$243,000, compared to \$164,000 for female family medicine physicians, a difference of 48 percent.

Earnings disparities between male and female physicians also are significant even when number of hours worked are accounted for. For example, male internal medicine physicians working 41 hours a week or more earn over 37 percent more than females working 41 hours a week or more, the survey indicates.

The next issue of *Maryland Medicine* will be devoted to addressing physician compensation.

## Technology in Medicine: Implications & Applications

### From the President...

#### Can Technology Help Solve the Opioid Crisis?

*Gary Pushkin, MD, President, MedChi*

My priority as MedChi president has been the opioid crisis. To address the epidemic, I formed MedChi's Opioid Task Force.

The task force has spent countless hours devoted to this issue, developing online continuing education, working on various policy issues, and updating aged guidelines. Included in our efforts is a technology effort to improve access to the prescription drug monitoring program.

Two of Maryland's most innovative health care organizations have joined forces to give Maryland prescribers a mobile tool to efficiently access Maryland's Prescription Drug Monitoring Program (PDMP) data from within the e-prescribing

workflow. MedChi has teamed with DrFirst, a Maryland-based leader in e-prescribing and medication management solutions, to bring iPrescribe<sup>SM</sup> to prescribers. iPrescribe uses the PDMP data displayed to health care providers by Maryland's state-designated health information exchange, CRISP, who operates the state's PDMP. iPrescribe is the first mobile medication management app that allows physicians to comply with the Maryland PDMP duty-to-consult mandate. MedChi and DrFirst are making iPrescribe available to Maryland prescribers free for the first year.

As of July 1, 2018, Maryland prescribers are now required to query and review the PDMP database before initially prescribing an opioid or benzodiazepine for a patient. Previously, PDMP access for many prescribers involved leaving the clinical workflow to view the patient's history of opioid and other controlled drug prescriptions within CRISP, adding time and complexity to an already complex process. The collaboration with MedChi, DrFirst, and CRISP streamlines the PDMP query process by making it available in the e-prescribing workflow through the iPrescribe mobile app.

In addition to e-prescribing and PDMP access, the iPrescribe app delivers powerful medication management, including up to twenty-four months of a patient's medication history; actual

*Continued on page 13*

### Physicians Have Trouble Accessing Patient Data

*Andrew Borgschulte*

In today's highly connected world, physicians continue to face immense challenges in accessing patient data, specifically data from health insurers and Pharmacy Benefit Managers (PBMs).

The more data physicians have about patients, the more effectively they can treat them. The more information about patients and the medications they may be taking, the more efficiently and effectively a provider can prevent diversion and abuse, which is incredibly important for physicians in Maryland, as the opioid crisis continues to affect our state.

A recent study from SureScripts and ORC International interviewed 300 primary care physicians about access to patient data. We summarize some important takeaways below:

1. Only 50 percent of physicians are satisfied with the amount and quality of patient intelligence information they get.
2. 83 percent of respondents see patients' adherence information as a priority, but only 17 percent of them get such information electronically.
3. While 56 percent of surveyed physicians assign high priority to having electronic access to out-of-pocket medication costs, only 11 percent actually have such access.
4. 59 percent of physicians want to be able to compare the price of therapeutic alternatives before prescribing.
5. 88 percent of physicians find it important to get access to information on other venues where patients have received treatment, while just 30 percent say they have easy access to it.

A first goal of physicians is to treat their patients to the best of their ability. As with nearly every other industry, data are crucial to health care. Despite that maxim, physicians are still woefully under-informed when it comes to patient data. Having the latest research study, pharmaceutical technology, or state-of-the-art medical equipment is of course a major part of modern health care. However, without accurate, reliable patient information, physicians are still being held back in providing the absolute best care for their patients.

DrFirst can help physicians overcome the challenge of accessing patient data with the app iPrescribe. To learn more about how iPrescribe allows physicians to prescribe anything from anywhere while providing better data, visit <http://drfir.st/iprescribe>.

*Andrew Borgschulte is Product Marketing Segment Manager for DrFirst. He can be reached at 314.920.0805.*





## CONSULTATIVE INSURANCE REVIEW

*Med Chi Insurance Agency was established in 1975 “by physicians for physicians” to satisfy the needs of doctors and medical practices.*

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## Governor Larry Hogan, Federal Government Sign Maryland Model All-Payer Contract

Governor Larry Hogan signed and officially enacted Maryland's Total Cost of Care All-Payer Model, known as the "Maryland Model." The Maryland Model is an innovative approach to health care provider payment that is unique to Maryland and made possible via a contract between the Center for Medicare and Medicaid Services and the state. The new model contract is expected to provide an additional \$300 million in savings per year by 2023, totaling \$1 billion in savings over five years.

Hogan called the move a major step forward in our efforts to ensure that every Marylander has access to quality health care. "It is my hope that these actions will be an example to the nation that when both sides of the aisle and all levels of government come together to develop innovative solutions, we can make real progress toward addressing our health care challenges and making care more accessible and more affordable."

"MedChi applauds the extension of the Maryland Medicare Waiver as a monumental achievement which is the result of bipartisan leadership and hard work by the Hogan Administration with the Maryland General Assembly and the Maryland Congressional Delegation," said MedChi CEO Gene M. Ransom. "MedChi is particularly excited about the new Maryland Primary Care Program that will expand Medicare service and access to thousands of Marylanders."

The Maryland Model aims to control the growth in health care costs, both at hospitals and at community providers, while improving patient outcomes and quality of care. To achieve this comprehensive coordination across the entire health care system, the Maryland Model will:

- Coordinate care across both hospital and non-hospital settings, including mental health and long-term care.
- Invest resources in care that is focused on the patient

and enhance primary-care teams to improve individual patient outcomes.

- Set a range of quality and care improvement goals and provide incentives for providers to meet them.
- Concentrate system and community resources on population health goals to help address opioid use and deaths, diabetes, hypertension, and other chronic conditions.
- Encourage and facilitate programs focusing on the unique needs of Marylanders across geographic settings and other key demographics.



Gene Ransom, III, MedChi CEO

The Maryland Model provides a significant incentive across the health system to provide greater coordinated care, expanded patient-care delivery, and collaboration of chronic disease management, while improving the quality of care at lower costs to the consumer.

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## Clement Banda, MD: Anne Arundel & Howard County Medical Societies' New President

Clement Banda, MD, a dermatologist in Howard County, assumed the position of President of the Anne Arundel & Howard County Medical Societies (AAHCMS) this past June.



*Clement Banda, MD, AAHCMS President*

Dr. Banda was the fifth of seven children and was born in Malawi, Africa. After being identified as intellectually gifted, he left home at the age of seven to pursue advanced educational opportunities. Dr. Banda first came to the United States in 1988 as a medical exchange student. After obtaining his medical degree from the University of Zimbabwe, Dr. Banda returned to the United

States, where he did his residency in Internal Medicine at Michigan State University and then a Fellowship in Hematology at George Washington University. Dr. Banda became a United States citizen in December of 2003.

Dr. Banda has been an active member of MedChi. He serves on the Legislative Committee, where he chairs the Boards and Commissions sub-committee. He is also on the board for the Center for a Healthy Maryland. As one of few dermatologists who accepts Medicaid, he has seen firsthand the difference Medicaid has made in saving lives. He has diagnosed several of his Medicaid patients with skin cancer, leading him to be a fierce advocate to expand access to Medicaid and to encourage more specialty physicians to accept it.

As the new President of AAHCMS, Dr. Banda is committed to growing membership and getting more member physicians to participate in legislative advocacy. He is a platinum member of MMPAC's (Maryland Medical Political Action Committee) Annapolis Club and has worked to educate our elected officials on the practice of medicine and the needs of patients.

In his free time, Dr. Banda enjoys gourmet vegan cooking, home improvement projects, and biking.

## Washington County Medical Society Meeting Features Medical Cannabis CME

Hagerstown's Fountain Head Country Club provided the ambiance for the June 27, 2018, dinner meeting of the Washington County Medical Society. This meeting was both celebratory and educational. New officers were welcomed into the Washington County Society, and a Medical Cannabis CME was presented for attendees.

Incoming President, Mitesh Kothari, MD, together with VP, William Su, MD, and Secretary, Andrew Oh, MD, are excited to announce that they want to attract new members and enjoy meetings with a variety of venues and topics.

The Maryland Department of Health Green and Healthy Homes Initiative kicked off the meeting, with Dan Foster, MD, and Alex Bodaken, discussing "Environmental Management for Pediatric Lead and Asthma." Early lead testing and lead abatement are keys to success.

Gene Ransom, MedChi's CEO, presented a CME program entitled, "The Legal Considerations of Medical Cannabis." This presentation helped attendees grasp how to navigate the complexities of Maryland law and federal law as it applies to physicians, growers and dispensaries. A lively question and answer session ensued.

Chris Woodrum, representing Maryland Rx Card, was on hand to discuss how patients without prescription drug coverage save as much as 75 percent on their prescriptions at the pharmacy, using the card.

This was a successful event planned by Karen Talbert, the Executive Secretary for The Washington County Medical Society.



*Washington County Medical Society members gather at society's dinner meeting.*

## The Top 9 Medical Apps for Doctors

Reprinted with permission by Cathy Reisenwitz in EMR

Everyone, including doctors, is living in a mobile world. As mHealth becomes more popular and patients adopt health tracking apps and fitness measuring wearables such as Fitbits, savvy physicians know they can benefit from using mobile health apps in their practices.

Below is a list of the best medical apps for doctors and physicians, based on reviews and number of downloads.

### Medical Reference Apps

**Epocrates:** This is the gold standard of medical apps—it's available for both iOS and Android, and has been downloaded millions of



times. Doctors use this app to look up drug information and interactions, find other providers for consults and referrals, and quickly calculate patient measurements such as BMI. Pricing: While the app itself and most of its content is free, access to additional

information and functionality (such as lab guides, alternative medications, and disease information) requires an in-app purchase of Epocrates Essentials for \$174.99 a year.

**PEPID:** PEPID is a frequently updated clinical decision support/reference app targeted toward emergency room physicians, but it can be useful for nurses, students, residents, pharmacists, EMTs, and paramedics as well. You can earn Continuing Medical Education Credits with it while actually treating patients. The app also offers hundreds of reference videos for clinical procedures and physical examinations, and push notifications to keep you up to date on new research, drug approvals, and black box warnings. Pricing: Free

**UpToDate:** Another heavy hitter, the UpToDate app can be used on both iOS and Android devices. Hundreds of thousands of physicians have installed this app, and for good reason. It is chock full of medical knowledge that allows it to answer clinical questions at the point of need. Pricing: While downloading the app is free, to actually access the wealth of information contained within it, you or your organization need to have a subscription to the UpToDate database. This starts at \$495 per year for an individual physician.

**Medscape:** This app, by WebMD, is another great medical reference tool offered on iOS and Android. With it you can look

up drug information, check the disease reference tool, catch up on medical news, and much more. Pricing: Free, but does require you to register for a free account (which you can do through the app itself) to use it. It's also ad-supported.

### Social Networking Apps

**Doximity:** Doximity is a social network for doctors, and claims that 70% of U.S. physicians are members. With both iOS and Android versions, you can find and communicate with other doctors on the network, send HIPAA-secure faxes through your phone, follow news and trends in your specialty, and browse jobs and compare salaries. It's highly-rated and frequently updated. Pricing: The app is free to download, but does require you to sign up for membership in the network (again, free).

**Figure 1:** You can view and share medical images with other physicians using this iOS and Android app. Hundreds of thousands of users send, comment on, and search through medical images in Figure 1's visual database. This app is perfect for physicians looking for feedback on a rare condition, or seeking to see and learn about rare or textbook cases. Additionally, the app guarantees patient privacy with automatic face-blocking and removal of identifying information. Pricing: Free.

### Medical Journal Apps

**Case:** Case is a medical journal app for physicians and researchers with a recommendation engine powered by a machine learning algorithm. It has both Android and iOS versions. Case makes it easy to read medical journal articles on your phone, and subscribe to a specialty or set of journals. Case works kind of like Netflix, and surfaces journal articles based on what you enjoyed reading in the past. Pricing: Free.

**Read by QxMD:** Like Case, Read is an app for both iOS and Android that centralizes all your medical literature and journals. Using a magazine format, it allows you to read and download studies, journals, and articles from a host of sources including open access journals, PubMed, and papers from linked institutions. Pricing: Free (some journals and PubMed may require an institutional or individual subscription or credentials).

### Clinical Decision Apps

**MDCalc:** MDCalc began life as an EM resident's WordPress site in 2005 and today is a highly-rated resource for practicing physicians to learn and apply evidence-based medicine. MDCalc clinical decision tools are available as iOS and Android apps. The apps offer content written by physicians and other experts that helps providers learn and apply more than 350 decision tools in the context of specific patient care scenarios. MDCalc decision tools span more than 150 disease states across 35 specialty areas. Pricing: Free



## Engaging Patients and Setting Objectives: Key Considerations for Implementing Clinical Telehealth Projects

*Eva Lenoir and Alana Sutherland  
Maryland Health Care Commission, Center for Health  
Information Technology & Innovative Care Delivery*

Telehealth is growing in popularity as a promising and practical solution to address a broad range of health care needs. Locally, the Maryland Health Care Commission (MHCC) is supporting innovative projects that aim to address these needs through a series of grants. The grants provide an opportunity to facilitate knowledge building by sharing lessons learned that inform project planning for other health care organizations considering telehealth. Two examples of these lessons learned relate to patient engagement and project objectives.

Patient engagement is an integral component of successful telehealth implementation and involves patient acceptance, readiness, and training. In referring patients to a telehealth intervention, it is important to establish criteria that assess patient readiness for telehealth. Providing training tailored to the patient's clinical needs and technical capabilities helps create comfort and understanding of the process when the patient is using the technology outside of the provider environment. A strong partnership with a care manager can also improve patient engagement by reducing uncertainties regarding the value of telehealth.

Planning and setting objectives for a telehealth project helps set parameters for monitoring progress. Objectives may focus on more than just clinical outcomes, to include things like improved workflows, communications, provider and patient satisfaction, care coordination, and other elements relevant to the project. Regularly monitoring progress toward these objectives will help identify areas in which protocols and processes need to be adjusted. Automating data collection, or incorporating it into an existing workflow, such as via an electronic health record, will also support ongoing evaluation of the project.

Maryland is helping providers demonstrate the value of telehealth in increasing access to health care, reducing health disparities, and creating efficiencies in health care delivery. More information on the lessons learned by grantees can be found on MHCC's website ([bit.ly/2NmH0d6](http://bit.ly/2NmH0d6)).

## Technology Will Drive the Best Version of the Doctor–Patient Relationship

*Brooke Buckley, MD FACS*

Technology is a great disruptor, and generally, we are addicted. It is mysterious and fast; efficient and modern. As physicians, like the horse watching the early motor car crawling down the road, we feel largely betrayed by this complicated beast. We invoke visceral memories of caring, safe, and trusting patient relationships to voice what feels lost. Our battle cry is directed to the common enemy of tech; made manifest in the electronic medical record. A grin comes as we consider the epic battle: physician vs. machine (pun intended). White coats flying as we chase the elusive mobile work unit...cord tripping in the wheels as the screen blinks a mocking low battery alert. Meanwhile, the Army of Help Desk fortifies their castle each EMR downtime. The struggle is real.

David Sax, in his book, *The Revenge of Analog*, offers that modern technology is almost too good, now begging us to engage the question of what it really means to be human. Analog, digital's antithesis, is then how we choose to live in all five senses. Tech, boldly offers enormous efficiency, but has only subtly asked us to do this with compassion, kindness, and mastery. I believe the enormity of this tension is illustrated in the complicated discourse of our times—diversity, gender-equity, multi-culturalism, hierarchy of authority, to name a few.

Back to medicine. So what is so powerful in the doctor–patient relationship that it deserves preserving? By what authority does an inherently inefficient analog experience demand investment from a system operating on a razor thin margin? As physicians, and as patients ourselves, we know this relationship has value. For analog experience to survive, we must articulate the value of humanity in all her awkward complexity. Expressions of humanity are evolving with technology; without thoughtful language we cannot describe our experience. In a dashboard driven world, framing the doctor–patient relationship as the analog work in medicine offers language to discuss the value of touch, tears, and the human side of adversity. Our commitment to developing language for the magic of the healer's touch can ensure the very best expression of self in version 2.0.

*Brooke Buckley, MD, FACS, is Associate Chair of Surgery for professional development and Medical Director of Acute Care Surgery at Anne Arundel Medical Center. Dr. Buckley can be reached at [bmbuckley@hotmail.com](mailto:bmbuckley@hotmail.com).*

# CRISP FREE Services for Ambulatory Practices

Connect. Share. Improve Patient Care

CRISP is a regional health information exchange (HIE) serving Maryland and the District of Columbia. CRISP is a non-profit organization advised by a wide range of healthcare industry stakeholders. All of the following services are available for FREE to ambulatory practices. For more information, visit the CRISP website at [www.crisphealth.org](http://www.crisphealth.org).

## Clinical Query Portal

The CRISP Portal is a free tool available to clinical staff. As clinical information is created and shared with CRISP, it is made accessible in real time to participating health care providers through the CRISP Portal.

## Encounter Notification Service (ENS)

ENS allows primary care physicians, care coordinators, and others responsible for patient care to receive real-time alerts when patients are admitted/discharged at hospitals. Proactively coordinate your patients' care and schedule any necessary follow-up treatment or visits.

## Prescription Drug Monitoring Program (PDMP)

The Maryland Prescription Drug Monitoring Program gives prescribers, dispensers and other licensed staff access to prescription information for all Schedule II-V drugs filled in Maryland, Virginia and some neighboring states.

For more information and to sign up for any of the **CRISP User Services** contact MedChi at **888.507.6024** or email [info@medchiservices.org](mailto:info@medchiservices.org).



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## MedChi's Newest Physician Members

*MedChi welcomes the following new members, who joined between June 12, 2018, and July 13, 2018.*

Mohammed S. Ahmed, MD — Kure Pain Management  
 Jess J. Arcure, MD — Kure Pain Management  
 Christopher Bednarek, MD — Kure Pain Management  
 Akil S. Benjamin, DO — Kure Pain Management  
 Lynne L. Fagan, MD — Lynne L Fagan MD, LLC  
 Eric Finkelstein, MD — Kure Pain Management  
 Ben Foo, DO — Kure Pain Management  
 Felix G. Gurman, MD — Kure Pain Management  
 Kim Hoang, MD — Kure Pain Management  
 Sireesha Jalli, MD — Dr. Jalli MD PC  
 Rajesh K. Jari, MD — Kure Pain Management  
 Ronald M. Lieberman, DO — Kure Pain Management  
 Umar Mahmood, DO — Kure Pain Management  
 Patsy M. McNeil, MD — Shady Grove Adventist Hospital  
 Inai M. Mkandawire, DO — Kure Pain Management  
 Dang Nguyen, MD — Kure Pain Management  
 Monica Nirschl, MD — Kure Pain Management  
 Nkem Okeke, MD — Johns Hopkins HealthCare  
 Robert L. Rankin, Jr., MD — Kure Pain Management  
 Dahlia E. Reid, MD — Ben Thal Medical  
 David Rodriguez, DO — Kure Pain Management  
 Sean Sanderson, MD — Kure Pain Management  
 Kamran A. Saraf, MD — Kure Pain Management  
 Charles W. Simmons, MD — Kure Pain Management  
 Marguerite M. Strauss, MD — Old Georgetown Mental Health Associates LLC  
 Stephanie I. Thompson, MD — Kure Smart Pain Management

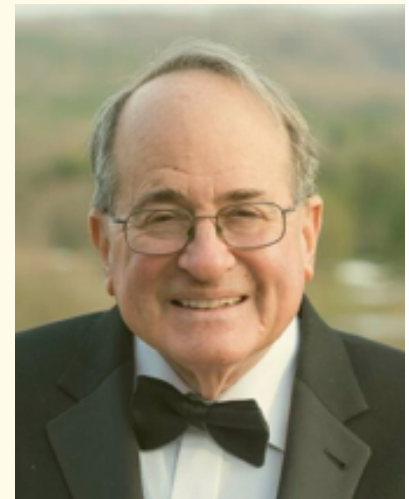
### EMPLOYMENT

**Potomac Physician Associates: Outpatient primary care practice is seeking Board Certified IM/FP physicians** to join the team to serve our Bethesda/Chevy Chase/Germantown, MD patients. Office-based practice. Quality focus versus quantity. We are seeking practitioners who follow evidence-based practices. Understanding of ACO and PCMH models helpful. EHR experience required. This position has opportunity to become a shareholder within three years. Please contact [vroberts@ppa.md](mailto:vroberts@ppa.md) to apply.

## Member Profile: Charles Samorodin, MD

*In this issue of Maryland Medicine, we recognize Charles Samorodin, MD, current president of the Baltimore County Medical Association and proud MedChi member.*

Charles Samorodin, MD, has been a MedChi member for forty-one years and is the current president of the Baltimore County Medical Association. He is Chair of the Maryland Jurisdiction of the Center for Medicare and Medicaid Services Contractor Advisory Committee (CMS CAC) and Chair of the MedChi Payer Relations Committee.



*Charles Samorodin, MD  
BCMA President*

After being a private practice dermatologist for thirty-eight years and personally dealing with insurance company problems in his practice, Dr. Samorodin makes a perfect physician to chair these two committees. The CMS CAC has medical specialty society representatives from Maryland and Pennsylvania who discuss and draft Local Coverage Determinations, provide feedback and comment on draft policies, and improve the relationship between Medicare and the provider community. The MedChi Payer Relations Committee provides advocacy for members who have concerns with either private or public health insurance companies.

A graduate of the University of Maryland School of Medicine, where he became a volunteer faculty member and remains an Associate Professor of Medicine in Dermatology, Dr. Samorodin completed his medicine residency at the University Hospital of Baltimore. He volunteered for service in Vietnam with an Army infantry unit and was awarded two Bronze Star medals. After his service, he attended his dermatology residency at the University of Maryland. He retired with the rank of Colonel after twenty-one years of service with the United States Army Reserves in 1990.

Dr. Samorodin had a connection with MedChi before his career in the medical profession as a student at School 49, an accelerated junior high school, once located next door to MedChi, and now part of the MedChi Building. MedChi is proud to have Dr. Samorodin as a long-time member.



# The Road Ahead for Maryland's Independent Physicians

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- Keep your TIN and independence
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## TO LEARN MORE

**Paul Walker**

IPA Development

Collaborative Health Systems

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## Montgomery County Medical Society Annual Physician Survey Reveals Interesting Results About Technology Use and Improvement of Patient Care

Susan G. D'Antoni, FAAMSE

*In 2015, Montgomery County Medical Society (MCMS) set out to learn more about the community of practicing physicians it serves. 2017 marks the third annual collection of this survey data which, to our knowledge, is the only one of its kind focused on the Montgomery County medical community. There are two goals of this yearly undertaking: (1) to assess professional and personal demographic, practice trends within the medical community, and (2) to identify advocacy, education, practice development, and resource development needs of those physicians which the Society may be able to address. Each year the Physician Practice Survey has focused on particular issues that pose challenges and/or opportunities for physicians in their care of patients. These are the results related to use of technology in medical practice.*

### Impact of Technology on Patient Care

In 2017, the following question was posed: "Given the advancements in medical technology, data reporting, and communications, do you think your patients are receiving higher quality care than they were five years ago?"

- 24.3 percent (60/247) of physician respondents think, despite these advances, the quality of care being provided is worse, or somewhat worse.
- Almost 45 percent of the respondents (111/247) did not think that these perceived enhancements had changed the quality of care being provided.
- However, more than 31 percent of respondents (76/247) did think the quality of care was somewhat better or better.

Given the resources being committed to these aspects of medical care, it is concerning that more physicians do not think they have enhanced the quality of care being provided to patients.

Questions remain: As physicians and patients become more used to these "advancements," will the perception of quality be enhanced? Will these "advancements" continue to be perceived as interruptions in the physician-patient relationship as many view them now?

This comprehensive survey of more than twenty-five questions holds additional insights. If you would like a copy of the Executive Summary, please contact Susan D'Antoni, MCMS Executive Director, at [sdantoni@montgomerymedicine.org](mailto:sdantoni@montgomerymedicine.org).



### Montgomery County Physician to Physician Communication Trends

In 2017, MCMS asked physicians in their annual practice survey how they prefer to communicate with other physicians. Given that digital technology is at our fingertips, it is not surprising that 21 percent of physician respondents reported use of secure email, EMR/EHR embedded messaging services, unsecured texting, and unsecured email to communicate with other physicians.

Yet, 55 percent of physicians responding rely on traditional communication methods, including phone, fax, and letter.

### Physician EMR Use

For the third year in MCMS's Practice Survey, MCMS asked physicians about their EMR usage. A significant number of physician survey respondents have yet to adopt electronic medical records in our medical community. In 2017, 19.1 percent of respondents indicated they are not using an EMR. In 2016, it was 25 percent, and in 2015, 22 percent were not using EMR.

Many EMR solutions are being used with Practice Fusion, eClinicalWorks, and AthenaHealth as the most often cited software used. In the three years of MCMS's survey, the percentage of physicians using AthenaHealth EMR has continued to climb, with 10.6 percent of physicians indicating its use in 2017, while there has been a slow decline in the use of other noted systems overall.

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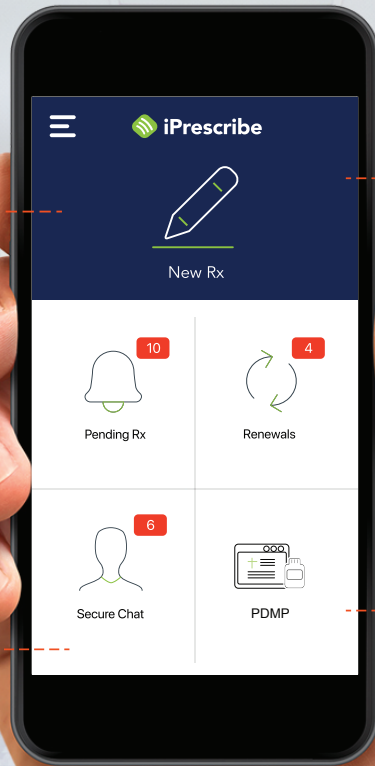
*From the President continued...*

patient cost for prescribed medications from local pharmacies and discount card access to the uninsured; and secure chat with extended care teams and patients in a HIPAA-compliant manner. Prescriptions automatically update to the patient's medication history to ensure consistent patient records across any EMR. Integrations are available with most leading EMR and hospital information systems.

If you would like access to this tool, please contact Colleen George at 410.539.0872, ext 3360; [cgeorge@medchi.org](mailto:cgeorge@medchi.org).

# GRAB CONTROL

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## DrFirst®





## We Need Your Help!

MedChi is collecting oral histories of our members and friends. Ideally, the interview should take about an hour or two. We are developing a list of general questions we will be asking everyone, and then there will be specific questions pertaining to your role at MedChi or your practice.

If you are interested in being interviewed, either at MedChi offices, or at your home, please let us know. Contact Meg Fielding, 410.539.0872, ext. 3336; mfielding@medchi.org.

### Have You Ever...

- *Noticed while at work that a physician colleague smelled of alcohol?*
- *Been concerned by a physician who was so upset and angry with colleagues that it interfered with patient care?*
- *Been plagued with worry or concern because a colleague "just doesn't seem right?"*

### Do You Know Where To Turn If...

- *You think a physician friend might have a drinking problem?*
- *A colleague is self-prescribing pain-killers or other controlled medications?*
- *A colleague seems depressed, is experiencing mood instability, or is overly anxious to the point that their performance is being affected?*



**MPHP** is a private, confidential, non-disciplinary program that advocates for the health and well-being of all physicians and other allied health professionals who are licensed by the Maryland Board of Physicians to safeguard the public. MPHP is HIPAA compliant, and protects the confidentiality of participant records as set forth under state and federal law. MPHP is administered by the Maryland State Medical Society's 501 (c)(3) affiliate, the Center for a Healthy Maryland, and is separate from the Maryland Board of Physicians.

For more information and/or a confidential consultation for you or a colleague who may benefit from our help, please call **800-992-7010** or **410-962-5580**.

# MPHP

**MARYLAND PHYSICIAN HEALTH PROGRAM**

*Helping One Physician Helps a Thousand Patients*

**MedChi**  
The Maryland State Medical Society

Center for a  
**Healthy Maryland**

1211 Cathedral Street / Baltimore, MD 21201 / 410.878.9698 Ph / 888.507.6034 Fx

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## Events

For a complete list of MedChi and component events, visit <http://www.medchi.org/Events>.

### September 5

Baltimore County Medical Association Board of Governors' Meeting, 6:15 p.m. GBMC Rooms D & E. Patricia Keiser, 410.296.1232.

### September 8

Baltimore City Medical Society & Baltimore County Medical Association, CME Event, 8:30 a.m.–12:30 p.m. [info@bcmsdocs.org](mailto:info@bcmsdocs.org); 410.539.0872, ext. 3351.

### September 13

MedChi Board of Trustees Meeting. MedChi Office, Osler Hall, 1211 Cathedral St., Baltimore. Catherine Johannesen, 410.539.0872, ext. 3308.

### September 22

MedChi Annual Meeting & Fall House of Delegates Meeting. Arundel Preserve Hotel, 7795 Arundel Mills Blvd., Hanover, MD. Catherine Johannesen, 410.539.0872, ext. 3308.

### September 24

2018 Baltimore City Medical Society Physician–Student Exchange.

### September 26

Allegany County Medical Society Membership Meeting. Cathy Peters, 410.539.0872.

### September 26

Baltimore County Medical Association, CME Event. GBMC, 6701 N. Charles St., Baltimore, MD. Patricia Keiser, 410.296.1232.

### October 17

Montgomery County Medical Society, General Membership Meeting. Bethesda North Marriott, Bethesda, MD. Karissa Miller, 301.921.4300.

### October 20

Presidential Gala. Arundel Preserve Hotel, 7795 Arundel Mills Blvd., Hanover, MD. Catherine Johannesen, 410.539.0872, ext. 3308.