



ALABAMA CHAPTER, AMERICAN COLLEGE OF SURGEONS JOURNAL

MARCH 2016

Alabama Chapter, ACS Annual Conference June 9-12, 2016 The Grand Hotel, Marriott Resort, Golf Club and Spa

The Alabama and Mississippi Chapters of the American College of Surgeons will hold its annual conference June 9-12 at The Grand Hotel Marriott Resort and Spa in Point Clear, Alabama. We hope you are making plans to join us..

Don't miss this exceptional educational conference that will include time to network with other surgeons from our state. We will have our agenda and additional information out to all members in the very near future. We hope to see you there!



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A quarterly publication of the Alabama Chapter of the American College of Surgeons

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LETTER FROM THE PRESIDENT

Dear Colleagues:

Our Chapter continues to be active in education, legislative affairs, and advocacy for the membership. I invite you to take part in and attend some of the many meetings that the chapter has scheduled this spring and summer. Members of the Chapter will engage our State legislators during our lobby day on April 6 in Montgomery where we will meet to discuss concerns about funding for Alabama Medicaid, trauma and emergency surgical services. The next week many of the leadership will travel to Washington DC and take part in the annual advocacy conference talking to our representatives in the US Congress. I invite all of the members of the Alabama ACS to call or email me regarding their concerns about surgical practice that I can communicate to our elected representatives.

I invite you to attend the annual chapter meeting from June 9-11, to be held at the Marriott Grand Hotel Resort and Spa, located in Point Clear, AL. Last years' meeting was not only fun, but also extremely educational. Our program chair has put together a fantastic meeting one that promises to be educational and will update the practitioner on State practice issues. If you are planning to attend the Clinical Congress of the American College of Surgeons in October, please also mark your calendars for a combined reception between the Alabama Chapter of the American College of Surgeons, University of Alabama Birmingham, and University of South Alabama Department of Surgery. Details will follow in the summer newsletter.

As always I remain open to phone calls or emails regarding the how we can make the Alabama chapter more relevant to your own practices.

Respectfully yours,

William O. Richards, M.D., F.A.C.S., President
Professor and Chairman, Department of Surgery
College of Medicine and Medical Center
University of South Alabama
Mobile, AL 36617



Bill Richards, M.D.
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Alabama Chapter, ACS Annual Conference Lobby Day - April 6th

Our Annual - Meet the Legislators/Lobby Day - is scheduled for Wednesday, April 06, 2016, in Montgomery, Alabama. We aspire to engage our Legislators in dialogue regarding Trauma System Funding and Medicaid. The National Organization has provided a generous grant to our Chapter to defray the cost for those who participate.

We need your participation to represent your district to interact with:

- your Representative and Senator;
- members of the House of Representatives Health Committee
- members of the Senate Health and Human Services Committee
- Stephanie M. Azar, J.D., Acting Medicaid Commissioner; and
- Donald E. Williamson, M.D., President and Chief Executive Officer, Alabama Hospital Association.

Before we can finalize the agenda we need to know of your availability and willingness to participate. **Please communicate such ASAP to our Executive Director, Ms. Lisa Beard (E-mail: alcollegesurgeons@yahoo.com).** Thank you for your consideration and assistance. **Participating physicians will receive mileage reimbursement.**

PLEASE VISIT OUR WEBSITE FOR ADDITIONAL CORRESPONDING DOCUMENTS REGARDING OUR STRATEGY FOR LOBBY DAY!

Or go to our website at www.acsalabama.com and go to the the Lobby Day Tab

Respectfully yours,

William O. Richards, M.D., F.A.C.S.
President, Alabama Chapter
American College of Surgeons

Charles B. Rodning, M.D., Ph.D., F.A.C.S.
Past President, Alabama Chapter
American College of Surgeons



Resolution: Public Funding of the Alabama Statewide Trauma System

Alabama Chapter, ACS Members:

Please find attached the Resolution regarding Alabama Statewide Trauma System funding, that was approved during the District 1 Caucus. It will be submitted to the Reference Committee during the Annual Meeting in April, 2016.

Resolution

Subject: Public Funding of the Alabama Statewide Trauma System.

Submitted by: Board of Censors, Medical Society/County of Mobile.

Refer to: Reference Committee, Medical Association/State of Alabama.

Whereas, Trauma is the most common cause of death for patients less than 45 years of age, with an annual economic cost within the State of Alabama of \$6,500,000,000.00 (6.5 billion dollars). Alabama has the 11th highest *per capita* highway trauma death rate in the United States of America.

Whereas, Since September 2011, Alabama has had a 60% functioning trauma system that triages patients to the most appropriate hospital predicated upon severity of injury. Trauma system patient triage is controlled by a single electronic communication center that coordinates patient transport to the appropriate facility initially and facilitates transfer of patients who must be stabilized locally, before transfer to higher level facility for definitive care. The Alabama Department of Transportation has identified decreases in trauma deaths in Alabama each year the system has been operational. In 2009, when the system was only 43% operational, the death rate decreased 25% from the previous 4 years.

Whereas, Designation of a hospital in the current trauma system is voluntary. In several areas of the State (Regions 2, 4, and 5) and cities (Montgomery, Dothan) there are no Level I trauma centers, largely because of the tremendous financial and infrastructure demands related to the provision of trauma care. There are major cities in Alabama without any designated trauma centers.

Whereas, The trauma system currently relies heavily on the four Level I trauma hospitals (University of Alabama/Birmingham, Huntsville Hospital, Medical Center/University of South Alabama, and The Children's Hospital of Alabama) within the State to maintain the infrastructure and manpower to provide access to care for the traumatized patient.

Whereas, The Alabama Department of Health recognizes 92 hospitals in the State of Alabama as community hospitals. Of the 92 hospitals 40 do not participate at all in the trauma system and only 5 hospitals participate as either a Level I or II trauma hospital.

Whereas, Contiguous states - Florida, Georgia, Tennessee, and Mississippi - provide public funding for the hospitals and personnel who care for trauma patients.

Whereas, Currently, there is no public funding for the trauma system hospitals or medical personnel within the State of Alabama. Insurance companies, public and private, do not adequately reimburse for the level of care required for severely injured patients. Participation in the trauma system is a substantial financial loss for hospitals and medical personnel.

Whereas, Currently, there is no financial incentive to be a Level I or II trauma center; in fact there is a huge disincentive for any hospital to participate at more than a Level III within the State of Alabama, because of the high cost of infrastructure and personnel required.

Whereas, The United States government provides funding to hospitals that treat indigent patients through the Disproportionate Share Hospital (DSH) programs, under which facilities receive at least partial compensation. Many of the DSH funds are allocated to hospitals for care of the uninsured trauma patient. Funding for the DSH program will be reduced by \$17.1 billion between 2014 and 2020.

Whereas, The Alabama Statewide Trauma System is under increasing stress and is in imminent danger of collapsing. Since 2012, there have been no legislative actions or funding appropriations to sustain the infrastructure or to support delivery of trauma care by medical personnel. The expenses involved in establishing and maintaining the infrastructure and personnel 24/7/365 are not adequately reimbursed.

Therefore, be it **Resolved,**

- That to ensure the system provides adequate access to trauma patient care within the State of Alabama, the Medical Association/State of Alabama strongly recommends public funding of the hospitals that and medical personnel who provide that care and to maintain infrastructure.

And be it further **Resolved,**

- That funding should incentivize hospitals to participate and/or upgrade its designation in the Statewide Trauma System and thereby provide access to emergency care for patients throughout the State of Alabama.

Prepare now for upcoming Open Payments review period

The Open Payments Program, part of the Patient Protection and Affordable Care Act, is a national transparency program intended to highlight the financial relationships between physicians, teaching hospitals and drug and device manufacturers. Every year, the Centers for Medicare & Medicaid Services (CMS) collects data about payments and other transfers of value made by these drug and device manufacturers and publishes it on the Open Payments website. Beginning in April, providers will have a 45-day review and dispute period of 2015 data. To allow adequate time to review the data before it is published online, providers should begin the registration process (<https://www.cms.gov/OpenPayments/Program-Participants/Physicians-and-Teaching-Hospitals/Registration.html>) as soon as possible. Providers must first register with the CMS Enterprise Portal, and then register in the separate Open Payments system. According to CMS, the registration process should take no longer than 30 minutes to complete and must be completed in one sitting. Those who registered last year do not need to re-register, but may need to reset their password to unlock their account if there has been no activity for 60 days.

Physician Mobile Devices: Are You at Risk?

The smartphones, tablets and laptops that have become such valuable tools to many physicians can also represent real risks in the event that they are lost, stolen or otherwise compromised. Here are some ideas on how to assess and mitigate risks surrounding mobile devices in your practice.

A natural starting place is to consider whether critical data resides on your phone, tablet, or laptop. There's good news in that many cloud-based EHRs and practice management systems negate the need to store data locally, meaning if you use such a system, you've effectively removed the responsibility of protecting locally stored data. Nonetheless, even with the most state-of-the-art systems, physicians sometimes needlessly put themselves in vulnerable positions. For example, imagine if one of these devices was stolen when you or your employee was logged into one or more critical systems. Would HIPAA protected data be at risk? Only a moment is needed to envision a situation that could damage your reputation and cost your practice.

There's good news in the fact that implementing a few simple best practices can be a great start to improving your security surrounding these devices. Here are tactics to consider:

Dos:

1. As an essential first step, regularly assess what data is being stored and where as an essential first step to establishing sound security protocols.
2. Update system software frequently and replace hardware when device operating systems are no longer being supported with regular security updates
3. Encrypt your phone, tablets, and laptops. It's important to understand that having a password without taking the extra step of encrypting is easily defeated by thieves and hackers. Encryption can be accessed through security settings for your phone.

4. Always log out of devices before leaving them unattended. Yes, your devices can be stolen — sadly, it's likely that you will lose or have a device stolen sooner or later.

5. Enable Find My iPhone (<http://apple.co/1PxyZik>) or activate Android Device Manager so that you can erase the contents of the phone remotely in case it is lost or stolen. Laptops have similar functionality through current operating systems, but they too must be set up prior to being needed. Use strong passwords. A simple technique: use the first letter of each word in a sentence; e.g. "I live on 226 Manchester St!" becomes Ilo226Ms!

6. Consider separate Wi-Fi Internet connections for guests and employees to use for personal purposes.

7. Use reputable password managers so that you only need to remember one password while never using the same password for different purposes. Find a staff member to become your office's mobile device security guru to help refine your internal policies and protocols and stay current on technologies and risks.

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Physician Mobile Devices: Are You at Risk?, continued

Don'ts:

1. Don't install unnecessary third-party applications. Some so-called "free applications" often access device data despite assurances to the contrary from their developers.
2. Avoid leaving devices unattended even for a moment. After hours, consider locking devices in a safe or removing them from the office altogether. One of our clients had a safe stolen by their janitorial crew; another had their laptop stolen from their car as they watched in a restaurant nearby. Thieves are quick!
3. Do not store passwords on paper that could be easily accessed. Since encryption means that your data is absolutely inaccessible without the password, you may want to store passwords on paper in a secure location.
4. Don't ignore the fact that your employees have cameras on their phones that may represent a security risk — patient records or credit cards might

be photographed. Additionally, employees who browse personal data on your practice's Internet connection represent a potential risk to networked devices. Enact reasonable, but conservative, guidelines for cell phone and network use within the office; e.g., only on the "guest network" on break in the lunch room.

5. Never use unencrypted e-mail to communicate protected health information. Texts while less vulnerable to interception, could represent a threat if the device is lost or stolen, but making sure devices are locked and encrypted when not in use removes the vast majority of risk. Messaging within major EHR and practice management mobile applications is presumably secure and their use is preferred on most counts.

-Joe Capko

Mr. Capko is senior consultant and partner with Capko & Morgan. In over 20 years of management consulting he has assisted practices from coast to coast on everything from business strategy, marketing, and patient satisfaction surveys. He has been a featured speaker for management associations and is currently working with his partners on a new edition of "Secrets of the Best Run Practices." He may be reached at joe@capko.com

Committee on Trauma

Dr. William Richards, president of the Alabama Chapter of the American College of Surgeons, congratulates Dr. Daniel Freno on his selection to present his research at the national Committee on Trauma meeting.

Daniel Freno, MD, a third year surgery resident at the University of South Alabama was selected to present his research at the national meeting of the American College of Surgeon's Committee on Trauma. The meeting will be held in San Diego, CA during March 9-12, 2016. He will be presenting "Mitochondrial DNA - A Pharmacological Target for Ventilator Associated Pneumonia. John Simmons, MD, FACS was his mentor for this project. This is the second time in three years that a resident from Alabama has been selected to present their research at the national COT meeting.



The Alabama Committee on Trauma will hold its Annual Trauma and Critical Care Research competition in conjunction with the Alabama ACS Annual Meeting at the Grand Hotel at Point Clear on June 4th. This is the podium competition and the presentations are limited to 10 minutes. This competition is separate from the poster competition. Research proposals should be submitted to Sid Brevard, MD, MPH, FACS by 15 May at sbrevard@health.southalabama.edu to be considered for the competition.

Here come the HIPAA audits – Are you ready?

After years of anticipation, federal regulators yesterday launched a new round of audits to gauge compliance with patient privacy provisions of the Health Insurance Portability and Accountability Act. The launch is starting off innocuously with emails to so-called covered entities — health care providers, insurance plans and clearinghouses — and to business associates that handle patient information on behalf of those entities. The emails will simply ask to verify contact information, after which recipients will receive a “preaudit questionnaire” seeking details on their business size and operations.

From there, the Office for Civil Rights will create a pool of audit targets. The pool will be created “in coming months” and will “represent a wide range of health care providers, health plans, health care clearinghouses and business associates,” the OCR said Monday. According to news reports last week, about 200 audits are planned. On Monday, the OCR said that a majority of the reviews will be remote “desk audits,” although some in-person audits will take place. All the desk audits will be finished by the end of 2016, according to the OCR.

If an audit turns up a “serious compliance issue,” the OCR said, further investigation may occur, which could trigger financial penalties and a formal agreement to improve HIPAA compliance. More broadly, the agency said that it will use its findings to develop new guidance and policies aimed at strengthening adherence to HIPAA rules that safeguard the confidentiality of so-called protected health information.

One of the key questions surrounding audits is how business associates will fare, given that they have been covered by HIPAA only since 2013. It is predicted that the OCR may focus in particular on business associates that conduct large-scale data analysis, storage and management for covered entities.

The OCR promised to release its audit protocols — instructions on how audits are conducted — later this year, when the agency is closer to actually performing the audits. The protocols are being updated to reflect policies in a 2013 final rule that expanded HIPAA’s reach.

Companies selected for an audit will receive a detailed overview of the audit process and an outline of their obligations, according to the OCR. Generally, companies will have 10 business days to submit the requested information, and the OCR will then review the information and respond with its findings. Companies will then have a chance to respond to the findings before a final audit report is completed.

- Reed Tinsley, CPA
www.rtacpa.com

