

Medical News

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Brandon Roy, MD

ON ROUNDS



A Fresh Start

Medical school grads share journey, prepare to enter workforce during era of unprecedented industry change

On June 2, Megan Pellerin and Zack Kimball will wed at St. Lawrence Basilica in Asheville, with a reception to follow at Deerpark Restaurant on Biltmore Estate ... 4

Sunny Outlook?

Comments due mid-February for Sunshine Act proposed rule change on physician payments

Less than a week before Christmas, the Centers for Medicare & Medicaid Services (CMS) dispatched a proposal. CMS published proposed regulations for the Sunshine Act on physician payments regarding relationships beginning Jan. 1, with comments due by close of business ... 5



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Bariatric Program Expansion

As number of obese patients rise, Rex broadens surgical options; wins seal of approval

By LYNNE JETER

Bariatric specialist Lindsey Sharp, MD, is constantly searching for the latest and most advanced minimally invasive laparoscopic surgical procedures for patients of Rex Bariatric Specialists.

Two months ago at Cleveland Clinic in Ohio, Sharp learned about an investigational new bariatric surgery procedure – the Greater Curvature Plication – that involves an “in-folding” of the stomach to reduce the stomach volume without the need for stapling the intestine or placement of a foreign object. Because there are only a few published studies with short-term results on less than 200 patients, Sharp said it was too early to suggest how or if the procedure will be incorporated into the standard bariatric surgery armamentarium.



Dr. Lindsey Sharp



To test its feasibility, several bariatric surgery groups practicing at Rex Hospital, including Rex Bariatric Specialists, are launching a research study in 2012 to incorporate aspects of the Greater Curve Plication with the Adjustable Gastric Banding procedure (Lap Band or Realize Band).

“The goal of the study is to determine if the addition of the ‘imbrication’ to the banding procedure can improve the effectiveness of weight loss and resolution of obesity-related medical problems,” said Sharp.

Expansions & Accolades

Not only is Rex Bariatric Specialists growing their offerings to bariatric patients, the multi-location practice is expanding geographically. Nine months after Raleigh Surgical and Wake Surgical groups merged on Aug. 1, 2009, the base of operations relocated to Rex Medical Office Building on Blue Ridge Road in Raleigh. In December, Rex held an open house for their newest clinic in Holly Springs, adding to

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Winds of Change

State MGMA affiliate prepares for mandates, other administrative changes

By LYNNE JETER

Debbie Cashion and other North Carolina practice managers were pleased when the Medical Group Management Association (MGMA) and the American College of Medical Practice Executives (ACMPE) merged in the last quarter of 2011 to form a new, stronger national association.

“There should be an increase in nominees, certified members and fellows due to decreased annual dues,” said Debbie Cashion, CMPE, president of the North Carolina Medical Group Managers (NCMGM). “We feel it will also increase membership for MGMA due to the reduction in cost for yearly dues.”

MGMA is the nation’s largest professional membership association for medical practice management leaders, while ACMPE is the most respected certification and standard-setting organization for medical practice leaders. The aligned organization with nearly 30,000 members became official Jan. 1.

“As healthcare evolves, so must we,” said MGMA Board Chair Shena Scott. “Many of our members and their

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Moving On Up

Horne's 19th annual medical office staff salary survey shows overall increase in healthcare compensation rates

By LYNNE JETER

Despite the continued national economic slump, healthcare compensation rates continue to climb, with overall compensation rates increasing 1 to 2 percent in 2011, according to results from HORNE LLP's recently released 19th annual medical office staff salary survey.

"The report encompasses many aspects of a medical practice in addition to salary information, including turnover percentages, performance evaluations, analysis of benefits offered, information technology statistics and statistics on participation in the Physician Quality Reporting System," said Sharon Walden, survey director for HORNE, one of *Accounting Today's* top 50 accounting and business advisory firms in the nation. "The survey is a very useful tool for a variety of providers, especially those in specialty groups."

The 2011 report shows there were three times as many positions with an average increase in pay compared to those with an average decrease. This ratio was similar in 2010 and continues to support the overall trend, a comparison particularly significant when viewing the new three-year median trend report released this year.

"The survey doesn't include physicians, but does include mid-level providers," said HORNE database analyst David McClendon. "We added about 10 new jobs for this report. Based on what I've seen over the five years I've been working on this project, minimal growth in salary rates will continue to grow even if current economic conditions remain."

The 2011 salary survey provides an analysis of medical office staff salaries among medical practices in the MidWest and the South, where HORNE has a presence, including Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, South Carolina, Tennessee, Texas and Virginia. HORNE's footprint expansion includes recently opened offices in Houston and Baton Rouge.

A total of 237 practices responded to the survey between July 12 and Sept. 25 in 2011, a number that represents roughly 70 percent of the total response in 2010.

"With the economy like it is, I thought more folks would want to get their hands on the latest data for recruitment," said Walden. "Implementation of electronic EHR and other healthcare mandates and deadlines may have taken them away from participation in the survey."

The nearly 400-page report includes an analysis of responses by state, location, specialty, number of provider full-time equivalents (FTEs), revenues and population. Louisiana, Mississippi, Virginia and Texas had the highest number of respondents, respectively. All four states' MGMA groups strongly promoted the survey.

Walden, who joined HORNE last year, plans to spend more preparation time for the 2012 report speaking to MGMA groups across the survey area about healthcare industry employment trends.

"It's important to discuss the survey face to face, and to explain the methodology and its overall value to the practice as it relates to resource management," she said. "Most people don't realize the depth of our research base."

Responses were analyzed overall, and also by community health centers and multi-specialty practices.

The salary analysis covered 44 general and administrative positions, 14 upper management posts, 28 clinical roles, and four non-physician provider jobs. For example, median annual compensation for community health center CEOs was \$124,608, compared to \$113,114 for a multi-specialty practice administrator. Practice managers in the MidWest made slightly more money than in the South. However, marketing and public relations directors in the South reported a median income of \$59,981, compared to directors in the MidWest, whose median income was \$53,000.

Human resources statistics, employee benefits, health insurance cost sharing and other options, and electronic medical records usage statistics were also analyzed. For example, health insurance was available to 90 percent of medical office respondents. Life and insurance and dental coverage was available to three of four survey participants. Short- and long-term disability insurance was available to roughly 58 percent, vision insurance to 46 percent, and medical malpractice insurance to 41 percent.

Survey feedback from 2010 led Walden and McClendon to add coverage regarding medical malpractice insurance, PQRS, and more educational/teaching facilities.

"We're still in the planning phases of what to include in 2012," said Walden. "We'll look at market trends. If MGMA chapters continue to promote our survey, we'll be able to provide more specific information in the database, as well as considering the possibility of providing state specific surveys."

For more information on the HORNE 2011 Medical Office Staff Salary Survey, visit www.horne-llp.com.



Sharon Walden



David McClendon

Bariatric Program, *continued from page 1*

existing locations in Wakefield, Garner and Knightdale. Sharp works from the main campus and also sees patients in Garner. His practice partner, bariatric surgeon Peter C. Ng, MD, also sees patients in Wakefield.

Also, Rex Bariatric Specialists received an impressive accolade with the Bariatric Surgery Center of Excellence (BSCOE) designation. The prestigious honor – awarded to both the surgeon and facility – enables patients, payors, and others to distinguish specific providers who have met requirements for delivering high quality perioperative and long-term follow-up care.

"For example, being a Blue Cross Blue Shield Center of Designation is certainly advantageous, mostly because probably greater than 50 percent of our patients have Blue Cross Blue Shield coverage," said Sharp. "And also, I think Blue Cross Blue Shield is directing their bariatric patients to Centers of Excellence. The focus on improved outcomes in patient safety has been significant."

The BSCOE designation was awarded in part because of the integrated efforts and resources of the surgeons, facility and practice.

Patient Safety Focus

"When it comes to bariatric surgery, with the advent of Bariatric Centers of Excellence and all the data that has been collected, we've found that it has become very, very safe," said Sharp. "In particular, when we talk about diabetes and obesity, the best treatment is the gastric bypass. Somewhere close to 85 percent of patients will come off all their diabetic medications and essentially have their diabetes cured by the operation. Aside from that, probably another 10 percent of patients will at least have their diabetes improved. In the new era of laparoscopic surgery, we've seen the complication rates of all the bariatric procedures go way down. The safety profile is, I think, similar to gall bladder surgery."

Primary care providers with patients who have a BMI of greater than 35 with a severe medical problem related to obesity – high blood pressure, sleep apnea, diabetes, high cholesterol, asthma and even severe arthritis among many conditions – could benefit those patients by referring them to bariatric specialists like Sharp and Ng.

"At that (high BMI) level, surgery reduces patients' risk of mortality long term, as well as their risk of developing medical problems in the future," said Sharp.

Addressing Misperceptions

Among several preconceived notions Sharp hears from patients who have not fully researched the bariatric surgery process is that it's looked upon as "taking the easy way out."

"I always say yes, surgery is the easy part of the process, but it requires a lot of work on the patient's behalf to be successful long term," said Sharp. "It's part of a multi-modality approach to obesity that requires a complete change to an individual's diet to healthy eating, becoming

less sedentary and incorporating exercise in daily routines."

Another misperception is that bariatric surgery patients eventually regain lost weight.

"The reality is that 85 percent of the time, patients are successful with surgical weight loss," he said. "Probably 5-7 percent of body weight will be regained, but that's compared to 65-75 percent of weight loss. Rarely is there a failure of the operation."

During his fellowship at Duke, Sharp worked on a research project, Predicting Outcomes in Weight Loss Surgery, which provided some interesting findings.

"We learned that at one month post surgery, we could predict with a highly reasonable percentage how well patients would do at the 1- and 3-year mark," he explained. "Patients who were doing well were unlikely to turn around and end up doing poorly in terms of weight loss. The flip side is true, too. If patients weren't doing well after a month, they were at risk of not doing well long term. While this hasn't been studied, I suspect that many times, patients who do better longer term will be more successful losing weight because they're taken the initiative before surgery to adopt healthier lifestyle changes."

Team Approach

To ensure success, Rex Bariatric Specialists hosts support group meetings and posts dietitian-approved heart healthy recipes online such as seasonal Pumpkin Pie Oatmeal for the holidays, among other support efforts. (Staff dietitian Mary Gray Hutchinson provides nutrition therapy and education to bariatric patients.)

"Participating in support groups is very important because it helps people have the support of their peers who have also gone through the process," said Sharp. "They have to recommit to those lifestyle changes, which does take some time and, without continuing support, it could be easy to slip back into old habits."

A Virginia native, Lindsey Sharp, MD, earned his undergraduate degree at Duke University, where he returned for a fellowship in bariatric and advanced minimally invasive surgery after earning a medical degree and completing training at Emory University in Atlanta. His research projects include Predicting Outcomes in Weight Loss Surgery, Renal Failure in General Surgery and Trauma, and Countermeasures Research at the NASA Johnson Space Center in Houston.

Sharp specializes in advanced minimally invasive bariatric and general surgery including hernia, colon/rectal, antireflux, achalasia and solid organ gastrointestinal surgery.