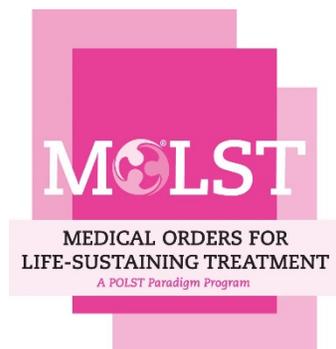


September 7, 2018

## Practice Management



### NYACP Presents Comments to Assist NY Department of Health in Revising MOLST

The Medical Orders for Life-Sustaining Treatment (MOLST) forms, designed to help physicians and other health care providers discuss and convey a patient's wishes regarding cardiopulmonary resuscitation (CPR) and other life-sustaining treatment, is currently under revision by the New York State Department of Health (NYSDOH). Late last week, the Executive Committee and Pain Management Task Force of NYACP presented comments about the proposed changes.

Suggestions included how to make the form work effectively as patients move through various clinical settings, removing hospice from the MOLST form, and clarifying the role that nurse practitioners have in signing a MOLST form, among others. NYACP will continue to provide input on these proposed MOLST revisions, and will report as more information becomes publicly available.



### Breaking Barriers to Buprenorphine

Applying for and using the Buprenorphine waiver exemption can be a thoroughly confusing experience. Author Mollie Durkin walks readers through the complicated process of applying for a Buprenorphine waiver and prescribing the drug in an article from the September issue of ACP Internists, as well as effective models of care utilizing Buprenorphine. NYACP's own Joseph Sellers, MD, FACP is featured throughout the article. An excerpt:

*"To prescribe buprenorphine, physicians must complete an eight-hour training curriculum and obtain a special waiver through the U.S. Drug Enforcement Agency (DEA). Perhaps intimidatingly, this waiver is commonly called an "X" number or license. The waiver program comes from the Drug Addiction Treatment Act of 2000, which allowed physicians to provide office-based treatment for opioid addiction with Schedule III, IV, or V controlled substances.*

*Buprenorphine is the only Schedule III drug approved to treat opioid use disorder; methadone and other full-opioid agonists are Schedule II. In 2002, the FDA approved buprenorphine*

*(Subutex and other trade names) and the abuse-deterrent formulation of buprenorphine/naloxone (Suboxone and other trade names) for this purpose. Prior to this legislation, the Harrison Narcotics Tax Act of 1914 criminalized the use of narcotics, effectively prohibiting physicians from prescribing opioids to treat people with addiction."*

[To read this article, please click here.](#)



## **MIPS Targeted Review Request: Deadline October 1**

If you are a physician who participated in the Merit-based Incentive Payment System (MIPS) in 2017, MIPS final score and performance feedback data are both available on the [Quality Payment Program](#) website. The payment adjustment received in 2019 is based on this final score. If there is an error in the 2019 MIPS payment adjustment calculation, physicians can request a targeted review until October 1 at 8 pm.

For More Information:

- [How to Request a Targeted Review](#)  Video
- [Targeted Review of 2019 MIPS Payment Adjustment](#) User Guide
- [Targeted Review of 2019 MIPS Payment Adjustment](#) Fact Sheet
- Contact the Quality Payment Program at 866-288-8292 (TTY: 877-715-6222) or [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)



## **ACP Provides Joint Statement Addressing the Opioid Crisis**

The ACP, along with the American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG) and other associations, recently published a joint statement addressing the impact of the opioid crisis. Here is an excerpt:

"Much attention has been paid to the opioid crisis by the administration, Congress, and at the state level with legislation and regulatory proposals currently being considered to curb the epidemic. Efforts to address opioid use disorder (OUD) and overdose must be built on scientific evidence that shows that a SUD is a chronic disease of the brain that can be effectively treated. Specifically, legislation and regulatory approaches must:

1. Align and improve financing incentives to ensure access to evidence-based opioid use disorder treatment.
  - Keeping Medicaid strong, extending coverage to adults in non-expansion states, and maintaining the program's current financing structure is essential for combating the opioid epidemic. Per capita caps and

other mechanisms that would shift costs to states would seriously jeopardize the comprehensive benefits patients need. Additionally, new conditions on Medicaid eligibility and coverage, including work requirements, lockouts, and drug testing would undermine the mission of the program and erode access to substance use disorder coverage for the very vulnerable populations Medicaid was designed to protect.

- Research shows that medication and therapy together may be more effective than either treatment method alone. The Food and Drug Administration has approved three medications for the treatment of an OUD: methadone, buprenorphine, and naltrexone. Despite the proven success of these medications, several states currently do not reimburse for medication-assisted treatment (MAT)-related services through their Medicaid plans. In addition, Medicare has no comprehensive SUD treatment benefit, including reimbursement for services delivered or drugs dispensed by an opioid treatment program. Given the needs of patients served by Medicaid and Medicare, it is critical that both programs provide comprehensive MAT coverage.
- Growing research also points to the benefits of keeping families safely together during treatment for a parent's SUD, resulting in improved outcomes for both parents and children. Access to trauma-informed, culturally-competent, patient-centered inpatient and outpatient SUD treatment services that can serve the whole family is critical to helping families heal from the impact of a parental SUD.
- Nearly ten years after the enactment of the Mental Health Parity and Addiction Equity Act, providers of mental health and OUD services continue to experience disparities in reimbursement, and patients experience disparities in coverage for these same services. Inadequate reimbursement has led to a paucity of access; patients seeking behavioral health services were four times more likely to receive treatment from out-of-network providers than those seeking medical or surgical services."

NYACP will continue to advocate for and investigate solutions to the many facets of the opioid crisis. [To read this statement in full, and to read the detailed bullet points, please click here.](#)

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## Education

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NYACP Webinar:

### **The Legalities of an Employment Contract**

*A Session for students, residents, and early career physicians*

**Date:** Friday, September 14, 2018  
12:00 - 1:00 pm

**Speaker:** Laurie Cohen, Esq., Nixon Peabody LLP  
[Register Online](#) • [Additional Information](#)

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Chapter Co-Sponsored Event:

### **Current Topics in Primary Care and Neurology: Update for the Primary Care Practitioner**

*Offering 10 Hours of AMA PRA Category I Credits!*

**Date:** September 21-23, 2018

**The Conference Center**  
2608 Main Street • Lake Placid, NY 12946

[View the Brochure](#) • [Register Here](#)

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Chapter Co-Sponsored Event:

### **13<sup>th</sup> Annual Mid-Atlantic Hospital Medicine Symposium**

#### **Mastering the Care of the Hospital Patient**

**Date:** October 19-20, 2018

**Icahn School of Medicine at Mount Sinai**  
Hatch Auditorium, 2<sup>nd</sup> Floor  
1468 Madison Avenue at 100th Street  
New York, NY 10037

[View the Brochure](#) • [Register Here](#)

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### **Buprenorphine Waiver Eligibility Training**

**Date:** Friday, February 22, 2019  
12:00 pm - 5:00 pm

**Desmond Hotel**  
660 Albany Shaker Road • Albany, NY 12211

[Register Online](#)

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## *Member Benefits*

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### **\*NEW\* Practice Advisor Modules**



Several new Practice Advisor modules have been released by ACP on a variety of topics:

- [Opioid Risk Management](#)
- [Managing Diabetes Mellitus](#)
- [Diagnosis and Initial Management of Hypertension](#)
- [Management of Uncontrolled Hypertension](#)

These modules and others are available now for ACP Practice Advisor® users at [PracticeAdvisor.org/Modules](https://www.practiceadvisor.org/modules).

If you are not an ACP Practice Advisor® user, [register now](#) at [PracticeAdvisor.org](https://www.practiceadvisor.org).

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