Alabama Gastroenterological Society
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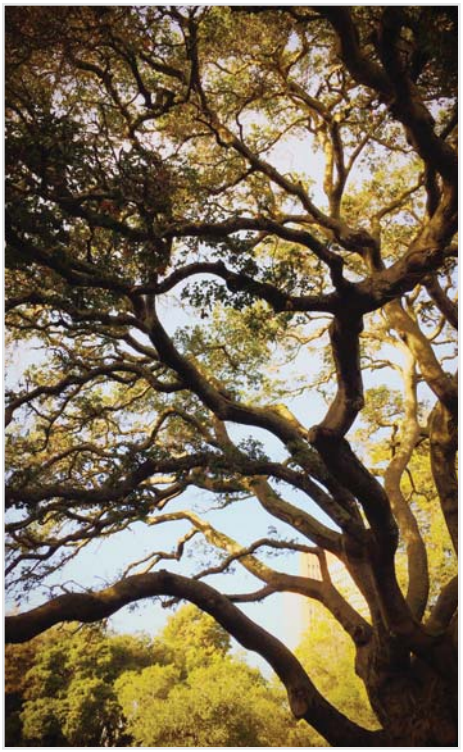
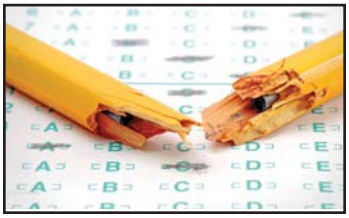


The man behind MOC defends the program against critics

Medical Economics

Efforts to ease requirements for maintaining board certification have not quelled internists' complaints about the time and costs the maintenance process demands. Still, the president of the American Board of Internal Medicine (ABIM) – the body that oversees certification for internists and many other subspecialties – remains convinced that maintaining certification is important for physicians, and that the board's path for doing so is the best one.



"Putting out a credential that speaks to whether doctors are staying current in knowledge and practice, I think overwhelming numbers of doctors want to have a way to reassure themselves that they're doing that," says ABIM president Richard Baron, MD, MACP. "And they want a way to communicate to their patients and colleagues and institutions that they're doing it."

Even so, the ABIM has been trimming many of the changes it made to the maintenance of certification (MOC) process in 2014 and that led to the outcry among physicians. Last year, for example, the board invited practicing internists to review the outline – or "blueprint" – of the assessment exam and rate the topics it covers for their relative frequency and importance to everyday practice.

Then earlier this year the board announced plans to introduce a shorter assessment test in 2018, one that doctors can take on their own computers rather than in a central testing location. Doctors who do well on these assessments can "test out" of the current assessment, which is required every 10 years.

Baron's comments were part of a wide-ranging interview with *Medical Economics* regarding MOC and other issues facing the ABIM that took place during the American College of Physicians scientific meeting in May. ***The full transcript is available online.***

See page 2 for more on MOC.

What's Inside

Update: Lottery legislation fails

alabamamedicine.org

After days of deliberation by the Senate and the House, the lottery bill eventually failed in the Senate on Friday afternoon. The Senate could have given final passage to the lottery bill, which passed the House Thursday night after a series of dramatic moves. But after the debate, the upper chamber voted 23 to 7 against a motion to concur with the House changes. No conference committee was appointed. The House and the Senate have each adjourned until Sept. 6.

Cellphones and medicine: What would Hippocrates do?

American Gastroenterological Association

By Joel V. Brill, MD, AGAF, AGA CPT Advisor and Chief Medical Officer, Predictive Health, LLC

This is an execrpt from the latest series from the AGA Practice Management and Economics Committee

Cellphones represent an occupational hazard to the professionalism and discipline of medicine. In Hippocrates' time, it was technologically impossible for patients to surreptitiously record conversations with their physicians. This is no longer the case. We have recently encountered the following scenario in clinical practice, and ask "What would Hippocrates Do?"

A physician performs an endoscopic procedure. One week later, while speaking with the patient about the results of the procedure, the spouse states "Doctor, I recorded the entire procedure starting when my wife went from the waiting area to the preparation room, to when you discussed the findings with us in the recovery room. What you are telling me now isn't what you told us the day of the endoscopy." You had no knowledge that the conversation was being recorded.

How can physicians protect themselves from surreptitious recordings? Physicians and their staff should be aware of the possibility that every conversation with a patient or his or her family may be recorded. If a physician suspects that a conversation is being recorded, the physician can ask the patient and family if they are recording the conversation. This can provide the physician with the opportunity to note constructive uses of such recordings, demonstrating the physician's desire to strengthen the relationship with the patient.

In this era of transparency, it is critical to establish trust. Patients should feel free to explain that it is hard to remember medical information and treatment instructions, and ask their physician or other health-care professional if it's okay to record the conversation. In return, physicians should honor that trust and silence their phones while treating patients. That's what Hippocrates would do.

Read the full article here

Physicians take MOC fight to state level

Medical Economics

Physicians who decide not to continue with maintenance of certification (MOC) can face consequences such as loss of hospital privileges and payer contracts.

But that's about to change in one state, where a law passed unanimously by both houses of the legislature and signed by the governor essentially makes MOC optional for doctors who would otherwise be concerned about hospital and insurance consequences. The Oklahoma bill, which takes effect November 1, allows MOC to be used as one possible path to retaining hospital privileges or insurance coverage, but it cannot be the only one.

And given the rising frustration among physicians over MOC, it could become the spark for a national movement. Kentucky, Missouri and Michigan are considering or have passed similar legislation, not all of which goes quite as far. Michigan's law would be identical to Oklahoma's, but legislation in Kentucky and Missouri only prohibits MOC from being a requirement for state licensure.

"MOC is essentially a CME program, and it should not be used as a requirement for staff privileges, payment, licensure, or membership on an insurance panel," says David Siegler, MD, a pediatric neurologist and board member of the Tulsa County Medical Society and author of the Oklahoma State Medical Association resolution that helped lead to the law. "Why are we jumping through other people's hoops? It's not a government requirement. This is a private corporation."

Kentucky State Sen. Ralph Alvarado, MD, an internist and sponsor of his state's legislation, hopes the momentum is building to empower physicians. "It's fun for me to see [this for] our colleagues in the private sector, who have been feeling pretty down and feeling like they're not able to make an impact on things that are important for their practice," he says. "I hope that becomes a contagious thing, that doctors feel in control."

Grant Greenberg, MD, MHSA, associate medical director of quality in the faculty group practice at University of Michigan Health System, believes such legislation will spread to other states. He understands the emotions involved, although he supports maintenance of certification.

Greenberg cites electronic health records and Meaningful Use as just two of numerous burdens facing physicians as part of their daily work. "When people are at a tipping point, no matter what the pressures are, one new thing, no matter what it is, people will respond negatively," he says.

He sees board certification as a mechanism to ensure physicians are up to date on the latest knowledge and in reassuring patients and their families that they are getting the best quality care. Nonetheless, other states will likely follow along.

"Once one state does it, other states are going to follow," he says. "I think it's unfortunate. … You can make legislation to say board certification is not going to be required, but I don't think that's good legislation, and I don't think that's beneficial to the patient, or the community or even the physician."

Read the full Medical Economics article here

Alabama physicians partner with the AMA to combat opioid epidemic

Smart & Safe Alabama

Pilot program designed to reduce prescription opioid misuse and heroin use

MONTGOMERY, Aug. 10, 2016 – The Medical Association of the State of Alabama and the American Medical Association (AMA) announced today a partnership to develop and distribute a statewide educational toolbox designed to help reverse the state's opioid epidemic. Alabama and Rhode Island are the first two states partnering in this pilot program with the AMA.

"To bring a halt to this devastating opioid epidemic, physicians must remain committed to leading this fight – to enhancing their education and to using all tools at their disposal to help treat patients with pain and opioid use disorders as well as ensuring comprehensive treatment with non-pharmacologic therapies when appropriate," said Patrice A. Harris, MD, the chair of the AMA Board of Trustees and the chair of the AMA's Task Force to Reduce Opioid Abuse.

In 2013, the Medical Association of the State of Alabama helped pass legislation to reduce prescription drug abuse and diversion. That legislation resulted in Alabama having the largest decrease in the Southeast – the third-largest in the nation regarding the use of the most highly addictive prescription drugs.

"Alabama's physicians recognize we have a serious prescription drug problem in our state," said Medical Association President David Herrick, MD, of Montgomery. "We have made great strides in providing better education on the dangers of prescription drug abuse to our fellow physicians and to our patients through our Smart & Safe drug abuse awareness campaign. But there is much more work to be done. Partnering with the American Medical Association will help us to bring even more awareness as we fight Alabama's prescription drug abuse epidemic together."

The pilot program will build a toolbox – available online and in print – that incorporates the best information from the AMA, the Medical Association and Alabama's health officials. It will be provided to physicians and other health care professionals with key data, valuable resources, and practice-specific recommendations they need to enhance their decision-making when caring for patients suffering from chronic or acute pain and opioid use disorders, as well as for patients needing overdose prevention education.

The toolbox will be released in September, and the Medical Association and the AMA and will work together to distribute it throughout Alabama.

The AMA was awarded funding through the Prescriber Clinical Support System for Opioid Therapies, funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the American Academy of Addiction Psychiatry.

The Alabama Gastroenterological Society is an official partner of Smart & Safe. Learn more about this effort to fight Alabama's prescription drug abuse problem at ***http://smartandsafeal.org****.*

Surgeon General wants to #TurnTheTide on opioid epidemic

Smart & Safe Alabama

In kicking off his #TurnTheTide public awareness campaign. U.S. Surgeon General Vivek H. Murthy, MD, said, "We have to stop treating addiction as a moral failing, and start seeing it for what it is: a chronic disease... ."

Dr. Murthy is taking the unprecedented step of mailing letters to the 2.3 million prescribers in America, urging them to do three things:

- Sharpen their prescribing practices,
- Connect people to treatment, and
- Help change how our country thinks about addiction.

From health care practitioners with inadequate training and tools, to pharmaceutical companies who aggressively market pain medications and to policy makers who do little to increase funding or treatment programs, Dr. Murthy said "all of us have had a role to play" and called for all members of the community to be a part of the solution.

The impact of the opioid crisis cuts across racial/ethnic groups, age, sex, geography and socioeconomic status. Forty-four percent of Americans say they personally know someone who has been addicted to prescription painkillers. Here are some facts about the opioid crisis:

- 78 Americans die every day from an opioid overdose.
- In 2014, more than 10 million people in the United States reported using prescription opioids for nonmedical reasons, and close to 2 million people older than 12 years met diagnostic criteria for a substance use disorder involving prescription opioids.
- Prescriptions for opioids have quadrupled since 1999, but there has not been an overall change in the amount of pain that Americans report.
- As many as 1-in-4 patients receiving long-term opioid therapy in a primary care setting struggles with addiction.

According to the Alabama Department of Public Health, prescription drug abuse is a significant threat to Alabama's public health. The number of deaths due to drug overdose, including prescription drugs resulted in the deaths of 762 residents between 2010 and 2014. In 2014, there were 221 deaths due to drug overdoses.

Smart & Safe is Alabama's only physician-led public awareness campaign sponsored by the Medical Association of the State of Alabama and their partners (including the Alabama Gastroenterological Society) dedicated to fighting Alabama's prescription drug abuse epidemic through safe use, storage and disposal of pain medication.

Lab team spins ginger into nanoparticles to heal inflammatory bowel disease

Veterans Affairs Research Communications

A recent study by researchers at the Atlanta Veterans Affairs Medical Center took them to a not-so-likely destination: local farmers markets. They went in search of fresh ginger root.

Back at the lab, the scientists turned the ginger into what they are calling GDNPs, or ginger-derived nanoparticles. The process started simply enough, with your basic kitchen blender. But then it involved super-high-speed centrifuging and ultrasonic dispersion of the ginger juice, to break it up into single pellets. (Don't try this at home!)

The research team, led by Dr. Didier Merlin with VA and the Institute for Biomedical Sciences at Georgia State University, believes the particles may be good medicine for Crohn's disease and ulcerative colitis, the two main forms of inflammatory bowel disease (IBD). The particles may also help fight cancer linked to colitis, the scientists believe.

They report their findings, based on experiments with cells and mice, in the September 2016 issue of Biomaterials.

Each ginger-based nanoparticle was about 230 nanometers in diameter. More than 300 of them could fit across the width of a human hair.

Fed to lab mice, the particles appeared to be nontoxic and had significant therapeutic effects:

- Importantly, they efficiently targeted the colon. They were absorbed mainly by cells in the lining of the intestines, where IBD inflammation occurs.
- The particles reduced acute colitis and prevented chronic colitis and colitis-associated cancer.
- They enhanced intestinal repair. Specifically, they boosted the survival and proliferation of the cells that make up the lining of the colon. They also lowered the production of proteins that promote inflammation, and raised the levels of proteins that fight inflammation.

Part of the therapeutic effect, say the researchers, comes from the high levels of lipids – fatty molecules – in the particles, a result of the natural lipids in the ginger plant. One of the lipids is phosphatidic acid, an important building block of cell membranes.

The particles also retained key active constituents found naturally in ginger, such as 6-gingerol and 6-shogaol. Past lab studies have shown the compounds to be active against oxidation, inflammation, and cancer. They are what make standard ginger an effective remedy for nausea and other digestion problems. Traditional cultures have used ginger medicinally for centuries, and health food stores carry ginger-based supplements – such as chews, or the herb mixed with honey in a syrup – as digestive aids.

Delivering these compounds in a nanoparticle, says Merlin's team, may be a more effective way to target colon tissue than simply providing the herb as a food or supplement.

The idea of fighting IBD with nanoparticles is not new. In recent years, Merlin's lab and others have explored how to deliver conventional drugs via nanotechnology. Some of this research is promising. The approach may allow low doses of drugs to be delivered only where they are needed – inflamed tissue in the colon – and thus avoid unwanted systemic effects.

The advantage of ginger, say the researchers, is that it's nontoxic, and could represent a very cost-effective source of medicine.

The group is looking at ginger, and other plants, as potential "nanofactories for the fabrication of medical nanoparticles."

Merlin and his VA and Georgia State University coauthors elaborated on the idea in a report earlier this year titled "Plant-derived edible nanoparticles as a new therapeutic approach against diseases." They wrote that plants are a "bio-renewable, sustainable, diversified platform for the production of therapeutic nanoparticles."

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*Send article submissions and comments to Charlotte Morris at **cmorris@alamedical.org** two weeks in advance. Scope is printed bimonthly. Comments and letters to the editor are welcome.*