The Nevada State Medical Association (NSMA) held the 112th House of Delegates Annual Meeting at the beautiful M Resort in Las Vegas, Nevada September 16-18, 2016. The conference kicked off with the NSMA Council Meeting chaired by NSMA President Tomas Hinojosa, MD on Friday evening. The meeting was followed by a special presentation by Ed Cousineau, Executive Director of the Nevada State Board of Medical Examiners, a NEMPAC Recruitment Session and a Membership Summit.

Later that evening, NSMA President Tomas Hinojosa, MD opened the House of Delegates meeting with the official roll call taken by NSMA Secretary, Howard Baron, MD. The House of Delegates meeting was followed by a reception dinner and a Legislative Panel discussion.

Early Saturday morning, all delegates assembled to review and discuss resolutions. Reference Committee A was chaired by Lesley Dickson, MD, and Reference Committee B was chaired by Shannon Zamboni, MD. Both chairs led a lively discussion before the committees separated for deliberation during the day. Following the deliberations, was a 2-hour Ethics CME presented by Weldon Havins, MD and Mitchell Forman, DO and a resident’s poster contest.

The NSMA Inauguration and Awards Dinner honoring NSMA President Weldon Havins, MD began with a cocktail reception. During the evening, many thanks were given to outgoing president Tomas Hinojosa, MD for his service during the past year and NSMA incoming and outgoing co-presidents were lauded for their great service throughout the year. Dr. Havins presented his President Award to Marc Salls with Aspen Insurance; and Dr. Hinojosa presented his President Awards to NSMA Team members Catherine O’Mara, Executive Director, Sarah Penrose, Office Manager, and Paige Miller, Community and Membership Liaison. The NSMA 112th Annual Meeting Wrap Up November 3, 2016 November 9, 2016 November 9, 2016 November 10, 2016 November 14, 2016 November 17, 2016 November 28, 2016 January 28, 2017 WCMS Board of Directors Meeting 6:00 pm, Reno Office Conference Room WCMS Internal Affairs Commission Meeting 6:00 pm, Reno Office Conference Room WCMS Allied/Public Health Comm. Meeting 6:00 pm, Reno Office Conference Room (2nd Floor) WCMS GPO Committee Meeting 6:00 pm, Reno Office Conference Room WCMS Ethics Committee Meeting 7:30 am, SMRMC 3rd Floor Admin. Conf. Room #3216 State & County Gov. Affairs Comm. Meeting 6:00 pm, Reno Office Conference Room WCMS Internal Affairs Commission Meeting 6:00 pm, Reno Office Conference Room WCMS Annual Presidential Inaugural Dinner 5:30 pm, Capri Ballroom, Peppermill Resort Spa Casino

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Distinguished Physician of the Year Award was bestowed upon a deserving physician and Board of Regents, Mark W. Doubrava, MD. The Community Service Award was presented to Peter R. Fenwick, MD and the Robert W. Shreck Award went to George H. Hess, MD and Joseph Iser, MD. The prestigious Nicholas J. Horn Award was given to our lobbyist and former speaker of the Assembly, Richard Perkins.

Sunday morning, Dr. Hinojosa facilitated the NSMA House of Delegates Closing Session. Final resolutions were read by Reference Committee Chairs, Lesley Dickson, MD and Shannon Zamboni, MD for final votes by the House of Delegates. The finalized resolutions will be added to the NSMA Policy Compendium and have been included in this publication.

Thank you to all of the delegates who served this year and a special note of appreciation to Shannon Zamboni, MD for her service as the WCMS Delegate Chair.

2016-17 NSMA Executive Council

President Weldon “Don” Havins, MD, JD
President Elect Steven W. Parker, MD
Secretary Howard I. Baron, MD
Treasurer Ronald S. Swanger, MD
Immediate Past President Tomas Hinojosa, Jr, MD
AMA Rural Representative Nancy Baker, MD
AMA Representative-No. NV Wayne C. Hardwick, MD
AMA Representative-So. NV Florence N. Jameson, MD
AMA Alt. Representative-No. NV Peter R. Fenwick, MD
AMA Alt. Representative-So. NV Noah B. Kohm, MD
I am honored to be installed as the 112th president of the Nevada State Medical Association.

Congratulations and thanks go to my predecessor, Dr. Tomas Hinojosa, who has had the longest and without a doubt most challenging presidency experience in memory. The day Dr. Hinojosa took office, the leaders of organized medicine, north and south, met and voted unanimously to make a necessary change in our executive management. Dr. Hinojosa executed that decision. From that time, until the hiring of our current Executive Director, staff turnovers at times threatened the existence of a functioning medical association. Dr. Hinojosa labored through these challenges with equanimity, supported by the Executive Committee and Council members. We survived and are once again a functioning, cohesive entity, looking to the future.

We were fortunate indeed to have excellent prior presidents. Dr. David Hald obtained previous years’ compilation reports which were analyzed, revealing the net assets of NSMA reduced by 50% between 2007 and 2012. That signaled a need for change.

Dr. Mitchell Forman, supported by the Executive Committee, led the effort for transparency of our finances. For the first time in memory, Quickbooks financial information was obtained and used to analyze the fiscal history and recent status of NSMA's accounts, which were provided to the Council. Council meetings, previously held on a quarterly basis, converted to monthly meetings, and the elected representatives of NSMA assumed their responsibilities of overseeing the management of our organization.

Dr. Hinojosa formed a Finance Committee, which has met monthly before the Council meetings. Our major asset, the office building on Baker Lane, was sold, relieving a concern of foreseeable insolvency. Substantial investment losses were apparent, and with the invaluable assistance of Dr. Joe Hollen, our new management team, and our new, very capable executive director, Catherine O’Mara, our investment and scholarship funds were transferred into Vanguard Group funds. The Council, upon the advice of the Finance Committee, is responsible for managing our members’ money.

Although we lost about 15% of our members last year, with a concomitant reduction in income, even greater reductions in expenses this past year provided for substantial profit. It appears we have turned the corner and with prudence, will be operating in the black, going forward.

Our challenge in the near future will be to truncate our membership losses, exercise vigilant control of our expenses, and seek non-dues revenue sources to bolster our financial position.

Increasing membership needs to be a priority. Like almost all state and local medical societies in America, NSMA has endured an attenuation in membership, as more physicians turn to supporting advocacy through their specialty societies. Our daunting task is to convince non-members of the special value in our State and County medical societies. I believe we need to communicate our advocacy efforts and information to our membership so they feel involved in efforts to ameliorate the jolting changes occurring in medicine today. NSMA and CCMS staffs are working on greater involvement of our members, and we need to support those efforts.

As elected representatives to our Medical Association, we are legal fiduciaries. This means we have a duty to hold the interests of our organization superior to our own interests. Each elected representative has a vested interest in overseeing the operation of the organization, including its management and its finances. In furtherance of this, each representative, whether it be a Delegate or a Council member, will have the right to inspect NSMA’s financial records and database records. Transparency is critical to
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our functions. While we are responsible for our actions, we will not hide our mistakes, but rather will disclose them, and learn from them. “Shame and blame” do not further moving an organization forward. Similarly, patting ourselves on the back and congratulating ourselves for what was a really mediocre job inhibits the recognition of problems and stifles the motivation to address them.

We are facing “legislative action” for physicians’ alleged lack of action in the current opioid crisis. Clearly, we can do better educating our fellow physicians on the proper use of opioid medications for chronic pain. Many of us have attended two recent Governor’s Summits on opioid abuse and misuse. NSMA has formed its own opioid use and abuse committee to study the problem. The Governor’s opening comments in the session a couple week ago seemed to emphasize the overdose of opioids causing death. A few slides into his talk, he displayed a graph showing that, in Nevada, there has been a straight line 28% decrease in deaths from opioid drugs from 2011 to 2015. Other speakers talked about the addiction increase from opioids. Opioids is a general term. Are we talking about prescription opioids only, or opioids in general, which would include heroin and fentanyl? When we talk of addiction, are we including heroin and fentanyl, or just prescription opioids? We need to distinguish, and agree on a metric or metrics. If we choose a solution to a problem, we need to measure before and after implementation of the solution to determine if the solution actually ameliorated the problem.

While physicians write the majority of prescriptions for opioids, nurse practitioners, physician assistants, optometrists, podiatrists, and dentists also write for opioids. Whatever solution is promulgated, it should apply to all health care providers who write for controlled substances. There needs to be a distinction between treating acute pain and chronic pain, since treatment of chronic pain seems to be of more concern. The urge to “do something” about this problem must not supersede the obligation to practice medicine in a manner that appropriately addresses patients’ legitimate pain.

Thank goodness we have a physician in the Nevada State Senate who attends all these meetings and is highly respected by his peers in medicine and in the Legislature. He can communicate to decision-makers a proposed solution’s horrible unintended consequences. Thank you, medical school professor and educator, outstanding family physician, and State Senator, Dr. Joe Hardy. How has he been able to accomplish all he has while raising 8 children and serving as grandfather to 20 grandchildren? He has a secret weapon; his phenomenal wife Jill, who is with us tonight.

There is another crisis in Nevada, in America, and increasingly in the world at large. That crisis is the scourge of obesity. This disease, and its comorbidities, are responsible for billions of dollars in medical costs every year in the United States. It is a major killer. Like drug addiction, it is a disease, not a character flaw. Research on obesity has resulted in solid, evidence-based treatment options, and research is revealing better and better treatments. One challenge is making the public aware of this disease, of its co-morbidities, and of the benefits and the success of treatment. To the degree I
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am able, I intend to do what I can this year to disburse information to the public regarding advances in the treatment of this disease, and to share what I have learned with my interested fellow physicians.

I cannot close without mentioning a few of the people in my life that have made today possible. Dr. Mitchell Forman, now distinguished Dean Emeritus of Touro University Nevada, has been a great friend, a medical mentor, and is an exemplary physician; the only Nevada practicing physician to have been awarded the distinguished “Master” of the American College of Surgeons. I have been blessed to be a faculty member at Touro University Nevada since its inception, and to have been an observer of his wonderful leadership. He is among the finest human beings to have occupied this planet earth. Wherever he goes from here, he has earned his place in the Pantheon of great physician educators.

Shelley Berkley, assumed the position of CEO and Senior Provost of Touro Western Division about four years ago. Everyone who has been in Nevada, for even a short time, knows Shelley. Among many other elected positions, Shelley was our Congressperson for 14 years on the Ways and Means “money” Committee and its Health sub-committee. But you never really know someone from what you read in the media. We at Touro have been privileged to see her work, and we adulate her at Touro.

Dr. Reka Danko, Chief Medical Officer of Northern Nevada HOPES, was one of 20 chosen as a who’s who of young leaders in the community for her exceptional community involvement and achievements.

Dr. Stephen Missal, with Renown Health, has spent decades caring for infants in our area as a neonatologist, and was presented with the Arthur J. Lurie, M.D. Distinguished Physician Award at Magic 2016, which benefited the Child Health Institute and Renown Children’s Hospital.

Dr. Timothy Janiga was named a “Top Doctor” by RealSelf.com, a website that recognizes doctors who have achieved the highest patient ratings and favorable feedback on their contributed expertise nationwide.

Dr. Evan Klass has been named senior associate dean for statewide initiatives for the University of Nevada, Reno School of Medicine.
#2016-01, “MEMORIAL RESOLUTION” Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES EXPRESSES ITS SORROW AT THE PASSING OF THE FOLLOWING:
Louis F. Selleyei, MD WCMS 07/10/2015
Frank C. Stokes, MD WCMS 08/22/2015
John M. Watson, Jr., MD WCMS 12/03/2015
Richard C. Inskip, MD WCMS 01/29/2016
Jeffrey P. Cichon, MD CCMS 03/30/2016
Leslie M. Sims, MD CCMS 04/21/2016

#2016-02, “BACKGROUND CHECK INITIATIVE– QUESTION 1” Resolved: THAT NSMA SUPPORT THE BACKGROUND CHECK INITIATIVE, ALSO KNOWN AS QUESTION 1, ON THE NOVEMBER 2016 BALLOT BY PUBLICLY ENDORSING THE BACKGROUND CHECK INITIATIVE AND BY ENCOURAGING OUR MEMBERS AND NEVADA VOTERS TO VOTE YES ON QUESTION 1 IN THE NOVEMBER, 2016 ELECTION.

#2016-03, “CLIMATE CHANGE & PUBLIC HEALTH” Resolved: THAT THE NSMA SUPPORTS LEGISLATIVE AND REGULATORY EFFORTS TO MEANINGFULLY REDUCE THE FOLLOWING FOUR MAIN POWER PLANT EMISSIONS: MERCURY, CARBON DIOXIDE, SULFUR DIOXIDE, AND NITROGEN OXIDE; and be it further
Resolved: THAT THE NSMA SUPPORT LEGISLATIVE AND REGULATORY EFFORTS TO INCREASE RENEWABLE ENERGY CAPACITY AND ENERGY EFFICIENCY MEASURES IN ORDER TO FURTHER THE PUBLIC HEALTH OF NEVADANS; and, be it further
Resolved: THAT THE NSMA SUPPORTS INCLUSION OF HEALTH COST ANALYSIS IN FUTURE LEGISLATIVE AND REGULATORY ANALYSIS OF 16 POWER GENERATION FROM FOSSIL FUEL AND RENEWABLE SOURCES.

#2016-04, “CODE OF MEDICAL ETHICS” Resolved: THAT THE NSMA ADOPT THE NEW AMA CODE OF MEDICAL ETHICS

#2016-05, “EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM FUNDING FOR NEVADA” Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION SUPPORTS A REVENUE PROPOSAL THAT ESTABLISHES AN ADEQUATE AND SUSTAINABLE REVENUE STREAM VIA THE ASSESSMENT OF ONE DOLLAR PER YEAR FOR EVERY NEW AND RENEWED HOMEOWNER’S AND VEHICLE INSURANCE POLICY TO THE NEVADA LEGISLATURE TO FUND EMERGENCY MEDICAL SERVICES THROUGHOUT THE STATE; and, be it further
Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION WILL WORK WITH THE NEVADA LEGISLATURE TO PASS AND WITH THE GOVERNOR’S OFFICE TO SIGN SUCH LEGISLATION.

#2016-06, “E-PRESCRIBING” Resolved: THAT THE NSMA SUPPORT AND ENCOURAGE ACTION BY THE NEVADA STATE BOARD OF PHARMACY TO CHANGE THE CURRENT LANGUAGE OF NAC 639.7102 AND NAC 639.7105(2) TO ALLOW CLINICAL PERSONNEL DESIGNATED BY THE LICENSED PRESCRIBER TO ELECTRONICALLY SUBMIT NEW PRESCRIPTIONS IN THE SAME MANNER THAT THEY ARE CURRENTLY PERMITTED TO PHONE IN AND FAX PRESCRIPTIONS and, be it further
Resolved: THAT THE NSMA WORK TO INTRODUCE LEGISLATION TO CHANGE THE NRS TO PERMIT CLINICAL PERSONNEL DESIGNATED BY THE LICENSED PRESCRIBER TO SEND NEW ELECTRONIC PRESCRIPTIONS ON BEHALF OF THE PRESCRIBERS IN THE SAME MANNER AS THEY ARE CURRENTLY PERMITTED TO PHONE IN AND FAX PRESCRIPTIONS.

#2016-07, “GRADUATE MEDICAL EDUCATION” Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION ENCOURAGE THE GOVERNOR TO EXPAND THE RESPONSIBILITIES AND ACTIVITIES OF THE GME TASK FORCE, SCHEDULING REGULAR MEETINGS, AND PROVIDING THE GOVERNOR WITH COMPREHENSIVE REPORTS ON GME STATUS IN OUR STATE; and, be it further
Resolved: THAT THERE BE AN INCREASED NUMBER OF AND MORE VARIED REPRESENTATIVES OF MEDICAL PROFESSIONALS THROUGHOUT THE STATE ON THIS TASK FORCE; and, be it further
Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION RECOMMEND TO RENEW FUNDING FOR GME AT A MINIMUM OF $5,000,000 PER YEAR; and, be it further
Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION RECOMMEND THAT THE FUNDING BE EXPANDED BEYOND PRIMARY CARE TO ALL SPECIALTIES AND SUBSPECIALTIES WITH PROVIDER SHORTAGES AS DEFINED BY STANDARD WORKFORCE PROJECTIONS WITH PRIORITY ALLOCATED TO THOSE SPECIALTIES AND SUBSPECIALTIES WITH THE GREATEST SHORTAGES.

#2016-08, “INCREASING THE USE OF THE HIV PREVENTATIVE TREATMENT” Resolved: THAT
THE NSMA ENCOURAGES OUR PUBLIC HEALTH DEPARTMENT TO ADOPT POLICIES TO EDUCATE PHYSICIANS AND THE PUBLIC ON THE USE OF PRE-EXPOSURE PROPHYLAXIS FOR HIV.

#2016-09, “INJURY PREVENTION – FIREARM INJURIES” Resolved: THAT OUR NEVADA STATE MEDICAL ASSOCIATION IMMEDIATELY MAKE A PUBLIC STATEMENT THAT GUN VIOLENCE REPRESENTS A PUBLIC HEALTH CRISIS WHICH REQUIRES A COMPREHENSIVE PUBLIC HEALTH RESPONSE AND SOLUTION (DIRECTIVE TO TAKE ACTION); and, be it further
Resolved: THAT OUR NEVADA STATE MEDICAL ASSOCIATION SUPPORT AMA ACTIVELY LOBBYING CONGRESS TO LIFT THE GUN VIOLENCE RESEARCH BAN.

#2016-10, “MACRA PAYMENT REFORM” Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION SHALL OFFER EDUCATION AND REFERRALS TO SUPPORT SERVICES THAT HELP NEVADA PHYSICIANS TO LEARN AND ADOPT BEST PRACTICES THAT RESULT IN OPTIMAL PAYMENTS FOR BETTER QUALITY CARE CONSISTENT WITH THE RULES OF THE MEDICARE QUALITY PAYMENT PROGRAM AND VALUE-BASED PAYMENT PROGRAMS OF OTHER PAYERS.

#2016-11, “NARROW NETWORKS” Refer to Governmental Affairs Commission Resolved: THAT THE NSMA WORK WITH THE NEVADA DIVISION OF INSURANCE ON REGULATORY CHANGES THAT WILL HELP DEFINE NETWORK ADEQUACY IN TERMS OF WAIT TIME (TIME FROM SCHEDULING AN APPOINTMENT TO THE ACTUAL ENCOUNTER) TO ACCESS A PHYSICIAN; and, be it further
Resolved: THAT NSMA WILL SUPPORT AND PROMOTE THE TRANSPARENCY OF NETWORK PHYSICIAN AVAILABILITY AND WAIT TIMES TO PATIENTS, RATHER THAN SIMPLY PUBLISHING LISTS OF PHYSICIAN PROVIDERS CONTRACTED TO PROVIDE SERVICES FOR ANY GIVEN PLAN; and, be it further
Resolved: THAT NSMA SUPPORT LEGISLATION THAT REQUIRES INSURANCE PLANS TO KEEP ACCURATE AND UP-TO-DATE LISTS OF PHYSICIAN PROVIDERS, THAT THESE LISTS SHALL BE UPDATED EVERY SIX MONTHS, AND THAT THESE LISTS SHALL THEN BE VALIDATED BY THE NEVADA DIVISION OF INSURANCE.

#2016-12, “OCULAR INJURIES FROM AIR GUNS” Resolved: THAT NSMA ENCOURAGE LEGISLATION THAT PROTECTIVE EYEWEAR BE PACKAGED WITH THE SALE OF ALL AIR GUNS; And, be it further
Resolved: THAT NSMA ENCOURAGE EDUCATION ON THE PROPER USE OF PROTECTIVE EYEWEAR TO AVOID OCULAR INJURIES.

#2016-13, “PAUL GANN BLOOD SAFETY ACT” AND AUTOLOGOUS BLOOD DONATION PROGRAM” Resolved: NEVADA STATE MEDICAL ASSOCIATION WITH ITS COLLABORATING COMMUNITY PARTNERS PROVIDE AND SUPPORT EDUCATION OF PATIENTS AND HEALTHCARE PROVIDERS ABOUT THE SAFETY OF BLOOD PRODUCTS AND THE BENEFIT OF RELEASING AUTOLOGOUS BLOOD SCREENED FOR GENERAL USE; and, be it further
Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION ADVOCATES FOR THE AMERICAN MEDICAL ASSOCIATION TO STUDY AND RECOMMEND BENEFICIAL CHANGES TO THE “PAUL GANN BLOOD SAFETY ACT.”

#2016-14, “PHYSICIAN PROTECTION IN STANDARD OF CARE” Refer to Medical Practice Commission Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION SHALL SEEK A BDR SPONSOR FOR, AND LOBBY AS A PRIORITY FOR, AN AMENDMENT TO NRS 630 AND 633 WHICH SHALL STATE, “NEITHER THE NEVADA BOARD OF 3 MEDICAL EXAMINERS, NOR THE NEVADA BOARD OF OSTEOPATHIC MEDICINE, SHALL DISCIPLINE A PHYSICIAN LICENSEE FOR TREATING A PATIENT IN COMPLIANCE WITH AN ACCEPTED, NATIONAL STANDARD OF CARE”; and, be it further
Resolved: THAT THE NSMA SEEK LEGISLATION TO PREVENT THE BOARD OF MEDICAL EXAMINERS OR THE BOARD OF OSTEOPATHIC MEDICINE FROM DISCIPLINING A PHYSICIAN LICENSEE ON A CASE OF ALLEGED MEDICAL MALPRACTICE WHICH HAS BEEN DISMISSED OR ADJUDICATED AS NO MEDICAL MALPRACTICE.

#2016-15, “PRESCRIPTION OPIOID ABUSE AND OVERDOSE PROBLEM” Resolved: THAT NSMA WORK WITH COLLABORATING COMMUNITY PARTNERSTOSUPPORTANDENGAGEINEDUCATION TO PROVIDERS, SCHOOLS, AND THE PUBLIC REGARDING: SAFE STORAGE OF CONTROLLED SUBSTANCES; PROPER AND JUDICIOUS USE OF OPIOIDS; THE DANGERS OF OPIOIDS IN TERMS OF DEVELOPMENT OF TOLERANCE, RESPIRATORY DEPRESSION AND DEATH IN OVERDOSE; AND ALTERNATIVES TO OPIATES FOR PAIN MANAGEMENT and, be it further
Resolved: THAT NSMA ENCOURAGE INCREASING THE NUMBERS OF PAIN MANAGEMENT SPECIALISTS CERTIFIED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES; and, be it further
Resolved: THAT NSMA SUPPORT INCREASED USE OF
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An important, perhaps momentous, event in the life of the University of Nevada, Reno School of Medicine took place on July 19. We presented the results of a comprehensive strategic planning process, underway for several months, to an impressively large turnout of community partners, distinguished local physicians, students, residents, and faculty and staff members. The process itself was guided by an equally impressive group of School of Medicine members and stakeholders, including more than 500 people who responded to surveys and commented on the preliminary results. Among them, 90 faculty and staff members served on “theme teams” that explored eight valued areas identified by the community, including 20 leaders of those theme teams. We thank all of these participants for their important work.

This strategic planning process is the critical vehicle by which the School of Medicine will transform itself during this time of great change in public medical education in Nevada. We are an outstanding school with a proud, nearly 50-year history, yet we are undergoing a transformation that will result in what is, in a sense, an entirely new school with fabulous new opportunities. We are in the midst of defining the next era of growth and success through a strong affiliation with the University of Nevada, Reno, a robust partnership with Renown Health, a commitment to serving northern Nevada and an overall mission to contribute to a healthy Nevada.

The strategic plan will guide our school based on our institutional mission and values. Some of the highlights of this strategic planning exercise include the following:

- Graduate Medical Education: We will create an Office for Graduate Medical Education for Northern Nevada to support and grow our residency training programs.
- Expanding Curriculum: We will refine and expand our medical education program to target the skills, knowledge and competencies needed by future physician leaders.
- Strategic Recruitment: We will recruit students/residents/faculty/staff to advance a culture of excellence and inclusion.
- Research & Scholarship: We will develop a clinical and translational research enterprise in collaboration with hospital partners.
- Internal & External Representation: We will develop and represent ourselves as an outstanding, diverse and inclusive medical school and community partner.

These objectives and many more will be supported by a process of Continuous Institutional Assessment, to be led by Amy Smith, Ph.D. The strategic planning process links directly to an in-depth self-study required by the Liaison Committee on Medical Education (LCME) as part of our ongoing accreditation process, to be led by Krystal Oates, Ph.D. That process will kick off officially on August 15 with a visit from a special guest from the LCME who will meet with all interested students, faculty and staff members.

The outcomes of this deep and broad self-study will guide us in our understanding of who we are, who we serve, how we will grow and thrive, the inclusive, supportive culture we desire, and the ways we strive to improve health and healthcare in Nevada.
NEVADA'S PRESCRIPTION MONITORING PROGRAM (PMP); and, be it further
Resolved: THAT NSMA SUPPORT, BY WORKING WITH THE STATE LEGISLATURE AND HEALTH INSURANCE COMPANIES, HEALTH INSURANCE COVERAGE OF ALTERNATIVE TREATMENTS FOR CHRONIC PAIN; and, be it further
Resolved: THAT NSMA WORK WITH COMMUNITY PARTNERS TO ENCOURAGE DEVELOPMENT OF PRACTICAL DRUG TAKE BACK AND DESTRUCTION PROGRAMS; and, be it further
Resolved: THAT NSMA ENCOURAGE PHYSICIANS AND OTHER PRESCRIBERS TO PRESCRIBE AND EDUCATE ON THE USE OF NALOXONE BY PATIENTS, FAMILIES AND FRIENDS OF OPIOID USERS WHO ARE AT RISK OF OVERDOSE.

#2016-16, “TAX EXEMPTIONS ON MENSTRUAL AND INCONTINENCE HYGIENE” PRODUCTS
Resolved: THAT NSMA SUPPORT THE INTRODUCTION OF LEGISLATION TO REMOVE ALL SALES TAX ON ALL MENSTRUAL AND INCONTINENCE HYGIENE PRODUCTS.

#2016-17, “ZIKA VIRUS RESEARCH FUNDING”
Resolved: THAT NSMA SUPPORT THE INTRODUCTION OF LEGISLATION TO REMOVE ALL SALES TAX ON ALL MENSTRUAL AND INCONTINENCE HYGIENE PRODUCTS.

#2016-19, “PSYCHOACTIVE SUBSTANCE REPORTING”
Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION ENCOURAGE THE DEVELOPMENT OF A PUBLIC HEALTH SYSTEM ON MONITORING, REPORTING, IN THE SAME MANNER AS REPORTABLE DISEASES, AND ACTING ON THE USE OF PSYCHOACTIVE SUBSTANCES THAT HAVE ADDICTIVE POTENTIAL AND/OR MAY CAUSE SERIOUS HEALTH ISSUES.

#2016-20, “MAINTENANCE OF CERTIFICATION (MOC)”
Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION SUPPORT AMA RESOLUTION 309.

#2016-21, “OPIOID ADDICTION”
Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION ENCOURAGE LEGISLATION THAT ALL GOVERNMENT AND PRIVATE INSURANCE PAYERS OFFER COVERAGE FOR EVIDENCE BASED COMPLEMENTARY, ALTERNATIVE, AND ADJUNCTIVE THERAPIES INCLUDING NON OPIOID PAIN MEDICATIONS TO HELP ACUTE AND CHRONIC PAIN PATIENTS. and, be it further;

Resolved: THAT OUR AMA DELEGATES TAKE THIS RESOLUTION TO THE NEXT AMA MEETING.

Resolved: THAT THE NSMA SUPPORTS ELIMINATING SURVEY QUESTIONS USING PAIN WHEN DETERMINING EMPLOYMENT OR REIMBURSEMENT OF A PHYSICIAN.

#2016-23, “WEB IZ”
Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION WORK WITH WEB IZ TO IDENTIFY 1 BARRIERS TO ALL PROVIDERS ADMINISTERING IMMUNIZATIONS USING WEB IZ AND HELP TO Figure OUT SOLUTIONS THAT WILL MAKE WEB IZ USED UNIVERSALLY; and, be it further
Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION HELP TO FACILITATE OFFICES USING ELECTRONIC HEALTH RECORDS TO BE ABLE TO CONNECT TO WEB IZ VIA DIRECT INTERFACES OR INTERFACES THROUGH A HEALTH INFORMATION EXCHANGE.

#2016-24, “MIPS and MACRA”
Resolved: THAT THE NEVADA STATE MEDICAL ASSOCIATION RECOMMEND TO OUR FEDERAL CONGRESSIONAL AND SENATE REPRESENTATIVES THAT THE MERIT BASED INCENTIVE PAYMENT SYSTEM BE REPEALED IN THOSE STATES THAT ARE SUFFERING A SHORTAGE OF PHYSICIANS.

#2016-25, “OBESITY EPIDEMIC”
Resolved: THAT NSMA ENCOURAGE NEVADA PHYSICIANS TO MEASURE HEIGHT, WEIGHT, BMI AND WHEN APPROPRIATE WAIST CIRCUMFERENCE ON THEIR PATIENTS. IF UNHEALTHY PARAMETERS ARE IDENTIFIED, THE PATIENT SHOULD BE INFORMED, AND APPROPRIATE REFERRAL OR TREATMENT SHOULD BE RECOMMENDED; and, be it further
Resolved: THAT NEVADA STATE MEDICAL ASSOCIATION SUPPORT LEGISLATIVE AND REGULATORY AGENCIES AND COUNCILS TO IMPROVE THE LEVEL OF HEALTH PARAMETERS AMONGST NEVADANS; and, be it further
Resolved: THAT WE HAVE AS OUR GOAL TO MAKE NEVADA THE MOST IMPROVED STATE IN THE NATION ON OBESITY RANKINGS BY 2019.
Observations from the Legal Trenches

Documental and recordkeeping are necessary tasks in any profession or industry, however the particular importance of these tasks in healthcare is undeniable. Because documentation, or lack thereof, can give rise to a myriad of issues for healthcare providers, it may be worthwhile for a reminder of duties related to recordkeeping.

Contents

Both the Nevada State Board of Medical Examiners (NSBME) and the Nevada State Board of Osteopathic Medicine (NSBOM) require their licensees to maintain “timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient” (NRS 630.3062(1) and NRS 633.131(1)(m)). These requirements apply regardless of the specialty or medical care provided be it a surgical consult or consultation for cosmetic injectables. The reason for the patient encounter will undoubtedly affect the amount of information in a chart note, but the record must otherwise comport with the statutory requirements noted above.

Electronic Medical Record (EMR) systems have reduced legibility concerns, however EMR has also created new issues and concerns that can impact timeliness and accuracy. While templates and auto populate features can assist practitioners, they can also result in records that do not provide accurate information for a specific patient encounter. Practitioners should ensure that both they and their staffs are entering accurate information for each individual patient encounter and that information, such as vitals or “reason for visit” text sections are not simply duplicates of previous visits if the information is not accurate.

Ultimately, in the eyes of regulatory agencies, insurance providers, etc., if the information is not in the chart, it did not happen. A medical record is the greatest insurance a provider can have to support what care and treatment was provided to a patient; whether such is required to defend a civil malpractice suit, support the appeal of a denial of coverage from a third party payor, answer a licensing board complaint, or simply ensure that the patient receives the appropriate care and treatment.

Retention

NRS 629.051 governs the retention of medical records in Nevada. In general, medical records must be retained for a period of five years after the production or receipt of the information. For minor patients, records must be retained until the patient is 23 years of age on the date of proposed destruction of a record if the records have been retained for a minimum of five years. Records may be maintained in a variety of formats, including in writing or in digital formats, however, practitioners should ensure that all records are retained in a manner consistent with state and federal requirements.

NRS 629.051 also requires practitioners to provide a written statement to patients notifying them that their healthcare records may be destroyed after the period set forth in the statute. This must be done at the initial visit, or the next...
subsequent visit if the statement is not provided at the
time of the initial patient encounter. Many practitioners
choose to incorporate this information into their patient
intake forms.

Healthcare providers should be aware that the above
requirements are only state requirements and that there
are different, and often longer, retention periods required
by federal programs. Retention periods should always be
verified prior to destruction of any records.

**Inspection/Copies**

Healthcare providers receive requests for medical records
on a regular basis. Providers must ensure that compliance
with such requests comply with the requirements of
HIPAA. Providers may be familiar with the duties
imposed by federal laws and regulations on the release
of medical records, however state law imposes additional
requirements on providers.

NRS 629.061 governs requests for copies and/or the
inspection of medical records of a patient. The statute
provides that upon a request for records (made by an
authorized individual) the records must be made available
for inspection (or copies) within ten working days of
receipt of the request if the records are located within
the state. If the records are located outside of the state,
the provider has twenty working days of receipt of the
request to comply. Failure to comply with the statutory
time limits could cause a healthcare provider to face
investigation or even discipline by their licensing entity.

NRS 629.061(4) allows a provider to charge up to $0.60 a
page for copies of records and reasonable costs for x-rays,
etc. No administrative or service charges may be added,
however, if there is a request to send the records by mail,
the actual cost of postage may be charged.

Again, it should be stressed that these requirements
pertain to requests by authorized individuals delineated
in NRS 629.061(1). All record requests, regardless if they
fall under this statute, should be handled in compliance
with HIPAA, specifically, 45 C.F.R. §§164.500 et seq.

The creation, retention and release of medical records is a
daily part of a healthcare practice. Assuring compliance
with both state and federal laws regarding records is
vital not only for timely payment for services but also to
provide protection against claims that may arise against a
practitioner in the future.

Ms. Beggs, of the Law Offices of Lyn E. Beggs, PLLC,
focuses her practice primarily on healthcare and professional
licensing board issues. Ms. Beggs holds a CHC (Certified
in Healthcare Compliance) and also assists practices with
healthcare compliance matters including fraud and abuse
prevention and HIPAA compliance. Ms. Beggs may be
reached at 775.432.1918 or at lyn@lbeggslaw.com.
NEW WCMS/NSMA PHYSICIAN MEMBERS

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775-324-4042/ fax

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775-324-4042/ fax

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Northern Nevada HOPES
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Reno, NV 89503
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775-236-1445/ fax

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775-324-4042/ fax

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2016

Endorsed Candidates

The Nevada State Medical PAC (NEMPAC), Clark County Medical PAC (MedPAC) and Sierra Medical PAC (SIMPAC) announce their endorsed candidates for the general election on Tuesday, November 8.

These candidates have been interviewed by the NEMPAC, MedPAC and SIMPAC members and have been selected for their commitment to preserve and foster the physician-patient relationship and to improve the access to quality healthcare in Nevada.

Although, our State and County PACs do not endorse or financially support candidates for federal office, we do interview and make recommendations to the American Medical Association’s Political Action Committee (AMPAC) for endorsement.

Ballot Questions

☑ YES on Question 1
☒ NO on Question 2

CONGRESS - US HOUSE OF REPRESENTATIVES
NEMPAC - recommendations to AMA

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NEVADA STATE ASSEMBLY

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<tr>
<td>1*</td>
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<td>William McGurty II (D)</td>
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<td>Dina A. Neal (D)</td>
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<td>Jason Franson (D)</td>
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<td>40*</td>
<td>Al Kramer (R)</td>
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<td>Irene Bustamante-Adams (D)</td>
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CONGRESS - US SENATE
NEMPAC - recommendations to AMA

Joe Heck, DO (R)

NEVADA STATE SENATE

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<tbody>
<tr>
<td>1</td>
<td>Pat Spearman (D)</td>
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<td>**Moises Denis (D)</td>
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<td>Kelkin Atkinson (D)</td>
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<td>7*</td>
<td>David Parks (D)</td>
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<td>13*</td>
<td>Julia Rafel (D)</td>
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JUDICIAL DISTRICT COURT

Dept 15  # Joseph Hardy, Jr
Dept 20  # Eric Johnson

As of September 21, 2018

Medical Political Action Committees

NEMPAC
Nevada Medical
775.825.6788

MedPAC
Clark County
702.739.9989

SIMPAC
Sierra Medical
775.825.0278

Please Note:

* Indicates dual endorsement
† Endorsed by NEMPAC
^ Endorsed by NEMPAC/SIMPAC
** Endorsed by NEMPAC/MedPAC
# Endorsed by MedPAC
More detail, better accuracy & greater confidence with InMotion MRI

The MRI selected by SpineNevada is the G-Scan Brio by Esaote. This InMotion MRI allows the radiology team to image patients in both the supine (flat on the back) position and the standing position. Most people experience more back or neck pain symptoms while standing, therefore the weight-bearing MRI is ideal for spine and joint imaging. This advanced open architecture MRI scanner can also image many different joints (e.g. hips, knees, shoulders, elbows, wrists and ankles) while also allowing for significant flexibility in positioning of the patient thereby maximizing comfort without sacrificing quality. The excellent ergonomics and unique features of the InMotion MRI are designed with patient benefit and convenience in mind.

ADVANTAGES OF SPINEnevada’S INMOTION MRI BY ESAOTE INCLUDE:

• In contrast to a multipurpose MRI, all aspects of the SpineNevada G-scan Brio system have been developed and optimized to perform musculoskeletal MRI examinations in the most efficient and comfortable way.
• The touch screen display will show in real-time the MR image of the joint assuring fast and accurate positioning.
• SpineNevada’s Brio includes a complete set of receiving coils designed specifically for the joints—helping to ensure patient friendliness.
• Impressive image quality, studies reveal 20-30% larger or more frequent findings with weight-bearing MRI imaging than traditional non-weight bearing MRI.
• InMotion MRI produces less metallic artifact which is ideal when imaging spinal instrumentation.
• SpineNevada’s Radiology department is lead by a dual board-certified Diagnostic and Interventional Radiologist, Dr. Stefan Franciosa.
Experience the Difference...
Advanced imaging with Vertebral Motion Analysis for the lumbar and cervical spine at SpineNevada

SpineNevada is excited about being one of the first in the country to offer Vertebral Motion Analysis, a new Spine Motion Imaging option. The Vertebral Motion Analysis (VMA) offers a new diagnostic tool that provides additional imaging data to surgeons, which may help him/her to more accurately locate the source of the spinal issues.

Instability occurs when vertebral bodies slip. When this happens, nerves can be impinged, which can lead to symptoms, such as pain. Some instability occurs only during spine bending. When bending triggers instability, it can be painful. However, if a patient avoids painful positions during testing, the surgeon may never know instability is present.

The flexion and extension x-ray have been the mainstay of evidence for spinal instability surgery. Flex-ex testing requires physicians to measure spine motion from x-rays by hand. Results are highly variable, but because flex-ex data is so important, it is still ordered over 5 million times each year in the US — more than spine CT and MR imaging combined.

Flex-ex x-rays are single pictures taken at one moment in time with the patient being asked to voluntarily bend past their painful point in an attempt to “catch” the bones in misalignment. Unfortunately, this makes it very difficult for these x-rays to “catch” the disease state and guide the surgeon. SpineNevada’s unique VMA imaging takes an x-ray movie of the patient while the patient is gently guided through the forward and backward bending motions by the x-ray machine itself. The imaging data captured with the FDA-cleared VMA is more robust with less radiation exposure. These videos are then analyzed to produce spine motion measurements. This information helps the physician administer a more accurate diagnosis.

SpineNevada is Redefining Spine Care with Complementary Specialties — All Under One Roof
SpineNevada is a regional center specializing in the care of back and neck conditions. What makes SpineNevada different from other treatment centers is its nonsurgical approach to back and neck pain. SpineNevada takes a comprehensive approach to spine care, involving physicians specialized in physical medicine, pain management, radiology and spine neurosurgery. This means our health care team of professionals will pool together their expertise to develop the best treatment for each patient.

The SpineNevada Physical Therapy team incorporates hands-on care that relieves pain symptoms, along with special exercises that strengthen the back, make it more flexible and resistant to future strain.

The SpineNevada Radiology department, shown below, is lead by Dr. Stefan Franciosa who is dual board-certified in Diagnostic and Interventional Radiology. The imaging procedure results are read by board-certified radiologists. In addition, InMotion MRI is accredited by the American College of Radiology.

In the 2015 National Modern Healthcare Best Places to Work competition, SpineNevada was the #1 ranked spine center out of the 100 companies. SpineNevada has developed an educational website on back and neck pain at SpineNevada.com.

DIGITAL X-RAY PLATFORM AT SPINEnevada
- Ability to capture multiple images in less than a second.
- Eliminate blind spots in the imaging process.
- High quality images with low x-ray exposure to the patient.
- Provides complete coverage of the anatomical region of interest through an automated movement.
- Excellent resolution and large dynamic range allows FULL BODY SCOLIOSIS IMAGING capabilities (AP, Lateral, Left Bending, Right Bending).

Sparks Office:
780 Vista Blvd.
Suite 100
Sparks, NV 89434

Additional Offices
in Reno and Carson

For Referrals & Appointments:
775-348-8800

Educational Website:
SpineNevada.com
On Thursday, September 23, 2016, the Sierra Medical Political Action Committee (SIMPAC) and Nevada State Medical Association Political Action Committee (NEMPAC) hosted a Meet the Candidate’s Legislative Mixer at Napa-Sonoma Grocery Company in South Reno. Quite a few of the endorsed candidates from Northern Nevada joined us. Physicians, spouses, partners, and friends of medicine took advantage of this occasion to talk with candidates about important issues. Each candidate was also given the opportunity to speak freely for a few minutes about their districts and share some information about themselves. Guests enjoyed wonderful hors d’oeuvres, refreshments and great conversation.

Dr. Wayne and Sally Hardwick were the winners of our raffle prize – a beautiful wine basket donated by SIMPAC and NEMPAC which included a generous breakfast gift certificate donated by Napa-Sonoma Grocery Company.

Way to go!

National Health Observance

November is American Diabetes Month
To learn more regarding diabetes and the Tour de Cure, visit the American Diabetes Association’s website at: www.diabetes.org