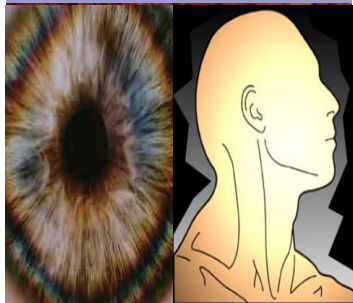


# Capitol News



MISSISSIPPI EYE, EAR, NOSE AND THROAT ASSOCIATION

## Eyes and Ears on MS

The 2009 Regular Legislative Session begins Tuesday, January 6, at noon. The Legislature will convene the opening day at the newly renovated Old Capitol.

This session promises to be dominated by the budget struggles. Already, Governor Haley Barbour has announced cuts totaling \$41.9 Million, or two percent of the overall state budget, from most state agencies. "By cutting \$41.9 Million in state spending, we are fully offsetting the revenue shortfall through October 2008, or one-third of the fiscal year. It is likely revenue will fall short of the FY 09 estimate in the future, and further cuts in these or other programs agencies or departments may be necessary later in the fiscal year," Barbour said. "The past few months have made it clear our national and global economies are facing uncertain times, and it's imperative we realize Mississippi is not immune."

In addition, the Joint Legislative Budget Committee met in mid-November and voted to readjust fiscal year 2009's revenue estimation downward by \$78.6 Million, or

1.5 percent, to \$5 Billion 31 Million in response to lower-than estimated revenue collections through October.

State economist Dr. Phil Pepper attributed the revenue shortfall to a number of factors, most of which were the result of the national economy experiencing a downturn. The boom in construction jobs after Hurricane Katrina has leveled off, as has recovery money from the federal government, and that has created a "substantial slowdown" in the state's economy, Pepper told the committee members. "Mississippi's economy is most likely in a recession," Pepper said, adding that the slowdown would probably continue through the end of 2009 before modestly rebounding in 2010.

After adjusting the current fiscal year's revenue estimation, the Joint Legislative Budget Committee voted to adopt the revenue estimation for FY 2010, which came in at \$5.149 Billion. That represents a \$118 Million increase over the revised FY 2009 revenue estimate. Governor Barbour was not supportive of this estimate. "I accept the estimate, but I personally consider it grossly unlikely," said Barbour.

Whether to dip into the rainy day fund will most likely be a hotly contested issue once lawmakers begin work on the FY 2010 budget. Governor Barbour has been steadfast in his defense of the rainy day fund, which has \$361

Million in it. Barbour said the rainy day fund should be preserved so that money will be available for the next three or four years. He continued by saying that dipping into the fund to make up for FY 2009's shortfall would not be prudent. "Spending will have to be frugal and restrained beyond what we're doing this fiscal year," Barbour said. "I anticipate in the next fiscal year using some of the rainy day fund."

### Scope Issues

MEENT is preparing to battle scope of practice issues during the upcoming 2009 Legislative Session. We have not yet seen any proposed legislation. However, we know that the MS Optometric Association (MOA) has recently hosted members of the House and Senate Public Health Committees in Memphis at the Southern College of Optometry.

In addition, the President of MOA, Steven Reed, O.D., wrote to their membership, "As long as we are a legislated profession, we will be involved in politics. There are two things that make a politician go—money and votes. This year we did a good job of putting money in the right places. For the first time in as long as I can remember we have a health committee chair in the House and Senate that is 100% dedicated to optometry." Therefore, it is clear that the Optometrists will be making a push in the near future to expand their scope of practice. (Continued on page 4)

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# Ear Link: ENT Doctors Release National Guideline on Treatment for Common Cause of Dizziness

The American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) will issue a comprehensive clinical guideline to help healthcare practitioners identify and treat patients with benign paroxysmal positional vertigo (BPPV), one of the most common underlying conditions that cause dizziness. The guideline emphasizes evidence-based recommendations on managing BPPV, the most common vestibular (inner ear) disorder in adults.

BPPV is a disorder that causes feelings of vertigo, dizziness, and nausea. Episodes of BPPV can be brought on by abrupt changes in movement, like standing up or turning the head suddenly. The condition usually begins to affect people after the age of 50, but it can affect younger patients.

"Approximately 5.6 million medical appointments per year in the United States can be attributed to complaints of dizziness," said Neil Bhattacharyya, MD, chair of the multidisciplinary BPPV Guideline Panel. "We know now that anywhere from 17 to 42 percent of these patients will ultimately receive a diagnosis of BPPV. Unfortunately, proper diagnosis and treatment for those suffering is often delayed due to a lack of standardized diagnostic steps and relative unawareness of effective treatment options."

The primary purposes of the new AAO-HNSF guideline, for patients 18 years and older, are to improve quality of care and outcomes for BPPV by improving the accurate and efficient diagnosis of the condition, reducing the inappropriate use of suppressant medications, decreasing the inappropriate use of ancillary tests such as radiographic imaging and vestibular testing, and to promote the use of effective repositioning maneuvers for treatment.

Expenses relating to the diagnosis and treatment of BPPV cost the U.S. healthcare system approximately \$2 billion per year. Additionally, 86 percent of patients suffer some inter-

rupted daily activities and lost days at work because of BPPV.

Fortunately, BPPV can be readily diagnosed by clinicians in an outpatient setting most of the time without complicated testing. Once a proper diagnosis has been made, simple, effective treatment options are available to relieve symptoms quickly.

Some of the key recommendations of the guideline include:

- A strong recommendation for clinicians to diagnose posterior semicircular canal BPPV with an office-based diagnostic test (the Dix-Hallpike maneuver, detailed within the guideline).
- A recommendation for clinicians to also test patients for a second type of BPPV affecting the lateral semicircular canal when initial testing is not conclusive (using the supine roll test).
- Clinicians should differentiate BPPV from other causes of imbalance, dizziness, and vertigo.
- Clinicians should question patients with BPPV for factors that modify management including impaired mobility or balance, CNS disorders, a lack of home support, and increased risk for falling. These recommendations will help prevent some of the dangerous morbidities from BPPV.
- Clinicians should not obtain radiographic imaging or vestibular testing in a patient diagnosed with BPPV, unless the diagnosis is uncertain or there are additional symptoms or signs unrelated to BPPV that warrant testing.
- Clinicians should not routinely treat BPPV with vestibular suppressant medications such as antihistamines or benzodiazepines.
- For patients who are initial treatment failures, clinicians should evaluate them for persistent BPPV or underlying peripheral vestibular or CNS disorders.
- Clinicians should counsel patients regarding the impact of BPPV on their

safety, the potential for disease recurrence, and the importance of follow-up.

The guideline was created by a multidisciplinary panel of clinicians representing the fields of otolaryngology, audiology, emergency medicine, physical medicine and rehabilitation, geriatrics, physical therapy, family physicians, neurology, and chiropractics.

"Clinical Practice Guideline on Benign Paroxysmal Positional Vertigo" will appear as a supplement to the November 2008 issue of *Otolaryngology – Head and Neck Surgery*, the peer-reviewed scientific journal of the American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF) and the American Academy of Otolaryngic Allergy.

Reporters wishing to receive the full text of the guideline should contact Jessica Mikulski at 1-703-535-3762, or make a request via email at [newsroom@entnet.org](mailto:newsroom@entnet.org). Beginning November 1, 2008, the guideline will be posted on the AAO-HNS website at <http://www.entnet.org> and at the journal site, <http://www.otojournal.org>.

## About the AAO-HNS

The American Academy of Otolaryngology – Head and Neck Surgery ([www.entnet.org](http://www.entnet.org)), one of the oldest medical associations in the nation, represents nearly 12,000 physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat, and related structures of the head and neck. The Academy serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues. The organization's vision: "Empowering otolaryngologist-head and neck surgeons to deliver the best patient care."

*This article was obtained from the American Academy of Otolaryngology– Head and Neck Surgery website.*

# Eye Link: What is E-Prescribing?

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## What is E-Prescribing?

E-Prescribing is a physician's use of real-time, patient specific clinical and economic information, for consenting patients, to: 1) Prescribe the most medically appropriate and cost effective prescription at the point of care, and 2) Transmit the prescription electronically to the patient's pharmacy of choice. Pharmacies can also request refills by sending an electronic refill request to the physician office for approval.

## Benefits of E-Prescribing

An electronic connection with pharmacies can improve the efficiency of your practice and the overall quality of your patient's prescription information. Most notably, connectivity can allow your practice to establish a two-way electronic connection with pharmacies in your area. This means that requests for prescription renewals can be sent to your practice computer. This can greatly reduce the volume of requests that practice staff manage by fax or phone saving significant time each day.

## Vendors and Resources

The Academy/AAOE is pleased to announce its participation in a significant outreach program—sponsored by the nation's leading medical societies—to promote the benefits of establishing electronic prescribing connectivity in the ambulatory setting.

By visiting [www.GetRxConnected.com/AAO](http://www.GetRxConnected.com/AAO), members can receive a free Guide to Selecting Technology that can support those looking for more information on how to assess and select an E-Prescribing application for their practice.

Additionally, [www.GetRxConnected.com/AAO](http://www.GetRxConnected.com/AAO) can provide you with more details on other benefits of E-Prescribing including:

1) Information on the benefits of E-Prescribing/pharmacy connectivity, including the business case and social case for E-Prescribing, 2) An estimate of the value of the time your practice spends annually managing prescription renewal requests by phone/fax—time better spent on patient care, or other reimbursable activity, 3) A listing of pharmacies in your area that can exchange prescription information with your practice electronically, and 4) The value of E-Prescribing for your patients.

## Medicare Incentive Payments Available for Physicians Who E-Prescribe in 2009

Over the next four years, Medicare will provide incentive payments to physicians and other practitioners who electronically prescribe:

- 2 percent bonus in 2009 and 2010
- 1 percent in 2011 and 2012
- .5 percent in 2013
- Beginning in 2012, eligible professionals who are NOT successful electronic prescribers (and who do not get one of the exemptions) will experience a reduction in payment (1 percent penalty).

For those who report on quality measures under the Physician Quality Reporting Initiative (PQRI), this would be an additional 2 percent beyond the 2 percent 2009 PQRI bonus.

In order to qualify for the E-Prescribing bonus:

- A minimum of 10% of your Medicare allowable charges must come from the office visit codes (eye codes, E/M, or consult codes).
- A practice must have a qualified system and it is advised that you report on EVERY patient encounter that generates an office visit

code in order to insure that you meet the 50% reporting minimum.

The new initiative is part of the Medicare Improvements for Patients and Providers Act of 2008, but also fits with the Bush Administration's efforts to transition from the current health care model to a system based on value.

If you have any questions, you can e-mail [pqri@aa.org](mailto:pqri@aa.org).

*This article was obtained from the American Academy of Ophthalmology. You can access the original article at [www.aa.org/aaosite/promo/info\\_tech/e-prescribing.cfm](http://www.aa.org/aaosite/promo/info_tech/e-prescribing.cfm).*

## Scope Issues, contd.

Mississippi has so far avoided ENT scope of practice initiatives that would expand the role of non-physicians. However, many states around the country, such as Tennessee and North Carolina, have recently battled scope of practice issues. We anticipate this move to eventually come to Mississippi, and it is imperative for members of MEENT to be ready.

## Grant Opportunity

A special thanks goes out to the Board of Governors of the American Academy of Otolaryngology—Head and Neck Surgery for announcing a grant program developed to help support the state and local societies in implementing a strategic plan of the Academy.

The Academy has allocated up to \$15,000 for this program and individual societies can apply for grants up to \$3,000. The key activity for 2009 will be “What is an otolaryngologist?” This is a public awareness campaign dedicated to promoting the role of otolaryngologists with the lay public, legislators, medical students, and primary care providers.

The Mississippi Eye, Ear, Nose, and Throat Association will be submitting an application by the stated deadline of December 30, 2008. If you have any suggestions that you believe would be helpful in MEENT securing this grant, please let us know. You can e-mail any suggestions to [stephen@clayfirm.com](mailto:stephen@clayfirm.com), or feel free to call Stephen Clay at 601-353-0559.

The grantees will be announced during the spring 2009 Board of Governors meeting. Thank you for your continued support.



**American Academy of Otolaryngology—  
Head and Neck Surgery**  
*Working for the Best Ear, Nose, and Throat Care*

**Save the Dates—AAO-HNS 2009 Annual Meeting and Oto Expo— October 4-7 in  
San Diego, CA**

SAN FRANCISCO  
2009  
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**2009 JOINT  
MEETING**  
Oct. 24-27 San Francisco, CA

**MORE INFORMATION** →

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