



OSMA News Now

The Latest News, Views, Updates, and Information for Physicians
from the Oklahoma State Medical Association

October 17, 2008

Availability of Valuable Resources In Preparation for a Potential Influenza Pandemic

The Centers for Medicare & Medicaid Services (CMS) wants to alert providers to a valuable resource in the preparation for a potential influenza pandemic. "Community Pan-Flu Preparedness: A Checklist of Key Legal Issues for Healthcare Providers," is a scalable tool designed to assist providers along the continuum of care, as well as the broader healthcare and public health communities, in taking concrete steps to prepare for an influenza pandemic. The Checklist was informed by a public interest dialogue session convened by the American Health Lawyers Association, Office of Inspector General of the U.S. Department of Health and Human Services, and the U.S. Centers for Disease Control and Prevention. Participants from federal and state agencies, the provider and payor communities, academia, and other stakeholders discussed the role of the healthcare sector in community pan-flu preparedness. They also shared their best thinking regarding the challenges to pan-flu preparedness and practical solutions to such challenges. These ideas and recommendations were incorporated into the Checklist in order to make the resource as practical and relevant as possible.

CMS encourages hospitals and other health care providers to review the Checklist as they consider the legal impediments and implementation challenges to community pan-flu preparedness and practical solutions to such challenges.

This publication can be found at: <http://www.healthlawyers.org/panfluchecklist>

Also note that on **October 22, 2008**, AHLA also is sponsoring a teleconference entitled "The Sneeze Heard 'Round the World: Pandemic Influenza Preparedness Strategies to Adopt Now." The teleconference will focus on the considerations unique to preparedness planning for influenza pandemics, including protection of employees and maintaining operations, implementation of altered clinical pathways, and strategies for successful public health and provider coordination that need to be addressed at the present time to ensure an adequate level of preparedness. One of the country's leading experts, Dr. Michael T. Osterholm, and three experts in the emerging specialty of emergency preparedness law will discuss practical preparedness steps that healthcare entities, providers and payors can implement now. To learn more about the teleconference, go to <http://www.healthlawyers.org/pi/teleconference>.

The American Association of Physicians of Indian Origin (AAPI) Charitable Foundation is hosting a fund raising event to finance 17 free clinics in India. Sanku S. Rao, MD, current President of AAPI, is offering the use of a three-bedroom duplex house located on the golf course at Vail Colorado for the dates of December 28, 2008 to January 2, 2009. Bids are being taken until October 24 and the amount paid is tax deductible. OSMA members who are interested in bidding and supporting the AAPI Charitable Foundation should contact Dr. Rao at 580-548-3646.

2009 DUES

2009 dues were mailed October 1st.

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**Together we are Stronger!
Help us make a difference
and renew your
membership today!**

Save the Dates!

A Day with the Judges
Friday, October 24, 2008

Medicine Day
Wednesday, February 25, 2009

OSMA/OSMAA Annual Meeting
April 23-25, 2009

Call 800-522-9452 for more information

NPPES - Keeping It Safe and Keeping it Updated

This message is for health care providers, particularly physicians and other practitioners, who have obtained National Provider Identifiers (NPIs) and have records in the National Plan and Provider Enumeration System (NPPES). The Centers for Medicare & Medicaid Services (CMS) recommends that each health care provider, including individual physicians and non-physician practitioners:

- Know and maintain their NPPES User Ids and passwords.
- Reset their NPPES passwords at least once a year. See the NPPES Application Help page regarding the 'Reset Password' rules. Those rules indicate the length, format, content and requirements of NPPES passwords.
- Review their NPPES records in order to ensure that the information reflects current and correct information.

Maintaining NPPES Account Information for Safety and Accessibility

Health care providers, including physicians and non-physician practitioners, should maintain their own NPPES account information (i.e., User ID, Password, and Secret Question/Answer) for safety and accessibility purposes.

Viewing NPPES Information

Health care providers, including physicians and non-physician practitioners, can view their NPPES information in one of two ways:

(1) By accessing the NPPES record at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and following the NPI hyperlink and selecting Login. The user will be prompted to enter the User ID and password that he/she previously created. *

*If the health care provider has forgotten the password, enter the User ID and click the "Reset Forgotten Password" button to navigate to the Reset Password Page. If the health care provider enters an incorrect User ID and Password combination three times, the User ID will be disabled. Please contact the NPI Enumerator at 1-800-465-3203 if the account is disabled or if the health care provider has forgotten the User ID.

OR

(2) By accessing the NPI Registry at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>. The NPI Registry gives the health care provider an online view of Freedom of Information Act (FOIA)-disclosable NPPES data. The health care provider can search for its information using the name or NPI as the criterion.

Updating NPPES Information

Health care providers, including physicians and non-physician practitioners, can correct, add, or delete information in their NPPES records by accessing their NPPES records at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and following the NPI hyperlink and selecting Login. The user will be prompted to enter the User ID and password that he/she previously created.

Please note: Required information cannot be deleted from an NPPES record; however, required information can be changed/updated to ensure that NPPES captures the correct information. Certain information is inaccessible via the web, thus requiring the change/update to be made via paper application. The paper NPI Application/Update Form can be downloaded and printed at <http://www.cms.hhs.gov/cmsforms/downloads/CMS10114.pdf>.

Need More Information?

Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203. Having trouble viewing any of the URLs in this message? If so, try to cut and paste any URL in this message into your web browser to view the intended information.

Note: All current and past CMS NPI communications are available by clicking "CMS Communications" in the left column of the www.cms.hhs.gov/NationalProvIdentStand CMS webpage.

Ask the CIS

Answers from the National Cancer Institute's Cancer Information Service

This article is sponsored by the Cancer Information Service (CIS) and OSMA's Physicians' Campaign for a Healthier Oklahoma (PCHO). The PCHO is a task force that was developed in partnership with the Oklahoma State Department of Health to address concerns about the health of Oklahomans. If you are a physician interested in clinical prevention and public health and would like to join the PCHO Task Force, please contact Melissa Johnson at Johnson@okmed.org or call 405-843-9571. To find out more about the Cancer Information Service, you can contact Jennifer Smith at Smith@okmed.org. For more information on PCHO and the CIS, please visit OSMA's web site at OKMED.org.

Decrease in Breast Cancer Rates Related to Reduction in Use of Hormone Replacement Therapy

The sharp decline in the rate of new breast cancer cases in 2003 may be related to a national decline in the use of hormone replacement therapy (HRT), according to a new report in the April 19, 2007, issue of the *New England Journal of Medicine*. The report used data from the Surveillance, Epidemiology and End Results (SEER) program of the National Cancer Institute (NCI), part of the National Institutes of Health.

Age-adjusted breast cancer incidence rates in women in the United States fell 6.7 percent in 2003. During this same period, prescriptions for HRT declined rapidly, following highly-publicized reports from the Women's Health Initiative (WHI) study that showed an increased risk of breast cancer, heart disease, stroke, blood clots, and urinary incontinence among postmenopausal women who were using hormone replacement therapy that included both estrogen and progestin. The two most commonly prescribed forms of HRT in the United States, Premarin® and Prempro™, had their steepest declines starting in 2002-2003 -- from 61 million prescriptions written in 2001 to 21 million in 2004.

Led by senior investigator Donald Berry, Ph.D., of the University of Texas M.D. Anderson Cancer Center, Houston, Texas, the research team showed that the decrease in breast cancer incidence began in mid-2002 and leveled off after 2003. Comparing rates from 2001 and 2004 showed a decrease in annual age-adjusted incidence of 8.6 percent. The decrease occurred only in women over the age of 50 and was more evident in women with cancers that were estrogen receptor (ER) positive -- tumors that need estrogen in order to grow and multiply. The speed at which breast cancer rates declined after the WHI announcements may indicate that extremely small ER-positive breast cancers may have stopped progressing, or even regressed, after HRT was stopped.

"Breast cancer is the most frequently diagnosed cancer among women in the United States, and we have made great strides in its treatment," said NCI Director John E. Niederhuber, M.D. "Still, we don't know all the causes of breast cancer, and breast cancer rates had been increasing for two decades up to 2002. Finding the simple ways, such as limiting HRT use to decrease breast cancer risk, is a step forward."

Preliminary findings of this report were presented at the 29th annual San Antonio Breast Cancer Symposium in 2006. Data from 2004, which was of great interest to those present for the meeting, were not available at that time. This report now includes the data from 2004, which show a leveling-off of breast cancer incidence from 2003 to 2004. This observation, combined with a stabilization of HRT use in 2004, further strengthens the association between breast cancer incidence and use of HRT.

Understanding the effect of cessation of HRT may be complex. Effects may vary depending on the type of HRT used and other factors specific to how the hormones affect the body. From the data in this report, it seems that the decline in breast cancer incidence that is related to a nationwide decline in use of HRT may have run its course, and breast cancer incidence rates may stabilize or even begin to rise again. Researchers do not yet know if this reduction in HRT use will have a long-term effect on rates, or whether reduction in hormone levels simply slowed the growth of clinically detectable tumors, in which case as HRT use stabilizes, breast cancer incidence will begin to rise again.

Several other possibilities were considered to explain the sudden decrease in new breast cancer cases, including changes in reproductive factors, rates of mammography screening, environmental exposures, and changes in diet. HRT was the only risk factor that changed substantially from 2002 to 2003 and provides a possible explanation for this trend. "Recent reports have suggested a small decline in mammography use after 2000," said Kathy Cronin, Ph.D., of the Surveillance Research Program at NCI. "Screening may play a role as well, and the contribution of mammography to the observed decline in incidence is currently being investigated."

Because this analysis is based on population statistics, the study does not prove a link between HRT and breast cancer incidence. Only a randomized clinical trial could prove causation. When the link between breast cancer and HRT was first confirmed in the WHI, which was a randomized clinical trial, women in the study were asked to discontinue their study medications (either placebo or hormones), and were encouraged to continue undergoing annual mammography. These women are still being followed, and the WHI researchers are expected to release a follow-up report later this year about the group who received HRT (estrogen and progestin). This report will provide a much higher level of evidence about the influence of HRT (and cessation of HRT) on the incidence of breast cancer.

"The decision about use of HRT is complex," says study researcher Christine Berg, M.D., from the National Cancer Institute. "While HRT provides relief from the symptoms of menopause, it may also increase one's risk of breast cancer. It is important that women meet with their doctor to discuss what decision is right for them, particularly if they are at high risk for breast cancer."

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*Ravdin M, Cronin KA, Howlader N, Berg CD, Chlebowski RT, Feuer EJ, Edwards BK, Berry DA. The Decrease in Breast Cancer Incidence in 2003 in the United States. *NEJM*. Vol. 356, No.16. April 19, 2007.

For information on NCI's Surveillance, Epidemiology, and End Results (SEER) Program, please go to <http://seer.cancer.gov/>
For more information about cancer, visit <http://www.cancer.gov>, or call NCI's Cancer Information Service at 1-800-4 CANCER.