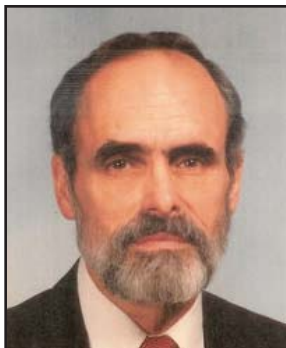


## Triage for Trauma, Stroke, STEMI and More!

By: Adam Robertson M.D., FACEP, Medical Director BREMSS



Ever wonder how and why a patient gets to the right hospital? Several years ago the Birmingham Regional Emergency Services System (BREMSS), under the able leadership of Joe Acker, (EMT-P, MPH) BREMSS Director and staff, developed a "real-time" centralized, computerized patient-routing communication system directed at accomplishing

the task of triage and proper routing of severe trauma patients. Drs. Loring Rue and Robert Carraway were instrumental in this effort. Later, components for triage of stroke patients and patients demonstrating S-T elevation myocardial infarction (STEMI), as well as hospital divert, would be added to the system.

This system concept and operation has spread from a regional one (the seven county BREMSS region) to cover almost the entire state. The system is coordinated by a communication network in which each participating hospital has a computer present in the ER that demonstrates the necessary components (OR, ICU beds, ER, etc.) currently available at that particular hospital.



This information is also available to pre-hospital personnel through the Alabama Trauma Communication Center (ATCC), which is located on the UAB campus and operated

**Continued on page 5**

## Greetings from your 2013 JCMS President

Dear Colleague:

*I wanted to take this opportunity to wish each of you a Happy and Healthy New Year.*

*I would like to introduce myself as the incoming President of the Jefferson County Medical Society. I am Stephen Steinmetz, and practice plastic surgery at St. Vincent's Hospital. I have been in practice for twenty-one years. I have had the pleasure of working with many of you over the years but there are many whom I do not know.*

*The Jefferson County Medical Society represents approximately 2,300 physicians in Jefferson County and is the largest voice for physicians in the state. The Medical Society has many functions, including philanthropic, political and social. We have just completed an extremely successful year. The Society established a scholarship fund at UAB for medical students. We raised approximately \$80,000. We have been very politically active-frequently meeting with county officials last year concerning the closing of Cooper Green Hospital. The Society also held several social functions including the annual dinner meeting and a family outing to a Birmingham Barons game. For the first time, we sponsored a Habitat for Humanity day when a number of physicians and their family members helped with construction of a home in Pratt City. We also sponsored a number of educational programs.*

*The upcoming year is going to be very challenging with the implementation of Obama Care and the ongoing discussions with county officials.*

*The Society is your voice. Please use it. Become involved. The Society is the only organization that speaks for the physician. We can make a difference.*

Sincerely,

Stephen R. Steinmetz, M.D.  
President



## HHS Revises HIPAA Privacy Rule

By: Rich Sanders of The Sanders Law Firm, P.C.

The U.S. Department of Health and Human Services published in the Federal Register on January 25, 2013, the HIPAA/HITECH Act Omnibus Final Rule. The Final Rule, effective March 26, 2013, modifies the requirements of the HITECH Act Breach Notification Rule and the HIPAA Privacy, Security and Enforcement Rules. Covered Entities will be required to comply with most provisions by September 23, 2013. For Covered Entities and Business Associates, they will have an additional year to restructure their Business Associate Agreements to comply with the Final Rule. Below, we have summarized the key provisions of the Final Rule.

### **I. Breach Notification Rule**

The Final Rule revises the definition of a “breach” and the standard for determining whether patient notification is required. Previously, a Covered Entity or Business Associate was not required to notify patients of a breach of unsecured protected health information (PHI) if it determined, in good faith, that the breach would not result in a significant risk of harm to the patient. The Final Rule replaces the “harm” threshold with a “probability of PHI being compromised” threshold. The Final Rule states that any use or disclosure of unsecured PHI not permitted under the HIPAA Privacy Rule is presumed to be a breach requiring patient notification unless the Covered Entity or Business Associate demonstrates that there is “a low probability that the protected health information has been compromised.”

When determining whether there is a low probability that the PHI has been compromised, Covered Entities must take into account the following four factors: (a) the nature and extent of the PHI involved; (b) the unauthorized person who used the PHI or to whom the PHI was disclosed; (c) whether the PHI was actually acquired or viewed; and (d) the extent to which the risk to the PHI has been mitigated.

In addition, the Final Rule revises the definition of a “breach” to remove the exception for limited data sets that do not contain zip codes and dates of birth. Under the revised definition, an impermissible use or disclosure of such limited data sets is presumed to constitute a breach unless the covered entity or business associate is able to demonstrate there is a low probability that PHI has been compromised.

### **II. Business Associates and Contractors**

Under the Final Rule, Business Associates and Contractors are now required to comply with the HIPAA Security Rule. The Final Rule provides a transition period of an additional year for Business Associate Agreements that are currently in existence to come into compliance with the Rule. For example, Business Associate Agreements that existed prior to January 25, 2013, and that are not renewed or modified during the period from March 26, 2013 to September 23, 2013, should be revised to comply with the Final Rule by the earlier of two dates: 1) the date on which the agreement is renewed or modified; or 2) September 22, 2014. Business

Associate Agreements that contain automatic renewal provisions, without any additional change in terms, do not trigger the earlier deadline.

### **III. Revised Privacy Notices**

HHS has revised the Privacy Notices section of the Privacy Rule to require providers to include additional information. The Privacy Notices must now grant the recipient the right to receive the breach notification. The revised Notices must also restrict health plans from using genetic information for underwriting purposes. In addition, Covered Entities must also obtain patient authorization before using PHI for marketing purposes and before selling PHI.

The revised privacy notices instituted under the Final Rule are considered to be material changes by OCR. Thus, covered entities will need to provide a revised Notice of Privacy Practices to individuals. Health Plans may provide the revised Notice of Privacy Practices by prominently posting the revised notice in its office or on its web site prior to September 23, 2013 (*compliance deadline for the Final Rule*) and by providing a copy of the revised notice in its next annual mailing.

### **IV. Penalties**

The Final Rule increases the maximum penalty for a violation up to \$1.5 million per violation.

### **V. Sale of PHI**

Also, included within the Final Rule is a prohibition on the sale of Private Health Information without prior patient consent.

### **VI. Marketing**

The Final Rule has created dramatic changes to the marketing and fundraising requirements. The Rule requires that Covered Entities must obtain authorization before sending patients treatment or health care operations communications related to a company or product that the Covered Entity receives compensation.

### **VII. Disclosures to Health Plans**

The Final Rule modifies the previous Genetic Information Nondiscrimination Act, which prohibits health plans from disclosing genetic information for underwriting purposes. It allows patients to pay cash for a visit, for treatment or for a procedure. If the patient does this, he or she may instruct the Covered Entity not to share the information with the patient’s health plan.

### **VIII. Conclusion**

This new rule issued by HHS will work to strengthen the privacy and security protection for health information. It also has significant revisions to forms that healthcare providers use on a daily basis, however, and should be addressed very soon in order to meet the deadline of September 23, 2013.

*RICH SANDERS is President of THE SANDERS LAW FIRM, P.C. with offices in Atlanta, Birmingham, Montgomery and Jacksonville. The firm provides high-quality, affordable legal services to healthcare providers and can assist with compliance under the Final Rule. Rich can be reached at [rsanders@southernhealthlawyers.com](mailto:rsanders@southernhealthlawyers.com).*

## UPCOMING EVENTS

- Mar. 11 Foundation Trust Meeting – 5:00 p.m.  
Executive Committee Meeting – 5:30 p.m.  
Board of Directors Meeting – 6:30 p.m.
- Mar. 19 The Wayne Finley 811 Breakfast Meeting –  
  
Dr. James Halsey, M.D. will speak on  
“Neurology in Jefferson County” at 8:30 a.m.  
in the JCMS Board Room
- April 11-14 MASA Annual Session – Renaissance Mobile  
Riverview Plaza Hotel in Mobile, AL
- April 15 Executive Committee Meeting – 5:30 p.m.
- April 16 The Wayne Finley 811 Breakfast Meeting –  
Dr. Kathryn Honea will speak on  
“History of *In Vitro* Fertilization in the Region”  
at 8:30 a.m. in the JCMS Board Room
- May 20 Executive Committee Meeting – 5:30 p.m.  
Board of Directors Meeting – 6:30 p.m.
- May 21 The Wayne Finley 811 Breakfast Meeting –  
Dr. Craig Christopher will speak at  
8:30 a.m. in the JCMS Board Room
- June 17 Foundation Trust Meeting – 5:30 p.m.  
Executive Committee Meeting – 6:00 p.m.

Contact Juanita Pruitt at 933-8601 or [jpruitt@jcmsalabama.org](mailto:jpruitt@jcmsalabama.org)  
for more information regarding any of the above events.

## *In Memoriam*

The JCMS wants to acknowledge the recent passing of the following JCMS members:

David M. Fitzgerald, M.D.

December 4, 2012

William “Bill” Brakefield, M.D.

December 10, 2012

James T. Montgomery, M.D.

December 21, 2012

Gaines Franklin Jones, M.D.

January 2, 2013

James A. Whiteside, M.D.

January 12, 2013

Sara C. Finley, M.D.

February 20, 2013

## Elections were held in November and the Officers, Directors and Committee Members for 2013 are:

### JCMS BOARD

President: Stephen R. Steinmetz, MD

Immediate Past President: Darlene Traffanstedt, M.D.

President-Elect: Greg Ayers, M.D.

Vice President: Theodis Buggs, Jr., M.D.

Secretary-Treasurer: Roxanne Travelute, M.D.

**DIRECTORS:** Marc E. Bloomston, M.D. Jerry L. Kitchens, M.D.  
Elizabeth S. Martin, M.D. Mark A. Parker, M.D.  
Alexander C. Whitley, Ph.D., M.D.

**DIRECTORS/BOARD OF HEALTH:** Jennifer R. Dollar, M.D. Laura Kezar, M.D.  
Steven J. Kulback, M.D. Nicole Redmond, M.D., Ph.D., M.P.H.  
Katisha T. Vance, M.D.

**MEDIATION & MEDICAL ETHICS:** Cynthia H. Brown, M.D. Hernando D. Carter, M.D.  
Clark A. Gray, M.D. Justin D. Moellinger, M.D.  
Richard S. Rosenthal, M.D. Lewis R Schulman, M.D.





Ahmed M. Abdel Aal, M.D.	Vascular & Interventional Radiology	Ashima Malik, M.D.	Rheumatology
Garima Agarwal, M.D.	Otolaryngology	Colin A. Martin, M.D.	Surgery
Kamal Ahuja, M.D.	Internal Medicine	Rachel E. Martin, M.D.	Resident
Alan C. Aikens, M.D.	Urology	Mali Mathru, M.D.	Anesthesiology
Carlos R. Arguello, M.D.	Internal Medicine	Thomas C. Matthews, M.D.	Surgery
Ambika P. Ashraf, M.D.	Pediatrics	David L. McCollum, M.D.	Internal Medicine
Scott C. Bellot, M.D.	Surgery	Kenneth L. McCormick, M.D.	Pediatrics
Santiago Borasino, M.D.	Pediatrics	Greyson L. McGowin, M.D.	Resident
Patrick L. Bosarge, Jr., M.D.	Surgery	Richard K. McHugh, M.D., Ph.D.	Otolaryngology
Marina E. Brainin, M.D.	Internal Medicine	William S. McMahon, M.D.	Pediatric Cardiology
Todd M. Brown, M.D.	Internal Medicine	Cornelius R. Meadows, M.D.	Family Medicine
Holly N. Burford, M.D.	Pathology	Spencer J. Melby, M.D.	Cardiothoracic Surgery
J. M. Carter, D.O.	Physical Med & Rehab	Jennifer D. Miller, M.D.	Family Medicine
Beverly E. Chaignaud, M.D.	Pediatric Surgery	Melanie M. Miller, M.D.	Family Medicine
Joseph D. Clay, M.D.	Anesthesiology	William Min, M.D.	Orthopaedics
Teresa J. Coco, M.D.	Pediatrics	Thayer Moor	Resident
Lisa D. Columbia, M.D.	Family Medicine	John R. Morgan, M.D.	Family Medicine
Eric William Cornatzer, M.D.	Internal Medicine	Jason L. Morris, M.D.	Internal Medicine
Paulina M. Cornatzer, M.D.	Internal Medicine	Kenny J. Murray, M.D.	Resident
Joseph E. Davis, Jr., M.D.	Urology	Peter A. Nagi, M.D.	Anesthesiology
Nefertiti H. Durant, M.D.	Pediatrics	Ezinne A. Okwandu, M.D.	Resident
Boni E. Elewski, M.D.	Dermatology	Rita D. Paschal, M.D.	Internal Medicine
Helen H. Evans, M.D., Ph.D.	Pediatrics	Boris C. R. Pasche, M.D.	Medical Oncology
Kellie L. Flood, M.D.	Geriatrics	Valerie Pasche, M.D.	Anesthesiology
Stuart J. Frank, M.D.	Internal Medicine	Ajay S. Patel, M.D.	Internal Medicine
Christopher J. Freeman, M.D.	Emergency Medicine	Priya Prabhakaran, M.D.	Pediatrics
Michael J. Geer, M.D.	Internal Medicine	Nicole Redmond, M.D., Ph.D., M.P.H.	Internal Medicine
David S. Geldmacher, M.D.	Neurology	Nathaniel H. Robin, M.D.	Genetics
Clark A. Gray, M.D.	Internal Medicine	Jorge M. Rodriguez, M.D., FACP	Internal Medicine
Stephen H. Gray, M.D.	Surgery	Thomas A. Rodriguez, M.D.	Resident
Carolie S. Hains, M.D.	Pediatric Allergy & Immunology	Shannon A. Ross, M.D.	Pediatrics
Shuko Harada, M.D.	Pathology	Robert T. Russell, M.D.	Pediatric Surgery
Travis H. Harris, M.D.	Resident	Stephen W. Russell, M.D.	Pediatrics
Leslie W. Hayes, M.D.	Pediatrics	S. L. Rutledge, M.D.	Genetics
Kevin W. Henderson, D.O.	Internal Medicine	Anjali Shroff, M.D.	Resident
Vernon D. Horst, M.D.	Resident	Monita Singh, M.D.	Internal Medicine
Conway C. Huang, M.D.	Dermatology	Satinder P. Singh, M.D.	Radiology
Sarah Lauren C. Hughey, M.D.	Dermatology	David W. Smith, M.D.	Surgery
Wissam S. Jaber, M.D.	Pulmonary Medicine	Nicholas J. Smith, M.D.	Pediatric Otolaryngology
Kimberly W. Jackson, M.D.	Pediatrics	David M. Spalding, M.D.	Rheumatology
Tianna E. Johnson, D.O.	Resident	Chris Spiker, M.D.	Resident
Jeffery L. Jones, M.D.	Gastroenterology	Michael S. Stalvey, M.D.	Pediatrics
Suthida S. Kankirawatana, M.D.	Pediatric Allergy & Immunology	Erica I. Stevens, M.D.	Resident
Matthew P. Kelly, M.D.	Emergency Medicine	Jason H. Stuckey, M.D.	Radiology
Donald C. Kern, M.D.	Internal Medicine	Joseph C. Sullivan III, M.D.	Radiology
Charles A. Houry, M.D.	Emergency Medicine	Monika Tataria, M.D.	Radiology
Matthew D. Kimball, M.D.	Anesthesiology	Franklin N. Tessler, M.D.	Radiology
Michele Y. Kong, M.D.	Pediatrics	Robert D. Thornton, II, M.D.	Anesthesiology
David A. Kropf, M.D.	Otolaryngology	Mark Twedt, M.D.	Resident
Tyrone A. Kyle, D.O.	Resident	Heidi R. Umphrey, M.D.	Breast Radiology
C. S. Landefeld, M.D.	Internal Medicine	Nicholas J. Van Wagoner, M.D.	Internal Medicine
Matthew C. Larrison, M.D.	Radiology	Andrew J. Vincent, M.D.	Resident
Keith G. LeBlanc, M.D.	Dermatology	Stephanie B. Wallace, M.D.	Pediatrics
Massoud A. Leesar, M.D.	Cardiology	Lauren A. Walter, M.D.	Emergency Medicine
Jayne E. Locke, M.D.	Surgery	James B. Whatley, M.D.	Internal Medicine
Mark E. Lockhart, M.D.	Radiology	Hayes V. Whiteside, M.D.	Urologist
William D. Lyndon, M.D.	Nephrology	Ashley D. Wright, M.D.	Obstetrics/Gynecology

## Ask Robin Long for your MEMBER DISCOUNT!!

The Jefferson County Medical Society has arranged for its members to receive special discounts for collection and billing services. By special agreement with Healthcare Financial Services, LLC (HFS), members will get outstanding collections results and services while paying low contingency fee rates...no results, no fees for JCMS members. Take advantage of your JCMS affiliation and call Robin Long at 601-420-1242 or 1-877-747-7072 (Client Services). Your benefits will be worth the call as HFS designs a special campaign for your specific needs. Be sure to mention your membership with JCMS to receive the discounted rate. (See ad below)

### LOSE OR BREAK YOUR PAGER?

We will replace it that day!!

Alpha and numeric replacement pagers are available  
24/7

We are here when you need us!

**CALL MARY WHITEHEAD AT  
(205)933-8601**

*Please visit us at [jeffersoncountymedicalfoundationtrust.org](http://jeffersoncountymedicalfoundationtrust.org)  
for more information about our paging services as well as  
your other services*



**Let us be your Business Partner!**

Quality collection services  
customized to specific client needs.

- For "fee" collections • Pre-collects
- No collections • No fees
- Accounts Receivable Specialists
- Consulting Services • Training • Seminars

  
**HEALTHCARE**  
FINANCIAL SERVICES, LLC

643 Lakeland East Dr. • Jackson, MS 39232  
**Robin Long • (601) 420-1242**  
Fax (601) 933-2530

## Triage for Trauma, Stroke, STEMI and More! Continued from Page 1

**BREMSS**. The primary financial support for the development and operation of the system is provided by the Birmingham hospitals through the Birmingham Regional Hospital Council as well as Federal grant funds made available by Dr. Loring Rue of UAB Trauma System.

In the case of trauma, patients with anatomic and/or physiologic criteria for entry into the Trauma System are directed by ATCC to a level 1 trauma hospital. Other less serious injuries are coordinated by protocol to other hospitals based on the injury or significant mechanism of injury, transport time, and the available hospital resources. Patient choice of hospital is the prime decider in the destination, but pre-hospital personnel advise the patient if the choice of hospital would jeopardize the patient's outcome.

Triage and routing of stroke and STEMI patients has been incorporated into the system over the past several years, coordinated through the ATCC. Stroke patients are routed to hospitals with resources available to care for them - CT scanner, presence of neurologists dedicated to immediate stroke care, etc. A hospital divert communications component was added to keep status of hospital resources such as ICU, Med-Surgery bed availability, ER, CT scan and Psychiatric Secure beds.

In chest pain patients, paramedics accomplish a twelve lead ECG in the field prior to transport, and if a STEMI is present they can communicate through the ATCC directly to the appropriate cardiac catheterization personnel. Preparations for angioplasty can then begin while the patient is being transported. This technique has significantly shortened the time from onset of symptoms to treatment, thereby improving outcomes of heart attack patients.

Several years ago BREMSS was awarded the Mitretek Award for the most innovative program in Homeland Security by Harvard University for its development of the Trauma System and an associated Bio-Syndromic Surveillance System. The trauma component of this system is now being used almost statewide and has been cloned in at least three additional statewide operations. The Stroke System is unique in plan and execution, and is gradually becoming adopted in other parts of the state. With the STEMI system now in use, this region is one of only a few regional multi-county-multi-hospital systems with centralized real-time patient routing in the nation with such a plan in effect.

After writing this, I noticed an article in the recent issue of the journal *Annals of Emergency Medicine* (AB Landman et al) entitled "Hospital Collaboration With Emergency Medical Services in the Care of Patients With Acute Myocardial Infarction:.." The following comment was made in an accompanying editorial - "In an attempt to deliver the right care to the right person at the right time, some localities have regionalized care; that is, they encourage out-of-hospital providers to transport the patient to a designated, presumably better location for their care. Following the model of trauma care, another time-sensitive condition, it is logical that cardiac care, if delivered even earlier, can further improve outcome." Does that sound familiar?

**“As physicians, we have so many unknowns coming our way...**

**One thing I am certain about is my malpractice protection.”**

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to uncertainty and lack of control.

What we do control as physicians: *our choice of a liability partner.*

I selected ProAssurance because they stand behind my good medicine. In spite of the maelstrom, I am protected, respected, and heard.

**I believe in fair treatment—and I get it.**

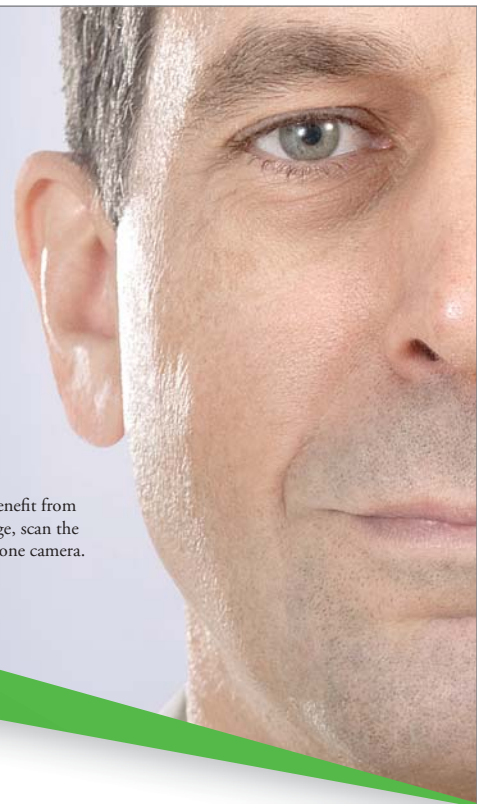


To learn how you can benefit from our Treated Fairly® pledge, scan the code with your smartphone camera.



**Professional Liability Insurance & Risk Management Services**

ProAssurance Group is rated **A (Excellent)** by A.M. Best.  
**ProAssurance.com** • 800.282.6242



901 South 18th Street  
Birmingham, Alabama 35205



Non-Profit Organization  
U.S. Postage  
PAID  
Birmingham, Alabama  
Permit No. 1442