The Top Pennsylvania Health Care Issues to Watch in 2017 — A Preview of What’s Ahead

A new Pennsylvania legislative session has arrived, and many health care-related bills are sure to be introduced in the months to come. What should physicians expect from the 2017-2018 session and what are the Pennsylvania Medical Society's (PAMED's) priorities?

On Jan. 11, 2017, PAMED held an interactive webinar to discuss some of the major health care issues we expect to rise to the forefront in 2017. Here are a few highlights:

- **Preservation of physicians' clinical autonomy** will remain a PAMED priority. Legislation that allows CRNPs to practice independently in Pennsylvania was recently re-introduced this session (SB 25). PAMED will continue to strongly oppose this legislation and any other attempt by CRNPs to gain independent practice. **Between now and March 20, PAMED encourages physicians to make an appointment to see their state senator in their home districts to discuss this bill and express their opposition.** Learn more at [www.pamedsoc.org/TeamBasedCare](http://www.pamedsoc.org/TeamBasedCare).

- **PAMED will work to advance key health care priorities**—These five issues are among several priorities for PAMED this session:
  1. **Telemedicine** — If properly regulated, telemedicine has the potential to improve patient access to care and enable physicians to consult with colleagues remotely. PAMED wants to ensure that telemedicine services are reimbursed and considered the same as face-to-face patient encounters, and that the physician-patient relationship is maintained.
  2. **Prior Authorization** — The current process is onerous and time-consuming for both physicians and their staff. PAMED will work to advance legislation that streamlines the process and makes it more transparent and uniform across insurers.
  3. **Insurer Credentialing for Physicians** — PAMED will advocate for a quicker, more streamlined credentialing process that would enable qualified physicians to see patients sooner.
  4. **Pennsylvania Physician Orders for Life-Sustaining Treatment (POLST)** — PAMED and a large group of stakeholders are looking to put the POLST program back on the map so that patients can use the forms to provide physicians with their requests regarding life-sustaining treatment.
  5. **Opioid Abuse Crisis:** The opioid abuse crisis continues to impact every county in the state, and more legislation to address the crisis is anticipated. PAMED will advocate to ensure that any legislation takes a commonsense approach that allows physicians to determine the best course of action for patients. Learn more about **PAMED’s Opioids for Pain: Be Smart. Be Safe. Be Sure.** initiative at [www.pamedsoc.org/OpioidInfo](http://www.pamedsoc.org/OpioidInfo).

PAMED will also continue to advocate on a number of national issues, such as much-needed Maintenance of Certification (MOC) reform. Learn more about PAMED’s efforts at [www.pamedsoc.org/MOC](http://www.pamedsoc.org/MOC).

PAMED’s job is to be your eyes and ears at the Capitol, ready at a moment’s notice to advocate for physicians on emerging issues.

Learn more about our advocacy efforts at [www.pamedsoc.org/Advocacy](http://www.pamedsoc.org/Advocacy).
In January, I was humbled to be named the executive vice president (EVP) of PAMED — an association that is steeped in the noble tradition of elevating the care of Pennsylvania residents.

I have dedicated the better part of 20 years to serving Pennsylvanians in public health and policy. By accepting this leadership position, I am honored to continue my service in such a meaningful way.

I pledge to maintain the momentum and dedication of our staff to help in aspects that are most important to physicians, including advocacy, best practice management, vital news, training, and education.

What we hear most from our members is that they yearn to maintain the sacredness of the relationships with their patients and preserve autonomy. Our mission is to always work in a direction that allows you to do just that.

My vision for PAMED is to be the powerful, proactive voice for physicians that is heard around the state. I will work to evolve this organization in ways that meet your needs today and for years to come. You can rely on us for the latest news on emerging issues impacting physicians.

If you are a member, thank you for your membership. If you haven’t yet renewed your membership for 2017, please do so online at www.pamedsoc.org/renew or by calling our Knowledge Center at 855-PAMED4U (855-726-3348). 2016 membership expires at the end of February 2017!

If you are not yet a member, I encourage you to join at www.pamedsoc.org/join.

Martin Raniowski, MA
Executive Vice President, PAMED

### Important Changes for Physicians and Practices to Be Aware of in 2017

A new year always brings plenty of changes, and this year is no different. Here’s a list of some highlights physicians and practices should be aware of:

**New Prescription Drug Monitoring Program (PDMP) Query Requirements**

Beginning Jan. 1, 2017, prescribers must now also query the PDMP each time a patient is prescribed an opioid drug product or benzodiazepine by the prescriber (Act 124 of 2016). The original language in this bill would have required prescribers to query the PDMP for every controlled substance every time, but, thanks to PAMED and physician advocacy, this new requirement is limited only to opioids and benzodiazepine.

**Important Note:** The above-mentioned new query requirement is in addition to the prescriber query requirements under Act 191 of 2014, which requires prescribers to also query the PDMP:

- For each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a baseline and a thorough medical record.

- If a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs.

Effective Jan. 1, 2017, there are exceptions to the query requirement:

- If a patient has been admitted to a licensed health care facility or is in observation status in a licensed health care facility, the prescriber does not need to query the system after the initial query (meaning for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a baseline and a thorough medical record) as long as the patient remains admitted to the licensed health care facility or remains in observation status in a licensed health care facility.

- For emergency department prescribers, querying is not required for any medication provided to a patient in the course of treatment while undergoing care in an emergency department. This exception only applies in the emergency department. It does not apply in urgent care centers or when a patient is in observation status in a licensed health care facility.
Prescribing Opioids to Minors
Pennsylvania’s law on prescribing opioids to minors — Act 125 of 2016 — was signed by Gov. Wolf on Nov. 2, 2016. The law stipulates that, except for specified exceptions, a prescriber:

- May not prescribe more than a seven-day supply of an opioid to a minor if a parent or guardian signs the consent form on behalf of the minor authorizing the prescribing of the opioid; or

- Is limited to prescribing no more than a single, 72-hour supply of an opioid to a minor if an authorized adult (other than a parent or guardian) signs the consent form on behalf of the minor authorizing the prescribing of the opioid. In addition, when an authorized adult is present instead of a parent or guardian, the prescriber is required to indicate on the prescription the quantity that is to be dispensed pursuant to that prescription.

Pennsylvania’s state licensing boards were required to create the consent form that prescribers need in order to fully comply with the law. Physicians and other prescribers should be aware that the consent form was published in the Pennsylvania Bulletin on Feb. 4, 2017, and is now available online at http://www.dos.pa.gov/ProfessionalLicensing. On that webpage, click on “Act 125 - Consent to Prescribe Opioid Medication to a Minor Form” under Links. The completed form must be maintained in the minor’s record with the prescriber.

For more details on the requirements for prescribing opioids to minors, including exceptions to the law and answers to frequently asked questions, check out PAMED’s A Physician’s Guide to Pennsylvania’s November 2016 Opioid Laws at www.pamedsoc.org/quickconsult.

New Medicare Reimbursement Changes
Among other provisions, the 2017 Medicare Physician Fee Schedule includes several revisions to the billing code set to improve payment for chronic care management (CCM) and more accurately recognize the work of primary care and other cognitive specialties to accommodate the changing needs of the Medicare patient population and the value of care management and care coordination. Learn more in PAMED’s Quick Consult titled Chronic Care Management Services — Coding Guidelines Effective Jan. 1, 2017 at www.pamedsoc.org/quickconsult.

The Medicare Access and CHIP Reauthorization Act (MACRA)
The MACRA final rule implemented the new Quality Payment Program (QPP) on Jan. 1, 2017. The QPP consist of two tracks: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs). During the first year of MACRA implementation in 2017, most physicians are expected to participate in MIPS. Your MACRA participation this year will determine if you see a positive, negative, or neutral payment adjustment in 2019.

Members: Check out the 12-page, members-only comprehensive MACRA insert at www.pamedsoc.org/macra. Unfortunately, we transposed dates on a chart on page 5 in the guide inserted into Pennsylvania Physician. The revised guide is posted to our website.

Did you miss the members-only webinars on MACRA and MIPS? You can listen to the archives on our website at www.pamedsoc.org/MaximizeYourMembership.

Check Out These New Tools From PAMED
- New Opioid Education — The sixth session in PAMED’s Addressing PA’s Opioid Crisis CME series addresses alternative therapies and discusses recommendations for how to incorporate them into patient care. www.pamedsoc.org/OpioidsCME

- PAMED’s Spring Practice Manager Meetings — Includes a deep-dive into MACRA, plus valuable legislative, regulatory, and payer updates. April 19 in King of Prussia, April 25 in Cranberry Twp., and May 2 in Harrisburg plus live webcast. Register: www.pamedsoc.org/ManagerMeeting

- PAMED’s Resource Reference Tool — Helps you identify organizational challenges and resources that offer solutions. www.pamedsoc.org/LeadershipResources

- Pathway for Improvement — Interactive CME program and survey tool that offers you a way to facilitate conversations that can lead to a better work environment and improved patient care. www.pamedsoc.org/Pathway
PAMED’s Practice Options Initiative — An Update for PAMED Members

As we reported in the last issue of Physician Advocate, delegates at PAMED’s 2016 House of Delegates voted unanimously in support of PAMED’s landmark Practice Options Initiative (POI). This initiative will help physicians develop Clinically Integrated Networks (CINs) — physician-led groups of separate practices that collaborate to provide and demonstrate quality and improved patient outcomes. It will also offer services to physicians statewide through a Management Services Organization (MSO).

Where are we now?
The following summary was prepared for PAMED members.

• The development of the POI continues to move forward. It remains committed to three core PAMED goals that will further the value of health care for the citizens of Pennsylvania: 1) Growing overall membership in PAMED state and its affiliate county organizations; 2) Creating an additional stream of revenue for PAMED; 3) Providing options for independent Pennsylvania physicians to further serve their patients.

• The POI is being developed to assist physicians to respond to changing payment models that are being led by federal and state government, as well as employers and health plans that seek to achieve greater accountability for the “Triple Aim” of quality, cost, and value.

• Physicians in Pennsylvania are keenly interested in not only providing, but demonstrating that they are delivering high value-based care. As a result, Pennsylvania physicians are seeking turnkey, scalable and integrated solutions that not only achieve high levels of success but meet the additional dimension of the “Quadruple Aim” of improving the work life of clinicians and their staff that maintain leadership roles and clinical autonomy.

• Short-term and long-term MSO services have been identified; the preliminary timeline anticipates that physician enrollment in MIPS readiness offerings will be underway by March 2017 and that MSO enrollment will commence in June 2017.

Activity highlights include the following

• Building the infrastructure of a new company including hiring staff, developing a new website, renaming PMSCO which includes development of a logo, tag line, FAQs, marketing brochure, print ads, developing a phone system, etc. A marketing firm has been contracted to assist.

• Hiring its President & CEO, Jaan Sidorov, MD, and a CFO, Bruce Roscher, CPA. Dennis Olmstead, MPA, has transitioned to PMSCO from PAMED as Senior Vice President Business Strategy and Development.

• Conducting a survey of potential physician participants that further refined revenue-building opportunities in offering MACRA/MIPS reporting solutions and a suite of insurance offerings.

• Soliciting design input from physician experts, existing physician-led organizations, practice administrators, subject matter experts, and our consultant Deloitte.

• Developing a marketing plan that includes a website, print media, presentations to stakeholder groups, offering webinars, and print ads. Anecdotal interest, outside of any marketing, has already been generated and is being used to populate a customer database.

• Finalizing the RFP analysis and scoring of MIPS reporting, MSO, and population health vendors and begun scheduling demonstrations.

• Working toward implementing the near-term MSO services, which will include MIPS reporting, MACRA readiness, and insurance services.

• Determining which long-term MSO services to implement.

• Meeting with potential customers/partners including two highly evolved Independent Practice Associations serving the southeast Pennsylvania market.

• Implementing an overall project management structure including PMSCO Steering Committee, PMSCO Advisory Committee, and PMSCO work groups.

• Finalizing the MSO business plan for presentation and approval by the PMSCO Board of Directors.

Left to right: Dennis Olmstead, MPA, Jaan Sidorov, MD, and Bruce Roscher, CPA.
• Reporting progress frequently to the PAMED Executive Committee and PMSCO Board.
• Refining the financial model for the risk-based CIN business line.
• Developing membership POI status report structure.
• Finalized Endowment Fund funds flow from PAMED to support POI.

In summary, PMSCO is on schedule to develop complementary MSO and CIN offerings that will ultimately serve Pennsylvania patients by 1) adding a compelling value proposition that will increase physician membership in PAMED and its affiliate county organizations; 2) unlocking PAMED financial resources to create a value-based health care initiative that will provide an additional stream of revenue for PAMED and 3) offering independent and physician-led practices a suite of clinical and business options that will increase value for them and their patients.

To learn more, contact Dennis Olmstead, Senior Vice President Business Strategy and Development, through PAMED’s Knowledge Center at 855-PAMED4U (855-726-3348) or KnowledgeCenter@pamedsoc.org. You can also learn more at www.pamedsoc.org/POI.

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**Upcoming PQRS Reporting Deadlines**

The Physician Quality Reporting System (PQRS) reporting period is underway. If you or your group reports your 2016 Program Year data satisfactorily, you will be able to avoid a negative payment adjustment in 2018. Here are some important dates:

• **Feb. 24, 2017:** The last day that 2016 claims will be processed to be counted for PQRS reporting.
• **March 13, 2017:** The last day to submit 2016 CQMs for dual participation in PQRS and the Medicare EHR Incentive Program.
• **March 17, 2017:** The last day for GPRO Web Interface submission.
• **March 31, 2017:** The last day for 2016 QCDRs (XML only) and registries to submit 2016 data.
• **Jan 1, 2018:** Payment adjustments will be assessed for both group practices and individuals who did not satisfactorily report quality data to CMS in 2016.

Learn more at [www.pamedsoc.org/PQRSdeadlines](http://www.pamedsoc.org/PQRSdeadlines). You can also learn more about upcoming Medicare and Medicaid EHR Incentive Program deadlines at [www.pamedsoc.org/MedicareEHRIncentives](http://www.pamedsoc.org/MedicareEHRIncentives) and [www.pamedsoc.org/MedicaidEHRIncentives](http://www.pamedsoc.org/MedicaidEHRIncentives).

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**Recognize a Deserving Colleague Today**

The Pennsylvania Medical Society (PAMED) is now accepting nominations for:

✓ **Top Physicians Under 40 Award** — Recognizes early career physician members who are up-and-coming leaders.

✓ **Distinguished Service Award** — Recognizes physician members for their lifetime achievements in medicine.

✓ **Physician Award for Voluntary Community Service** — Recognizes physician members for their outstanding community service.

PAMED is also accepting nominations from county medical societies for its **Grant for Healthy Living in Ethnic Communities**. This $5,000 grant is given to an organization that plans to improve health within an ethnic community through measurable goals and objectives.

Access complete award rules and online nomination forms at [www.pamedsoc.org/awards](http://www.pamedsoc.org/awards). **Nomination Deadline — April 14, 2017**
Collaboration Is Key: Dialogue Between Pa. Physicians and Legislators Leads to Solutions for Patients
Maintaining a dialogue between physicians and their elected officials is key to ensuring that Pennsylvania’s laws support patients’ needs. That was the clear message of the latest meeting of PAMED’s Board of Trustees, held in Harrisburg on Jan. 30 - Feb. 1, 2017.

Pennsylvania Representative Doyle Heffley (R-122nd District) and Pennsylvania’s new Attorney General Josh Shapiro addressed physician leaders about the commonwealth’s opioid abuse crisis and other issues faced by physicians and patients.

A Discussion with Rep. Heffley on the Opioid Abuse Crisis
Rep. Heffley understands the impact of the commonwealth’s opioid abuse crisis on families in his Carbon County district, and he’s passionate about finding solutions. Prior to becoming a legislator, he worked in the trucking industry, where he learned to look closely at a problem to find the underlying causes. “You learn to peel back the layers of the onion,” he says of his approach to opioid abuse.

During the 2015-2016 legislative session, Rep. Heffley introduced a House bill which sought to require health insurers to cover the cost of abuse deterrent opioid (ADO) analgesic drug products. While PAMED strongly supported the underlying purpose of the bill, serious concerns were raised about a last-minute Senate amendment to the legislation.

The amendment would have directed the creation of mandatory prescribing guidelines for ADOs and required prescribers to distribute educational materials to every patient they prescribe any opioid to. PAMED was concerned that the amendment took a “one size fits all” approach that would not have taken into account the unique clinical needs of each patient. Ultimately, the bill was not passed during the 2015-2016 session.

Rep. Heffley is open to dialogue with PAMED in order to find a solution that will be in the best interest of patients. He recently re-introduced ADO legislation (HB 288) this session. PAMED supports this bill as written and introduced.

Attorney General Shapiro Welcomes the Physician Perspective
Pennsylvania Attorney General Shapiro also identified opioid abuse as a priority issue. He highlighted ways that the commonwealth can address the crisis, including:

• Change the focus of how we deal with the crisis, understanding that addiction is a disease that should be treated with compassion.
• Coordinate better across all law enforcement circuits and with our 67 district attorneys.
• Make sure data is getting into the Prescription Drug Monitoring Program (PDMP) and that it’s not overly burdensome on physician practices.
• Work with pharmaceutical companies to prevent things like deceptive marketing for opioids.

Gen. Shapiro extended a hand to PAMED’s physician leaders, welcoming the opportunity to collaborate on ways to combat the crisis. He invited physicians to meet in the near-term with the Attorney General’s Office senior staff to discuss things like best practices in prescribing.

“Leading [this effort] with a unified voice is important,” he said. “I want to begin the dialogue with all of you [physicians] since you’re on the front line.”

Gen. Shapiro is also interested in hearing the physician perspective on things like the Maintenance of Certification process, which in certain cases may be creating artificial barriers to care. “We need to rebalance our medical system here in PA,” he said.

PAMED will continue to share updates with members on any new opioids legislation as well as the results of any ongoing dialogue with lawmakers and state agencies.
TGA and PAMED offer members specialized products including:

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- Dental
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- Life
- Disability

**Group**
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- Long-Term Care

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Explore your options. Contact us today.

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*TGA will provide policy reviews of Individual Life and Disability policies for any PAMED member in 2017.

This document provides a brief description of our program. It is not a contract of insurance. Refer to the actual insurance policy for a description of coverage, exclusions and conditions. Specimen policies are available for your review. Coverage may not be filed and/or available in all states.

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Don’t Miss PAMED’s Winter 2017 Issue of *Pennsylvania Physician*

Check your mail box for the Winter 2017 issue of *Pennsylvania Physician*, and check out the magazine’s new, redesigned look. In this issue, you’ll find information on PAMED’s Practice Options Initiative, 2016 Top Physicians Under 40 winners, a 12-page comprehensive MACRA insert (included only in the member version), columns from PAMED’s new Executive Vice President Martin Raniowski and President Charles Cutler, MD, MACP, and more.

The members-only guide covers:

- What is MACRA?
- Who is affected?
- How will payments be affected under MACRA?
- MIPS performance categories and scoring
- APM overview
- Information about flexibility options and picking your pace
- How to prepare
- A list of MACRA-NYMS

Unfortunately, we transposed dates on a chart on page 5 in the MACRA insert. The revised guide is posted to our website at [www.pamedsoc.org/macra](http://www.pamedsoc.org/macra).

You can also read this issue and past issues online at [www.pamedsoc.org/paphysician](http://www.pamedsoc.org/paphysician).