

**EXECUTIVE VICE PRESIDENT
REPORT 1**

It has been an honor to serve as your newest executive vice president this year. When hired, I made a commitment that PAMED would reach out and listen to members, test new products and services with members before full execution, and build upon the good work that has been done by the leaders who came before me. This report summarizes some of the Society's major accomplishments and developments over the past year. Additionally, this report will touch upon the goals and activities for 2018. Much of this information can be read through The Dose and on the PAMED website.

Outreach and Development

Communication and outreach to members was a priority for 2017. We have conducted many surveys, beta-tested new products and services, and listened directly to members.

Your feedback to our outreach tells PAMED that you are inundated with emails, overwhelmed with paperwork, frustrated with regulations, and want a greater work/life balance. We have learned that you are looking for a strong advocate focused on your interests. You have told us that you do not need or want blast emails that do not impact you and your practice. Your input is shaping our communications and processes for 2018.

In 2018, you will see more targeted communications through our association management system (AMS). The new AMS will allow PAMED to better understand you and the education, services, and products that you find valuable. We will strive to send communications that directly impact your practice and career.

In 2017, PAMED strived to ensure that resources were maximized. New products and services were beta-tested with members before new resources were fully developed. For example, the Practice Support Team developed "5-minute MACRA" online modules. We started with 3 modules and sent them to various member-driven task forces for input. Our goal was to develop modules that were useful and timely. We did not want to waste time and money creating materials that would ultimately sit unused on our website. The response was overwhelmingly positive, and the main suggestion was to develop more of the modules. Another example was the development of a FAQ page regarding the Independence Blue Cross (IBC) modifier 25 changes. Staff reached out to impacted members and asked what information is most critical to helping members assess the impact on their practice. The IBC modifier 25 FAQ was staff developed but wholly member driven.

PAMED is a recognized leader in PA child abuse protection and opioid education. Our programs are certified by the Commonwealth of Pennsylvania. In late 2016 and through August of 2017, over 22,000 individuals took the child abuse prevention education. To date for the opioid modules, nearly 3000 people have taken the courses. These are good examples of providing quality and unique education that physicians want and need.

In 2018 PAMED will continue to reach out to members to ensure that our education and advocacy efforts are timely, useful, and needed. You can look for more targeted surveys, beta-tests, and outreach.

Advocating for You with

In my nearly first year as EVP, I have learned that advocating means different things to different people. However, I believe PAMED advocacy can be categorized four ways: 1) an advocate for **You** with payers; 2) an advocate for **You** with employers; 3) an advocate for **You** with government; 4) and an advocate for **You** on legal issues.

First, I will address advocating with payers. Through our Practice Support team, PAMED regularly works with practices to rectify issues with payers. These issues can be related to coding, reporting, credentialing or communication errors. The Practice Support Team regularly assists practice managers with the payers to receive the compensation due to the practice. Advocating with payers does not stop there. PAMED has taken the lead in advocating for the thousands of physicians negatively impacted by IBC's decision to change their modifier 25 policy. We have communicated directly with IBC demanding answers for this change. We have asked for meetings with IBC and impacted physicians to better understand the magnitude of IBC's decision. PAMED is completing its own independent analysis of the impact of modifier 25 changes upon member practices. PAMED has built a strong coalition of 23 associations, including three patient-focused groups. We are prepared to continue to lead the advocacy efforts on behalf of physicians with IBC and any payer who makes a financial decision that negatively impacts you, our members and your patients.

Our second prong for advocating on your behalf is with employers. PAMED has redeveloped its contract review program due to physician-member requests for assistance to better evaluate and understand their contract. The contract review program provides access to legal firms specializing in physician contract review. In addition, PAMED is developing a FAQ page and a listing of common contractual terms. PAMED wants our employed members to fully understand the components with their employment contracts. PAMED also advocates with employers through the Chief Medical Officer (CMO) work group. This is an opportunity for CMOs to share best practices and for PAMED to relay common issues faced by physicians.

Thirdly, we advocate for our members with the government. PAMED's Government Relations Team is a constant presence on Capitol Hill in Harrisburg. Currently, PAMED is leading efforts on prior authorization, telemedicine, and credentialing. These priorities will help physicians get needed tests, treatments, and medications to patients in a timely manner; provide access to physicians in remote locations; and ensure that practitioners are credentialed in a timely manner. PAMED worked with the legislature to have bills introduced for prior authorization and telemedicine, and we expect a bill for credentialing in the fall of 2017. With your voice and our staff experts, PAMED plans to advance these bills in 2018. The Government Relations Team changed the E-prescribing legislation to include exemptions for prescribers who did not have access to the internet or did not have an electronic medical record system. This effort was driven by a policy passed in 2016 by the House of Delegates.

Finally, PAMED advocates for you on legal issues. We heard from physicians regarding the need for additional and easy-to-find Quick Consults, PAMED's quick legal references on specific issues. Our Legal Team has expanded the number of Quick Consult offers to include an overview of the state's Prescription Drug Monitoring Program (PDMP), opioid education requirements for licensure, and medical marijuana regulations. The Legal Team is redeveloping the legal resources section of PAMED's website to provide easy access to the Quick Consults you want. Additionally, the Legal Team has been working diligently to fight the proposed revenue legislation that tries to pilfer the Joint Underwriters

1 Association (JUA) coffers to balance the state budget. PAMED is working closely with the JUA to prevent
2 the State from acting. You can expect to hear more on this issue later in the year.

3 4 **Membership**

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6 Membership through August 2017 has been a mixed bag. I am very pleased to announce that PAMED's
7 overall membership is higher than last year. To date, PAMED is 18,772 strong, with 1,882 more
8 members than last year. We have 65 more new active members than last year for a 2017 total of 689;
9 and PAMED staff have been able to reinstate 710 members, which is 82 more than last year. All of these
10 numbers point in a positive direction and speaks to the value and efforts of PAMED. Unfortunately, not
11 all the data is positive--full active members dropped by 311 for a total of 8,518.

12
13 Although staff are working very hard to show individual membership value, we continue to struggle with
14 renewing full members. PAMED has been able to recruit 1,021 members at the \$95 introductory rate
15 which is well ahead of recruitment for this category in years past. Our targeted or segmented
16 recruitment efforts have yielded good returns with over 1,000 new members joining.

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18 PAMED is working with PAVONE, a marketing company, to develop a new campaign for PAMED. The
19 idea behind the campaign is bringing back the Art of Medicine. This is done with PAMED helping to
20 reduce or eliminate those things prohibiting a physician from practicing in the practice setting of their
21 choice and treating a patient in the best manner possible. We expect to roll this campaign out in the first
22 quarter of 2018.

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24 PAMED, with the Physician 2020 task force, will look at and test new ways to recruit, and more
25 importantly, retain members. PAMED membership has taken many positive steps in 2017, but still has
26 much more room for improvement in 2018. I look forward to sharing the recommendations with you in
27 2018.

28 29 **Partnerships**

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31 PAMED continues to build stronger relationships with key partners and stakeholders. PAMED has met
32 with key legislative and administrative officials. We have further built our relationship with the
33 Departments of Health and Human Services. Additionally, we worked with the Hospital and
34 Healthsystem of Pennsylvania on healthcare reform. We are working with the Pennsylvania Osteopathic
35 Medical Association, Pennsylvania Homecare Association, and other stakeholders on telemedicine.
36 PAMED worked closely with many Pennsylvania Physician Specialty Societies on out-of-network billing,
37 IBC modifier 25, and prior authorization. In addition, PAMED continues to work with the Patient Safety
38 Authority, Health Care Cost Containment Council, Pennsylvania Association of Community Health
39 Centers, the Pennsylvania Society of Physician Assistants, and the Pennsylvania Pharmacists Association.
40 PAMED is also working closely with the State Boards. A new relationship that started in 2017 is with the
41 Pennsylvania Attorney General's (AG) office. PAMED has joined the AG in a pilot program to distribute
42 bags which will breakdown and destroy unused opioids. Additionally, PAMED is participating at AG
43 opioid educational events to discuss practice guidelines, best practices, and PAMED's Commonwealth
44 recognized education modules. Expect more from this new endeavor in 2018.

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46 At the 2016 House of Delegates, \$15 Million was allocated from the endowment to offer MSO services
47 to physician practices with the long-range goal of also establishing a Clinically Integrated Network (CIN).
48 To date, PAMED has partnered with its subsidiary PMSCO to establish the Care Centered Collaborative

(CCC). A report from the CCC on its progress will be provided at this annual business meeting. PAMED has made available office space, communications and marketing services as well as staff support particularly in the Practice Support Division to launch the work of the CCC. We look forward to seeing the CCC reach its full implementation phase in 2018; providing physicians with critical support services to navigate this complex volume to value reimbursement environment.

Priorities for 2018

1. **Membership development:** PAMED has made good strides with the \$95 membership and targeted recruitment. We will build upon the lessons learned from those efforts and continue to increase new members. With a new marketing campaign and the Physician 2020 task force, I believe we can discover the right messages, value, and support that can recruit and retain members for years to come. I do not state my belief lightly; I know the challenges before us that are common to all membership organizations nationally. We will have to be bold and willing to try new things in order to ensure our value to current and future members.
2. **Association Management System Activation:** A new database will increase PAMED's ability to better understand the needs and priorities of each individual member. The AMS system will allow for queries to enable targeted messaging. The AMS system will connect a member to a PAMED service that is meaningful to that physician member. This system will allow for efficiencies not possible within the current system. All PAMED staff will be trained to use the system to meet member needs in real-time.
3. **Resource development that members want:** PAMED will continue to survey the landscape to identify new education, products, and services that members want. We will work with members to ensure value in the creation and development phases. We will continually assess all resources PAMED has to offer to ensure timeliness, relevance, and value. We will eliminate or alter what is not working and build what is actually needed.
4. **Burnout:** Too many physicians are feeling burned out and because of this, they are leaving the profession. We know we can help; therefore, PAMED, in conjunction with the Pennsylvania Medical Society Foundation, will continue to expand our wellness and burnout programming.
5. **Advocacy:** PAMED will be your advocate with payers, legal services, employers, and government. We will continually work to eliminate the distractions, detractors, and pain points for physicians.