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**EXECUTIVE VICE PRESIDENT
REPORT 1**

2018 was the year in which PAMED focused on helping physicians return to the art of medicine. This report summarizes some of PAMED's major accomplishments and developments over the past year. Additionally, this report will touch upon the goals and priorities for 2019. Members can engage with PAMED services and learn more about physician-focused products and helpful guides through The Dose, webinars, the PAMED website and by calling our Knowledge Center at 1-800-PAMED-4-U.

Outreach

PAMED strives to maintain a continuous loop of communication with the membership. By deploying a multi-faceted outreach approach, we have the opportunity to provide education and solicit in real-time feedback from the physician member regarding their pain points and key needs. We survey members in order to identify their preferred method of communication and to provide relevant up-to-date information according to the member's preferred communication channel.

PAMED has increased our presence on social media. PAMED's Facebook, Twitter, and LinkedIn accounts more than doubled in engagement rates, while the PAMED website saw an increase of 39% in website visits. PAMED's weekly newsletter, the Dose, saw a 3% increase in open rates and it is reaching 2,000 more members than last year. PAMED is being seen and heard.

In the late summer of 2018, the Centers for Medicare and Medicaid Services (CMS) proposed the collapse of payment levels for Evaluation and Management Services. PAMED heard from physicians that this collapse of payment levels could have a negative impact on their practices, despite CMS's assurance that the impact would be minimal. To assist our members, PAMED created a calculator for physicians to estimate their Medicare revenue under the proposed rates and compare that to their actual reimbursements. To date, PAMED is the only state medical society to provide such a tool for their members. In addition, PAMED joined with the AMA and state medical specialty societies to share with CMS our concerns regarding the proposed consolidated rates.

The opioid crisis continues to take center stage. To add to our current cache of opioid CME courses, PAMED developed additional comprehensive opioid-related resources. *Boots on the Ground: Answering Opioid Epidemic Questions for Pennsylvania Medical Society Members* is a tool kit containing information about opioid-related topics. Furthermore, PAMED leadership and staff facilitated four live 2-hour CME/Listening sessions across the state with a focus on managing chronic pain.

Leadership training for physicians remained a priority in 2018. PAMED's Year-Round Leadership Academy was at full capacity, with physicians from all corners of the state participating in classroom and online trainings. During 2018, the Year-Round Leadership Academy expanded the Core Skills for Physician Leadership courses. PAMED also developed a virtual leadership journal club. Due to the high marks given to the club by participants, a new journal club will begin in January 2019.

PAMED participated in the Chief Information Officer Forum held by the National Committee of Vital and Health Statistics. The goal of the forum was to bring attention to the lack of standardization in the prior authorization process and terminology. PAMED will continue to advocate for significant changes in prior authorization so that patient care is not delayed or negatively impacted.

1 PAMED entered into an agreement with the National Association of Chronic Disease Directors (NACDD)
2 and the AMA to implement a program to increase awareness about the Diabetes Prevention Program
3 (DPP). PAMED's efforts resulted in over 450 physicians participating in the DPP. Physicians and
4 healthcare teams received education, training, and materials about improving screenings, treatment,
5 and referrals for patients who have or are at risk for developing pre-diabetes.

6
7 In 2018, PAMED launched the Building Healthy Communities project, which provides an outlet for
8 physician members to educate their patients and the public on relevant public health topics through the
9 news media and social media. The first two topics included Lyme disease and immunizations. The videos
10 and messaging for these key public health issues have reached nearly 34,000 Pennsylvanians.

11
12 PAMED continues to lead as a trusted provider of child abuse protection and opioid education. Our
13 programs are certified by the Commonwealth of Pennsylvania. During the current licensure cycle of
14 2017/18, over 6,300 physicians took PAMED's online Recognition and Reporting Child Abuse course.
15 During that same period, nearly 9,500 physicians either took PAMED's online Opioid Modules or
16 attended one of PAMED's Opioid Education Training Sessions. Pennsylvania residency programs are
17 requiring that new residents complete both the PAMED child abuse and opioid education before
18 entering the program.

19 20 **Advocacy**

21
22 The Pennsylvania Medical Society is actively monitoring nearly 250 pieces of legislation that could
23 impact how physicians practice. The legislation covers a broad range of topics including, but not limited
24 to: opioids, reporting requirements, Medicaid changes, and increased liability. In most instances, PAMED
25 is working to prevent these bills from becoming law because of the negative impact the legislation
26 would have on patients or on physician practices. PAMED's government relations team strives daily to
27 prevent additional administrative barriers impacting physicians, their treatment of patients, and the
28 practice of medicine.

29
30 Legislation seeking to expand the scope of practice for non-physicians and potentially fragmenting the
31 health care team continue to be introduced. Bills supported by CRNPs and other mid-level practitioners
32 required considerable time and resources from our government relations team. Efforts to educate
33 legislators about the vast difference in education as well as the importance of physician leadership
34 within the healthcare team continues to be a priority. As of the writing of this message, none of the
35 legislation to expand scope of practice for mid-level practitioners has moved to final passage during this
36 legislative session. Specifically, CRNP independence was once again on the legislative calendar. Senate
37 Bill 25 would have allowed CRNPs to work independently of the healthcare team. Each member of the
38 healthcare team, including the physician, plays a vital role in a patient's overall health outcome. PAMED
39 believes that the continuum of care breaks down when the healthcare team does not include a
40 physician. Patients without a physician on the healthcare team will receive a reduction in their care, in
41 other words, SkimpCare.

42
43 PAMED continues to advocate for IBC to change its modifier 25 policy. IBC stated that the change was
44 necessary due to over utilization. After working with a third party and physicians, PAMED is disputing
45 this claim. Our data shows that utilization in the IBC catchment area is not significantly higher than the
46 rest of the state or in similarly sized markets. PAMED will present this information to IBC and continue
47 to push IBC to do the right thing for the patients served in the Southeastern portion of the

1 Commonwealth. PAMED is not doing this alone, we continue to work with a strong coalition of 23
2 associations, including three patient-focused groups.

3
4 As mentioned previously, the opioid epidemic is on everyone’s mind, especially the legislature. PAMED’s
5 government relations team has monitored over 70 pieces of opioid-related legislation. The bills range
6 from prescription limit mandates to how prescriptions can be written. PAMED’s advocacy efforts have
7 stressed that the legislature should not dictate medicine, nor should they interfere in the
8 patient/physician’s relationship. PAMED is strongly advocating for more treatment facilities and
9 treatment options. PAMED has stressed that no two patients are the same, therefore, the legislature
10 should not take a cookie cutter approach to addressing this issue. Our messages are being heard. At the
11 October 1, 2018 gubernatorial debate, Governor Wolf acknowledged that opioid legislation should not
12 stop physicians from being able to treat patients. He also said hindering physicians from treating
13 patients as individuals would be a possible reason for vetoing certain opioid legislation. Some in the
14 legislature believe it’s time to evaluate the effectiveness of current measures before taking further
15 actions.

16
17 One of PAMED’s legislative priorities for 2018 was Senate Bill 780 – Telemedicine. PAMED, and our
18 partners, were able to advocate for the passage of this legislation through the Senate. Additionally, the
19 bill has passed the House Professional Licensure Committee and is awaiting consideration by the entire
20 House of Representatives. Although the insurance industry has exerted extraordinary opposition to this
21 legislation, SB780 has moved further than previous legislative sessions. PAMED continues to lead
22 advocacy efforts to get this legislation to the Governor’s desk and be signed into law before the end of
23 the 2017/18 legislation session.

24 25 **Legal**

26
27 PAMED’s Legal Department provides quality, timely legal advice. In addition, the Department, working
28 with various departments within the organization, provides legal advocacy and resources for member
29 physicians who practice in the Commonwealth.

- 30 • **Amicus Briefs**—the legal department files amicus briefs in cases where the outcome has the
31 potential to affect the medical community as a whole. In addition to the briefs filed in support
32 of the JUA (noted below), the department filed a brief in the case *Mitchell v. Shikora*, which
33 could potentially prevent physicians from offering evidence of general risk and complications in
34 medical negligence actions. The department also filed a brief in the case, *In re: LJB*, which will
35 consider whether drug abuse during pregnancy can be punished as child abuse under state law.
36 The legal department continues to track several other cases which are pending before the
37 courts. The demand for amicus briefs has steadily grown over the past few years, and the trend
38 looks to continue in 2019.
- 39 • **JUA**—the legal department filed an amicus brief in support of the Pennsylvania Professional
40 Liability Joint Underwriting Association (JUA), playing a key supporting role in the federal court’s
41 decision to block the state from seizing \$200 million from JUA, pursuant to Act 44 of 2017. In
42 September 2018, PAMED filed another brief in support of the JUA’s third lawsuit against the
43 state for the passage of Act 41 of 2018, which would place the JUA under the “control, direction
44 and oversight” of the state’s insurance department.
- 45 • **Presentations**—the legal department provided approximately 20 presentations, in-person and
46 via webinar, to physician members across the state on a myriad of topics of importance to

1 Pennsylvania physicians, including: the Prescription Drug Monitoring Program, Medical
2 Marijuana, Physician Licensure, and Scope of Practice.

- 3 • **Professional licensing board meetings**—throughout the year, the legal department regularly
4 attends and represents the Society at meetings of the state medical boards, as well as meetings
5 of the nursing, pharmacy, and dental boards.
6

7 **Membership**

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9 By now, I hope you have seen our marketing campaign, The Art of Medicine. If you have not done so,
10 please go to the PAMED website (<https://www.pamedsoc.org/>) to see the video and other marketing
11 pieces. PAMED has launched this multi-media campaign through billboards, the web, social media, and
12 the branding of advocacy and education materials. This campaign, in combination with the tremendous
13 effort of all of the PAMED staff, has begun to show its impact. I am very proud to announce that for the
14 first time in over ten years, we have more members than the previous year. The numbers don't lie!
15

16 As of August 31, 2018, PAMED is **21,898** members strong. At the same time last year, there were 18,772
17 members.
18

19 PAMED saw increases in the following areas:

- 20 • **20.1%** under 40 physician membership
- 21 • **8.9%** overall female membership
- 22 • **5.1%** overall employed physician membership
- 23 • **3%** for full active members

24
25 Although we have just started our recruitment efforts for 2019, early results demonstrate that
26 membership is tracking ahead of the numbers at the same time for the 2018 campaign.
27

28 In 2019, PAMED will explore new ways to communicate, recruit and retain members. PAMED will
29 continue to advance the Art of Medicine campaign and will ask physicians what is their Art. In other
30 words, why did you choose to become a physician? Where do you find your Art as a physician? PAMED
31 will demonstrate the importance of membership through existing and new value propositions including
32 the creation of new products/services and strong advocacy.
33

34 **Priorities for 2019**

- 35
36 **1. Membership development:** 2018 was a good year for membership. However, we can do more.
37 We must remain cognizant of the challenges and demands both professionally and personally
38 for physicians. It is essential that we create messaging that is relevant and presents real value to
39 members. Pennsylvania is a large and diverse Commonwealth, and our membership reflects
40 that. Thus, we must be willing to provide new services as well as provide choice for our
41 membership. PAMED will continue to use the \$95 membership as a targeted recruitment tool.
42 This price point has been successful for recruiting new members.
- 43 **2. Advocate:** PAMED will be your advocate with payers, legal services, employers, and
44 government. We will continually work to eliminate the distractions, detractors, and pain points
45 for physicians.

- 1 **3. Resource development that members want:** We will continually assess all PAMED resources to
2 ensure timeliness, relevance, and value. We are evaluating products and services that members
3 currently use to see if, through group purchasing, PAMED can provide a discount. Additionally,
4 PAMED is developing additional *Boots on the Ground* toolkits. We will develop new public health
5 initiatives for the Building Healthy Communities project.
- 6 **4. Burnout:** Too many physicians are feeling burned out and because of this, they are leaving the
7 profession. In the second quarter of 2018, the Foundation of the Pennsylvania Medical Society,
8 in collaboration with PAMED, will lead a resiliency summit. Dr. Tait Shanafelt, one of the leading
9 national experts on physician burnout and resiliency, will serve as the keynote for the summit.
10 The summit is scheduled for June 5-6, 2019. Additional information on the summit will be
11 available on the web and through the Dose.
- 12 **5. Outreach:** PAMED will once again hold town hall listening and educational sessions across
13 Pennsylvania. Currently, we are working on topics for 2019. If you have a topic, please send your
14 suggestion to the Chair of the Board of Trustees at Boardchair@pamedsoc.org. PAMED wants to
15 hear from members, therefore, we will continue to survey physicians to obtain direct feedback
16 that assists PAMED with the development of programs and services in the years ahead.

17 As I close the report for this year, I am mindful to extend deepest gratitude for the dedicated leadership
18 and devoted staff who generously and selflessly share their time, talent and expertise to make PAMED
19 the leading advocate for physicians across the Commonwealth. It is my honor to serve at PAMED. I want
20 to thank each member for investing their hard earned dollars with the Pennsylvania Medical Society,
21 your investment is not taken for granted.

22 One good membership year is not a trend. However, it is a start. I encourage each and every member to
23 talk about the work of PAMED and why it matters to physicians. Ask your colleagues to become
24 members. Together, one good year becomes two, and that is a trend. And when two good years become
25 three, then that is a movement.