Combating Opioid Abuse in Pennsylvania

Opioids for Pain: Be Smart. Be Safe. Be Sure.

Opioids for Pain: Be Smart. Be Safe. Be Sure. — This PAMED initiative focuses on patient empowerment and physician education. Resources include a five-step physician call to action and seven questions patients should ask when prescribed an opioid. www.pamedsoc.org/OpioidInfo.

Addressing Pennsylvania’s Opioid Crisis: What Health Care Teams Need to Know — This multi-session CME series includes video interviews and scenario-based learning. www.pamedsoc.org/OpioidsCME.

Current sessions include:
• Opioid prescribing guidelines — Analyze your prescribing practices against new statewide guidelines and identify when and why to prescribe opioid medications.
• Naloxone — Address the use of naloxone as an opioid antidote, review regulatory requirements for prescribing naloxone to third-party first responders, and assess naloxone prescribing options.
• Referral to treatment (also known as the warm hand-off) — Address substance use disorders; explore screening and assessment tools; review intervention strategies; and assess best practices in referrals to specialists, rehabilitation services, and community resources.
• PA’s prescription drug monitoring program (PDMP) — Get answers to common physician questions regarding governance, user access, and provider and dispenser reporting requirements.

Visit PAMED’s Opioid Abuse Resource Center for the latest news, education, and tools: www.pamedsoc.org/OpioidResources
ELECTION-YEAR Q&A

Pennsylvania Physician recently asked incumbent U.S. Senate candidate Pat Toomey (R) where he stands on regulatory reform, opioid abuse, telemedicine, and other topics that affect Pennsylvania physicians and their patients.

THE POWER OF MEMBER ENGAGEMENT & STORYTELLING

Policymakers are not physicians. That’s why PAMED offers input on a variety of health care-related legislation at the state and federal levels — and helps members weigh in on the proposals that affect them.

DEPARTMENTS

02 The President’s Prescription
Lead and Succeed During a Seismic Shift

04 From the EVP’s Desk
Together, We Can Strengthen the Physician Voice

06 Physician Newsmakers
Young, Bold, and Doing Good Work

25 On Call
Calendar of Events

26 Medicine Bag
Count on PAMED for Guidance on Health Care Rules and Regulations

27 PAMED Pulse
The Member Connection: What PAMED Is Hearing from You

28 Resources
A Recap of Pennsylvania’s New Medical Marijuana Law

CORRECTION
The summer issue of Pennsylvania Physician incorrectly identified Allegheny County Medical Society President Lawrence John, MD, as a family practitioner at UPMC St. Mary’s Hospital and a professor at the University of Pittsburgh Medical College. Dr. John practices at UPMC St. Margaret’s Hospital and is a clinical instructor in Family Medicine for the University of Pittsburgh School of Medicine. We regret the error.
LEAD AND SUCCEED DURING A SEISMIC SHIFT

It has been my privilege to serve as Pennsylvania Medical Society (PAMED) president over the past year, and I’m proud of the work we have done to propel us into a new medical landscape in the state. We are not simply inheriting the way we do business and practice medicine, but instead, shaping our profession. I will continue to work to ensure that my time leading this organization was well-spent, so that physicians can redefine all aspects of medicine.

I’m proud of the accomplishments we have made together during my year as president, from making strides in achieving much-needed Maintenance of Certification (MOC) reform (yes, there is still work to be done, and it remains a priority for PAMED), to educating physicians and empowering patients to lead the fight against opioid abuse, to helping position physicians as leaders in a value-based care world.

In June, we issued a vote of no confidence in the board of the American Board of Internal Medicine (ABIM). We believe that ABIM’s current leadership is not capable of reforming the process in an academically meaningful and fiscally responsible way. We also convened a national discussion panel to present research findings, insights, and recommendations regarding the failures of ABIM and the MOC process at the AMA’s Annual Meeting in Chicago.

During the meeting, our delegation coauthored a resolution that — among other provisions — calls for the immediate end of any mandatory, secured recertification examination by the American Board of Medical Specialties (ABMS) or other certifying organizations as part of the recertification process for those specialties that still require a secure, high-stakes recertification examination. These actions were a continuation of efforts that physician leaders in Pennsylvania have been leading for years. Learn more about them at www.pamedsoc.org/MOC.

In May, PAMED launched its Opioids for Pain: Be Smart. Be Safe. Be Sure. initiative, aimed at educating physicians and empowering patients to end the devastating opioid abuse epidemic in Pennsylvania and the nation. Along with empowering patients, the initiative calls on physicians to take five steps:

1. Know the guidelines
2. Use the prescription drug monitoring program (PDMP)
3. Refer addicted patients to treatment
4. Discuss alternatives to opioids with patients
5. Remind patients to properly dispose of a prescribed medication when they no longer need it

I am committed to these five steps, and I hope all Pennsylvania physicians will take the pledge, too. Learn more about this initiative and PAMED’s resources for physicians, patients, and lawmakers at www.pamedsoc.org/OpioidInfo.

We stand at the cusp of a seismic shift in health care delivery. PAMED is positioning physicians to lead and succeed in the transition from fee-for-service (volume) to value-based care — from understanding and complying with MACRA to realizing the benefits of forming a collaborative network. Protecting physicians’ decision-making ability and practice autonomy during this transition is essential.

If you want to stand and be counted as one of the physicians who turns these efforts into reality, join us at JoinNow.pamedsoc.org. If you are already a member, thank you for your membership and support.

SCOTT E. SHAPIRO, MD, FACC, FCPP, FACP
2015-2016 President, PAMED
HEALTH CARE’S NEXT GENERATION

At a time when so many significant issues are shifting in the medical landscape, I am honored to take on the role of leading PAMED. The society — the voice of physicians in Pennsylvania — is, now more than ever, imperative to addressing issues at all levels of practice. Our most important endeavor is to prepare physicians for the way in which health care is delivered in the new environment.

One of the ways we will meet our responsibility to ready physicians for these realities will be to listen closely to what our young physicians are experiencing as they enter the medical field. They have the freshest perspectives on the issues, and can offer solutions with the ultimate goal of delivering world-class health care. They are the members that will guide us in the next several years.

Young physicians have the freshest perspectives on the issues, and can offer solutions with the ultimate goal of delivering world-class health care.

We will advocate on behalf of physicians at multiple levels and set the standards needed to meet the requirement of providing the best care possible for our patients. On a national level, we will follow MACRA developments that signal a major transformation in health care and bring quality-of-care information to you. We will continue to push for physician-led, team-based care and appropriate scope-of-practice regulations to ensure patient safety. We will call for physician oversight on setting the standards for lifelong learning in our profession.

We have a lot of work to do, and together, we can advocate on behalf of physicians and sustain their voice on these and many more issues facing our gracious profession. Members, thank you for your membership — you make our voice strong. If you are not yet a member, join us at joinnow.pamedsoc.org to strengthen physician advocacy.

Charles Cutler, MD, MACP
2016–2017 President, PAMED

WHAT PENNSYLVANIA PHYSICIANS NEED TO KNOW ABOUT THE PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Pennsylvania physicians who are licensed, registered, or otherwise lawfully authorized to prescribe controlled substances, other drugs or devices in the course of professional practice or research in this Commonwealth are required to register in the state’s new prescription drug monitoring program (PDMP). Physicians can now register and begin to query the system once their registration has been approved.

PAMED encourages all Pennsylvania physicians to register as soon as possible. According to the law, once registered, prescribers shall query the system 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. A prescriber shall also query the system if he or she believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs.

Physician comments on the registration process can be emailed to stat@pamedsoc.org. Both positive feedback and constructive criticism are welcome. PAMED is gathering these comments and regularly submitting them to the Department of Health’s PDMP team.

Get more information, including FAQs and prescriber and dispenser reporting requirements, at www.pamedsoc.org/database.

Editor’s Note: This issue’s column comes from two Pennsylvania Medical Society (PAMED) presidents — Scott E. Shapiro, MD, FACC, FCPP, FACP, 2015–2016, and Charles Cutler, MD, MACP, 2016–2017, since the magazine will reach readers’ mailboxes within days of the transition. PAMED would like to thank Dr. Shapiro for his service as its 2015-2016 president.
TOGETHER, WE CAN STRENGTHEN THE PHYSICIAN VOICE

This political season has taught us that, now more than ever, as individuals, we need to be involved in the election process. But as an informed group, we achieve more. PAMED, the single strongest, most articulate voice of physicians in Harrisburg, Pa., needs your involvement and your membership so that we can make sure that the legislation that affects you, your practice, and your patients reflects your interests and concerns.

The U.S. Senate election in Pennsylvania has been called a battleground race for 2016. Incumbent Pat Toomey (R), who began serving in the Senate in 2011, will face Katie McGinty (D) in the general election on Nov. 8, 2016. Their positions on health care affect you. Read our Q&A with Sen. Toomey (McGinty’s office declined to comment) on page 10 before you cast your vote.

PAMED offers other ways for you stay up to date. We send you the latest information and offer ways for you to tell us what you think. This month, nearly 300 physicians from across Pennsylvania and a variety of specialties and practice settings will come together at PAMED’s annual House of Delegates (HOD) to discuss, debate, and set PAMED policies on a variety of issues of importance to Pennsylvania physicians. Physicians can offer their support, opposition, or recommended changes to the resolutions, which are then debated on the HOD floor. We will then share what our physicians decide.

Watch your email for PAMED’s calls to action, and download our mobile app by searching “PAMED” from your iPhone or Android smartphone. You can use the app to take action when legislators need to hear from physicians.

Our legislative affairs staff is also available to discuss your concerns. PAMED’s online CME course — Physician Advocacy Basics — is designed to help physicians learn how they can influence health care policy decisions by becoming effective advocates. Access the course at www.pamedsoc.org/AdvocacyBasics. And our Grassroots Advocacy Network is here for when the physician voice needs to be heard. You can help make a difference.

PAMED’s advocacy outcomes need to be infused with the mindsets of all levels, work styles, and new patient needs. Technology makes it easy to reach out to our networks and engage. We need the experience and insight of physicians who have been in practice and have ideas to share.

If you are already a member, thank you for your membership. Not yet a member? Join us at JoinNow.pamedsoc.org.

HEATHER A. WILSON, MSW, CFRE
Interim Executive Vice President, PAMED
"ONE IN TEN
people suffer from addiction.
At any time, there could be as many as 3,000 doctors in the state whom we could be helping."

Raymond Truex Jr., MD, FAANS, FACS

WHY SHOULD I SUPPORT THE PHP?

• For 30 years the PHP has provided confidential support, monitoring and advocacy to those who may be struggling with addiction or physical or mental challenge.
• The PHP relies on contributions from physicians, hospitals and others so that the cost to the participant can be kept as low as possible during challenging times.
• Your gift TODAY is an investment in an established endowment ensuring that the PHP will have funding support in perpetuity.
• Your gift provides a transformational opportunity for your fellow health care providers who deserve a chance to live life in recovery and good health.

HOW CAN I HELP?

Please consider a gift to the PHP in honor of this anniversary to ensure that physicians will always have a place to go to when help is needed. Let’s make the most of it! In celebration of this milestone, the campaign has received a $30,000 challenge grant from an anonymous physician – by making your gift TODAY you will help us to take full advantage of this generous matching fund opportunity!

Go to www.foundationpamedsoc.org to see true stories of transformation and recovery.

If you want to learn more about how to make a contribution to the PHP Endowment, visit www.foundationpamedsoc.org. You can also contact Director of Philanthropy Margie Lamberson, CFRE, at mlamberson@pamedsoc.org or 717-558-7846.
YOUNG, BOLD, AND DOING GOOD WORK

BY CHUCK MORAN

Baker Henson, DO, might be early into his medical career, but already he’s built an international record of volunteerism that goes well beyond his years. Similarly, Brian Kreeger, a board member at the Katallasso Family Health Center in York County, Pa., has only a few years’ familiarity with health care under his belt, but saw a need to do more to help those unable to afford the cost of basic care.

Kreeger and Dr. Henson recently caught the attention of PAMED’s Awards Committee, led by past president Richard Schott, MD. This summer, Dr. Schott’s committee, which included past presidents Bruce MacLeod, MD, and Karen Rizzo, MD, selected Dr. Henson as the recipient of this year’s Physician Award for International Voluntary Service. It also named Katallasso Family Health Center as the recipient of PAMED’s $5,000 Grant for Healthy Living in Ethnic Communities.

Nominated by Leonardo Geraci, DO, Dr. Henson is a resident at PinnacleHealth in Harrisburg, Pa. Amazingly, he started World Camp, a nonprofit that provides HIV and other health education in Malawi, Africa, while still in college. Taking responsibility for a continuous rotation of students and volunteers, Dr. Henson maintained a high level of involvement, even in medical school and residency.

As if he didn’t have enough to do, Dr. Henson began collaborating with Mukul Parikh, MD, and his Operation Medical global health care initiative, which serves the medical and surgical needs of underserved people worldwide. Dr. Parikh was the 2014 recipient of PAMED’s International Volunteer Award. Dr. Henson serves as an Advisory Board member for Operation Medical, and has become involved in its surgical mission trips.

That’s not the end of the story, however. As Dr. Henson prepares to complete his surgical residency, he is launching Access Health Africa, a nonprofit that will focus on mission work in communities in Malawi and other African countries.

Katallasso Family Health Center was nominated for PAMED’s Grant for Healthy Living in Ethnic Communities by the York County Medical Society. As part of its mission, Katallasso works to serve the uninsured, underinsured, and those living in poverty by providing free family practice services in a faith-based atmosphere, building relationships.
“Access to primary care services is one of the keys to a healthy community. I am proud to have an organization like Katallasso here in York, and thrilled that it was awarded the PAMED Grant for Healthy Living in Ethnic Communities. I am looking forward to working with Katallasso to continue to make York healthier.”

—Tom Kehrl, MD, president, York County Medical Society

in order to work through some of the social determinants of health.

Early on with Katallasso, Kreeger recognized the need to do more in the Hispanic community. The center hired a Hispanic Operations Manager and brought on other Spanish speakers in volunteer roles. They translated health literature to better connect with the Hispanic community. Katallasso also set a goal to increase outreach to the Hispanic community in the upcoming year in more practical ways, and Kreeger anticipates these efforts will bring health care closer to the community it serves.

“Both Dr. Henson and Mr. Kreeger are shining examples of making a difference through health care,” says Scott Shapiro, MD, 2015–2016 PAMED president. “As they work to improve the quality of life in Africa and York County, PAMED is honored to recognize them for their contributions.”

Chuck Moran, MS, has more than 25 years of experience in media relations settings including higher education, finance, and health care. He currently serves as PAMED’s director of media relations and public affairs. In addition, he supports his profession as a member of the Pennsylvania Public Relations Society. Email him at cmoran@pamedsoc.org or follow him on Twitter at @ChuckMoran7.
PENNSYLVANIA DELEGATION HELPS DIRECT AMA POLICY

BY LARRY L. LIGHT

Since they are responsible for working on national health care policy issues that affect physicians and their patients, being an American Medical Association (AMA) delegate is pretty important. A small group of physicians represents PAMED at the semiannual meetings of the AMA House of Delegates (HOD), where the main focus is to set policy for the nearly 300,000-strong membership organization.

With 13 delegates and an equal number of alternate delegates, the Pennsylvania delegation represents just over 2 percent of the total number of delegates participating in the HOD, and just under 5 percent of the total delegates representing state- and territory-based organizations. There are 50 state delegations, plus scores of delegations representing the spectrum of medical specialties. Still, the Pennsylvania delegation has gotten things done and played a key role in the adoption of AMA policy on the most pressing health care issues.

The AMA HOD meets every June and November for annual and interim meetings, respectively, with the June session being the busiest. The June 2016 annual meeting in Chicago, for example, featured nine reference committees to consider reports from the AMA Board, various AMA councils, and resolutions from across the country. Reference Committee B, Legislation, had 47 items of business on its agenda. AMA bylaws restrict the business of the interim meeting to legislative and advocacy topics, so delegates get a lot of homework.

During the most recent June meeting, news broke of the mass shooting at the Pulse nightclub in Orlando, Fla. AMA’s HOD moved quickly to have the association label gun violence a public health crisis, and urge for improved background checks and a waiting period for all firearms purchases. In addition, the AMA will lobby Congress to overturn legislation that for 20 years has prevented the Centers for Disease Control and Prevention (CDC) from researching gun violence as a public health issue. The resolution was cosponsored by the Pennsylvania delegation.

The Pennsylvania delegation was also instrumental in setting a new policy that asks the AMA to oppose a proposed Department of Veterans Affairs (VA) rule that would permit advanced practice registered nurses (APRNs) to substitute for physicians in independent practice settings. The resolution was crafted by Pennsylvania physicians and carried forward to the AMA by its Organized Medical Staff Section. Discussion on the controversial VA proposal noted that it is antithetical to the established policies of the AMA. At the same time, PAMED expressed support for reforms to the Veterans Choice Program that would provide veterans with necessary care and additional policies that promote care by physician-led teams.

PAMED and its Pennsylvania AMA delegation also extended their leadership in campaigning to further educate physician colleagues on matters related to the governance of the American Board of Internal Medicine (ABIM) and the questionable value of Maintenance of Certification (MOC). PAMED supports AMA, state, and specialty efforts to create a continuous professional development process that works for all physicians.

After hosting informational sessions during recent meetings of the AMA HOD, PAMED and the Pennsylvania delegation sponsored a panel discussion featuring Charles P. Kroll, CPA; Bonnie H. Weiner, MD; Wes Fisher, MD; and PAMED President Scott Shapiro, MD, announcing that PAMED was issuing a statement of no confidence in ABIM. Kroll is a forensic accountant who has gathered extensive information on the workings of ABIM, Dr. Weiner is a founding board member of the National Board of Physicians and Surgeons, and Dr. Fisher is a well-known blogger on matters related to ABIM and MOC.

The AMA HOD subsequently approved a resolution, cosponsored by the Pennsylvania delegation, that was viewed as a strong message from physicians across the country to have the AMA take a stronger position on matters related to ABIM and MOC.

“For there to be improvement, the first step as I see it is for ABIM to change its approach from that of enforcer to the role of educator. MOC exercises (they should not be assessments) should not be focused on testing to show what physicians know at a given time — which, I believe, is a worthless concept. Instead, the focus should be on educating physicians. Online exercises should provide references and explanations of answers. The purpose should not be on ‘passing the exam,’ but rather on physicians showing due diligence.”

—Mark Lopatin, MD
Legislative & Regulatory Update

Now, AMA’s policy:

• Calls for the immediate end of any mandatory, secured recertification examination by the American Board of Medical Specialties (ABMS) or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination.

• Directs the AMA “to continue working with ABMS to encourage the development by and the sharing between specialty boards of alternative ways to assess medical knowledge other than by a secure, high-stakes exam.”

• Directs the AMA to continue supporting the requirement of Continuing Medical Education (CME) and ongoing quality assessments of physicians, where such CME is proven to be cost-effective and shown by evidence to improve quality of care for patients.

• Directs the AMA to support a recertification process based on high-quality, appropriate CME material. This process will be directed by AMA-recognized specialty societies covering the physician’s practice area, in cooperation with other willing stakeholders, that would be completed on a regular basis as determined by the individual medical specialty, to ensure lifelong learning.

Electing AMA’s physician leaders is an aspect of the annual June meeting to which delegates pay close attention. Competition for seats on AMA councils, the AMA Board of Trustees, and other leadership positions such as AMA President-Elect (who automatically becomes AMA President the following year) is intense. Candidates seek the support of colleagues and delegations from across the country to build a winning coalition of delegate votes.

Former PAMED House of Delegates speaker Andrew W. Gurman, MD, of Altoona, Pa., reached the pinnacle of AMA physician leadership when he was inaugurated as AMA president on June 14, 2016. Dr. Gurman had previously served as vice speaker and speaker of AMA’s HOD before winning his bid for president-elect a year ago. In his inaugural speech as AMA president, Dr. Gurman issued a call to action for physicians to be leaders and advocates for their profession, and colleagues from across the country received the message warmly.

In the past 12 months, the Pennsylvania delegation was also successful in bringing two other issues to the national policy debate. At the 2015 November interim meeting, the AMA House adopted a resolution authored by Virginia Hall, MD, directing the AMA to “vigorously oppose unnecessary and burdensome paperwork which presents barriers to lactation support” to help ensure that Joint Commission and Healthy People 2020 breastfeeding goals are met. The resolution noted that insurer certification issues have resulted in restrictions on which companies are permitted to provide breastfeeding equipment. This is information rarely revealed to the practitioner or patient.

A second PAMED resolution was referred to the AMA Board of Trustees for further study. The resolution seeks to ensure that annual wellness visits for Medicare patients are provided by primary care physicians or members of a community-based, physician-led team, and provide continuity of care for Medicare patients.

James Goodyear, MD, PAMED’s delegation chair, has set a course that will ensure members’ continued influence on national health care policy on these and other issues in upcoming AMA meetings.

Larry Light is PAMED’s federal issues consultant. Email him at lighthouselobby@gmail.com.

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ELECTION-YEAR Q&A

Sen. Pat Toomey (R) tells Pennsylvania Physician where he stands on the issues that affect Pennsylvania physicians and their patients.

BY LARRY L. LIGHT
AT PRESS TIME, THE RACE FOR PENNSYLVANIA’S JUNIOR U.S. SENATE SEAT HAS TIGHTENED CONSIDERABLY. PENNSYLVANIA PHYSICIAN RECENTLY ASKED THE CANDIDATES, INCUMBENT REPUBLICAN PAT TOOMEY AND DEMOCRAT KATIE MCGINTY, WHERE THEY STAND ON REGULATORY REFORM, OPIOID ABUSE, TELEMEDICINE, AND OTHER TOPICS THAT AFFECT PENNSYLVANIA PHYSICIANS AND THEIR PATIENTS. MCGINTY’S OFFICE DECLINED TO COMMENT.

CANDIDATE NAME: SEN. PAT TOOMEY (R)

Pennsylvania Physician: What do you view as the main issues facing health care and medicine today?

Pat Toomey: Excessive costs and increasing government regulation continue to limit options and interfere with decisions that are best made by patients and their doctors. I continue to be an advocate for improving care and lowering costs by maintaining the independence of physicians so patients have choice in providers, reforming medical liability, and empowering consumers to make decisions with their health care dollars.

On April 14, 2015, after years of advocacy, I was proud to cast my vote to repeal the flawed Medicare sustainable growth rate (SGR) once and for all. However, this significant accomplishment brings with it new challenges. While rewarding value over volume is essential to Medicare’s long-term financial solvency, implementation of the new alternative payment models included in the Medicare Access & CHIP Reauthorization Act (MACRA) must be done in a way that avoids the overly
burdensome regulations and perverse incentives too often associated with Medicare. I will continue to rely heavily on input from the physician community to make sure we take advantage of this significant opportunity to improve, rather than further complicate, the Medicare program.

**PP:** Regulatory reform is an important issue to America’s physicians. Every year, new, overlapping, and sometimes contradictory regulatory burdens are imposed on physicians that distract them from patient care. As proposals to make policy changes to Medicare and other government health care programs arise, what is your view of the assertion that Congress should assess the combined impact on physician practices and avoid passing unfunded mandates that erode their productivity?

**PT:** As chairman of the Senate Finance Subcommittee on Health Care, I have worked with my colleagues across the aisle in search of ways to specifically address this problem. Included in MACRA was a provision authored by Sen. Tom Carper (D-Delaware) and myself that will identify ways to align the multitude of quality measurements used in public and private programs and reduce the compliance burdens on providers.

Furthermore, while quality measures have an important role in moving toward value-based reimbursement, we must be careful that federal constructs do not add to the burden physicians already face with the high costs of medical liability insurance. I was supported by the American Medical Association (AMA) in my successful efforts to incorporate my proposed Standard of Care Protection Act into MACRA. This important measure ensures that lawsuits cannot be based solely on whether medical providers have followed, implemented, or otherwise achieved national guidelines, practice standards, or other quality measures established by federal health laws.

**PP:** The Affordable Care Act established the Independent Payment Advisory Board (IPAB) to reduce spending growth in Medicare and national health care spending. Physicians believe that the current structure of IPAB is severely flawed, primarily because it places important decisions about the health care system in the hands of unelected appointees, and relies exclusively on reductions in payments to health care providers to meet arbitrary health care spending targets that are unrelated to patient need. Do you support repeal of IPAB? Why?

**PT:** I am a cosponsor of legislation to fully repeal the Independent Payment Advisory Board. IPAB shifts treatment decisions away from patients and doctors and into the hands of 15 unaccountable, appointed bureaucrats. I will continue to support the repeal of IPAB and will back legislation to do so.
**PP:** Critical funding that trains America’s physicians through Graduate Medical Education (GME) is in danger, and could face severe cuts in Medicare financing that will limit access to care for patients, jeopardize the ability of residency programs to train physicians, and increase projected physician workforce shortages. The AMA position is that Congress must take proactive steps to prevent GME funding cuts and focus on long-term solutions that address the financial stability of Medicare, maintain access to care for patients, and preserve critical funding for physician residency programs. Do you support preserving critical GME funding and pledge to oppose efforts to cut the program?

**PT:** I recognize the integral role Medicare plays in training future physicians through the Graduate Medical Education program. It is especially impactful in Pennsylvania, where our teaching hospitals train more than 7,000 medical residents and interns in any given year. President Obama has repeatedly proposed reducing this assistance, and as a member of the Joint Select Committee on Deficit Reduction (the “Supercommittee”), I was directly confronted with proposals that would have significantly reduced federal funding for the GME program. I fought then to ensure that spending reduction proposals did not jeopardize the integrity of the GME program, and will continue to ensure that Pennsylvania teaching hospitals and teaching health centers are treated equitably under GME.

**PP:** The 2015 Medicare Trustees annual report reaffirmed that entitlement programs as currently structured are unsustainable and headed for bankruptcy. Specifically, the report showed that the Medicare Trust Fund would be insolvent in just 15 years. Do you believe that entitlement reform, and specifically Medicare reform, should be a top priority of the next Congress?

**PT:** Medicare is a valuable program that provides important health care coverage for millions of seniors. I have worked with members on both sides of the aisle to pass measures to strengthen this program, including the landmark Medicare Access and CHIP Reauthorization Act (MACRA) in April 2015. However, even President Obama has noted that Medicare is on an unsustainable path, and we cannot avoid tough choices to reform and preserve it for future generations. We can, and we must, do that without impacting current retirees or those nearing retirement.

**PP:** What types of reforms should Congress enact to ensure the future sustainability of the Medicare program: provider cuts, changes to benefit design and beneficiary cost sharing, significant structural reforms to Medicare, or some other option?
PT: Significant structural reforms to Medicare.

**PP:** Physicians want to be leaders in preventing and reducing misuse, addiction, overdose, and death from prescription drugs, and believe that a comprehensive, multipronged public health approach is needed. This approach must balance the treatment needs of pain patients with efforts to promote safe and appropriate prescribing, reduce diversion and misuse, promote an understanding that substance use disorders are chronic conditions that respond to treatment, and expand access to treatment for individuals with substance use disorders. Do you support increasing coverage for — and access to — comprehensive treatment for opioid use disorder, including medication-assisted treatment?

PT: Combating the opioid epidemic has been a priority of mine in the Senate, and I have taken a multifaceted approach. In July, legislation I authored to crack down on opioid diversion and misuse in the Medicare program was signed into law. I have worked to expand federal assistance to prescription drug monitoring programs, and I have supported bipartisan legislation to eliminate the perverse payment incentive created by the president’s health care law that encouraged providers to prescribe additional painkillers. I was pleased that the administration announced in August that it would adopt a regulatory change to decouple Medicare reimbursement from the results of patient satisfaction surveys on pain management.

Recently, I authored legislation that would force China to crack down on illicit exports of deadly fentanyl, which is driving overdoses upward in our country. Finally, I supported the passage of the Comprehensive Addiction and Recovery Act, which will increase access to treatment for substance abuse, including medication-assisted treatment.

**PP:** Do you support expanding Good Samaritan protections?

PT: I have cosponsored the Opioid Overdose Reduction Act (SB 1707), which would ensure Good Samaritan protections are applied to first responders, health care professionals, and family members when administering overdose prevention drugs such as naloxone.

**PP:** Provisions of current law that predate the Internet limit Medicare telemedicine coverage to patients located at certain clinical sites and in certain rural areas, but PAMED wishes to ensure that patients and physicians are able to use new technologies to remove barriers to timely, high-quality care. A basic principle advocated for by PAMED is that the treating physician should be licensed in the state where the patient is located. Would you support legislation that encourages telemedicine, while at the same time maintaining high standards and preserving state-based licensure for physicians?

**PT:** Pennsylvania is one of the most rural states in the country, and advances in telemedicine provide an opportunity to expand access to world-class care in more areas than ever before. When evaluating proposals to break down existing barriers to telemedicine, I have solicited feedback from the physician community to ensure our high quality of care is not compromised, and I will continue to do so.

**CONCLUDING STATEMENT**

The health care field holds some of the brightest promises for our future. As our knowledge of disease and the body continues to grow by leaps and bounds, we have seen dramatic increases in both the duration and the quality of life. From our government’s perspective, it also holds some of the greatest challenges. Projected Medicare growth continues to drive future deficits, and overly burdensome regulation limits access and disrupts the foundation upon which our health care system is built: the doctor-patient relationship.

Guiding my actions in the Senate is the fundamental belief that instead of giving the government more power, we need to expand access and lower health care costs by empowering patients and increasing transparency within the health care system. Every step of the way, whether it be considering significant reforms to the Medicare program or informing my actions as Chairman of the Senate Finance Subcommittee on Health Care, I have relied on support and input from the people who know the issues the best — our state’s physicians.

This cooperative relationship I have maintained with the physician community is one I value greatly. If I am honored with the opportunity to represent you for a second term in the U.S. Senate, I pledge to continue working with you to identify practical ways to improve our nation’s health care system.

—Sen. Pat Toomey
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PAMED HELPS PHYSICIANS GUIDE AND PROMOTE LEGISLATION THAT AFFECTS THEM.

BY RACHEL DAMRAUER
Legislation isn't usually written by physicians, but it does require their input. After all, who better understands physician issues than physicians? In addition to helping block or soften legislation that physicians don't want to see put in place, PAMED and its member physicians play a valuable role in enacting legislation and policies that physicians do want to see become a reality.

Though most legislative proposals are well-intended, policymakers are not physicians. And yet, they often make decisions about policies that impact the day-to-day practice of physicians. That's why legislative staff and legislators often ask for PAMED's input on a variety of health care-related legislative proposals.

"I rely on PAMED to help me make informed decisions as to how proposed health care legislation will affect the residents in my legislative district," says state Rep. Harry Readshaw (D-Allegheny County).

When it comes to health care-related legislation, I rely on PAMED to provide accurate information and help guide me through the complexities of those issues," state Rep. Bryan Cutler (R-Lancaster County) adds. "I am grateful for their input."

When asked for feedback, PAMED often reaches out to member physicians in the specialties most likely to be impacted by the legislative proposal in question. Our staff lobbyists have built strong relationships with member physicians across Pennsylvania in a variety of specialties and practice settings, and know whom to contact when insights are needed on the potential impact of a legislative proposal.

We also work closely with state specialty societies and PAMED's Specialty Leadership Cabinet (SLC) to identify necessary legislation and concerns about existing legislative proposals. For example, prior authorization reform is a big issue for cardiologists, so when working with the state legislature on prior authorization reform legislation (HB 1657), we sought input from the Pennsylvania Chapter of the American College of Cardiology and its member cardiologists.

PAMED regularly brings immediate issues — even those for which we may not yet have a standing policy — before our Board of Trustees and Executive Committee for their insights to gauge the impact they may have on physicians.

With legislative proposals, we spend time identifying key components that member physicians can't compromise on. PAMED lobbyists also look for red-flag themes when they receive legislative proposals for review, such as verbiage that might interfere with the physician-patient relationship, legislation that would dictate methods of medical practice, and scope-of-practice issues.

PAMED, its lobbyists, and its member physicians also play a key role in drafting legislation. Two great examples are the telemedicine bills (HB 2267 and SB 1342) now in the state House and Senate. PAMED's Telehealth Task Force — comprised of representatives from several specialties and primary care physicians — worked on and approved draft legislation that was sent to the state legislature. The legislation aims to address barriers to telemedicine in Pennsylvania and bring clarity to its expanded use.

In addition to drafting the initial language of the telemedicine proposal, PAMED's lobbyists and Telehealth Task Force also reviewed each change suggested by other stakeholder groups, such as the Hospital and Healthsystem Association of Pennsylvania (HAP) and insurer groups. While the bill in its final form wasn't 100 percent the language our Telehealth Task Force drafted, we were involved throughout the process, identifying key provisions we wanted to see in the final bill, as well as problematic provisions we did not want added.

THE POWER OF STORYTELLING

Before a legislative proposal is born, stakeholders such as PAMED and its member physicians must make the case for why the legislation is needed — whether it's to streamline provider credentialing, reform prior authorization, or limit insurers' retroactive denials, to name a few.

Essential to making the case are real-world stories from physicians. For example, when considering a credentialing reform bill (HB 1663), state legislators asked PAMED for examples of why it was needed. Our membership team reached out to physicians for examples and personal stories that were crucial to illustrating the impact of the proposed reforms to legislators.

Another example is HB 1219, a bill PAMED supports that would reclassify the penalty for assaulting a health worker in Pennsylvania from a second-degree misdemeanor to a felony. PAMED recently got a call from a member physician who had a patient come into his ER more than 20 times over a period of a couple of months, complaining of a toothache and seeking Percocet. Nurses weren't comfortable being in the same room with the patient, and when the physician told the patient he wouldn't prescribe narcotics, the patient became angry and pushed him. The doctor pressed charges, but because an assault wouldn't prescribe narcotics, the patient became angry and pushed him. The doctor pressed charges, but because an assault

This is the kind of story PAMED shares with legislators in support of such legislation. Hopefully, harsher penalties will
serve as a deterrent to those who seek to harm individuals who have made it their life’s work to protect and care for others.

**DELEGATES DRAFT RESOLUTIONS**
Each October, nearly 300 physicians from across Pennsylvania and from a variety of specialties and practice settings come together at PAMED’s annual House of Delegates (HOD) to discuss, debate, and set PAMED policies on a variety of issues of importance to Pennsylvania physicians. Physician delegates write resolutions that are then considered by reference committees made up of member physicians. The reference committees offer their support, opposition, or recommended changes to the resolutions, which are then debated on the floor of the House.

Learn more about the 2016 House of Delegates, to be held Oct. 21-23, 2016, at www.pamedsoc.org/HOD.

**THE PHYSICIAN VOICE**
The physician voice is important to advocacy on behalf of physicians and patients. How can you help? Watch for PAMED’s calls to action in your email and through our mobile app (download it by searching “PAMED” from your Apple or Android app store) when legislators need to hear from physicians.

Connect with local legislators and talk to them about important physician issues. When asked the advice he would give to physicians related to advocacy, state Rep. Gene DiGirolamo (R-Bucks County) had this to say: “Physicians can partner with their legislators by offering advice for policy issues affecting their profession. Your state representative [and senator] should be someone with whom you have a relationship, so that you can both benefit.”

PAMED’s online CME course — Physician Advocacy Basics — is designed to help physicians learn how they can influence health care policy decisions by becoming an effective advocate. Access the course at www.pamedsoc.org/AdvocacyBasics.

Do you have a relationship with your state representative or senator? Are you willing to call or visit them when your voice — the physician voice — needs to be heard? Become a part of our Grassroots Advocacy Network to help make a difference. You can sign up online at www.pamedsoc.org/GrassrootsNetwork.

Rachel Damrauer, MPA, is director of member communications at PAMED. Email her at rdamrauer@pamedsoc.org.

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**Lehigh Valley Health Network Continuing Education 2016-17**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMO Conference</td>
<td>Nov. 3, 2016</td>
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<tr>
<td>Palliative Medicine Symposium</td>
<td>Dec. 1, 2016</td>
</tr>
<tr>
<td>Cognitive Behavioral Treatment of Patients</td>
<td>Nov. 3–4, 2016</td>
</tr>
<tr>
<td>Cardiology for the Primary Care Physician</td>
<td>Dec. 3, 2016</td>
</tr>
<tr>
<td>Anesthesiology Winter Retreat</td>
<td>Jan. 20–22, 2017</td>
</tr>
<tr>
<td>Update in Cardiology</td>
<td>April 29, 2017</td>
</tr>
<tr>
<td>Stroke Symposium</td>
<td>May 5, 2017</td>
</tr>
</tbody>
</table>

Lehigh Valley Health Network Continuing Education provides effective and efficient learning solutions that integrate quality educational experiences for our colleagues and the clinical professional community. For more information or to register for any of our upcoming offerings, please visit go.activecalendar.com/lvhn-doe.

LVHN.org
CMOs
Enhance Your Leadership Skills

THE CHALLENGE: As a CMO, medical director, VP for medical affairs, or chief of staff, are you faced with challenges related to team buy-in, managing expectations, engaging with patients and other providers, fostering effective relationships with both independent and employed physicians, and the dual role of physician and administrator?

THE SOLUTION: Join the Pennsylvania Medical Society’s (PAMED’s) comprehensive CMO leadership series—an opportunity to identify best practices and strategies that you can implement to resolve these challenges, while enhancing your leadership skills and networking with fellow CMOs.

COURSE SCHEDULE
Nov. 4, 2016 – Improving Patient Experience and Engagement: Moving Patients and Providers to Action
Dec. 16, 2016 – Being the Team Leader When You’re Not the Subject Matter Expert: Best Practices in Managing Project Teams
April 7, 2017 – Crucial Conversations: Establishing Accountability, Expectations, and Consequences
June 2, 2017 – Navigating Physician Relationships: Employed vs. Independent Physicians
Aug. 4, 2017 – Two Hats, One Team: Challenges Associated with the Dual Roles of Administrator and Clinician

This series is accredited for CME. For course descriptions and facilitators go to www.pamedsoc.org/CMOLeadership.

For all courses:
8:30 – 9:30 a.m. – Networking breakfast and open discussion of current issues/concerns
9:30 a.m. – 3 p.m. – Educational session with light lunch provided

HERE IS WHAT PAST CMO ATTENDEES ARE SAYING:
• “It is important to learn skills that are suited to the unique challenges of a CMO’s job, where you live with one foot in the medical world and one foot in administration (and another in finance, compliance, marketing, recruitment, etc.).”
• “Physician leadership is essential to advancing care for our patients and institutions. Our medical staffs are looking for leadership to make sense of the chaotic change we are all experiencing. PAMED’s CMO Leadership Training Program curriculum helps better prepare us and our colleagues for the changes ahead.”
• “With the rapid changes in health care and the regulatory environment it only makes sense to network with fellow physician leaders. We need to share our ideas, wins, and losses. This forum is an opportunity to hear about high value topics not necessarily on our local radar.”

COST
$250/per course for members and $415/per course for non-members.

If you are not a PAMED member, join today at www.pamedsoc.org/join to take advantage of member pricing and other member-only benefits. You may be eligible for an introductory offer of $95 dues. Learn more by calling PAMED’s Knowledge Center at 855-PAMED4U (855-726-3348).

Register online at www.pamedsoc.org/CMOLeadership

Prior to MACRA’s passage, Medicare Fee-For-Service (FFS) payments were based on the volume of services provided. To control the increasing cost of Medicare, FFS payments were subject to the sustainable growth rate (SGR). Each year since the SGR’s inception in 1997, Congress had to act to pass temporary fixes and avoid cuts to physician reimbursement. The “doc fix,” as it became known, simply rolled the proposed cuts to the following year, compounding the problem. By 2015, after years of postponement, had the SGR not been repealed, physician reimbursement would have been cut by 21 percent.

The MACRA legislation replaces the SGR with more predictable payment methods that focus on long-term value. Prior to the passage of MACRA, roughly 20 percent of Medicare’s payments went to alternative payment models (APMs) such as accountable care organizations. With the passage of MACRA, HHS announced a goal for 30 percent of Medicare payments to be in APMs by the end of 2016, and 50 percent by 2018. A second goal ties 85 percent of payments to quality by the end of 2016, and 90 percent by the end of 2018.

In addition to repealing the SGR, MACRA will change how physicians are paid by Medicare. MACRA starts by rewarding physicians and non-physician practitioners for quality and value instead of volume, resulting in a shift to payment models based on population health. The new, streamlined program is called the Quality Payment Program. Within this program are two tracks for physicians: the Merit-Based Incentive Payment System (MIPS) and advanced APMs. Of these two tracks, most physicians and non-physician practitioners will be considered MIPS-eligible clinicians.

The implementation of MIPS and the evolution from volume to value involves streamlining three individual quality-based programs: the Physician Quality Reporting System (PQRS), the Value-Based Payment Modifier (VM), and the Medicare Electronic Health Records Incentive Program (formerly known as Meaningful Use or MU), as well as the addition of a new, fourth component called Clinical Practice Improvement Activities.

MIPS-eligible clinicians will face adjustments to their Medicare reimbursements under the MIPS program. The adjustments — positive, negative, or neutral — are based on participation and scoring of the four different MIPS categories. By law, MIPS is required to be budget-neutral. Also by law, the adjustment percentages — positive and negative — are scheduled to increase year after year, with a potential for downward or upward payment adjustments totaling up to 9 percent by the year 2022.

PROBLEMS WITH THE PROPOSED RULE

In reviewing the proposed rule, PAMED identified significant concerns. While the intention of the MACRA legislation of 2015 is commendable, the proposed rule imposes complex, onerous, and confusing responsibilities on physician practices. It does little to truly address the control of health care costs and improve the quality of health care services. The cost of compliance is likely to outweigh MACRA’s benefits. According to estimates from the Centers for Medicare and Medicaid Services (CMS), the cost of compliance alone will be $128 million.

Specific areas of concern include the following:

- **Implementation schedule.** The first payment year under MACRA is 2019, but payment adjustments will be based on 2017 performance. The proposed rule makes the 2017 performance period a full calendar year, which means performance measurements will begin Jan. 1, 2017.

- **Low-volume threshold.** The proposed threshold to be excluded from MIPS is $10,000 minimum Medicare Part B charges annually. By CMS’ own estimates, small practices are at a disadvantage under MIPS. It projects 87 percent of solo practitioners and nearly 70 percent of very small practices to be MIPS-exempt.
MACRA Streamlines Three Quality-Based Programs into the Quality Payment Program

<table>
<thead>
<tr>
<th>OLD PROGRAM</th>
<th>CATEGORY UNDER QUALITY PAYMENT PROGRAM</th>
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<tbody>
<tr>
<td>PQRS</td>
<td>Quality</td>
</tr>
<tr>
<td>Value-Based Payment Modifier</td>
<td>Resource Use</td>
</tr>
<tr>
<td>Medicare EHR Incentive Program/MU</td>
<td>Advancing Care Information</td>
</tr>
<tr>
<td>Clinical Practice Improvement Activities</td>
<td>New Component</td>
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</tbody>
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**PERFORMANCE CATEGORY WEIGHTING UNDER MIPS**

<table>
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<tr>
<th>PAYMENT YEAR</th>
<th>PERFORMANCE CATEGORIES</th>
<th>ADJUSTMENT FACTOR</th>
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<tbody>
<tr>
<td></td>
<td>Quality</td>
<td>Resource Use</td>
</tr>
<tr>
<td>2019</td>
<td>50%</td>
<td>10%</td>
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<tr>
<td>2020</td>
<td>45%</td>
<td>15%</td>
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<tr>
<td>2021</td>
<td>30%</td>
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<tr>
<td>2022 forward</td>
<td>30%</td>
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**MIPS DATA SUBMISSION OPTIONS**

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<tr>
<th>MIPS CATEGORY</th>
<th>INDIVIDUAL REPORTING</th>
<th>GROUP REPORTING</th>
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<tbody>
<tr>
<td>Quality</td>
<td>Claims</td>
<td>QCDR</td>
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<td>QCDR</td>
<td>Qualified Registry</td>
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<td></td>
<td>EHR</td>
<td>CMS Web Interface (groups of 25+)</td>
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<td>CMS-Approved Survey Vendor for CAHPS for MIPS</td>
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<td></td>
<td>Resource Use</td>
<td>Administrative Claims (no submission required)</td>
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<td></td>
<td>Administrative Claims (no submission required)</td>
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<td>Clinical Practice Improvement Activities</td>
<td>Attestation</td>
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<td>Claims (if technically feasible)</td>
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<td>CMS Web Interface (groups of 25+)</td>
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MACRA-NYMS

ACI — Advancing Care Information
ACO — Accountable Care Organization
APM — Alternative Payment Model
CAHPS — Consumer Assessment of Healthcare Providers and Systems
CEC — Comprehensive ESRD Care
CEHRT — Certified Electronic Health Record Technology
CMMI — Center for Medicare and Medicaid Innovation
CMS — Centers for Medicare and Medicaid Services
CPIA — Clinical Practice Improvement Activities
CPC+ — Comprehensive Primary Care Plus
CPSP — Composite Performance Score
E&M — Evaluation and Management
EC — Eligible Clinician
EHR — Electronic Health Record
ESRD — End Stage Renal Disease
FFS — Fee For Service
GPRO — Group Practice Reporting Option
HHS — U.S. Department of Health and Human Services
HPSA — Healthcare Professional Shortage Area
MACRA — Medicare Access and CHIP Reauthorization Act
MIPS — Merit-Based Incentive Payment System
MSSP — Medicare Shared Savings Program
MU — Meaningful Use
NPI — National Provider Identifier
OCM — Oncology Care Model
PCMH — Patient-Centered Medical Home
PQRS — Physician Quality Reporting System
QCDR — Qualified Clinical Data Registry
QP — Qualifying APM Professional
QPP — Quality Payment Program
TIN — Taxpayer Identification Number
VM — Value-Based Payment Modifier

PENNSYLVANIA PHYSICIAN FALL 2016 21
percent of groups with less than 10 practitioners will face negative payment adjustments estimated at a combined $579 million.

- **Full-year reporting period.**
  The first-year reporting period is proposed to be the full 2017 calendar year.

- **Threshold for quality reporting.**
  A significant increase in reporting thresholds — from 50 percent minimum threshold required to 90 percent (80 percent for claims reporting) — is burdensome.

### PAMED’S PAYER ADVOCACY

On June 27, 2016, PAMED sent CMS its comments on behalf of Pennsylvania physicians concerning the proposed rule.

As PAMED noted in its letter, we are deeply concerned about the effect the proposed regulations will have on health care delivery and ultimately, on the health of millions of patients. Among other requests, PAMED urged CMS to do the following:

- Delay implementation to allow for adequate time to transition
- Expand the threshold to exclude more low-volume practices from MIPS
- Reduce the reporting period to adopt a more gradual approach
- Reduce reporting thresholds to more reasonable levels to achieve successful reporting

In addition to preparing its own comment letter on the proposed rule, PAMED joined 113 state and specialty medical societies in signing the American Medical Association’s comment letter to CMS.

### A LOOK TO THE FUTURE

In the absence of a crystal ball, there are some indications of what we may expect looking ahead. Earlier this year, Andy Slavitt, acting administrator of CMS, stated, “We have lost the hearts and minds of physicians.” Let us hope that CMS has an interest in winning back our hearts and minds and will listen to the voices of PAMED and others. Slavitt also said that he has “no illusions” that the changes can happen overnight.

CMS has hinted at a possible delay to the start of MACRA and a shorter reporting period for the program. In addition, CMS is earmarking $100 million for technical assistance for small and rural practices over the next five years. But with grave concern for the future viability of small practices, more needs to be done, and changes to the technology infrastructure will need to occur. Hospitals likely may be required to alter their business practices by opening their application program interfaces and dismantling their data silos.

PAMED will continue to stay at the forefront of this titanic issue. Our focus continues to be on ensuring our members have the necessary resources needed to be successful in their practices.

PAMED expects the rule to be finalized in the fourth quarter of 2016. With any hope, there will be remarkable differences between the initial proposal and the final rule. PAMED will keep members informed about the release of the final rule, the parameters of the regulations, and any updates to MACRA resources via its email and print member newsletters and in the next issue of *Pennsylvania Physician* magazine.

Jennifer Swinnich, CPPM, is associate director of PAMED Practice Support.
Email her at jswinnich@pamedsoc.org.
PAMED—Your Partner on Your Path to License Renewal
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Pennsylvania Medical Society (PAMED) members can access 50+ free and discounted CME credits at www.pamedsoc.org/cme2016

STEP 1: It’s a licensure renewal year, and the deadline to meet this cycle’s CME requirements will be here before you know it. Take advantage of PAMED’s activities, all designed to meet patient safety and risk management requirements. New activities added frequently!

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- Become a better physician advocate
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- FREE for all PA physicians
- Offers options for both two hours (license renewal) and three hours (new license)

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- Online, on-demand courses—Learn more about issues such as ethical challenges, financial management, and quality improvement
- Onsite leadership training—Provide the physicians in your practice or health system with customized, cost-effective training at your location

STEP 4: Organize your CME activity online at www.pamedsoc.org/tracker. Easily record all Category 1 and Category 2 activities in one location.

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PHYSICIANS & PHILANTHROPY

PHP STORIES OF SUCCESS
BY KERRY ROYER

The Foundation of the Pennsylvania Medical Society celebrates the 30th anniversary of the Physicians’ Health Program (PHP) by sharing 30 Stories of how the program changed people’s lives. Here are several excerpts:

It was in February of 1989, and I appeared to be a very successful EM doc, but in my head, I knew my life was in crisis. But I didn’t know what to do or how to get out.

I knew I was an alcoholic and was using scheduled drugs to get through work and the day. I was drinking and using drugs all day and night just to give the appearance that I was normal and successful.

I had a DUI and was being investigated by the FBI, IRS, and DEA. No one else knew except my closest friend, who was also my attorney. On March 13, 1989, after having my home searched by the FBI, DEA, and IRS, I entered treatment for drug and alcohol abuse at the Mayo Clinic. When I got home, besides going to Alcoholics Anonymous meetings, I called the PHP, because I did not know how to deal with licensing issues, credentialing issues, malpractice issues, legal issues, and many other situations that eventually would come up.

I can honestly say that over a 25-year period, PHP has helped and supported me with every issue. In the beginning, I did not believe any of the things I have now would ever be possible. Because of the help, guidance, and support of PHP, I have a great and respected medical career. I am also happy, serene, and drug-free. In short, I owe PHP my life and happiness.

—MICHAEL S. ANTOON, DO, FAAEM

Looking back, I wished I had done some things very differently in my professional and personal life. But if I could share one lesson I learned, it is never be afraid to ask for help — sooner rather than later. Asking for help is a sign of strength, being honest with oneself, and taking full advantage of what life has to offer. It spares the pain and consequences loved ones must endure by not seeking help sooner. Not everyone will give you a second chance. But those who do will give you the hope Emily Dickinson [wrote about in] a poem, which took me so many years to understand:

“Hope” is the thing with feathers
That perches in the soul
And sings the tune without the words
And never stops — at all.

—ANONYMOUS

In the past 30 years, the PHP has had many success stories. There is one, however, that impacted me personally. As the person who collects fees from our participants, I, at times, find the task to be daunting — especially when requesting payment of past-due fees prior to the mailing of an advocacy letter. This leads to my story.

There was a participant named Alice [name changed for anonymity] who was not the easiest person to talk with on the phone. Alice came into the PHP in the early stages of her recovery. She was usually combative, quick with a negative response, and resented being in the program. I was typically on edge when taking her phone calls, wondering if a simple question or request would be retaliated with a sharp rebuttal.

As it happens, Alice’s career took her to another state, where she enrolled in a second monitoring program. Her PHP file was eventually closed due to noncompliance. However, several years later, she contacted the PHP in need of an advocacy letter. I was nervous about having to inform Alice of her past-due fees. All I could think of was our past exchanges and how negative they were. She immediately picked up on the hesitation in my voice and questioned it. I explained. Her response was remarkable: “Now that would not be good recovery.”

SAVING LIVES AND CAREERS

For 30 years, the PHP has helped more than 4,300 physicians enjoy life without drugs or alcohol and continue to be successful physicians. To learn how you can make a difference by contributing to the PHP Endowment, contact Marjorie Lamberson, CFRE, at mlamberson@pamedsoc.org or (717) 558-7846. Or mail your gift to:

THE FOUNDATION OF THE PENNSYLVANIA MEDICAL SOCIETY
PHYSICIANS’ HEALTH PROGRAM ENDOWMENT CAMPAIGN
777 EAST PARK DRIVE
P.O. BOX 8820
HARRISBURG, PA 17105-8820
Wow, she was a totally different person! It was gratifying to see such a dramatic change in her. Alice was considerate, respectful, and clearly in good recovery. Her transformation was heartwarming, and will remain a constant reminder for me of the positive impact programs like ours have in changing lives.

—WENDIE DUNKIN, PHP COMPLIANCE ASSISTANT

For more than 25 years, I have had the privilege of representing physicians, dentists, and other health professionals. One of the most challenging and rewarding aspects of my practice has been the representation of health professionals who have or may have a physical or mental impairment. For my clients who have connected with the Physicians’ Health Program for help, the PHP has been a reliable, constant, compassionate, and knowledgeable resource at every step in the process — helping to obtain an evaluation, supporting and monitoring recovery, and advocating for the retention or reinstatement of professional licenses.

Many things have changed in 25 years — the faces at the PHP, the laws and regulations governing professional practice, and certainly the nature of the practice of medicine and dentistry. The stresses inherent in the practice of medicine and dentistry have always been considerable — never more than today. Through it all, the PHP has been there. The PHP has saved lives and has helped many health professionals achieve a stable recovery and continue working. For that, I express my gratitude and look forward to working together in the years to come for the benefit of health professionals in Pennsylvania.

—JULIA E. GABIS, ESQ.

Go to www.foundationpamedsoc.org throughout the year to read new stories every month and donate online.
COUNT ON PAMED FOR GUIDANCE ON HEALTH CARE RULES AND REGULATIONS

It seems like every day, there’s a new regulation or law that affects Pennsylvania physicians and their health care teams. It’s a daunting task to keep up with them all. Do you ever feel like you’re drowning in a sea of rules and requirements? You are not alone.

At PAMED, we get it! We understand the challenges that physicians face in daily practice. Our experts break down topics such as MACRA and Pennsylvania’s prescription drug monitoring program, and share their analyses with members through online articles, blogs, videos, and other resources. And we offer tools that make it easier for our members to thrive.

Check out a few of the noteworthy resources PAMED has developed for our members over the past several months:

MACRA Resources and Tools. Make sense of MACRA and learn to succeed with new payment models using PAMED’s tools. You’ll find resources like a MACRA overview, an analysis of new quality reporting measures, and a video series; together, they can help you tackle MACRA one step at a time. These resources are free to PAMED members at www.pamedsoc.org/MACRA.

Annual Wellness Visit Toolkit. Find out how to carry out Medicare’s Annual Wellness Visit (AWV), which promotes wellness among Medicare beneficiaries and offers care coordination reimbursement to physicians. The toolkit breaks down the components of a wellness visit, gives physicians the tools to comply with documentation requirements, and offers helpful forms — many of which can be customized for your use. It’s free for PAMED members, and $149 for nonmembers. Visit www.pamedsoc.org/AWVToolkit.

Medical Marijuana Law Quick Consults. Learn how Pennsylvania’s new medical marijuana law impacts physicians with PAMED’s suite of resources, which includes frequently asked questions from physicians, details regarding a physician’s role in the law’s safe harbor provision, and more. Visit www.pamedsoc.org/MedMarijuana.

CME To Meet Licensure Requirements There’s also plenty of online, on-demand CME available from PAMED to help physicians meet licensure requirements in 2016. Find more than 50 credits of free and discounted PAMED CME online at www.pamedsoc.org/cme.

KEEPING UP WITH PAMED
How can you make sure you’re the first to know when PAMED offers a new resource or CME program? Try these four convenient ways for members to stay connected:

PAMED’s Mobile App. Stay current with Pennsylvania health care news and access a handy tool you can use to communicate with legislators. Just search “PAMED” to download the app on iTunes or the Google Play store.

Weekly email newsletter. Keep up on the latest news affecting the profession with our weekly email newsletter, The Dose.


Physician Advocate print newsletter. Get a monthly overview of health care happenings, with an emphasis on physician advocacy in Harrisburg, Pa., and Washington, D.C. •

YOUR CME SOLUTION: CME CONSULT
CME Consult, a handy collection of articles available online and in print, offers six patient safety and risk management credits.

Hot topics in this year’s CME Consult include: how to oversee a patient hand-off, cultural competence, EHR “cloning,” and embracing patient portals to engage patients.

It’s easy to earn the 12 credits you need for your patient safety and risk management CME requirement — just successfully complete the 2015 and 2016 issues of CME Consult.

CME Consult is free for members, and $249 per issue for nonmembers. Visit www.pamedsoc.org/cmeconsult for more information, and find more than 50 credits of free and discounted PAMED CME online at www.pamedsoc.org/cme. •
THE MEMBER CONNECTION: WHAT PAMED IS HEARING FROM YOU

School’s back in session, summer vacation is a memory, and there’s a chill in the air. It’s official: Fall has arrived.

At PAMED, the summer months are busy ones. Here’s a look back at the past few months, and what we’ve heard from members about PAMED advocacy and the value of membership.

WAYS TO CONNECT
Have you heard about PAMED’s Knowledge Center? If you’ve contacted us to get clarification on a health care regulation, ask about CME, or find out more about PAMED’s advocacy efforts on issues such as insurer credentialing, you’ve been in touch with the Knowledge Center.

We hear from hundreds of members each month — members like Joseph Becker, DO, FAAP, a pediatrician practicing in West Chester, Pa. He was one of many physicians who reached out to us to express support for the leadership role PAMED has taken in achieving meaningful Maintenance of Certification (MOC) reform and efforts to ensure that the process is relevant to the care physicians provide to patients in offices and hospitals.

“Thank you for representing the doctors of Pennsylvania,” Dr. Becker wrote in an email to PAMED. “This alone is worth my dues.”

PAMED is working to address physician concerns that MOC is a time-consuming, burdensome task that’s out of touch with the current practice of medicine. In June 2016, PAMED hosted an MOC roundtable discussion at the AMA’s Annual Meeting in Chicago and announced a vote of no confidence in the leadership board of the American Board of Internal Medicine (ABIM). One physician said that the “Pennsylvania Medical Society melted the meeting down with a blistering, two-hour exposé on the abuses of ABIM and the boards in general.”

Find out more about our MOC reform efforts at www.pamedsoc.org/moc and in the Legislative & Regulatory Update on page 8.

THE RIGHT TIME TO RENEW OR JOIN
It’s membership renewal time for current PAMED members, and we also welcome many new members. That includes physicians new to the state, those who are beginning their first year of practice following residency, and former members who have decided to return to PAMED.

If you’ve been a member in the past and your membership has lapsed, it’s not too late to join again. PAMED member MaryEllen Pfeiffer, DO, a hospitalist practicing in York, Pa., recently returned to PAMED and shared her thoughts on membership with us.

“I think it’s important to be a part of our local organizations. However, the cost of membership does get quite high after a while, so I let PAMED lapse,” says Dr. Pfeiffer. “Then I learned about the Leadership Academy, and thought that it was another great opportunity. I didn’t want to pass up. I renewed and was honored to receive a scholarship to the academy.

“Since rejoining, I’ve been impressed at how service-minded toward its members the Pennsylvania Medical Society is,” Dr. Pfeiffer says.

You can learn more about PAMED’s suite of leadership resources, including the Year-Round Leadership Academy, at www.pamedsoc.org/LeadershipAcademy.

Joining PAMED now can pay off for new members. If you join before the end of this year, your membership will begin immediately and last through the entire 2017 calendar year. And those who are new to PAMED may be eligible for a one-time, introductory dues rate of $95.

Join or renew today. Current members can renew online at www.pamedsoc.org/renew. New members can join by visiting us at JoinNow.pamedsoc.org. Or call our Knowledge Center at 855-PAMED4U/855-726-3348 to join or renew, and learn more about what PAMED membership can do for you.
Despite opposition from PAMED, on April 17, 2016, Gov. Tom Wolf signed Act 16 into law, authorizing the use of medical marijuana. Once fully implemented by the state’s Department of Health (DOH), the Medical Marijuana Act will allow individuals to obtain medical marijuana from a DOH-licensed dispensary. Here is a recap of the law.

In order to obtain medical marijuana, an individual must submit to DOH a certification from a DOH-registered physician that the individual has one of 17 serious medical conditions as defined by Act 16. These include cancer, positive status for HIV or AIDS, amyotrophic lateral sclerosis (ALS), Parkinson’s disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, Huntington’s disease, Crohn’s disease, post-traumatic stress disorder (PTSD), intractable seizures, glaucoma, sickle-cell anemia, severe chronic or intractable pain of neuropathic origin/severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective, and autism. The individual will also need to have a valid identification card issued by DOH.

Under the law, medical marijuana has been approved in the following forms: pill, oil, and topical forms including gels, creams, and ointments; forms medically appropriate for administration by vaporization or nebulization (excluding dry leaf or plant form until dry leaf or plant forms become acceptable under DOH regulations); and tinctures and liquids. Smoking of medical marijuana is not permitted by DOH, nor will Pennsylvania dispensaries be able to sell edible forms. However, individuals who obtain medical marijuana pursuant to Act 16 can make edible forms of medical marijuana on their own.

DOH estimates that it will take approximately 18 to 24 months to fully implement Act 16. In the meantime, Act 16 contains a safe harbor provision that allows parents, legal guardians, caregivers, or an appropriate individual approved by the DOH to obtain medical marijuana from another state and bring it into the commonwealth for use by a minor under the age of 18. An applicant must apply to DOH for a Safe Harbor Letter allowing the applicant to administer medical marijuana to a minor in this commonwealth. The minor must have one of the aforementioned 17 specific, serious medical conditions as diagnosed by a DOH-registered physician, and the medical marijuana obtained from outside the commonwealth is limited to the forms of medical marijuana lawful in the commonwealth.

On June 25, 2016, DOH published temporary regulations in the Pennsylvania Bulletin regarding its safe harbor provision. These temporary regulations will remain in effect until May 17, 2018, or upon DOH’s publication in the Pennsylvania Bulletin that the commonwealth’s medical marijuana program has been implemented, whichever comes first.

Physicians are not required to certify any patient for medical marijuana. However, if a physician chooses to do so, the physician must first register with DOH. Physicians must provide information to the DOH that they have the training or experience necessary to treat a serious medical condition by providing documentation to DOH of credentials, training, or experience. DOH will determine the necessary levels for DOH certification.

Physicians also will be required to undergo a four-hour training program regarding the latest scientific research on medical marijuana, including its risks and benefits and other information deemed necessary by DOH. The training program may count toward CME education credits as determined by the State Board of Medicine and State Board of Osteopathic Medicine once it becomes available.

Michael D.I. Siget, JD, MPA, is PAMED’s legislative and regulatory counsel. Email him at msiget@pamedsoc.org.
**Controlled Substance and Opioid Prescribing Educational Program**

LifeGuard offers a comprehensive program led by Penn Medicine faculty, that covers prescribing issues for physicians who want to become more comfortable with controlled substances and opioid guidelines.

**Dates:** Dec. 8 & 9, 2016  
**Time:** 7:30 am - 5:30 pm  
**Location:** Penn Med Clinical Simulation Center  
1800 Lombard St., 2nd Floor  
Philadelphia, PA 19146m  
**Cost:** $3,200*

**25.5 CME credits offered**

Call 717.909.2590 or visit LifeGuardprogram.com for additional information

“The LifeGuard approach is intended to go beyond passive education, identifying not only educational gaps but also practice-based variations, providing the physician with opportunities to recognize individual issues and make substantial improvements to their practice of controlled substance and opioid prescribing with the tools offered by this program.”

- **Program Director Marcia A. Lammando, RN, BSN, MHSA**

“We have joined with LifeGuard to offer this comprehensive review of material physicians need to know about the opioid and controlled substance issues. We combine case-based education with real-world training using standardized patients, so that physicians who have taken this course are comfortable moving forward in their practice.”

- **Michael Ashburn, MD, MPH, Professor of Anesthesiology and Critical Care Director, Pain Medicine Penn Pain Medicine Center**

**OPIOIDS FOR PAIN**

✓ Be smart.  
✓ Be safe.  
✓ Be sure.

A Public Health Advocacy Program from the Pennsylvania Medical Society

The 2-day program includes case-based discussions completed in a small group format, combined with skills training through the use of standardized patients.

* Discounts available for PAMED members.

Sessions include an overview of CDC and state guidelines. We will assess personal prescribing habits through chart review. Highlights include:

- INTERDISCIPLINARY PAIN CARE: Where do opioids fit in?
- OPIOID THERAPY: Does it work, and at what cost?
- TRANSITIONING chronic opioid therapy and ongoing monitoring.
- TREATMENT FAILURE: What to do when things go wrong.

Read a detailed description of the course syllabus on our website LifeGuardprogram.com.

**“Live Presentation: Controlled Substance and Opioid Prescribing Educational Program - The Pennsylvania Medical Society designates this live activity for a maximum of 16.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.**

Pre-course Enduring Materials: The Pennsylvania Medical Society designates these enduring materials for a maximum of 9.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activities.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Pennsylvania Medical Society and The Foundation. The Pennsylvania Medical Society is accredited by the ACCME to provide continuing medical education for physicians.
As fellow clinicians—
what inspires you, inspires us.

Penn State Health’s **MD Network** serves as a resource to referring providers at any stage of the referral relationship.

For more information, please visit the **MD Network** web page at PennStateHershey.org/mdnetwork.

**MD Network** is reserved for clinicians and office support staff only.

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