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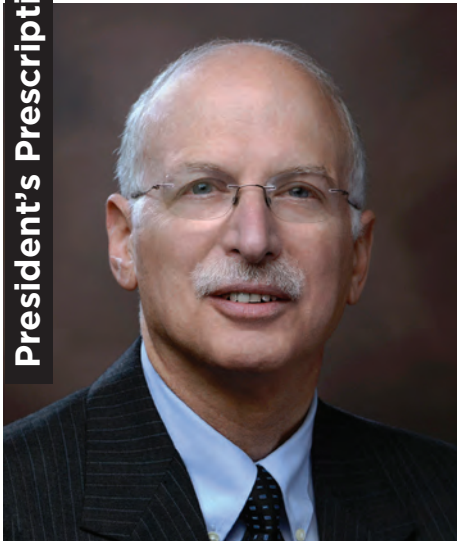
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Berks County Medical Society Forms Substance Abuse Task Force



In our previous issue, Pamela L. Valenza, MD, was incorrectly identified as sitting on a Robert Wood Johnson Community Health Network research grant. She sits on the Robert Wood Johnson Residency Research Collaborative. *Pennsylvania Physician* regrets the error.





Charles Cutler, MD, MACP
President, PAMED

PHYSICIANS ARE COMMITTED TO LIFELONG LEARNING, BUT MOC JUST ISN'T WORKING

Welcome to *Pennsylvania Physician*, where we explore issues related to the business side of medicine. In this issue you'll find an update on our Practice Options Initiative, an article on physician compensation, perspectives from our sections — medical students, residents and fellows, early career physicians, and international medical graduates — on the best way for Pennsylvania to recruit the physicians of the future, and a point/counterpoint on Maintenance of Certification (MOC).

MOC is an issue I'm very passionate about. PAMED has been a national leader in the fight to ensure a fairer MOC process for all physicians that is more in line with how we practice medicine.

However, the ABIM started to go off track in the mid-1980s, and continues today. It's just not working. The ABIM and its leadership are out of touch with the current practice of medicine, and do not adequately represent the profession.

In June 2016, PAMED's Board of Trustees voted a position of no confidence in the leadership of the Board of the ABIM. We believe that its current leadership is not capable of reforming the process in an academically meaningful and fiscally responsible way.

Our PAMED Board is committed to aggressively advocating for all physicians on this important issue. We will explore every avenue to bring about meaningful MOC reform.

Read the MOC point/counterpoint article on page 32. I hope you enjoy this and the other articles in this issue.

If you are a member, thank you for your support. We can do much more together.

If you're not yet a member, I invite you to add your voice at JoinNow.pamedsoc.org.

Charles Cutler MD MACP

Charles Cutler, MD, MACP
President, PAMED ●

OUR PAMED BOARD IS COMMITTED TO AGGRESSIVELY ADVOCATING FOR ALL PHYSICIANS ON THIS IMPORTANT ISSUE.

A few years ago, I participated in an MOC debate with American Board of Internal Medicine (ABIM) President and CEO Richard Barron, MD. In order to sort out the business side of medicine, there should be healthy debate.

Physicians are committed to lifelong learning. Continual professional development and quality patient care based on the best science and evidence to guide medical decision-making are the fundamental cornerstones of what it means to be a physician.

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The Pennsylvania Medical Society supports legislation that reforms prior authorization in Pennsylvania, and needs your help to identify patients who have experienced prior authorization delays.

- Please share the information below with your patients.
- Visit www.pamedsoc.org/PriorAuth to learn about the legislation and how physicians can contribute.



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Visit www.pamedsoc.org/ShareYourStory or call the Pennsylvania Medical Society at **(855) 726-3348** to share your story and communicate with your local legislators.



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The project is supported by the Pennsylvania Medical Society and our physician-led medical specialty partners.

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WHILE YOU ADVOCATE FOR YOUR PATIENTS, WHO'S ADVOCATING FOR YOU?

It's no secret that being a physician comes with incredible rewards both professionally and personally. The type of extraordinary person who is called to this particular service shoulders a tremendous responsibility. There is no one in the commonwealth who has not been touched by the work of a physician.

PAMED IS THE POWERFUL, PROACTIVE VOICE FOR PHYSICIANS.

In my short time as executive vice president of PAMED, I have had the opportunity to learn more about the kind of physician our members expect of themselves. Physicians tell me that their top priority is quality patient care. I've gained a better appreciation for the complexities physicians deal with every day to achieve the ideal care for their patients. And, I don't just mean clinical complexities. It's difficult enough for a physician to see a patient, diagnose them, and manage the proper treatment. There are other recalcitrant complexities that pull physicians away from patient care — everything from reimbursements to prior authorization and all points in between.

Medicine has become a complex and complicated world, and no one can go it alone. Increasingly, we rely on partners and other stakeholders to put physician priorities at the forefront. Collaboration is key to navigating the labyrinth that comes with treatment and the administrative piece that is required to make it happen. Members tell me the paperwork alone is killing their passion for medicine.

I want physicians to know that PAMED is here and working every day to alleviate those pain points. First priority is preserving physician autonomy, so that they may provide the best patient care. At the end of the day, we want physicians to treat patients as they see most fit. I am certain that is precisely what all of the citizens of Pennsylvania want when they seek care from their physician.

PAMED is the powerful, proactive voice for physicians. If you are not yet a member, we welcome you to lend your voice at JoinNow.pamedsoc.org.

Sincerely,



Martin P. Raniowski, MA
Executive Vice President,
PAMED



Martin P. Raniowski, MA
Executive Vice President, PAMED

CALENDAR OF EVENTS

LEARN ABOUT UPCOMING EVENTS

2017 PAMED Board of Trustees Meetings

- **Aug. 15 & 16** PAMED Headquarters in Harrisburg
- **Oct. 13 & 15** Hershey Lodge, in conjunction with PAMED's 2017 House of Delegates

2017-2018 Year-Round Leadership Academy

- The New Model of Physician Leadership – **In-Person Session – Sept. 29, 2017**
- Resolving Conflict – Online Course
- Ethical Challenges of Physician Executives – Online Course
- Physician in Management: Quality – Online Course
- Intro to Finance & Economics in Health Care – Online Course
- Strategic Thinking – Online Course
- Physician in Management: Negotiation – **In-Person Session - April 27, 2018**
- Physician in Management: Leadership – Online Course
- Building and Leading Effective Teams – **In-Person Session – June 22, 2018**

A limited number of scholarships are available for PAMED members. Deadline to apply for a scholarship is June 30. For more information, to register, or to apply for a scholarship, go to www.pamedsoc.org/YRA

CMO Leadership Series

For CMOs, Medical Directors, Chiefs of Staff, and VPs for Medical Affairs

PAMED Headquarters in Harrisburg

- June 2: Navigating Physician Relationships: Employed vs. Independent Physicians
- Aug. 4: Two Hats, One Team: Challenges Associated with the Dual Roles of Administrator and Clinician

Learn more and register at www.pamedsoc.org/CMOLeadership

The Foundation of the Pennsylvania Medical Society LifeGuard Program

Medical Record Documentation course: two-day, in-person program designed for physicians to increase their ability to effectively maintain medical records is a collaborative effort between LifeGuard and KSTAR

Sept. 12 & 13

PAMED Headquarters in Harrisburg

Pharmacology Course: three-day educational program aimed at enhancing medication prescribing behaviors is a collaborative effort between LifeGuard and KSTAR, in concert with Rangel School of Pharmacy at the Texas A&M Health Science Center

Nov. 29 - Dec. 1

PAMED Headquarters in Harrisburg

LifeGuard's Controlled Substance and Opioid Prescribing Educational CME Course

Penn Med Clinical Simulation Center, Philadelphia

Aug. 24 & 25

Dec. 7 & 8

Register at www.lifeguardprogram.com

2017 House of Delegates and Annual Education Conference

Oct. 13 - 15

Hershey Lodge, Hershey, Pa.
www.pamedsoc.org/HOD

www.pamedsoc.org/calendar ●



Bruce Roscher, Jaan Sidorov, MD, and Dennis Olmstead of the Care Centered Collaborative. Not pictured: Anita Brazill.

MEET THE TEAM BRINGING YOU MACRA ASSISTANCE

BY CHUCK MORAN

Care Centered Collaborative launched the new Practice Options Initiative (POI) early this year and named Jaan Sidorov, MD, as CEO. *Pennsylvania Physician* sat down with Dr. Sidorov to find out more about this initiative, which aims to help Pennsylvania physicians collaborate and succeed in delivery systems and reimbursement models that are increasingly tied to meeting defined quality and value metrics.

Currently, many physicians do not have the data aggregation infrastructure, data analytic skills, and other capabilities needed to successfully participate in the Medicare Access and CHIP Reauthorization Act (MACRA), including the Merit-based Incentive Payment System (MIPS) as well as evolve to an Advanced Alternative Payment Model (AAPM).

To help all Pennsylvania physicians succeed in a value-based care world of alphabet soup — MACRA, MIPS, and APMs — Care Centered Collaborative is also creating a Management Services Organization (MSO) that will offer services to all physicians across the state. The Care Centered Collaborative now offers members preferred access to industry-leading Medicare quality reporting products and services for MIPS and the Quality Payment Program. The services, available via a partnership with Mingle Analytics, can help practices accurately report their data to Medicare. Learn more at www.patientccc.com.

The POI also will provide practice options to physicians by helping them establish Clinically Integrated Networks (CINs).

PP: WHY IS PAMED MOVING IN THIS DIRECTION?

JS: It's for Pennsylvania patients. A growing body of evidence is showing that when regional physician practices integrate with one another, there is greater coordination of care. That results in higher quality, which then leads to lower costs and greater health care access for everyone. Pennsylvania physicians also benefit because they can collaborate for the benefit of patient care, share best approaches, use their expertise, and — when costs are successfully reduced — share in the economic gains. Everyone wins.

PP: HOW WILL THIS PROJECT BENEFIT PAMED MEMBERS?

JS: While the “Triple Aim” of national health care reform can be summed up as higher quality, lower costs, and greater satisfaction, national physician leaders have correctly, in my opinion, added a fourth aim, which is improving the work life of clinicians. Called the “Quadruple Aim,” it addresses the important issue of physician stress, dissatisfaction, and burnout. Integration means mutual support, professional growth, and the personal rewards that come from helping more patients in more ways and being recognized for it.

PP: WHAT ARE THE GOALS FOR THE FIRST YEAR?

JS: We are fast at work at developing a suite of options that will help physician practices integrate. This will include offering business services, highly secure data sharing, developing and disseminating high-value care guidelines, and seeking the leadership of practicing physicians in key positions of authority. These services will take advantage of economies of scale to reduce administrative costs. We began to offer some services in early 2017. We can begin to work with insurers to develop reimbursement levels that reward physicians for this higher level of care. This is a fairly expensive investment for PAMED, and one of the goals we are NOT looking at for the first year is to turn a profit. That will take many years, but it's worth it.

PP: WHY WERE YOU INTERESTED IN THIS POSITION?

JS: After many years working in and consulting for large integrated delivery systems, this position gave me a chance to put my experience to work for the benefit of patients and physicians. As quality, costs, satisfaction, and the work life of docs improve, we may be able to share our approach in states other than Pennsylvania.

PP: WHAT PREPARED YOU FOR THIS ROLE?

JS: First and foremost, being a primary care physician in rural Pennsylvania, where I got to see first-hand the dedication and commitment of my professional colleagues in emergency rooms, inpatient wards, and outpatient settings. I also have done some health services research, where I tested the quality and costs of various approaches to the prevention and treatment of chronic conditions, such as asthma, diabetes, and heart failure. That's where I learned that physician-led care is a key ingredient in any effort to improve health care delivery.

PP: HOW LONG HAVE YOU BEEN IN PENNSYLVANIA?

JS: I've physically been in Pennsylvania for more than 40 years, but my heart went into Pennsylvania when I married my wife in 1981. Since then, you can take this boy out of Pennsylvania, but you can't take Pennsylvania out of the boy.

PHYSICIAN-LED CARE IS A KEY INGREDIENT IN ANY EFFORT TO IMPROVE HEALTH CARE DELIVERY.



Jaan Sidorov, MD

MEET THE TEAM BRINGING PHYSICIANS THE CARE CENTERED COLLABORATIVE

Jaan Sidorov, MD, is the CEO and president dedicated to improving patient care through the integration of physician-led medical practices. He is a general internal medicine physician with more than 20 years experience in primary care and population-based care coordination. Dr. Sidorov has numerous peer-reviewed publications, and has been quoted in *The Wall Street Journal* and National Public Radio's *All Things Considered* as well as the *Disease Management Advisor*. He received his medical degree from the Pennsylvania State University College of Medicine, and completed his internship and residency at the Dartmouth Hitchcock Medical Center in Hanover, N.H. He has also served as a chief resident at Reading Hospital. He received additional training in health services research through the Faculty Development Fellowship of the University of North Carolina at Chapel Hill and in managed care through the American Association of Health Plans certified managed care executive program. He also has a master's degree in health services administration from Marywood University, Scranton. Dr. Sidorov is board certified in internal medicine and is a fellow of the American College of Physicians.

CONTINUED ON NEXT PAGE



Dennis Olmstead, MPA, is senior vice president of business strategy and development. Prior to joining Care Centered Collaborative, Olmstead spent 25 years with PAMED and held a number of leadership positions including chief strategy officer and medical economist. As part of the senior management team for PAMED, he served as the primary liaison with health insurers, and state and federal regulators on Affordable Care Act, managed care, and health policy issues. As chief strategy officer, he assisted the executive vice president, vice presidents, and subsidiary CEOs with creating, communicating, implementing, and sustaining strategic initiatives.



Bruce Roscher, CPA, CFP, CMA, CGMA, is the chief financial officer dedicated to improving patient care through the integration of physician-led medical practices. He is an accounting and finance professional with more than 30 years of experience in the financial and operational management of medical practices and their ancillary services. He is a Certified Public Accountant, Certified Financial Planner, Certified Management Accountant, and Certified Global Management Accountant. More recently, he obtained his insurance license with the following lines of authority — Accident and Health, Life and Fixed Annuities. He is a member of both the American and Pennsylvania Institutes of Certified Public Accountants.



Anita Brazill is vice president, collaborations and partnership development. Prior to joining the Care Centered Collaborative, she served as a director in the Integrated Account Management (IAM) team of Merck Human Health. With more than 20 years of business-building and population health results, she is seen as a leader in corporate communication, marketing, and business development. Over the last 10 years she has helped develop and define Merck's strategic business-to-business approaches with large health care systems such as Geisinger, The University of Pennsylvania, and large Pennsylvania-based Accountable Care Organizations and IPAs. ●

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WHAT IS THE BEST WAY FOR PENNSYLVANIA TO RECRUIT THE PHYSICIANS OF THE FUTURE?

We asked members of PAMED's sections about their recommendations for recruiting top physicians in Pennsylvania. Here's what they told us.



Deepak Mehrotra, MD, MBA

INTERNATIONAL MEDICAL GRADUATE PERSPECTIVE

DEEPAK MEHROTRA, MD, MBA
IMG SECTION GOVERNING COUNCIL, DELEGATE

*INTERVENTIONAL SPINE AND PAIN
 EINSTEIN HEALTHCARE NETWORK, PHILADELPHIA*

“Physician manpower shortages will become increasingly important in the next several years because of demographic shifts. Recruiting and retaining International Medical Graduates (IMGs) to Pennsylvania will play a very important role in managing this problem.

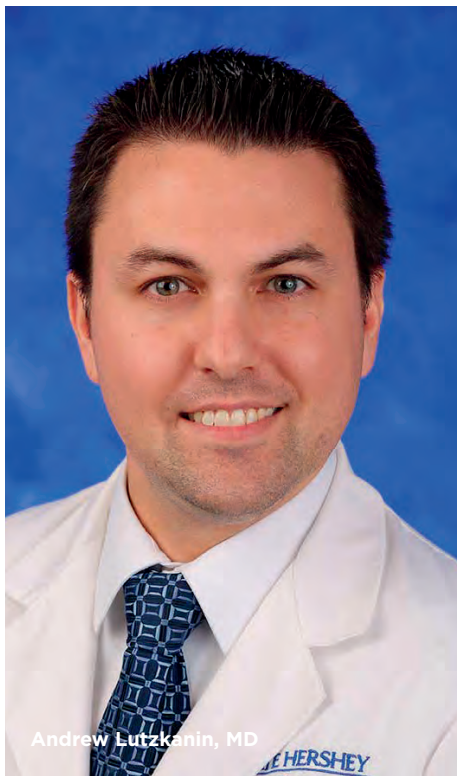
Pennsylvania has a very rich history, heritage, natural beauty, and diverse population to attract IMGs to call it home. IMGs can be the solution to physician shortages, especially in rural areas of Pennsylvania where U.S. Medical Graduates (USMGs) are reluctant to practice.

One of the areas that IMGs find themselves at a disadvantage and feel discriminated is in the area of licensure. IMG physicians go through a rigorous certification process before they can even get into residency, yet graduates of medical schools outside the U.S. and Canada must serve at least three years in residency in Pennsylvania before they can be licensed. Graduates of U.S. schools can serve just two before obtaining a license in Pennsylvania. The rule is consistent for MDs and DOs alike; the State Board of Medicine and the State Board of Osteopathic Medicine require three years of full residency from IMGs. Allowing IMGs to enter practice sooner could help alleviate physician shortages and help in recruiting the physicians of the future.

A resolution that was submitted on behalf of the IMG Section was adopted at the 2015 PAMED House of Delegates, which called upon PAMED ‘to adopt a policy supporting parity in the number of years of GME training required for IMGs and USMGs to obtain state medical licensure, and aggressively pursue legislation supporting it.’

Pennsylvania is fortunate to have a large number of residency slots and excellent training facilities, and that is attractive to IMGs. It would be worthwhile for PAMED to provide and link these residents with IMG mentors. Residencies can be brutal on personal lives. They have left their homeland to venture out in a new culture, customs, surroundings, and language. They long to be guided and nurtured by someone who has treaded along the same path. A helping hand is needed in counseling, finding a place to live, figuring out cultural centers or places of worship, ethnic shopping for groceries, and companionship for spouses.

Another way for PAMED to help is in the area of lobbying with the U.S. Senate and Congress to continue working on issuing visas for training and retaining IMGs. This requires teaming up with the American Medical Association to educate the political establishment about the issue of physician shortages and the role IMGs can play to alleviate it.”



Andrew Lutzkanin, MD

EARLY CAREER PHYSICIAN PERSPECTIVE

ANDREW LUTZKANIN, MD
*EARLY CAREER PHYSICIAN SECTION CHAIR
FAMILY MEDICINE*

*PENN STATE HERSHEY MEDICAL GROUP,
MIDDLETOWN*

“Recruiting new physicians to Pennsylvania is certainly a multifactorial issue. Physician shortages in urban and rural areas, both in primary care and some specialties, combined with an aging physician population means that plenty of new jobs will be available.

On the surface, details such as competitive salaries and benefits play a role just as they do in most fields.

Going beyond that, practices should look at providing a structured environment that supports the physician’s primary role of taking care of patients, helping to alleviate some of the burdensome asynchronous (non-face-to-face) work that can lead to quick burnout. This includes, but is not limited to, appropriate nursing and support staff, onsite ancillary services like pharmacy, social work, mental health, etc., and appropriate technology.

More and more, however, new physicians are becoming increasingly aware of work-life balance. Factors such as affordable housing options, easy access to recreational activities, good schools for children, and opportunities for employment for their spouse are quickly becoming more important factors in the search for a new job than paycheck alone. Investments from the state and local communities in these areas will go a long way to help recruit physicians to Pennsylvania both now and in the years to come.”



Aleesha Shaik

MEDICAL STUDENT PERSPECTIVE

ALEESHA SHAIK
MEDICAL STUDENT SECTION VICE CHAIR

*DREXEL UNIVERSITY COLLEGE OF MEDICINE,
PHILADELPHIA*

“In an increasingly interconnected world, Pennsylvania provides opportunities to be at the forefront of health care in ways that surpass most other states. For me personally, one of the biggest draws for staying in Pennsylvania for residency and beyond is the incredible network of physicians I have encountered, even as just a medical student. Regardless of what you are interested in, you will find countless people who will go out of their way to support you in your endeavors. By continuing to foster these networks and encouraging physicians to collaborate, Pennsylvania will continue to attract the physicians of the future.

Furthermore, while private practices tended to be more common in the past, being affiliated with larger university systems and collaborative practices is becoming the new norm due to the opportunities they afford in the realm of leadership and academic medicine. With five universities in Philadelphia alone, we face no dearth in such possibilities. The key, I think, will be finding the balance between allowing physicians to have the autonomy and flexibility a private practice affords and the collaboration and academic possibilities of a larger system. If physicians felt like they were getting the best of both worlds, recruitment and retention would increase along with physician satisfaction, a major concern in medicine today.”



Hans T. Zuckerman, DO

RESIDENT PERSPECTIVE

HANS T. ZUCKERMAN, DO
RESIDENT AND FELLOW SECTION

CHIEF FAMILY MEDICINE RESIDENT
WELLSPAN GOOD SAMARITAN HOSPITAL, LEBANON

“As a graduating resident, I have spent the last several months being wooed by different organizations and have a couple suggestions for modern recruiting in the age of the millennial physician. Money will always be important, but nowadays millennials are beginning to look for more than just the dollars.

Throw out the playbook. If you are a large multihospital system, I can tell you what the offer will be before I walk in the door. Telling me excitedly how you raise your pay above the mean of national survey averages does not create a hospitable atmosphere.

Instead, throw out the surveys and come up with custom plans. Put it all on the table: Flat salary options, pay per hour, RVU-based reimbursement. Discuss which package could fit me best. If I am young and want to work hard, there’s the RVU dollars. If I am part-time and have children, maybe hourly would be a better choice. If I am slowing down, maybe a flat rate is more appealing to me.

You are going to tell me how much life/work balance means to you. Don’t just tell me — show me. What cool things do you do? What extra things do you do for staff, both in and out of the office? Exercise programs? Weekly massages? Yoga? Do you have a physician retention department? Show off a little bit. Do you sponsor medical mission trips? Let us know about them. Don’t be humble! Are you looking for more physicians to be involved? And, let’s talk about vacation. If all my RVUs drop to zero while I am away, it’s not exactly paid vacation, is it (even if you only budget me for the weeks that I’m supposed to be there)?

If you want to recruit more effectively, it is going to take money, but you will need to offer something extra. Maybe a perk, or reduction of a stressor. Perks are often location dependent (for example, if I work near Harrisburg, I wonder if I can get a pair of season passes to Hersheypark put into my contract). Alternatively you can reduce the amount of headaches (i.e., paperwork) physicians have.

Removing the regulation burden can help lure a great deal of physicians. One clearly effective example is having scribes.

Money will always be attractive, but most physicians will decide based on location. So, if you are not in the elite ZIP code, you need to be flexible and seductive in your offers. Give me a reason to move out of my comfort zone. How will you improve my life? Can I get those Hersheypark passes? And, will I have the time to use them?” ●

What Are PAMED’s Sections?

Rapid, radical change faces the medical profession, but the younger generation — young physicians, medical students, and residents — have the opportunity to shape their own futures. Similarly, the International Medical Graduate section brings together physicians with diverse backgrounds to share their concerns and experiences.

PAMED’s sections for these diverse groups serve as their voices across the state. Members of the sections are engaged and involved in PAMED initiatives and policymaking. To get involved in one of the sections, contact:

Early Career Physicians Section (YPS):
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Elena Pascal presents Lucas T. Wittman with his scholarship award.

MEDICAL STUDENT SCHOLARSHIPS HONOR, INSPIRE

Medical students earning scholarships to combat the increasing costs of medical school have shared how funding has shaped their outlook on practicing in the medical field. In 2015, Shenel Heisler received the \$1,000 Myrtle Siegfried, MD, and Michael Vigilante, MD, Scholarship available to first-year medical students who are residents of Berks, Lehigh, or Northampton counties. She attends the Philadelphia College of Osteopathic Medicine.

Heisler says, “During my undergraduate education I started to work in different health care settings, which made me realize that I wanted to become a physician. The time doctors spent learning about the human body in every way allowed them to use an exponential amount of information to treat their patient in the best possible form. By committing to be a physician, they

were committing to a career of lifelong education that would continuously improve the lives of others.”

To help local medical students offset the cost of education, former Foundation trustee, Elena Pascal, and her sister, Carla Vigilante, established this scholarship in 1999 through The Foundation of the Pennsylvania Medical Society in memory of their parents who were Allentown physicians. Elena Pascal says, “Shenel embodies the spirit of the way my parents cared for patients.”

Heisler encourages others to apply for scholarships through the Foundation, and as far as medical school, she offers this advice: “Work hard, and pursue this dream for the right reasons. If you are truly interested in helping people for the rest of your life, I feel that this is a great way to do it. Have perseverance, and do not doubt yourself. There will certainly be some bumps in the road, but as long as you are willing to put the time and effort in, you can do it!”

Elena Pascal says her parents were a dynamic duo who practiced medicine together. Her mother was a general practitioner raised on a farm in Stony Run, Pa., graduating youngest in her class from The George Washington University School of Medicine. Her father was an obstetrician-gynecologist who hailed from New York, graduating

“We are inspired every day by our scholarship winners and the success they find in this profession that ultimately helps humankind.”

from Marquette School of Medicine. Though her parents' families were of little means, they sought better lives for their children.

Lucas T. Wittman, of Macungie, was the 2016 scholarship winner and attends Harvard Medical School in Boston. He said that his appreciation for education and desire to practice medicine in underserved communities has stemmed from his own humble upbringing as the youngest in his small-town household of seven. He says, "Motivated in part by my own socioeconomic background, I dedicated a significant portion of my undergraduate years seeking to better understand some of the implications involved at the interface of society, neuroscience, and health by leading research projects on poverty and pediatric brain development at the Children's Hospital of Philadelphia."

Elena Pascal says for more than 50 years, her parents shared offices on the first floor of the family home practicing the "art of medicine," seeking to contribute in a positive way to the development of patients and their families. Their patients were their friends, and medicine became an integral part of daily life. Telephones were constantly ringing, and their two waiting rooms were "standing room only." They took their time focusing on each patient as if they were part of the family. Elena Pascal's husband, Joseph Pascal, MD, fondly recalls his first meeting with his future mother-in-law. "She was cradling a phone in one hand giving insulin orders, while stirring the batter for a cake in the other." At a time when women were a rarity in medicine, Dr. Siegfried was a pioneer.

Elena Pascal says, "Our father was a storyteller. His flamboyant, outgoing personality, coupled with his colorful tales of his life in the melting pot of New York's Lower East Side, amused his patients and colleagues. He never seemed to need sleep, spending hours on end in the hospital or his office. He welcomed thousands of babies into the world, and cared for many patients by serenading them with his rendition of 'Santa Lucia.'"

After their parents' deaths in 1996, countless letters were sent from their patients to the daughters, commenting on how the physicians had influenced

their lives and cared for their physical and mental well-being. Many patients felt that the doctors taught them to care about friends and family, yet also give back to the community that was so much a part of their lives. The medical community in the Lehigh Valley was their life, and both parents were members of the Lehigh County Medical Society, the Pennsylvania Medical Society, and the American Medical Association for more than 50 years. Dr. Siegfried was also a member of the Pennsylvania Medical Society Alliance.

David Carrier, MD, a practicing family physician in Nashville, Tenn., who received the scholarship in 2006, says, "As someone interested in serving underserved patient populations, it was important for me to try to minimize my debt coming out of medical school. The assistance of the Myrtle Siegfried, MD, and Michael Vigilante, MD, Scholarship was a vital part of enabling me to pursue a practice that is more about providing care for patients who really need it than about maximizing physician salary."

"Philanthropy is a personal decision," says Elena Pascal. "We cannot adequately express the satisfaction we receive from establishing this endowment in honor of our parents. This scholarship fund is a lasting tribute to their beliefs and to their love of medicine. If, through this fund, we help someone achieve their dream of becoming a doctor — as our parents achieved theirs — we know we've made them proud."

Foundation Executive Director Heather Wilson says, "We are inspired every day by our scholarship winners and the success they find in this profession that ultimately helps humankind. Throughout 2017, we will be featuring their stories and their advice to current medical students on our website."

The Foundation of the Pennsylvania Medical Society, the charitable arm of PAMED, sustains the future of medicine in Pennsylvania by providing programs that support medical education, physician health, and excellence in practice. It has been helping to finance education for more than 60 years. ●



In tribute to the many selfless gifts of time, talent, and leadership expressed by Dr. William W. Lander for the Montgomery County Medical Society (MCMS) and PAMED, the MCMS took a board action to rename its scholarship the Montgomery County Medical Society-William W. Lander, MD, Medical Student Scholarship. Dr. Lander died Jan. 6, 2017, in Bryn Mawr.

To find out more about scholarships, call the Foundation at (717) 558-7852 or visit the Student Financial Services page at www.foundationpamedsoc.org. Want to donate to a scholarship or create a naming opportunity? Call the Philanthropy Department at (717) 558-7846.



THE COMPENSATION GAME

For both physician practices and health care systems alike, physician recruitment is getting more difficult: practices are competing with health care systems to attract physicians, and demand is outpacing supply. According to projections by the Association of American Medical Colleges, in all scenarios, demand exceeds supply, and shortfalls are predicted to widen year after year through 2025.¹

If you are recruiting for a physician in your practice, how can you be sure the compensation package you are offering is attractive? Or, if you are looking for employment, how do you know if the compensation you are being offered is competitive?

Compensation can be calculated in a variety of methods and is not always equitable. Many times compensation can be based on productivity solely, or in combination with a base salary, and productivity is not always straightforward.

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Productivity by RVU

The most common use of productivity, the relative value unit (RVU) system, is often used by owners of medical practices to measure physician productivity and to set compensation.

The Resource Based Relative Value System (RBRVS) was established in 1992 by the Health Care Financing Administration, predecessor of the Centers for Medicare and Medicaid Services (CMS). The system was based on a study conducted by Harvard University and the American Medical Association, the purpose of which was to estimate the relative amounts of “work” physicians contribute to the services they provide. The definition of “work” took into account the physician’s time, mental effort, judgment, technical skill, physical effort, and psychological stress.

THE DEFINITION OF “WORK” TOOK INTO ACCOUNT THE PHYSICIAN’S TIME, MENTAL EFFORT, JUDGMENT, TECHNICAL SKILL, PHYSICAL EFFORT, AND PSYCHOLOGICAL STRESS.

The RBRVS system assigns an RVU for each service provided by a physician. The relative value of each service is the sum of RVUs representing the following three components:

- 1. Physician work expenses —** accounts for roughly 52 percent of the total relative cost of each.
- 2. Practice expenses —** cost of staff, facilities, and overhead, which accounts for an average of 44 percent of the total relative cost of a service.
- 3. Malpractice expenses —** accounts for around 4 percent of total relative costs.

Each of these components is factored for geographic differences based on the area of the country in which the service is provided. The sum of these geographically adjusted RVUs for a particular service comprises the total RVU of that service. To convert the RVU into a fee schedule expressed in dollars, the total RVU of a given service is multiplied by a “conversion factor” — a dollar amount per RVU applied to all services in the relative value schedule. The conversion factor is updated each

year using a formula that takes into account:

- Growth in the Medicare Economic Index
- A projected productivity gain thought to be achievable by all physicians
- Growth in the gross domestic product

Although the RVU system is the basis used to establish payments to doctors for Medicare and Medicaid services, all insurance companies utilize some iteration of this system as well.

The Medical Group Management Association (MGMA) produces an annual report called “Physician Compensation and Productivity Survey.” Data is categorized in this report by specialty and can be used as a starting point for benchmarking using a variety of measures.



How Can I Be Sure That I’ve Been Offered Competitive Compensation?

Through PAMED’s Contract Review Service, physicians can request an analysis of proposed compensation within the employment contract. The compensation analysis service can include a review of base salary and productivity measures, with comparative reports. Learn more at www.pamedsoc.org/contracts.

Other Measures of Productivity

RVUs are not the only method used to measure or compensate productivity. Charges and collections are financial measures related to revenue generation that are commonly used in productivity-based compensation systems.

Productivity by Collections

Net collections, more widely used and sometimes referred to as net production, is the actual cash received for services rendered. In many practices, cash received is recorded as the actual revenue so this method is directly tied to the bottom line. It is also relatively simple to capture this information by physicians. However, this method may not accurately reflect the work performed. Two physicians performing the exact same work with the same amount of effort could be compensated differently. Reimbursement varies by payer, so productivity measured by collections will also vary. The practice's payer mix will have a direct result in collections.

Another consideration is that often the collections process is out of the physician's control, particularly where there is a centralized billing office or the physician is an employee. If there is a collections issue with a particular payer or accounts receivable follow-up is not up to par, physician compensation could be negatively affected.

Productivity by Gross Charges

Gross charges are defined as the full, non-discounted fees charged for all services provided before any contractual, charitable, courtesy, bad debt, or other adjustments are applied. Because charges are unique to every practice or group, they are often thought to be meaningless in the context of revenue generation. While it is true that charges generally do not directly translate into revenue — as it is rare that full charges are collected — charges put physicians performing similar work on an even playing field.

This method can also minimize competition between physicians for more lucrative patients as there is no incentive for treating a commercial patient versus a Medicaid patient. ●

This article contains information from PAMED Practice Support and from collaboration with subsidiary organizations. For more information, call PAMED's Knowledge Center at 855-PAMED4U (855-726-3348) or email KnowledgeCenter@pamedsoc.org.

¹The Complexities of Physician Supply and Demand: Projections from 2014 to 2025. Rep. Association of American Medical Colleges, 5 Apr. 2016. Web.

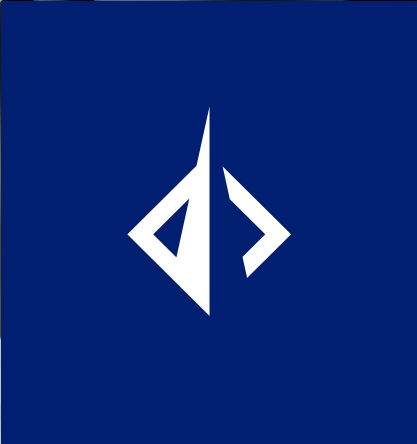




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PHYSICIAN RETENTION: HEALTH CARE LEADERS NEED TO REMEMBER THE FOREST

BY JASON D. FODEMAN, MD, MBA

As medicine has become more consolidated, the issue of physician retention has become increasingly important and warrants examination.

Physician turnover is costly to not only the employer, but also to insurers, taxpayers, and patients. Buchbinder *et al.* found the costs of losing a primary care provider ranged from \$236,383 for a family medicine doctor to \$264,645 for a pediatrician¹. Health care systems, physician groups, hospitals, universities, and other employers absorb these costs, but the costs to the patient are even higher. It can be confusing for a patient to start with a new physician and certainly frustrating. The break in continuity can lead to delays in care. It can also lead to compromised care. It can leave patients without their medicines and with nowhere to turn to but overcrowded, disjointed, expensive emergency rooms.

With 54.4 percent of physicians experiencing burnout² and 48 percent of physicians planning to limit hours, retire, or change employment in the next one to three years³, the status of the physician workforce is in jeopardy.

To tackle this problem, provider organizations should adopt formal physician retention programs. The commitment to this initiative should start at the top. The C-suite needs to understand the importance of physician retention and make it a strategic priority.

PAMED offers a suite of leadership training including online and onsite training, as well as a comprehensive, 10-month Year-Round Leadership Academy. Learn more at www.pameds.org/LeadershipAcademy.

PHYSICIAN RETENTION PROGRAMS SHOULD CONSIST OF AT LEAST FOUR PARTS:

Physician Engagement

Provider organizations should engage physicians in decisions. Doctors should be kept informed about changes with open, transparent communication. Leaders should actively and genuinely seek out physician input. Doctors in the trenches can provide a valuable perspective that can mitigate unintended consequences. Additionally, empowering doctors in this way would give physicians a sense of ownership and pride for the organization.

Physician Development

Health care systems should also offer physician development programs designed to teach physicians new skills and offer a more fulfilling, diversified career. Development programs should also involve mentorship and leadership training.

Physician Leadership and Management

Physician managers, in particular, should receive formal training in leadership. The training should stress mentorship, engagement, and retention.

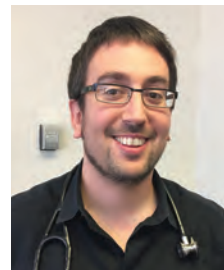
It is also important that physician managers practice the specialty they are supervising in some capacity to better understand the challenges in the trenches.

Maximizing the “Why”

Yet, the most important part of a physician retention program should be to maximize the “why.” The “why” is the medicine. It’s the patient. In recent years with an onslaught of regulations, physicians are spending more time facing a computer, inputting data, checking boxes, and filling out forms, and less time practicing medicine (Editor’s Note: Learn what PAMED is doing to advocate for physicians at www.pameds.org/advocacy).

Organizations should arrange infrastructure to best support physicians and ensure they are spending their time with patients not with computers. Is checking off boxes and navigating difficult drop-down menus the best use of someone with 11 years of education? There has been a push among policymakers to have nurses work to the top of their license. Administrators should be committed to having physicians work to the top of theirs.

As health care becomes more consolidated, it is important that the health care industry prioritizes physician retention and strives to offer balanced, fulfilling jobs that doctors are excited to do. ●



Jason D. Fodeman, MD, MBA, is a practicing primary care physician. He specializes in delivery systems and health policy. He is also an at-large member on the Early Career Physicians Section Governing Council.

¹ Sharon Bell Buchbinder, Modena Wilson, Clifford F. Melick, and Neil R. Powe, “Estimates of Costs of Primary Care Physician Turnover,” *The American Journal of Managed Care*, Vol. 5, No. 11, (November 1999), pp. 1431-1438.

² Tait D. Shanafelt, MD; Omar Hasan, MBBS, MPH; Lotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Daniel Satele, MS; Jeff Sloan, PhD; and Colin P. West, MD, PhD, “Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014,” *Mayo Clinic Proceedings*, Vol. 90, No. 12, (December 2015), pp. 1600-1613.

³ The Physician Foundation, “2016 Survey of America’s Physicians,” September 2016, at www.physiciansfoundation.org/uploads/default/Biennial_Physician_Survey_2016.pdf (January 24, 2016).



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Pennsylvania Superior Court to Review Venue Decision in Medical Malpractice Case

PAMED files amicus brief in medical malpractice case

By Angela Boateng, Esq.
PAMED Chief Counsel

PAMED filed an amicus brief in the medical malpractice case *Wentzel v. Cammarano*. The case addresses the venue rules under the Pennsylvania Rules of Civil Procedure. The brief argues in support of Philadelphia Court of Common Pleas Judge Arnold New's decision, which reinforces the scope of Pennsylvania's venue rules in medical malpractice cases.

Judge New granted the defendant health care providers' preliminary objection and transferred the case from Philadelphia County to Berks County. He held that the transmittal of an echocardiogram does not rise to the level of rendering health care services and, therefore, Philadelphia County is not the proper venue for the case.

The plaintiff has appealed Judge New's decision, and the Pennsylvania Superior Court will decide whether to uphold Judge New's ruling.



What Should Physicians Know about Pennsylvania’s Venue Rules?

Pennsylvania’s venue rules state that a medical professional liability action may be brought against a health care provider for a medical professional liability claim only in a county in which the cause of action (i.e., the alleged professional negligence) occurred. This rule does not apply to a cause of action that arises outside of the state.

If there are multiple defendants, the plaintiff can sue the defendant health care providers in any county in which at least one of the defendants can be sued.

A “medical professional liability claim” is defined under Pennsylvania law as, “any claim seeking the recovery of damages or loss from a health care provider arising out of any tort or breach of contract causing injury or death resulting from the furnishing of health care services which were or should have been provided.”

Background on *Wentzel v. Cammarano*

This case was introduced by a professional liability complaint submitted by Ms. Christina Wentzel — the mother of minor patient Maxamor Wentzel — against Dominic Cammarano, III, DO, and several Reading facilities (i.e., Reading Hospital), and Tenet Healthsystem St. Christopher’s Hospital, Philadelphia.

Ms. Wentzel obtained prenatal care with Dr. Cammarano and others within the Reading system. Due to complications during her pregnancy, Ms. Wentzel was admitted to Reading Hospital for an emergency Cesarean section surgery. Shortly after birth, the child suffered from respiratory distress and required intubation and ventilation treatment. Reading Hospital performed an echocardiogram and subsequently sent the report to St. Christopher’s Hospital for interpretation.

A St. Christopher’s Hospital physician signed the report on the evening of Sept. 12, 2013, and the report was sent to Reading Hospital on the evening of Sept. 13, 2013. While at Reading Hospital, the child’s respiratory distress continued, and he was diagnosed with pulmonary hypertension of newborn, respiratory distress, and preterm infant. On Sept. 14, 2013, the child was transferred to St. Christopher’s Hospital.

St. Christopher’s Hospital noted that the child was small for gestational age with feeding difficulties and transferred the child back to Reading Hospital on Oct. 7, 2013. On Nov. 18, 2013, Reading Hospital sent the child back to St. Christopher’s Hospital, where a CT scan revealed an old rib fracture first seen on Nov. 15, 2013, while the child was a patient at Reading Hospital.

Ms. Wentzel alleged that the fracture could have happened at Reading Hospital or St. Christopher’s Hospital; however, she did not bring a claim against St. Christopher’s Hospital for the care her child received while admitted at the hospital. Ms. Wentzel, on behalf of her infant son, filed a complaint in the Philadelphia Court of Common Pleas alleging medical professional malpractice on behalf of Dr. Cammarano, Reading Hospital, and St. Christopher’s Hospital.

Ms. Wentzel alleged that the cause of action arose in Philadelphia as a result of the echocardiogram report interpreted by St. Christopher’s Hospital.

Reading Hospital subsequently filed a preliminary objection to the complaint filed by Ms. Wentzel in the Philadelphia Court of Common Pleas on the grounds of improper venue; Reading wanted the case transferred from Philadelphia County to Berks County. Reading Hospital argued that Ms. Wentzel did not assert any allegations for professional negligence arising from the care her son received in Philadelphia County, while at St. Christopher’s Hospital.

The issue before the court was whether the transmittal of an echocardiogram report by St. Christopher’s Hospital is considered health care services, making the hospital’s untimely communication of the report a professional liability claim.

On March 24, 2016, Philadelphia Court of Common Pleas Judge New sustained Reading Hospital’s preliminary objection and transferred the case to Berks County, holding that the transmittal of the echocardiogram does not rise to the level of rendering health care services and, therefore, Philadelphia County is not the proper venue for the case.

In an effort to keep the case from being transferred out of Philadelphia County, Ms. Wentzel filed an appeal in Superior Court seeking to reverse Judge New’s holding. In August 2016, Judge New issued an opinion to support his decision.

Arguments in the case were heard by the Superior Court on April 5, 2017, and a decision is pending. PAMED will continue to follow any developments regarding this case and report any updates to members via our *Dose* email newsletter. ●

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UNCONSCIOUS BIAS



HOW DOES IT AFFECT PATIENT CARE?

By Bernard L. Lopez, MD

Women have a higher rate of missed myocardial infarction (MI). Black patients wait longer to receive care in the emergency department for chest pain. Transgender patients get asked questions about their orientation that have nothing to do with their clinical condition. A Latino woman does

not get adequate pain medication because she is being “dramatic.” A female physician’s opinion is dismissed by her male colleagues. An older physician views residents as being “lazy” because they get to limit their work hours. Male physicians get paid more and achieve leadership positions more so than females.

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You've heard about these issues before and seen the research behind these disparities. None of this is intentional. We are in medicine to help people stay well and get better. We are fair and rational. Yet somehow, these disparities continue to happen and are a part of our daily lives. While the causes for these disparities are multifactorial, unconscious bias no doubt plays a big role.

Bias is a tendency or an inclination that results in judgment without question. In its most extreme, negative form, it is a prejudice against someone who is not like us that results in some harm to the "other." It can also be positive. In reality, bias serves two purposes — it helps us to function on

a daily basis and, most importantly, it serves to protect us from harm.

Think about it — you are walking on the street at night in an unfamiliar area. Just ahead, you see the shadow of a figure walking toward you and see a glint of light off of a long, pointy object in what looks like that figure's hand. What do most of us instinctively do? We quickly move away from the figure. Why? Because most of us have developed a strong bias against strange and unknown figures holding presumably sharp objects that may cause us harm.

While the figure may not be a true threat, our bias causes us to instantaneously perform certain

protective actions. It is unlikely that we would approach the figure, do a careful and detailed assessment, review a long list of potential actions, and choose our option — we may not be alive if we did so. The seemingly threatening stimulus travels to the brain stem and mid-brain and causes us to react. We focus on the task at hand to assure a quick response.

Each of us is a unique individual with our own individual experiences and education (both formal and informal) — these can be described as our "book of rules." Our "schema" is our way of systematically organizing these rules. Together, these form the background — the lens — through which we view the world. We are constantly experiencing rules, reshaping



our schema, and changing our backgrounds on a minute-by-minute basis throughout our lives. Background is context, and context is the lens through which we view the world.

These are our biases. Biases — we all have them. Race. Sexual orientation. Religion. Age. Hand dominance. Weight. Height. Accent. Appearance. And more. We cannot help having biases — it is a part of who we are.

The effect of unconscious bias is physiologic. A stimulus — a person, interaction, or circumstance — travels through our biased “lens” to the amygdala. A signal is sent to the brain stem and the limbic system, which then stimulates our hippocampus.

The cingulate gyrus causes our body to respond — you slam on the brakes with the threat of a collision, or you say or do something in response to a statement — all in the blink of an eye. Our cerebral cortex — the thinking portion of our brain — has not been involved as all of this happens in our unconsciousness. Given the millions of stimuli that we experience in the course of our day, we would not be able to function without these quick reactions.

We cannot help but have biases. It is part of what makes us human. It is not an excuse — we must be aware of them and work with them. The lives of our patients are affected by bias, both conscious and unconscious. It is especially important that we consider

our own biases as they will affect how we view and treat the most important people that we encounter — our patients.

Our biases play an unconscious role in how we interpret important clues in the history and physical exam of a patient. If your unconscious bias is such that you downplay certain aspects, this has the potential to negatively affect patient care — missed MI, reduced analgesic treatment, longer wait times, and so on. It also affects the lives of those we work with, affecting the patient care environment.

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WHAT CAN WE DO?

1. First, recognize and accept that you have bias. We all have them — Remember that they help us to function and serve to protect us, and that is a necessary part of who we are as humans.
 2. Reflect on your biases — Develop the capacity to shine the light on yourself. Research has demonstrated that a larger bias blind spot (the ability to “rationally” explain away our biases) is greater in those with higher cognitive ability (us), so recognize our tendency to do so. Realize that this is not easy to deal with (it requires more energy to use our cerebrum than our midbrain and brain stem) and comes with uncertainty.
 3. Explore the awkwardness and discomfort that comes along with examining your biases and how it affects your daily interactions.
 4. Engage with people that you consider “others” — Learn and gain experience from them.
 5. Finally, get feedback — Ask someone you trust, “How did I do?” This is how we learned our profession — We became educated, sought guidance and feedback, and practiced it over and over.
- Bias is part of what makes us human, and it helps us to function. It is okay that we have them, but it is not an excuse. We must be aware of them and work with them. The lives of our patients depend on it. ●



Bernard L. Lopez, MD, MS, CPE, FACEP, FAAEM, is the professor and vice chair of the Department of Emergency Medicine at Thomas Jefferson University Hospital, where he also serves as associate provost for diversity and inclusion and associate dean for diversity and community engagement for the Sidney Kimmel Medical College.

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FIRST WOMEN PHYSICIANS CAUCUS IN PAMED HISTORY CREATED TO ADDRESS UNIQUE CHALLENGES AND NEEDS OF FEMALE PHYSICIANS

By Sherry Blumenthal, MD

The unique issues faced by women in the field of medicine — discrimination, sexual harassment, balancing family and work responsibilities, childbearing, breast-feeding, and other health issues — warrant open discussion in the larger medical community. According to recent statistics published by the American Medical Women's Association, 70 percent of women physicians say they've experienced gender bias at work.

More than **50 percent** of the U.S. population is female, and at least **50 percent** of medical students are female. **Thirty-four percent** of Pennsylvania physicians are female.

In February 2017, PAMED's Board of Trustees approved the creation of the first women's caucus in PAMED's history. We are committed to working to offer our women physician members a forum to:

- Learn about effective networking.
- Voice concerns and share common experiences.
- Educate and encourage paths to leadership roles in organized and academic medicine.
- Establish a network of women physician leaders.
- Advocate to advance PAMED policy on issues affecting women as well as advise the PAMED Board.

The Women Physicians Caucus (WPC) is not designed to be "separate but equal," but rather to facilitate women sitting at the table in equal representation with their male peers.

The WPC is open to all women in medicine, including medical students, who are PAMED members. It will help to shape PAMED policy and advocacy.

Some issues of concern for women physicians include:

- Choice of specialties based on interest and ability, not on the willingness of others in the field to accept that our priorities may be different.
- Encouraging mentors and mentoring.
- Leadership training to advance in academics and medical societies.
- Opportunities for training in public speaking and asserting oneself in group situations.
- Advocacy for health policy and public health affecting women in their reproductive years.

Most communication will be via blog, electronic, and social media, with face-to-face meetings when possible and

at PAMED's House of Delegates and Annual Education Conference.

While sharing ideas and coping strategies as a woman in medicine are part of the mission of the WPC, our overarching goal is to share equal power and influence in the "hall" of medicine, acknowledging that our perspectives, practice styles, biology, and priorities may differ from those of our male colleagues, but are as important and valuable.

PAMED invites all women physicians and medical students who are PAMED members to join the WPC. As a woman and an OB/GYN who has served women and their families my entire career, I hope to welcome many women physicians to this group. It is something I'm truly passionate about!

To learn more and sign up, visit www.pamedsoc.org/WPC. You must be a PAMED member to participate. If you're not yet a PAMED member, you can join at JoinNow.pamedsoc.org or by calling our Knowledge Center at 855-PAMED4U (855-726-3348).



Sherry Blumenthal, MD, is an OB/GYN and a specialty trustee on the PAMED Board.



PHYSICIANS

Examine

**Maintenance of
Certification**

(MOC) Process



PAMED has been a national leader in the fight to ensure a fairer Maintenance of Certification (MOC) process for all physicians. PAMED called for financial transparency by the American Board of Internal Medicine (ABIM) and American Medical Association policy related to MOC that addresses issues of significant and continuing concern to physicians.

PAMED President Charles Cutler, MD, MACP, addressed state specialty society representatives to the Specialty Leadership Cabinet (SLC) to seek endorsement of a “No Confidence” in ABIM sign on letter by their national and state level specialty organizations.

Immediate Past President Scott E. Shapiro, MD, FACC, FCPP, FACP, says, “PAMED believes that continual professional development, lifelong learning, and providing quality patient care based on the best science and evidence to guide medical decision-making is the fundamental cornerstone of what it means to be a physician. PAMED leadership has had numerous meetings with senior management at ABIM with the purpose of representing our members’ high levels of dissatisfaction with the ABIM MOC program.”

Dr. Cutler outlined PAMED objections of the ABIM:

- Standards for MOC should be set by physicians in community practices who spend the majority of their time clinically providing patient care.
- We find that the ABIM fails in financial transparency and accountability. Posting a recent federal form 990 on the ABIM website does not provide adequate fiscal transparency.
- We attempted to work collaboratively with ABIM’s

leadership to help them better understand that their punitive process is needlessly time-consuming and takes physicians away from their patients.

- We demonstrated to them that their process is exorbitantly and unnecessarily expensive compared to other continuing medical education activities through which medical knowledge and excellence in patient care can be maintained and demonstrated.
- Most importantly, we clearly expressed to the ABIM that the content and available medical resources of their secure, high-stakes computer exams bear too little relevance to the care that we render to our patients to justify the significant expense and time involved in preparation.



Donald R. Mackay, MD, FACS, FAAP

The SLC invited Donald R. Mackay, MD, FACS, FAAP, William P. Graham III professor of plastic surgery and professor of surgery and pediatrics, vice chair of the Department of Surgery of Penn State Hershey College of Medicine, and chair of the American Board of Plastic Surgery, to weigh in on the issues and offer healthy debate on the benefits of MOC.

Dr. Mackay highlighted attributes that his specialty finds in the process:

- Plastic Surgery offers modular MOC exams where diplomates select the exam relevant to their current practice. A study guide is available that ensures a high pass rate, stressing education not punishment.
- We believe that certification provides public reassurance and protects patient trust. It is a means of policing ourselves, and our members are willing to participate in the rigorous process.
- Our board of directors are unpaid volunteers and are all required to stay current with MOC.
- Elimination of an oversight board would harm what is a fundamentally important structure.

Dr. Cutler and Dr. Mackay agree that the ABIM needs reform but that elimination of the American Board of Medical Specialties boards, where physicians are in charge of the oversight, could result in federal purview, which is not the end goal. However, lively discussion and action are required to reform the MOC requirements to make the process meaningful for each specialty. ●

Learn more about PAMED’s advocacy efforts to achieve meaningful MOC reform at www.pamedsociety.org/MOC.

“PAMED BELIEVES that continual professional development, lifelong learning, and providing quality patient care based on the best science and evidence to guide medical decision-making is the fundamental cornerstone of what it means to be a physician. PAMED leadership has had numerous meetings with senior management at ABIM with the purpose of representing our members’ high levels of dissatisfaction with the ABIM MOC program.”

— Immediate Past President Scott E. Shapiro, MD, FACC, FCPP, FACP



THE CARE CENTERED COLLABORATIVE AND MACRA

BY JAAN SIDOROV, MD



PAMED stepped into the forefront of new ways of improving care for Pennsylvania patients. To better reflect patient-centeredness, the Care Centered Collaborative (CCC), PAMED's new subsidiary, offers practical tools to navigate value-based care.

Job No. 1 for the collaborative is to help Pennsylvania physicians successfully participate in the Medicare Access and CHIP Reauthorization Act (or MACRA for short).

The historic MACRA of 2015 consolidated a number of quality improvement programs that had been previously established by the federal Medicare program. Under MACRA, physicians are obliged to use a more centralized system to submit measures

of health care quality to Medicare, which will then be used to adjust physician payment levels beginning in 2019 (2019 adjustments will be based on 2017 performance).

MACRA is different than the Affordable Care Act and, thanks to significant bipartisan support in Congress, is destined to remain the law of the land.

The impact of MACRA cannot be underestimated. If physicians elect to not submit any quality data, their payment levels will be reduced by 4 percent. This will further impede their ability to provide access to Pennsylvania patients and could drive some physicians out of business. Alternatively, physicians who successfully participate in the MACRA program will avoid any

reduction in their Medicare payments and, depending on the level of data they submit, could obtain additional levels of payment that could increase access to care and further support the provision of high-quality care in the commonwealth.

The CCC has established a relationship with a MACRA service provider that can offer turnkey access to MACRA reporting. This includes favorable pricing for PAMED members, tailored support services, and the ability to benchmark the quality reporting to national standards.

As a result, participating Pennsylvania physicians will be recognized for quality. Pennsylvania patients will be aided by a payment system that fosters greater quality and assures greater access to

care. That's because evidence shows that physician-owned practices provide superb levels of care for their patients but have struggled to document and be compensated for them. As MACRA both recognizes and rewards physicians for this care, the additional financial support from Medicare will translate into greater investment in local health care, which means greater access for patients.

While the CCC is launching MACRA/MIPS reporting services, its board and the management team are also hard at work developing other services that will ultimately benefit patient care.

Examples include the resourcing of insurance claims payment and appeals services, offering back-office options to improve various business functions, and increasing access to a wider array of insurance services.

The CCC is also pursuing the creation of clinically integrated networks (CINs) that can increase clinical efficiencies through the dissemination of best practices, leverage the role of local physician leadership, enhance the role of data to create actionable patient care insights, and promote health care teams not only in the clinic but in the

community. We've met with a number of physician-led organizations that have already done important work in this area, and the collaborative is dedicated to "doing what it takes" to help these organizations succeed. ♦

More information is available at www.patientccc.com or (866) 441-2392.

Jaen Sidorov, MD, serves as CEO of the Care Centered Collaborative. Read more about why he chose to lead this effort on page 6.



“MACRA IS DIFFERENT THAN THE AFFORDABLE CARE ACT AND, THANKS TO SIGNIFICANT BIPARTISAN SUPPORT IN CONGRESS, IS DESTINED TO REMAIN THE LAW OF THE LAND.”



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Charles Cutler, MD, MACP

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167TH PRESIDENT

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The Foundation invites you to recognize and celebrate **Dr. Charles Cutler**, from Montgomery County, as he completes his term of office on Oct. 14, 2017, at the House of Delegates.

Please make your online honorary contribution at www.foundationpamedsoc.org.

For more than 60 years, The Foundation of the Pennsylvania Medical Society has been serving physicians during life's most challenging moments.



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HARRISBURG
CME: 16.25*



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The Medical Record Documentation course, a collaborative effort between LifeGuard and KSTAR, is a two-day, in-person program designed for physicians to increase their ability to effectively maintain medical records. Maintaining proper medical records reduces risk to the provider, enhances quality of care and assists in meeting compliance standards.

PHARMACOLOGY & PRESCRIBING COURSE

HARRISBURG
CME: 21.25*



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This course is a three-day educational program aimed at enhancing medication prescribing behaviors. This program is a collaborative effort between LifeGuard and KSTAR, in concert with Rangel School of Pharmacy at the Texas A&M Health Science Center. Specifically designed for physicians, physician assistants, nurse practitioners, podiatrists, pharmacists, pharmacy assistants, nurses, and anyone who prescribes, has contact with medications, or wants to increase their knowledge of pharmacology and optimal prescribing practices.

COMMUNICATIONS (Coming Soon)

Please visit www.LifeGuardProgram.com for more information.

Medical Records Course:

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.

The Pennsylvania Medical Society designates this live activity for a maximum of 16.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The planning committee members and faculty do not have any relevant financial relationships to disclose.

Pharmacology & Prescribing Course:

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.

The Pennsylvania Medical Society designates this live activity for a maximum of 21.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The planning committee members and faculty do not have any relevant financial relationships to disclose.



THE “POLITICS” OF MEDICINE

BY DAVID THOMPSON

You think it doesn't matter, right? You claim that reaching out to your elected officials isn't worth your time. One vote won't make a difference?

WELL, YOU'RE WRONG!

There is no downside to professional advocacy. The process of political advocacy can be challenging and, at times, even downright frustrating. However, if you take the time to engage in the process, learn how the system works, and accept its limitations and potential outcomes, the process can be both productive and rewarding.

It's widely understood and accepted that physicians are busy professionals whose workdays often begin before dawn and sometimes end long after sunset. What isn't widely known by government representatives is the intense, grueling, and complicated path a prospective medical student must endure to make it across the finish line.

More importantly, few policymakers understand the nonclinical complexities and countless bureaucratic hurdles that impede a physician's ability to appropriately care for their patients.

Here's where physician advocacy can play a key role in helping to guide the legislators to enact effective public policy. So, what does it take to make a difference? Let's start with the 2016 election.

We all know that a few extra votes for Hillary Clinton would not have pushed her over the top in Pennsylvania. However, a few extra votes would have made a world of difference to Chester County Rep. Dan Truitt — Rep. Truitt lost his reelection bid by 25 votes. And, as a

result, physicians lost a strong supporter in the House of Representatives.

It's hard to guess how many of the 235 physicians who reside in this legislative district voted for Rep. Truitt, although it's probably safe to say that he didn't get all 235 physician votes. The point is this was an election where the members of one extended family or the employees of one physician practice could have changed the outcome of an important election.

As you might expect, the impact that physicians can have on Election Day has its limitations, though in the past, Pennsylvania physicians have made a difference in statewide judicial elections. But, when it comes to weighing in on

PERSONAL RELATIONSHIPS BETWEEN LEGISLATORS AND THEIR PHYSICIAN CONSTITUENTS IS THE HOLY GRAIL OF LEGISLATIVE ADVOCACY.

proposed legislation that affects the delivery of patient care, physicians can easily position themselves to become the "go-to expert" for their local legislator.

Given the sheer volume of bills introduced each legislative session, it should come as no surprise that lawmakers often find themselves unable to digest the details of each

and every proposal. While PAMED, through its legislative staff, works to inform and educate policymakers on these proposals, when a local physician reaches out to their representative or senator, the result is far more effective. Personal relationships between legislators and their physician constituents is the holy grail of legislative advocacy. Over the years, this "local touch" has been directly responsible for a number of legislative wins for physicians and their patients.

So, how do you become an effective physician advocate? It's a simple three-step process:

- 1. First, know your elected officials.** Every physician, and for that matter every citizen, should be able to identify their state senator and representative, along with their congressman and U.S. senators. Also, are you registered to vote, and do you vote regularly?
- 2. Second, take time to get to know your legislators.** Make an appointment to meet them. You don't have to discuss a legislative issue on your first visit. The important thing is to develop a relationship. If you're in private practice, consider inviting them to visit your office to learn firsthand what happens behind the scenes — especially as it relates to insurance hassles like prior authorization.
- 3. Last, you should become involved in the political process.** That is to say engage in a political campaign. Offer to host a small "meet and greet" in your home with some of

your friends and colleagues. Offer to volunteer on the next campaign. While this last step may ultimately require a specific commitment of time on your part, it is invaluable in demonstrating to lawmakers your level of commitment.

Go to www.pamedsoc.org/VoterVoice to easily contact your legislators on important issues.

Stay up to date on bills with PAMED's Bill Tracker and learn more about PAMED's legislative priorities at www.pamedsoc.org/Advocacy.

As a group, physicians have a unique ability to help shape legislative policy and sway public opinion. When appropriate, and at your discretion, discuss with your patients legislation that may affect your ability to provide the level of care that you believe is best for them. And, more importantly, encourage them to join you in voicing concern to their state representative or senator. Patients trust and respect your opinion. Give them the benefit of your knowledge when pending legislation could affect their health. You may be surprised how much they'll appreciate it.

So, be part of the solution to better government. Get involved. Meet your elected officials, and develop a trusting relationship that will benefit both of you. With the right touch, physicians can become a positive influence and make a lasting difference for all Pennsylvanians. ●

Email Director of Legislative Affairs and Government Relations David Thompson at dthompson@pamedsoc.org.





HAVE YOUR PATIENTS EVER SERVED IN THE MILITARY?

The *Have You Ever Served in the Military* program serves as a means of ensuring that veterans, active military members, and their families obtain optimal health care. The objective of the program is to encourage private health providers and facilities to inquire and document their patients' military histories.

PAMED member physician Daniel Kimball, MD, of Wyomissing, an Army veteran, says programs such as this are beneficial for learning more about patients. "As a veteran, I certainly agree that this part of an individual's life story can be very important. I worked for five years as a hospice medical director, and a life review with many of our clients was a very important component of treatment. I found that most of the veterans wanted to talk about their military experience if given the opportunity," he says.

A large number of veterans receive health care outside the Veterans Administration (VA) system. It is imperative that non-VA providers and facilities become cognizant of their patients' military histories as well as the potential health risks and concerns associated with service as veterans and their families may not be aware of the risk factors and related illness caused by exposure to occupational/environmental hazards. The program is a means to identify those potential health issues.

To enhance the health of veterans, it is imperative that they be identified, have a complete and accurate military service history recorded in the chart, and receive comprehensive medical examinations. Additionally, identification of a military-related injury or illness may qualify them for assistance from the VA. The American Academy of

Nursing (AAN) issued a "call to action" for health care providers across the U.S. In response to the *Joining Forces* campaign, the AAN collaborated with State Directors of Veterans Affairs in 2013 to develop the program.

As the primary means of improving veterans' health, the AAN designed a clinical pocket card. When an affirmative answer regarding military service is offered, the pocket card offers providers and facilities a series of questions for the acquisition of critical information, perhaps previously unknown, to be included in the patient record. Upon identifying this information, appropriate care and screenings/referrals to specialized services through the VA or other agencies may be made to meet the needs of the veteran, active military, or their families.

Information provided by Penn State's Julie L. Decker, DNP, RN. Further information on the *Have You Ever Served in the Military* program can be obtained through accessing the website at www.haveyoueverserved.com.

REP. DOYLE HEFFLEY DISCUSSES OPIOID ABUSE IMPACTS

Pennsylvania State Rep. Doyle Heffley presented to the PAMED board recently on the impact of the commonwealth's opioid abuse crisis on families in his Carbon County district. He says he's passionate about finding solutions to the crisis. Prior to becoming a legislator, he worked in the trucking industry, where he learned to look closely at a problem to find the underlying causes.

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

The amendment would have directed the creation of mandatory prescribing guidelines for ADOs and required prescribers to distribute educational

materials to every patient to whom they prescribe any opioid. PAMED was concerned that the amendment took a "one size fits all" approach that would not have taken into account the unique clinical needs of each patient. Ultimately, the bill was not passed during the 2015-2016 session.

Rep. Heffley reintroduced ADO legislation this session (HB 288), and PAMED supports the bill as written and introduced.

Rep. Heffley is open to continuing a dialogue with PAMED in order to find a solution that is in the best interest of patients.



Pennsylvania State Rep. Doyle Heffley, 122nd Legislative District



Maintaining a dialogue between physicians and their elected officials is key to ensuring that Pennsylvania's laws support patients' needs. PAMED physician leaders met with both Pennsylvania Rep. Doyle Heffley (R-122nd District) and Pennsylvania Attorney General Josh Shapiro about the commonwealth's opioid abuse crisis and other issues faced by physicians and patients at the winter PAMED Board of Trustees meeting held in February 2017.

ATTORNEY GENERAL SHAPIRO WELCOMES THE PHYSICIAN PERSPECTIVE

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

- Change the focus of how leaders deal with the crisis, understanding that addiction is a disease that should be treated with compassion.
- Coordinate better across all law enforcement circuits and with the 67 district attorneys.

- Make sure data is getting into the Prescription Drug Monitoring Program (PDMP) and that it's not overly burdensome on physician practices.
- Work with pharmaceutical companies to prevent deceptive marketing for opioids.

General Shapiro extended a hand to PAMED's physician leaders, welcoming the opportunity to collaborate on ways to combat the crisis. Physicians met with senior staff from the Attorney General's Office to discuss best practices in prescribing.

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

General Shapiro is also interested in hearing the physician perspective on Maintenance of Certification process, which in certain cases may be creating artificial barriers to care. "We need to rebalance our medical system here in Pennsylvania," he says.

PAMED will continue to share updates with members on any new opioids legislation as well as the results of any ongoing dialogue with lawmakers and state agencies. ◆

“We need to rebalance our medical system here in Pennsylvania.”



Josh Shapiro, Esq., Pennsylvania Attorney General

Combating Opioid Abuse in Pennsylvania

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

Opioids for Pain: Be Smart. Be Safe. Be Sure.—This Pennsylvania Medical Society (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.

Addressing Pennsylvania's Opioid Crisis: What Health Care Teams Need to Know—This multi-session CME series includes courses on opioid prescribing guidelines, naloxone, referral to treatment, the prescription drug monitoring program (PDMP), and alternative therapies.

The Use of Opioids to Treat Chronic Pain—This multi-session CME series on best practices in opioid prescribing includes courses on interdisciplinary pain care, patient monitoring during care, treatment failure, managing pain in high-risk patients, and more.



- Be smart.
- Be safe.
- Be sure.

A Public Health Advocacy Program from the Pennsylvania Medical Society

Access these tools and more in PAMED's Opioid Abuse Resource Center:

www.pamedsoc.org/OpioidResources

2017/404



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BERKS COUNTY MEDICAL SOCIETY FORMS SUBSTANCE ABUSE TASK FORCE

BY TJ HUCKLEBERRY | EXECUTIVE DIRECTOR, BERKS COUNTY MEDICAL SOCIETY



Andrew R. Waxler, MD, FACC

Berks County Medical Society (BCMS) responded to the opioid epidemic by forming The BCMS Substance Abuse Task Force in partnership with the Reading Health System, Penn State Health St. Joseph Medical Center, and medical society member physicians. The goal: to create a unified voice to better educate patients and health care providers on the best methods of addressing substance abuse, specifically opioids.

“This devastating opioid crisis is not only a national and state problem,

but is also right here in our backyard — the good news is that we are lucky to have several well-respected local experts here,” says Andrew R. Waxler, MD, FACC, immediate past president of the BCMS and cardiologist at Berks Cardiologists, Ltd., Wyomissing. “We at Berks County Medical Society were fortunate enough to organize and mobilize our ‘troops’ to deliver education in various forms to both health care providers as well as the general public. I sincerely hope — and do believe — that our task force has made a difference in Berks County.”

Last year, the task force held inaugural events that it will continue to host annually. In the spring, BCMS hosted a drug take-back event at FirstEnergy Stadium in Reading. Partnering with District Attorney John Adams, the Drug Enforcement Agency, the City of Reading Police Force, and the Reading Fightin' Phils, volunteers collected close to 1,000 pounds of prescription drugs. Nearly 300 members of our community took advantage of the opportunity to drive up and dispose of their unused prescription medications, including potentially dangerous opioids. Every pill that was collected and destroyed by the DEA represents one less pill in a medicine cabinet that could inadvertently find its way into the community and cause harm.

BCMS also presented its CME forum on opioid abuse at the Reading DoubleTree. More than 150 physicians and community leaders heard Pennsylvania Physician General Rachel

Levine, MD, and other state officials as they provided insight on how the growing opioid abuse epidemic is affecting the commonwealth and how their agencies are addressing this crisis. An expert panel of community leaders who are in the "trenches" also provided their perspectives on opioid misuse and how it affects Berks County. This forum was an important first step in diagnosing the opioid epidemic and will serve as a starting point for future educational programs.

The task force also provided practices, as well as patients, with educational literature and posters concerning prescription pain medication misuse. Task force members participated as vocal advocates in local media outlets and speaking engagements on the topic.

These outstanding efforts bring together our society as an engaged and vital partner in Berks County's efforts to eradicate opioid addiction. ◆

“This devastating opioid crisis is not only a national and state problem, but is also right here in our backyard. The good news is that we are lucky to have several well-respected local experts here.”



BCMS members participate in drug take-back event in Reading.

HEALTHY BUSINESS, HEALTHY PATIENTS: TAKING CARE OF THE BUSINESS SIDE OF MEDICINE

Physicians choose medicine, embracing the rigors of medical school and residency, because they know their profession makes a difference in patients' lives. The one thing they don't always tell you about in medical school, though, is how much time physicians spend on administrative tasks.

Priority No. 1 for physicians is helping patients. That's why PAMED's priority is to make sure that our members have the time and resources they need to do just that.

These PAMED services keep physicians informed on everything from how to implement value-based payment models to regulations affecting Pennsylvania medicine.

Legal Resource Center

PAMED's quality, timely legal resources provide:



Legal tracking and advocacy — Find out how PAMED defends the rights of Pennsylvania physicians in the courts.



Regulatory advocacy — Track regulations on things like the Prescription Drug Monitoring Program.



Medical-legal education — Learn more about issues such as physician contracts and HIPAA.

www.pamedsoc.org/LegalResourceCenter

Help with MACRA and Value-Based Care

MACRA calls for a shift toward reimbursement based on quality of care rather than volume of patients seen. These resources can help you implement MACRA this year and avoid reimbursement penalties in 2019:

- Care Centered Collaborative — Get access to a MIPS reporting tool, MACRA advice, and more. www.patientccc.com
- MACRA implementation tools — PAMED resources include a members-only 12 page guide, online videos, and more. www.pamedsoc.org/MACRA

Leadership Resources

Many physicians have told us that medical school didn't prepare them for the business side of medicine. PAMED's comprehensive suite of leadership resources can help. From brief online, on-demand webinars to customized onsite leadership training to a 10-month comprehensive leadership academy, PAMED is here to help you with resources designed to fit your personal and organizational needs. www.pamedsoc.org/LeadershipAcademy

Registration and scholarship applications are now being accepted for PAMED's 2017-2018 Year-Round Leadership Academy that runs September 2017 through June 2018. Scholarship applications are due June 30, 2017. Learn more at www.pamedsoc.org/YRA. ●

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Looking for opportunities for colleagues to collaborate toward common goals, without having to go anywhere? Consider our new *Core Skills for Physician Leaders* series to provide your physicians with customized, cost-effective training at your location.

- Choose from a menu of onsite programs that are designed to work with your team's schedule.
- Courses will provide physicians with skills that can lead to improved and more efficient patient care.
- Group pricing and member discounts make these programs very affordable for small and large audiences alike. Costs will vary depending on course length, faculty travel, and the number of participants.
- All courses offer CME credit.
- Courses cover a variety of topic areas, such as change management/leading change, communication strategies, crisis leadership, teamwork, employee engagement and performance management, ethics, leadership roles and styles, quality and value, and strategic thinking/decision-making.

Learn more at www.pamedsoc.org/CoreSkills.

WHY PHYSICIANS AND PRACTICES INVEST IN PAMED MEMBERSHIP

The choice to join PAMED is an investment, and we take your investment in us seriously. That's why we recently caught up with several members to find out how PAMED has helped them with the business side of medicine.

PAMED CREATED AN EASY AND INFORMATIVE WAY FOR MY GROUP TO QUICKLY ATTAIN COMPLIANCE

Stephen Leibensperger, MD, a family medicine physician from McKees Rocks, knows he can count on PAMED when new government regulations arise. "The child abuse recognition and reporting educational requirement

Norman M. (Matt) Callahan, III, DO, a gastroenterologist practicing in Malvern, was able to make new payment models a little more fun, thanks to his PAMED membership. When one of Dr. Callahan's colleagues attended a Philadelphia County Medical Society sponsored educational session on MACRA and MIPS, he gave Dr. Callahan the handouts he received while there. That inspired Dr. Callahan to create a YouTube video called "MIPS in 8 Minutes" that he shared with his medical staff.

Kathryn Barry, a practice administrator for St. Vincent Medical Group in Erie, appreciates the hands-on assistance PAMED offers. "The best benefit for me is direct access to the Practice Support Team who provide help with all current health care issues," she says. **(Editor's Note:** Members have access to the Practice Support Team and other in-house experts by calling PAMED's Knowledge Center at 855-PAMED4U or emailing KnowledgeCenter@pamedsoc.org.)

THE BEST BENEFIT FOR ME IS DIRECT ACCESS TO THE PRACTICE SUPPORT TEAM WHO PROVIDE HELP WITH ALL CURRENT HEALTH CARE ISSUES

was a case in point where the online training PAMED created was an easy and informative way for my group to quickly attain compliance," he says. **(Editor's note:** Physician members can get a jump start on their 2017-2018 state license renewal requirements by taking the course for free at www.pamedsoc.org/childabusecme.)

"We're constantly required to do more paperwork and collect more data. It can be overwhelming at times," says Coleen Carignan, MD, an internist from Gibsonia. She credited PAMED with helping her ensure compliance with the state's hepatitis C screening requirements.

Vasu Singh, MD, MPH, a family medicine physician in Bethlehem, says PAMED's Year-Round Leadership Academy helped improve her business acumen. "The Leadership Academy provided me with a great exposure to the multidimensional problems being faced by today's health care providers," says Dr. Singh. "Lectures on finance, management, and communication were also very helpful." ●



Learn more about PAMED's 2017-2018 Year-Round Leadership Academy and available scholarships and sign up at www.pamedsoc.org/YRA.

Not a PAMED member yet? Invest in membership today by visiting us online at JoinNow.pamedsoc.org or by calling our Knowledge Center at 855-PAMED4U (855-726-3348).

2017-2018 Year-Round Leadership Academy

Sept. 1, 2017 – June 30, 2018

Physician Challenges

- Building and leading effective teams
- Ethics
- Finance
- Negotiation
- New models of physician leadership
- Quality improvement
- Resolving conflict
- Strategic thinking and decision making

The Solution

The Pennsylvania Medical Society's (PAMED) Year-Round Leadership Academy is designed to provide physicians with practical leadership training, networking and mentoring opportunities, and strategies to address challenges.

- 10-month program (September 2017-June 2018)
- Six online courses and three in-person sessions
- Courses offer CME and CPE credits.
- Discounts and scholarship opportunities for PAMED members
(Scholarship application deadline: June 30, 2017)
- Most courses qualify for credit toward the CPE designation and for the American Association for Physician Leadership's (AAPL) master's degree programs. Learn more: www.physicianleaders.org.

"Physicians are called upon every day to be leaders — to patients, to their practice, to their community. But, so few days in our medical training were dedicated on just how to be the best leader possible. The topics covered in PAMED's leadership training are pertinent to physicians' everyday practice, and the knowledge and skills I am acquiring give me more confidence working with others to turn my goals into reality."



*John Vasudevan, MD
Physical Medicine & Rehabilitation
University of Pennsylvania
Philadelphia, Pa.*



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PAMED ADVOCACY AND THE STATE'S PRESCRIPTION DRUG MONITORING PROGRAM

Several physicians have asked what PAMED did and is continuing to do for them in regards to the state's prescription drug monitoring program (PDMP). PAMED is committed to advocating for and educating Pennsylvania physicians.

Advocacy

Throughout the development of Pennsylvania's PDMP, PAMED urged policymakers to provide physicians with an effective tool to help identify patients at risk of developing an opioid addiction while working to preserve physicians' autonomy and clinical judgement, which we know is essential.

When legislation was proposed that would have required physicians to also query the PDMP every time before prescribing a controlled substance,

PAMED was at the table in ongoing discussions and was successful in getting the additional requirement limited to only benzodiazepines and opioids.

When the PDMP launched in August 2016, PAMED compiled physician questions and concerns on a regular basis and shared them with the Pa. Department of Health (DOH). PAMED has also sent follow up letters with questions and concerns to DOH. ●

PAMED IS COMMITTED TO ADVOCATING FOR AND EDUCATING PENNSYLVANIA PHYSICIANS.



Education

Since the implementation of the PDMP, PAMED has continued to educate physicians through FAQs, blogs, online CME, Quick Consults, and more. Access these resources at www.pamedsoc.org/OpioidResources.

OUR PASSION PROTECTS YOURS

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