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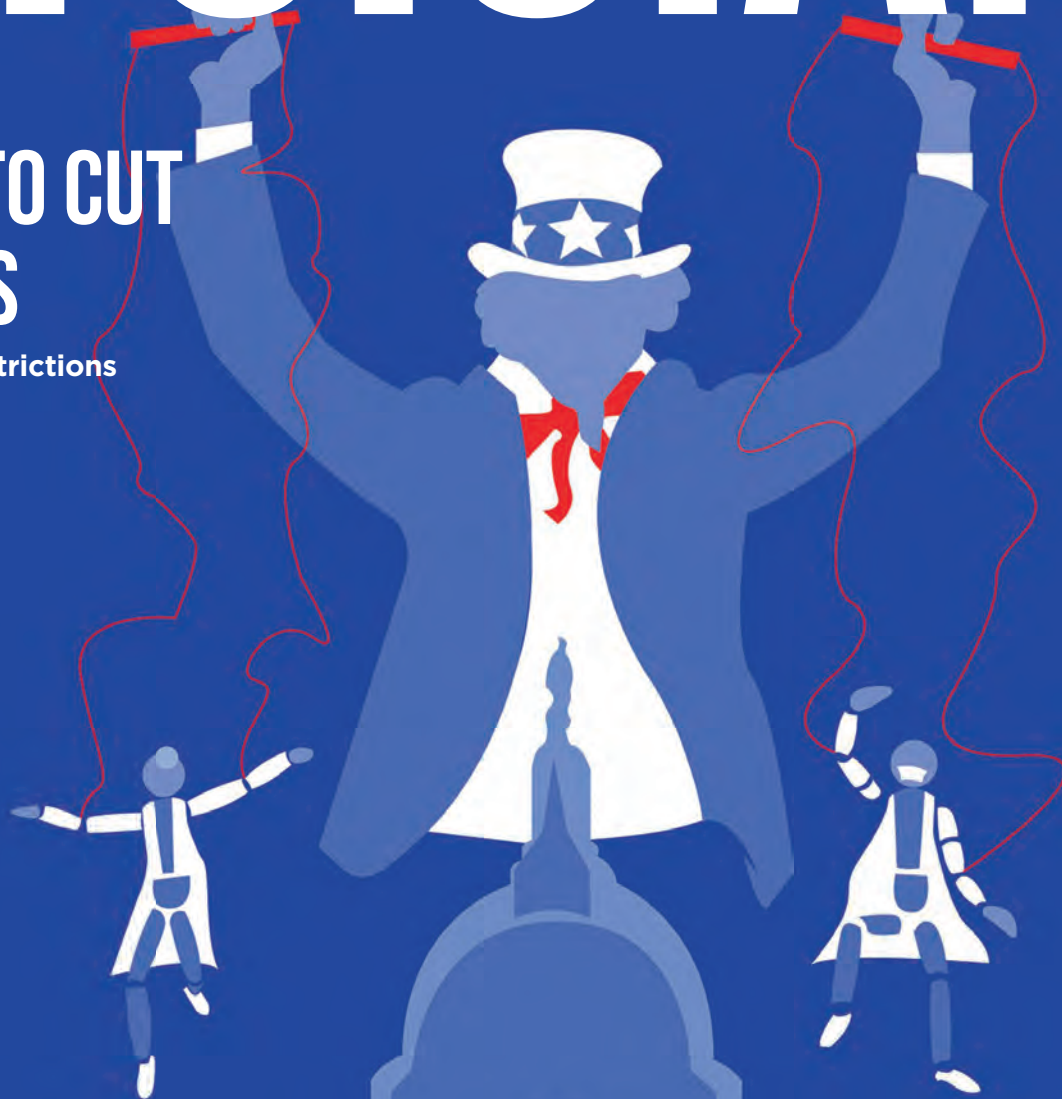
ADVOCACY TO CUT THE STRINGS

Freeing Doctors from Restrictions

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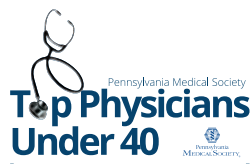
Bills on the Hill

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MARK A. WOODBURN, M.D.



2018 RECIPIENT

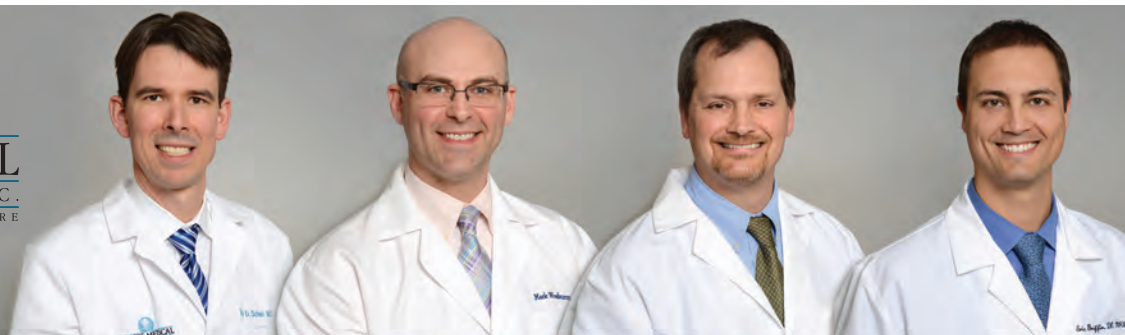
Selected as one of Pennsylvania's Top Physicians Under 40 across all specialties.

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Danae Powers, MD
2018-19 President, PAMED

PHYSICIANS ARE THE BEST THINK TANKS TO HELP SHAPE HEALTH CARE IN PENNSYLVANIA

Physicians are committed to doing their best every day to care for patients. It's in our soul. But what happens when you need to concurrently consider the other stakeholders intervening between the physician and the patient? How do you balance the demands of insurers, policymakers, the legal system, the courts, and others now involved in your care process?

Physicians are loyal to their patients. Honestly, they are the best "think tanks" to determine policy. But they need to be involved earlier in the process. I see my leadership this year at the Pennsylvania Medical Society (PAMED) as helping to make that a reality. My job is to make it as easy as possible to engage so that we can help shape the policy for you to best serve patients. I've determined that will be my measure of success as president.

Each year, our priorities and policies are discussed and determined at our House of Delegates (HOD). I want to hear from our members so that we can boldly step forward with the direction of our collective body. Our HOD gives us the authority to pursue our goals and directs us to do so.

Do you see an issue in the evolving world of health care that we need to tune in to? Tell us so that with the rapid changes we are the loudest voice that stands up for our members.

The policies that we create at HOD will serve as a guide to affect policy at the legislature. I am open to hearing dialogue of what we need to do differently.

If you are a member, thank you for helping to craft the direction of medicine in Pennsylvania. If you would like to become a member, join us at JoinNow.pamedsoc.org.

THE COLLECTIVE BODY OF DOCTORS IS WISER THAN ANY OF US INDIVIDUALLY.

The collective body of doctors is wiser than any of us individually. Sometimes, what is obvious to us as physicians causes confusion in the delivery of care. I want to make sure we can effectively come together on behalf of Pennsylvania's physicians to address issues in the health care climate. We need to do a better job of educating the policymakers.

Danae Powers, MD
2018-19 President, PAMED ●

pennsylvania PHYSICIAN

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THE JOURNEY TO IMPROVE HEALTH CARE FOR PENNSYLVANIA PATIENTS



**Theodore Christopher, MD, FACEP
2017-18 President, PAMED**

As I look back on my year as PAMED president, we have accomplished a lot together — from leading the fight against opioid abuse to continuing to bring awareness to the need for prior authorization reform in Pennsylvania and more.

We continue on the never-ending journey to provide and improve health and medical care for all of our patients. That journey includes strengthening and expanding the roles of physicians to take the lead in delivering state-of-the-art medical care, promoting good health and healthy lifestyles, proposing new health care delivery models, addressing social determinants of health, and advocating for and supporting legislation that allows us to best perform our duties as physicians.

There is still more work to be done. PAMED is continuing to advocate for Pennsylvania physicians and their patients on other priority issues, including telemedicine, physician-led, team-based care, informed consent, Maintenance of Certification (MOC), and drug formularies. You can learn more about PAMED's advocacy priorities at www.pamedsoc.org/Advocacy.

We are stronger together — there is strength in numbers. If you are a member, thank you for your support, and I hope you will renew your membership for 2019. You can do so at www.pamedsoc.org/Renew. If you're not yet a member, I encourage you to add your voice to our efforts at JoinNow.pamedsoc.org. Find out more about how PAMED is helping to return Pennsylvania physicians to the Art of Medicine at www.pamedsoc.org/ArtofMedicine.

Theodore Christopher, MD, FACEP
2017-18 President, PAMED ●

HONORING PHYSICIANS DOING GREAT THINGS

In this issue, we have the honor of congratulating many physicians who deserve recognition for their commitment to your noble profession.

The Top Physicians Under 40 are individuals who serve in their capacities with distinction. To those winners: You are the future of medicine making a substantial impact in your practice and in your community. Learn more about these winners on page 24.

We are also honored to recognize the winners of our Distinguished Service Award, Physician Award for International Voluntary Service, and Grant for Healthy Living in Ethnic Communities. Your efforts show the impact that you have beyond the exam room. It's essential to advocate for your patients, and you have the tools through PAMED to make your voice heard and opinions count. Learn more about these winners on page 48.

And, check out more PAMED Everyday Hero winners on page 45. This monthly award is designed to recognize member physicians who go above and beyond for their patients and colleagues. Do you know a physician like this? Nominate them today at www.pamedsoc.org/EverydayHero.

Legislators try their best to deal with the myriad of challenges in the health care landscape, but medical issues go beyond their expertise. Today, there are zero physicians in the Pennsylvania General Assembly. Physicians are needed to edify and inform what is medically best for the health of Pennsylvanians.

Everyone wants legislation that truly benefits patients and positively impacts health care. Our government relations team is poised to help you with contacting your local state officials. I also encourage you to connect with our team and learn about how PAMED takes your top priorities to the hill to make your expert opinion become reality. Government relations information can be found on page 50.

Now more than ever, it is important for you to have a steadfast advocate. Join the powerful voice for Pennsylvania physicians at JoinNow.pamedsoc.org. If you are already a member, you know PAMED's staunchness in your corner. Don't forget to renew your membership at www.pamedsoc.org/Renew.



Martin P. Raniowski, MA, FCPP
Executive Vice President,
PAMED ●



Martin P. Raniowski, MA, FCPP
Executive Vice President, PAMED



WHY CHOOSE US?

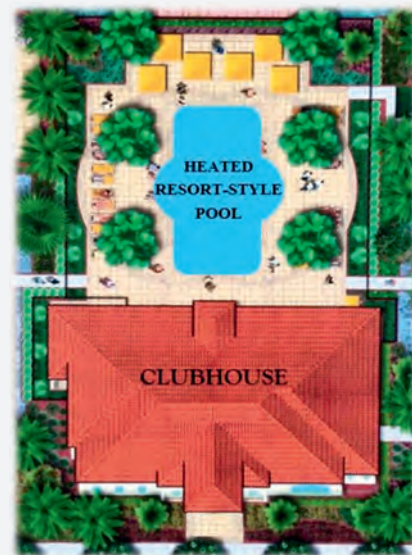
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You know what medicine is supposed to be — an art form, a place where time is spent treating people, not paperwork.

- PAMED **advocates** on behalf of physicians on issues like opioid abuse, telemedicine, and prior authorization.
- PAMED **educates** physicians and has plenty of CME to help you meet licensure requirements, such as the opioid abuse and child abuse reporting education you need to renew your license.
- PAMED is here to help physicians **navigate** laws, regulations, and policies, such as the Prescription Drug Monitoring Program (PDMP).

Not a member?

Learn more and join today at
www.pamedsoc.org/ArtofMedicine.
You may be eligible for \$95 dues.

If you're already a member,

thank you for your membership!
Renew your membership for 2019 at
www.pamedsoc.org/Renew.



COMMUNITY HEALTHCHOICES ROLLING OUT IN PENNSYLVANIA

BY DEANNA FIELD

The Pennsylvania Departments of Aging and Human Services launched Community HealthChoices (CHC) for patients who receive long-term care services through Medicaid. The program benefits individuals residing in their home or in a nursing home, people who have both Medicare and Medicaid, or those enrolled in Medicaid waivers for physical disabilities.

CHC is a mandatory Medicaid managed-care program and serves approximately 420,000 Pennsylvanians. Participants have the right to choose from three provider networks, including AmeriHealth Caritas (Keystone First in the Southeast territory), PA Health & Wellness, and the University of Pittsburgh Medical Center (UPMC).

Beneficiaries eligible for CHC will receive details describing the program, including enrollment packets that will outline available plan choices. Those who do not select a provider network will be assigned a plan prior to CHC launching in their territory.

CHC will not change Medicare benefits, rather, it enhances access to and improves coordination of medical care and creates a person-driven, long-term support system that provides independence, health, and quality of life. One main feature of the CHC-MCO is to coordinate physical health care and long-term services and support.

Jill Vovakes, chief of staff with the Department of Human Services (DHS), Office of Long-Term Living, identified the agency's top five goals and benefits of CHC:

1. Enhance opportunities for community-based living
2. Strengthen coordination of long-term services and supports (LTSS) and other types of health care, including all Medicare and Medicaid services for dual eligible beneficiaries
3. Enhance quality and accountability
4. Advance program innovation
5. Increase efficiency and effectiveness

Counties are divided to allow the start dates to roll out in three phases over the next two years. Jan. 1, 2018, began phase I, and consisted of 14 counties in the Southwestern part of the state. Phase II, which includes Philadelphia and surrounding counties in the Southeast portion of Pennsylvania, will start in January 2019 "to allow for the deliberate and purposeful implementation" and "flexibility of learning from the rollout with proper time to make any needed adjustments," says Teresa Miller, acting secretary of the DHS, and Teresa Osborne, secretary of the Department of Aging. Phase III is the Northwest, Northeast, and Lehigh/Capitol regions, which are scheduled for implementation in January 2020.



Courtesy of Jill Vovakes, MHA/INF

In May 2018, Gov. Tom Wolf bestowed the Governor's Awards of Excellence for outstanding service to agency employees for helping to improve the lives of Pennsylvanians. The staff involved with the program at the DHS Office of Long-Term Living (OLTL) and Aging were recognized for initiatives to provide residents an improved quality of life, offering independence and control over their health while remaining a part of their community.

For more information on how to become a CHC provider, please visit www.healthchoicespa.com.

A listserv has been established for ongoing updates on the CHC program. It is titled OLTL-COMMUNITY-HEALTHCHOICES. You can access the ListServ Archives page at listserv.dpw.state.pa.us to update or register your email address. The provider hotline for questions or comments is 1-800-932-0939. ●

Deanna Field is a member of PAMED's Practice Support Team. Email her at dfield@pamedsoc.org.



"We successfully implemented CHC in the Southwest on Jan. 1, 2018, for approximately 80,000 participants. As with the Southwest, we are moving into the Southeast implementation with the objectives of assuring that participants have no service interruptions and providers have no interruption in payment. We continue to apply our lessons learned to our future efforts."

Jill Vovakes, MHA/INF

Chief of Staff, Department of Human Services,
Office of Long-Term Living

CALENDAR OF EVENTS

LEARN ABOUT UPCOMING EVENTS

2019 PAMED Board Meetings

- **Feb. 5 - 6** PAMED Headquarters
- **Apr. 30 - May 1** PAMED Headquarters
- **Aug. 13 - 14** PAMED Headquarters

Board Meeting, House of Delegates

Oct. 25 - 27 Hershey Lodge
www.pamedsoc.org/calendar ●



Save the Date: April 17, 2019
Spring 2019 Practice Administrator Meeting and Appeals/Denial Educational Session

DONATE & HONOR

**Theodore A.
Christopher, MD, FACEP
Pennsylvania Medical
Society's 168th President**



Theodore A. Christopher, MD, FACEP

The Foundation invites you to recognize and celebrate Dr. Theodore A. Christopher, from Philadelphia County, as he completes his term of office on Oct. 27, 2018, at the House of Delegates.

Contributions benefit the Foundation of the Pennsylvania Medical Society supporting medical education, physician health and excellence in practice.

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. ●

The official registration and financial information of the Foundation of the Pennsylvania Medical Society may be obtained from the Pennsylvania Department of State by calling the toll-free number within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

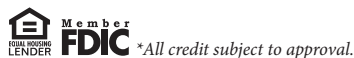


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In Memoriam James Raub, MD

Former PAMED Speaker of the House James Raub, MD, died July 7, 2018, at his home in Dana Point, Ca. He was retired from Sewickley Valley Hospital as an OB/GYN. He dedicated more than 25 years of service to various committees and boards. Surviving are his wife of 40 years, Janie, two daughters, and four grandchildren. His private memorial service was held in September. ●



Physicians' HEALTH Program

The Foundation of the Pennsylvania Medical Society

PHYSICIANS' HEALTH PROGRAM

The Physicians' Health Program (PHP), a program of The Foundation of the Pennsylvania Medical Society, provides support and advocacy to physicians and other eligible health care professionals struggling with addiction, mental illness or behavioral concerns that impact their ability to practice their chosen profession safely.

The following Continuing Medical Education (CME) courses are offered by qualified professionals and can be scheduled at your convenience. For more information, please contact the PHP at php-foundation@pamedsoc.org, or call (866) 747-2255 or (717) 558-7819.

Addressing Physician Burnout/Stress Presentation (CME)

EDUCATIONAL OBJECTIVES:

- To increase awareness of physician burnout and stress causes
- To provide practical advice for physicians on how to deal with physician stress/burnout
- To provide a brief overview of the Foundation's Physicians' Health Program

Duration of presentation: 1 hour

Cost: \$500

To schedule this live course, please contact the PHP at php-foundation@pamedsoc.org, or call (866) 747-2255 or (717) 558-7819.

Recognizing, Treating, and Monitoring Physician Impairment Presentation (CME)

EDUCATIONAL OBJECTIVES:

- To identify the signs and symptoms of addiction
- To discuss what resources are available for addicted physicians in Pennsylvania and how to make appropriate referrals

Duration of presentation: 1 hour

Cost: \$500

To schedule this live course, please contact the PHP at php-foundation@pamedsoc.org, or call (866) 747-2255 or (717) 558-7819.

Congratulations to the **Jefferson Health Physicians** who've been named to
Pennsylvania's Top Physicians Under 40
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Pennsylvania Medical Society Top Physician Under 40
CONGRATULATIONS, CHRISTOPHER CONNOR, D.O.!

Dr. Connor joined Northeastern Rehabilitation Associates in August of 2016. He received his Bachelor of Science in Kinesiology from The Pennsylvania State University and his Osteopathic Degree from Philadelphia College of Osteopathic Medicine. He completed residency at Temple University Hospital in Philadelphia where he was Chief Resident and awarded Resident Teacher of the Year in 2015. He then went on to complete an Interventional Pain Medicine Fellowship at Dartmouth-Hitchcock Medical Center in New Hampshire. Dr. Connor is board certified in Physical Medicine and Rehabilitation and in the sub-specialty of Pain Medicine.

Northeastern Rehabilitation Associates, PC (NERA) was founded in 1991 by Managing Partner, Kenneth W. Gentilezza, MD. NERA is Pennsylvania's premier physician group specializing in Physical Medicine and Rehabilitation. In addition to providing comprehensive nonsurgical treatment for back and neck pain, our board certified physicians provide services for many other disabling conditions in both inpatient and outpatient settings. Our physicians subspecialize in Pain Management, Electrodiagnostic Medicine (EMG/Nerve Conduction Studies), Spinal Cord Injury, Stroke, Brain Injury/Concussion Management, Independent Medical Evaluations, and Sports Medicine.

Dr. Connor treats patients in our Wilkes-Barre and Scranton locations.



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Step 3 — Patient Safety and Risk Management CME

Get the 12 credits of patient safety and risk management CME you need with PAMED's online courses.

Members can find free and discounted CME, FAQs on license renewal, and more at www.pamedsoc.org/CME. Not yet a member? Join online at www.pamedsoc.org/Join.

CONGRATULATIONS

for being recognized as “Top Physicians Under 40.”



Amit Varma, MD



Christopher Wenger, DO

Penn Medicine Lancaster General Health thanks Amit Varma, MD and Christopher Wenger, DO for their commitment to providing patients with compassionate, world-class heart care every day. As members of The Heart Group, their dedication and care for patients allows us to continue to advance cardiac care in the region.



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EASTERN STATE PENITENTIARY

Eastern State Penitentiary Historic Site, Philadelphia now offers public tours of Cellblock 3, also called the Hospital Block. Visitors have long wished to explore this space, but its severe deterioration has made touring the hospital impossible – until recently. Cellblock 3 has captivated visitors' imaginations since the penitentiary opened as a museum. Opportunities to step past the head gate, ornamented with its iconic red cross, have been rare. A series of stabilization projects has finally made it possible for visitors to safely enter the long-abandoned medical wing.

Of special interest to those in the medical field, visitors will explore the corridor of Cellblock 3 and learn more about this unusually well-equipped prison hospital. Eastern State's operating room, laboratories, pharmacy, X-ray lab, hydrotherapy rooms, psychiatric department, and a solarium for treating tuberculosis patients can be explored. A number of medical artifacts remain in place, despite decades of abandonment and decay.

Eastern State Penitentiary is open for daytime historic tours every day, year round. Guests can also visit the penitentiary seasonally through its annual haunted house fundraiser, Terror Behind the Walls, which is consistently ranked among the nation's top haunted attractions. ●



Does this sound like a physician you know...

- Makes a difference in the lives of their patients and/or community
- Goes above and beyond
- Excels in the practice of medicine
- Too humble to brag about their accomplishments

PAMED's monthly award program — the Everyday Hero Award — will recognize member physicians who are every day heroes, providing outstanding care or assistance to their patients and/or community.



Learn more and nominate a physician today: www.pamedsoc.org/EverydayHero

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A red stethoscope is shown against a white background. The earpieces at the top are silver with red tips. The red tubing descends from the binaural, passes behind the main text, and then forms a large, dense, tangled knot below the text. The tubing then continues straight down to a silver chest piece at the bottom.

FREEING DOCTORS

FROM RESTRICTIONS

PAMED POLICY, PHYSICIAN OPPOSITION HAS SPARKED BILL TO UNWIND RESTRICTIVE COVENANTS

BY ED FINKEL

To varying degrees depending upon their geographic location and specialty or subspecialty, Pennsylvania physicians have been facing a growing specter of non-compete restrictive covenants written into their contracts.

These provisions limit where they can practice after leaving their current employer, typically stating that they cannot take a new position within a certain distance for a certain period of time. Some include a radius from any facility owned by the current employer, a growing limitation as hospital groups enter into mergers and acquisitions.

PAMED has had a policy on the books for about a decade opposing restrictive covenants and has supported a state legislative bill that would prohibit their use. Doctors who haven't faced them and attorneys who represent those who do say the legislation is needed, and they note that those under restrictive covenants are unlikely to speak out.

PAMED Policies and Pending Legislation

Policy #140.993 — Restrictive Covenants in Physician Contracts states PAMED's opposition to non-compete physician contracts as well as the use of restrictive covenants as a condition for physicians entering into training programs.

"The Society shall, as a high-priority item, seek legislation prohibiting non-compete restrictive covenants in employment contracts," the policy reads. "Said prohibition would not preclude a contract provision permitting an employer to recoup reasonable expenses incurred in recruiting the physicians and establishing the physician's patient base."

PAMED also has promulgated Policy #140.997 on Non-Compete Clauses in Physician Contracts, which states, "The Society opposes non-compete restrictive covenant provisions in physician contracts and seeks state legislation banning those contract clauses."

Finally, the society has a broader Policy #140.998 on Restrictive Covenants in Medicine that says, in part, "The Society opposes the use of restrictive covenants as a condition for physicians entering training programs."

The pending legislation, HB 346, currently awaiting action in the General Assembly's House Health Committee, would prohibit employers from prohibiting physicians from joining a competitor, while leaving open the possibility of a buyout clause as described in PAMED's policy. PAMED has strongly advocated for this bill and continues to monitor and track its progress.

Those under restrictive covenants are unlikely to speak out.

The plain English, two-page bill says that aside from contracts already in place at the time of its passage, “a contract of agreement that creates or establishes the terms of an employment relationship with a health care practitioner that includes a restriction of the right of the health care practitioner to practice in a geographic area for a period of time after the termination of the employment relationship or prohibits a health care practitioner from treating a prior patient shall be void and unenforceable regarding the restriction.”

The bill defines a “prior patient” as a patient who has been seen within three years of the termination of employment. It also allows for a buyout clause for liquidated damages to the employer, unless “(1) the clause contains a term fixing unreasonably large liquidated damages; or (2) the employer terminated the employment relationship actually or constructively.”

Physician Experiences

Douglas Clough, MD, an internist in McCandless, says restrictive covenants haven’t affected him because he’s in private practice — but as a past president of the Allegheny County Medical Society (ACMS) he’s been hearing about them for at least 20 years. He says larger systems in particular have been “using restrictive covenants as part of their competition, to prevent one entity from going after their limited resources and prevent them from raiding one another.”

As hospital systems have grown and the radius around restrictive covenants has been expanded to include all facilities owned by a hospital group, these agreements have effectively prevented some physicians from practicing anywhere in the region, Clough says. “If they don’t like the health system they’re working for, they have to leave the area,” he says. “We’re losing good physicians. ... They can take a doctor who’s out and established, and

has a reputation, and they don’t have to worry about them competing.”

The dynamic is especially difficult when it comes to internists, Clough says. “It’s detrimental to the community,” he says. “There’s a limited number of primary care doctors. There aren’t enough around. ... They’re leaving town, leaving the area, going out of state.” Not practicing for a year or two isn’t generally an option, he adds, and if a doctor goes that route, patients temporarily lose their doctor.

Physicians who talk to Clough in his ACMS capacity are afraid to talk to anybody about it. “These doctors are typically in their 50s, the ones who are most impacted,” he says. “They have families, they don’t want to move, and the health insurance companies know it. ... I’m old enough that they can’t really hurt me, but if you’re 50, you really have to be concerned about it.”

Clough believes the PAMED-backed legislation is needed, and he adds that requiring a reasonable buyout on the part of physicians that want to leave a system sounds reasonable to him. “If a doctor wants to come in, build up a practice and leave, paying the employer something is not unreasonable because he’s taking business with him,” Clough says. “It would level the playing field. Doctors would be treated with more respect.”

Bryan Negrini, MD, MPH, president of the Prometheus Group of Companies, says he has been employed by “pretty much every” major medical system in Western Pennsylvania, and he’s needed to sign a contract every time. “I have always looked at contracts and signed things mindfully,” he says. “Sometimes I didn’t

sign because of the restrictive covenant, and that meant I didn’t get that job.”

Negrini doesn’t believe restrictive covenants have changed much in the past two decades, usually lasting two years and covering a radius between 10 and 20 miles, although the concentration of hospital systems has changed the dynamic. “Some organizations have tried to enforce distance from any of their sites, which is a lot different,” he says. “Then you have to negotiate down. The distance is always the biggest issue.”

Negotiating is always tricky when it comes to larger systems because they tend to want uniformity, Negrini says, but it’s worth a try based on the distance, time, and type of practice. “As long as they know those are the important pieces, and they’re comparing and contrasting with their colleagues, trying to find out what’s reasonable before they sign the contract is appropriate,” he says. “Once they sign, they will be held accountable.”

Negrini thinks the PAMED policy and pending legislation would be especially helpful for internists and their patients, who tend to establish more of a long-term relationship. “When a physician establishes a patient practice, are those patients truly the physician’s, or do they belong to the entity?” he asks. “Or are the patients free to go wherever they will?”

Attorneys’ Advice

Deborah Robinson, of counsel attorney with the Pittsburgh firm of Houston Harbaugh, primarily represents physicians and physician practices, and she notes that most of them are employed by corporate organizations and in contracts of up to five years. She suggests that they examine contracts in part to determine the ramifications with regard to their next career step.

“If my employer decides not to continue my contract, or I want to leave, what

“They’re leaving town, leaving the area, going out of state.”

—Douglas Clough, MD



options do I have?" she asks. "You have to measure this on a radius basis. ... Over time [employers] have become more restrictive in terms of not the years, but in terms of geographic breadth."

Taking a year off is usually not practical, not only financially but in terms of keeping skills updated, especially for surgeons, Robinson says. "If you're a younger doctor, and you're disgruntled, and you're not happy where you are, what are your options?" she asks. "They have you. They know if you have a family, if you have kids you won't want to relocate. People who aren't settled yet and don't have kids in school, they can move."

Robinson sees the legislation as helpful if it can overcome opposition. "It's the shortest bill I may have ever seen, but it's pretty straightforward, too," she says. "From a physician's standpoint, absolutely, it's unequivocal."

William Maruca, partner at Fox Rothschild LLP, has seen restrictive covenants mostly covering two years, although sometimes one, and with a fair amount of variation in radius, sometimes

due to natural geography like a river or tunnel that patients don't tend to cross to see a doctor.

"For [restrictive covenants] to be enforceable, they have to relate to the territory in which you draw patients," he says. "You might have a 20-mile radius but only draw patients from the left side of it. That can be an issue when we're negotiating these, and hypothetically when you're disputing them. You might have to produce a scatter-chart in court of where patients are coming from," although he adds that courts don't always want to get that far into the weeds.

Few such cases end up in court, Maruca says, which means restrictive covenants tend to be deterrents more than anything else. "When they do [reach court] it's very much about the attitude of the judge, whether they are enforceable," he says. "Most get settled. People back down, or they move away. Sometimes we negotiate carve-outs — the employer is worried about a particular competitor, and they say, 'You can go somewhere else.'"



Douglas Clough, MD

"If you're a mom-and-pop, there's a lot more room for negotiation of carve-outs."

-William Maruca

With the trend toward hospital employment, Maruca says restrictive covenants are becoming more frequent and more standardized. "Hospitals tend to be more inflexible when they negotiate these because they want them to be standard. You want the same non-compete for hundreds of doctors," he says. "If you're a mom-and-pop, there's a lot more room for negotiation of carve-outs."

Michael Cassidy, a shareholder at Tucker Arensberg and counsel to the Allegheny County Medical Society, says all hospitals depend upon restrictive covenants as part of their business model. He estimates that between 5,000 and 7,000 physicians have signed them with major medical centers in the state, and even many private practices have them.

During the past 20 years in which he has represented physicians negotiating

into or out of restrictive covenants, Cassidy says they have become more prevalent, more actively enforced, "and certainly more restrictive." He estimates that three-quarters of physicians in the Pittsburgh area are employed, and "a substantial majority don't have leverage to say they're not signing with a restrictive covenant."

Cassidy also doesn't hear employed physicians complaining about restrictive covenants — at least not publicly. "I can't imagine anybody would want to stick their head out of that hole," he says. "Their administration is not going to receive that well." ●

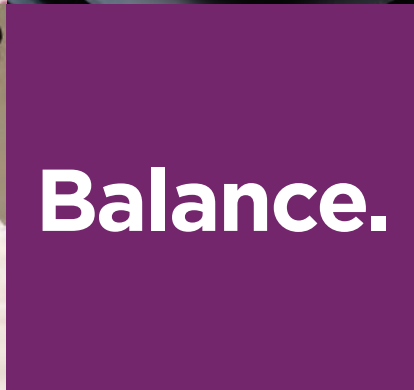
Ed Finkel is a freelance medical writer based in Chicago.

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PAMED's annual awards celebrate Pennsylvania's outstanding young talent across the health care spectrum

This select group has demonstrated a significant amount of success early into their medical careers, says Theodore Christopher, MD, president of PAMED. “As these physicians have shown, the future of Pennsylvania medicine is very promising,” says Dr. Christopher. “We’re excited to recognize them for their outstanding contributions to the practice of medicine and the delivery of patient care.”

Winners were nominated by colleagues or patients and ultimately selected by a statewide committee of PAMED member physicians.

PAMED started its Top Physicians Under 40 award three years ago as one of several efforts to encourage physicians to stay in Pennsylvania.

The 38 physicians on this year's list represent 19 different medical specialties and live in 18 different cities. They include 20 women and 18 men who work in practice settings that range from large health systems to smaller medical practices.

In alphabetical order by county, these are the young physicians selected this year.

Allegheny County

PHILIP CARULLO,

MD
PITTSBURGH



Dr. Carullo is a resident at the University of Pittsburgh's Department of Anesthesiology. While still in medical school, he was awarded for his research on

death certificate completion. Dr. Carullo has received grants to develop and patent a medical device to prevent aspirated products from entering the lungs during intubation. In 2018, he organized a "Medical Providers Against Opioid Addiction" fundraiser that raised more than \$8,000 for the Pittsburgh Light of Life Mission.

JENNIFER CORBELLI,

MD
PITTSBURGH



Dr. Corbelli is an internist with UPMC Montefiore and associate professor of medicine at the University of Pittsburgh. She also serves as program director for the

Pittsburgh's Internal Medicine Residency Program. She leads her program's resident recruitment process and, in her first year as program director, was responsible for the best match in the program's history. Through her work with medical students, she mentors individuals interested in primary care for underserved populations.

MARIA KOENIG GUYETTE,

MD
PITTSBURGH



Dr. Koenig Guyette is the chief of emergency medicine services for UPMC Shadyside and assistant professor of emergency medicine for the University of

Pittsburgh. She recently served as president of the Pennsylvania College of Emergency Physicians, where she proved herself to be a strong advocate on behalf of Pennsylvania's most vulnerable patients. She has been involved with patient-focused initiatives on issues like appropriate opioid prescribing for ED patients and bystander CPR training for middle- and high-school students.

AMANDA MICHAEL,

DO
PITTSBURGH



A physician with Pittsburgh Infectious Diseases, Ltd., Dr. Michael is an "antimicrobial steward" who looks to promote coordinated interventions designed to

improve and measure the appropriate use of antimicrobials at the hospitals she attends as well as outpatient settings. She has special interests in the treatment of HIV and hepatitis C and the administration of adult vaccines for vaccine-preventable diseases. She serves as chair of the Antibiotic Stewardship Committee at St. Clair Hospital.

MARK WOODBURN,

MD
PITTSBURGH



Dr. Woodburn is a family medicine physician with Genesis Medical Associates, Inc. He provides outpatient, inpatient, and skilled nursing care. Dr. Woodburn has

become a leader in his organization, serving on the Board of Directors. He played an instrumental role in helping Genesis Medical Associates develop an Accountable Care Organization and high quality standards recognized by most insurance quality programs.

Berks County

LUCAS DEJOHN,

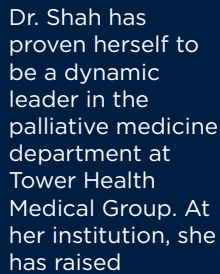
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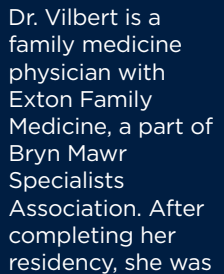
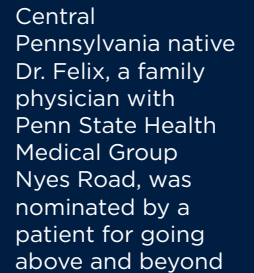
Dr. DeJohn is a neuroradiologist with Reading Hospital and West Reading Radiology Associates. Colleagues recognize him as a forward-thinking physician who

understands the larger picture of the continuum of care, especially as it relates to the acute evaluation and treatment of patients with stroke. Dr. DeJohn has participated in his organization's initiatives to improve the accuracy and timeliness of diagnostic imaging assessment.

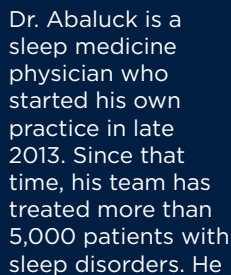
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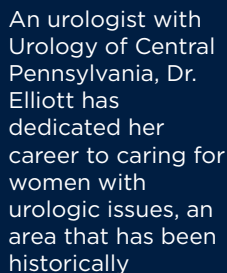
DO
EXTON

MD
HARRISBURG

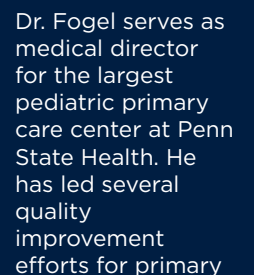
MD
PAOLI



MD
CAMP HILL



MD
HERSHEY



NIKHIL JAİK,

MD

HARRISBURG



Dr. Jaik, a cardiathoracic surgeon with UPMC Pinnacle, is known for his skill as a surgeon and his compassion for patients. Colleagues and patients alike have

noticed his caring bedside manner and focus on advocating for his patients' best interests. He is involved in efforts to build community awareness about heart disease. Dr. Jaik is dedicated to improving his practice through quality review and bringing research projects to improve patient care in the community.

ANDREW LUTZKANIN III,

MD

MIDDLETOWN



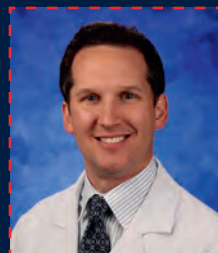
Dr. Lutzkanin is a family medicine physician with advanced training in obstetrical care. In his role with Penn State Health Middletown, he provides care for

the whole family's needs before, during, and after pregnancy. He is a leader in organized medicine, striving to better his profession through involvement with PAMED, the American Medical Association, and the Pennsylvania Academy of Family Physicians. He serves as chair of PAMED's Early Career Physicians Section.

MICHAEL PFEIFFER,

MD

HERSHEY



Dr. Pfeiffer is a cardiologist with Penn State Health Medical Center's Heart and Vascular Institute. He is the imaging leader for his organization's structural heart disease program

and, for the past five years, has served as the quality officer for the echocardiology lab. Dr. Pfeiffer has developed expertise in areas such as 3D imaging, CT, and MRI and teaches these modalities and new techniques. He has supported residents and fellows through research studies, case reviews, and poster presentations.

HYMA POLIMERA,

MD

HERSHEY



Dr. Polimera is a hospitalist at Penn State Health Medical Center who serves as a role model for younger academic hospitalists. At her organization, she plays an active part

in developing a national model for anti-bias policies that protect providers. She led a breast cancer community outreach program, which significantly improved the screening mammogram rate in South Bethlehem, especially in lower socioeconomic groups. Dr. Polimera has presented her research at multiple national conferences.

Delaware County

RACHAEL POLIS,

DO

CHESTER



Dr. Polis, a physician with Crozer Keystone Health System, specializes in pediatric and adolescent gynecology (PAG). In her role with Crozer Keystone,

she helped expand their PAG service line called "Tots to Teens." Dr. Polis is a dedicated advocate for improving adolescent health care and participates in speaking engagements at local schools. She serves as a member of the Adolescent Health Care Committee for the American College of Obstetricians and Gynecologists.

JOANNIE YEH,

MD

MEDIA



Dr. Yeh is a pediatrician with Nemours duPont Pediatrics. She has become a community speaker to parents, teens, and health care professionals, and

she works to spread the message about healthy lifestyles and reducing mental health stigma. Dr. Yeh is active on social media and uses her online presence as a platform to support parents and other physicians. She is a co-founder of the nonprofit group Girl Med Media, which was created to support women in medicine.

Erie County

KLARA ROMAN,

MD

ERIE



Dr. Roman is a family medicine physician with Saint Vincent-AHN Health & Wellness Pavilion. She recently became a regular preceptor at her institution's family medicine

residency program, where she is expected to be a key figure in the training of future primary care physicians in her community. Dr. Roman takes a holistic approach to patient care and is dedicated to creating a strong physician-patient relationship.

LYDIA TRAVNIK,

DO

ERIE



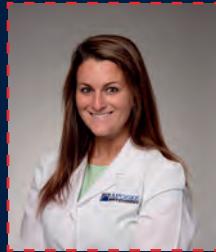
Dr. Travnik is a family medicine physician who provides care in the outpatient setting at Saint Vincent-AHN Health & Wellness Pavilion. Dr. Travnik is an office

preceptor at the Saint Vincent Family Medicine Residency Program and is also training primary care residents in ambulatory medicine. She is dedicated to providing personalized, one-on-one care to the patients in her community.

RACHEL WILKERSON,

DO

ERIE



Dr. Wilkerson is an internal medicine physician with Apogee Physicians, the staffing hospitalist group for Saint Vincent Hospital in Erie. She serves as a role model for

colleagues, who note her compassion for patients, positive approach, and willingness to go the extra mile to ensure proper care for her patients.

AMANDA WINCIK,

DO

ERIE



A resident with the Saint Vincent Family Practice Residency Program, Dr. Wincik has become a leader in medicine in Erie. She is the resident member of the Erie County Medical

Society Board. She has participated in the Stop the Bleed program, which provides education on bleeding control techniques to treat people injured during emergencies like active shooter incidents. She served as a volunteer for "Docs on Call," a TV news broadcast on which local physicians speak with callers about health care topics.

Lackawanna County

MINA MAKARY,

MD

SCRANTON



Dr. Makary is a hospitalist who sees patients at Geisinger Community Medical Center in Scranton. He serves as director of clinical documentation improvement and

associate program director for graduate and undergraduate medical education at his facility. The American Society of Hypertension designated him as a specialist in clinical hypertension. Dr. Makary was recently appointed as clinical assistant professor at Geisinger Commonwealth School of Medicine.

Lancaster County

AMIT VARMA,

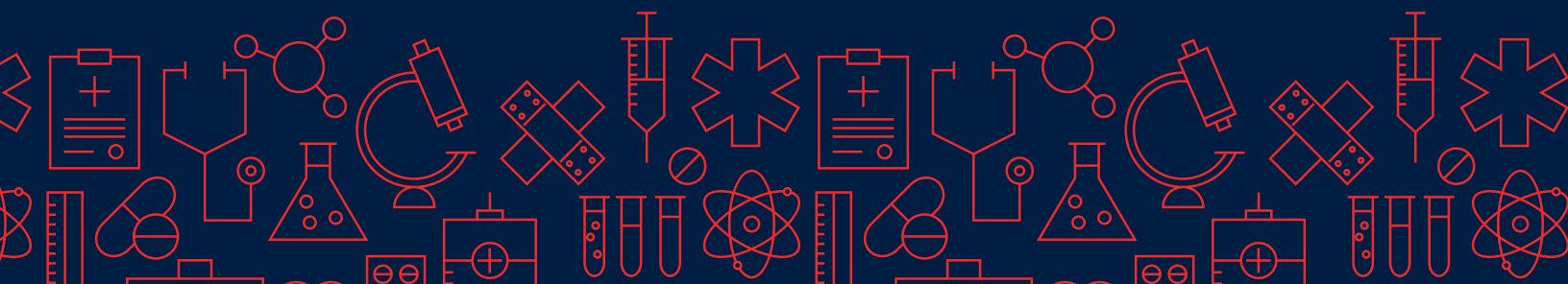
MD

LANCASTER



Dr. Varma is a cardiologist with The Heart Group of Lancaster General Health, a member of Penn Medicine. He specializes in advanced heart failure and transplant

cardiology. Dr. Varma has presented his research at national and international meetings and has shared his expertise at local educational sessions. He designed a documentation template for patients seen throughout the Penn Medicine system that allows for multidisciplinary alignment of the treatment process for cardiology and oncology.



CHRISTOPHER WENGER,

DO
LANCASTER



Dr. Wenger, a cardiologist with The Heart Group of Lancaster General Health, part of Penn Medicine, is dedicated to preventive care for his community. He serves in the

Preventive Cardiology and Lipid Apheresis clinics at The Heart Group, treating metabolic and genetic cholesterol issues with nutrition counseling and drug therapy. He is involved with numerous health initiatives, including creating a wellness committee at Manheim Township School to improve the nutritional quality of school lunches.

Lehigh County

LEIGH-ANNE PIECHTA,

DO
ALLENTOWN



Physiatrist Dr. Piechta has opened three acute inpatient rehabilitation units on behalf of Lehigh Valley Health Network, serving as medical director of the units. She has

helped her organization to increase the community's access to the resources they need to recover from strokes, spinal cord injuries, and other debilitating injuries and illnesses. Her leadership and team-building skills have provided a strong foundation of practice for many clinicians.

KARINA REED,

MD
ALLENTOWN



Dr. Reed is an OB/GYN with Lehigh Valley Physician Group (LVPG) Obstetrics and Gynecology. She serves as assistant practice leader where she works to implement

innovative ideas to provide better and more efficient patient care. One of her initiatives involves helping to develop and support the expansion of LVPG's midwifery program. She is also the obstetrics rotation leader for her organization's OB/GYN residency and co-directs its obstetrics simulation curriculum.

Luzerne County

CHRISTOPHER CONNOR,

DO
WILKES-BARRE



Dr. Connor is a physical medicine and rehabilitation physician with Northeastern Rehabilitation Associates. He serves on the Luzerne County Medical Society

Board and is active in community efforts to address issues surrounding pain and addiction. Dr. Connor is dedicated to finding alternatives to opioids for addressing chronic pain. He has taken part in several regional workshops and panel discussions on finding solutions to the opioid crisis.

Lycoming County

ANGELICA KLOOS,

DO
WILLIAMSPORT



Dr. Kloos is a child and adolescent psychiatrist with UPMC

Susquehanna who has provided patient care to children in the Williamsport area for more than five

years. She has been instrumental in developing innovative models of care to manage the needs of the rural community she serves. She is a member of the Lycoming County Medical Society Board.

ASHLEY PENCE,

DO
WILLIAMSPORT



Dr. Pence is a pediatrician with UPMC Susquehanna Pediatrics who practices full-scope general pediatrics. She recognized the need for obesity

care in her community and recently became a diplomate with the American Board of Obesity Medicine. She is a faculty member with the Williamsport Family Medicine Residency Program and, in 2016, received the Teacher of the Year award. As a volunteer with the Junior League of Williamsport, she has helped organize several fundraisers to benefit her community.

Montgomery County

STEFANIA NOLANO,

DO

ABINGTON



A thought leader in the surgical treatment of breast cancer, surgeon Dr. Nolano is director of Abington-Jefferson Health's breast program. Dr. Nolano is dedicated to

offering compassionate, cutting-edge care to her community. She is active with the American Society of Breast Surgeons and frequently presents her work at meetings and symposiums. Dr. Nolano works with Abington-Jefferson Health residents in surgery, OB/GYN, and family medicine.

Philadelphia County

MICHAEL GASPAR,

MD

PHILADELPHIA



Dr. Gaspar is a clinical research fellow with the Philadelphia Hand to Shoulder Center. He also teaches students studying medicine at Thomas Jefferson University. Dr.

Gaspar serves as a voluntary faculty advisor for Jefferson's Catholic student group and, in that role, he mentors students and organizes service projects to help the community. He specializes in orthopedic surgery and has written, co-authored, or presented dozens of scientific studies.

DIMITRIOS PAPANAGNOU,

MD

PHILADELPHIA



Dr. Papanagnou serves as assistant dean for faculty development, vice chair of education for the Department of Emergency Medicine, and associate professor of emergency

medicine at Thomas Jefferson University's Sidney Kimmel Medical College (SKMC). Dr. Papanagnou helped to revise SKMC's faculty development curriculum. He is involved with numerous educational initiatives at the medical college, including developing an Emergency Medicine Medical Education Fellowship Program.

DANIELLE PINEDA,

MD

ABINGTON



Dr. Pineda is a vascular surgeon with Abington-Jefferson Health. She also serves as assistant program director for Abington-Jefferson Health's general surgery residency

program. She displays technical excellence in open and minimally invasive vascular surgery, and her colleagues note the compassionate care she provides to patients. Dr. Pineda is involved with numerous research projects on topics such as quality improvement to resident education and making sure patients receive appropriate follow-up care.

ADAM LUGINBUHL,

MD

PHILADELPHIA



Dr. Luginbuhl, an otolaryngologist at Jefferson Health, specializes in surgery for patients with head and neck cancer. He has received grant funding to study ways to protect

normal tissue from the effects of radiation and has designed clinical trials to study immunotherapy in patients with head and neck cancer. He is also an associate professor and director of medical student education at Thomas Jefferson University's Sidney Kimmel Medical College. Dr. Luginbuhl participates in mission trips to Haiti and leads a coalition whose goal is to bring a cancer center to Haiti.

RICHARD TOSTI,

MD

PHILADELPHIA



Dr. Tosti, an orthopedic surgeon with the Philadelphia Hand to Shoulder Center, specializes in traumatic and post-traumatic reconstruction of the hand and

upper extremity. He performs complex microsurgical procedures such as limb salvage surgery. Dr. Tosti is an assistant professor at the Sidney Kimmel Medical College of Thomas Jefferson University. He has appeared as the hand and upper extremity orthopedic specialist on the "Doctors Show" on Sirius/XM radio.



York County

ERIK KOCHERT,

MD

YORK



Dr. Kochert is an emergency physician with UPMC Pinnacle. He has served as a physician champion for both the venous thromboembolism clinical effectiveness team and the

hospital chest pain center, and he helps ensure that the clinical care offered by his organization is evidence-based, safe, and efficient. As the York County Medical Society immediate past president, Dr. Kochert serves as a role model to colleagues and advocates for addressing public health issues in his community.

TANI MALHOTRA,

MD

YORK



Dr. Malhotra recently completed her residency with WellSpan York Hospital's OB/GYN Residency Program. She has participated in WellSpan's Perinatal Addiction

Workgroup to develop policies and procedures to assist patients with substance abuse disorders. Dr. Malhotra contributed to the development of Pennsylvania guidelines for medically assisted treatment of opioid use disorder. She also served in a leadership role as the Residents & Fellows Section representative on PAMED's Board.





SHAPING THE FUTURE OF POLITICS IN PENNSYLVANIA

PAMED's Advocacy Day 2018

An enthusiastic group of PAMED member physicians, residents, and medical students met at the State Capitol in Harrisburg in May. Physician advocates spoke with Pennsylvania lawmakers on topics such as:

Prior Authorization — Increase transparency and lower health care costs by ensuring prescribers have access to more efficient electronic prior authorization systems.

Opioid Abuse — Foster discussions on continuing education requirements, use of the Prescription Drug Monitoring Program (PDMP), and referral to treatment.

Telemedicine — Establish a statutory definition, mandate that telemedicine services are reimbursed, and prohibit “audio-only” services.

Group members met with legislators and legislative staff on both sides of the political aisle. They also had the opportunity to attend a Senate Health and Human Services Committee meeting.

The day concluded with a conversation with Attorney General Josh Shapiro who talked about Pennsylvania's ongoing efforts to address the opioid abuse crisis.

Those who attended came away with a better understanding of the legislative process. Minder Bal, DO, an OB-GYN resident in York said, “It's been a really wonderful experience being able to see how much of an impact, especially young physicians, can have, and how important it is to get involved with political advocacy.”

For more details on PAMED's advocacy priorities, visit www.pamedsoc.org/advocacy. ●

“It's been a really wonderful experience being able to see how much of an impact, especially young physicians, can have, and how important it is to get involved with political advocacy.”

MINDER BAL, DO
OB-GYN Resident, York

Photo above: Member physicians, residents, and medical students talk to state lawmakers on issues such as prior authorization, opioid abuse, and telemedicine.

CONGRATULATIONS

Dr. Vinti Shah & Dr. Lucas DeJohn

TOP PHYSICIANS UNDER 40

Your compassion and medical expertise make a difference in our community. Thank you for inspiring a culture of leadership and excellence throughout our organization as well. We are proud to have you both on our medical staff.



Vinti Shah, DO

Chief, Section of Palliative Medicine

Dr. Shah is a dynamic champion of palliative medicine and its focus on enabling ill or dying patients to choose how they live. A skilled, compassionate leader, she is widely recognized for developing community initiatives and medical programming that enhances understanding and use of palliative care.



Lucas DeJohn, DO

Neuroradiologist

Dr. DeJohn is recognized as a forward-thinking neuroradiologist whose expertise includes the acute evaluation and treatment of patients with stroke. His work has contributed to significant improvements in acute stroke care and the assessment of diagnostic imaging at Reading Hospital.



Reading Hospital

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Learn more about Dr. Shah and Dr. DeJohn at [Reading.TowerHealth.org](https://www.Reading.TowerHealth.org).



BILLS *on the* HILL

10 Health-Related Bills Enacted
into Law This Legislative Session

The legislature has passed several health care-related bills this session that PAMED has been actively tracking that affect the practice of medicine in some way. PAMED's legal analysts summarize important points about each law.

HOUSE BILLS

ACT 4-2017 (HB 23) amends the Primary Stroke Center Recognition Act, now named the Stroke System of Care Act, to include hospitals that have been recognized via a national accrediting organization as acute stroke-ready hospitals or comprehensive stroke centers. Act 4 requires the Department of Health to recognize hospitals that meet the requirements of a primary stroke center, a comprehensive stroke center, or an acute stroke-ready hospital by the Joint Commission or another nationally recognized accrediting organization that provides certification for stroke care. Act 4 took effect on Aug. 11, 2017.

ACT 14-2017 (HB 239) establishes the Rare Disease Advisory Council within the Department of Health. Among other duties, the Council will coordinate statewide efforts for the study of the incidence and prevalence of rare diseases within the Commonwealth and the status of the rare disease community. In addition, the Council is tasked with researching and determining the most appropriate method to collect rare disease data, and information concerning individuals

with rare diseases, as the Council deems necessary and appropriate to conduct comprehensive surveys of rare diseases diagnosed in the Commonwealth, subject to all applicable privacy laws and protections. Under this law, a "rare disease" is defined as "a disease or condition that affects fewer than 200,000 individuals living in the United States." Act 14 took effect on July 7, 2017.

ACT 17-2017 (HB 424) authorizes physician assistants (PAs) to sign a death certificate for a patient under the care of that PA. Before this bill was signed into law, PAs were permitted to determine the cause of death and pronounce death, but they were not permitted to sign a death certificate. Act 17 took effect on Sept. 5, 2017.

ACT 33-2017 (HB 45), entitled the Right-to-Try Act, allows eligible patients with a terminal illness to use investigational drugs, biological products, and devices not yet approved by the U.S. Food and Drug Administration. A manufacturer of an investigational drug, biological product, or device may make available, and an eligible patient may request them, as long as the patient has a terminal illness and meets other requirements in the law. A health care provider who in good faith recommends

or participates in the use of an investigational drug, biological product, or medical device under this law will be immune from criminal or civil liability or professional misconduct. While these items may be made available, insurers are not required to provide coverage. Unless re-enacted by the legislature, Act 33 will expire on June 30, 2025. Act 33 took effect on Dec. 11, 2017.

ACT 70-2017 (HB 1234) aligns the length of stay in licensed ambulatory surgery centers (ASCs) with that of other states and federal Centers for Medicare and Medicaid Services (CMS) guidelines. Under Act 70, authorized services would be permitted in an ASC where the expected duration of services would not exceed 24 hours following an admission. Prior to the enactment of this law, under Department of Health regulations, ASC stays were limited to a total of four hours of operating time and a total of four hours of directly supervised recovery. Practitioners should note that DOH regulations still prohibit overnight stays in an ASC. Act 70 took effect on Feb. 20, 2018.

ACT 25-2018 (HB 478) addresses psychiatric supervision requirements in outpatient psychiatric clinics. Under this law, an "outpatient psychiatric clinic" is defined as "a nonresidential

treatment setting in which psychiatric, psychological, social, educational, and other related services are provided under medical supervision. It is designed for the evaluation and treatment of individuals of any age with mental illness or emotional distress. Outpatient services are provided on a planned and regularly scheduled basis.” Requirements under this law include a psychiatrist on site for two hours of psychiatric time per week for each full-time equivalent treatment staff member, of which 50 percent of that time may be provided by an advanced practice professional or an off-site psychiatrist by use of approved interactive audio and video, or a combination of the two. Act 25 took effect on July 30, 2018.

SENATE BILLS

ACT 59-2017 (SB 446) provides for the licensing and regulation of drug and alcohol recovery houses. All recovery houses must be licensed within two years of the effective date of the law. Under this law, a “drug and alcohol recovery house” is defined as “housing for individuals recovering from drug or alcohol addiction, which provides those individuals with a safe and supportive drug and alcohol-free environment that may include peer support and other recovery support services.” Act 59 took effect on June 17, 2018.

ACT 79-2017 (SB 728) amends the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act, otherwise known as the Prescription Drug Monitoring Program (PDMP) Act. Act 79 exempts Schedule V non-narcotic controlled substances used for the treatment of epilepsy or seizure disorders from the mandatory querying requirements of the PDMP Act. Act 79 took effect on Feb. 20, 2018.

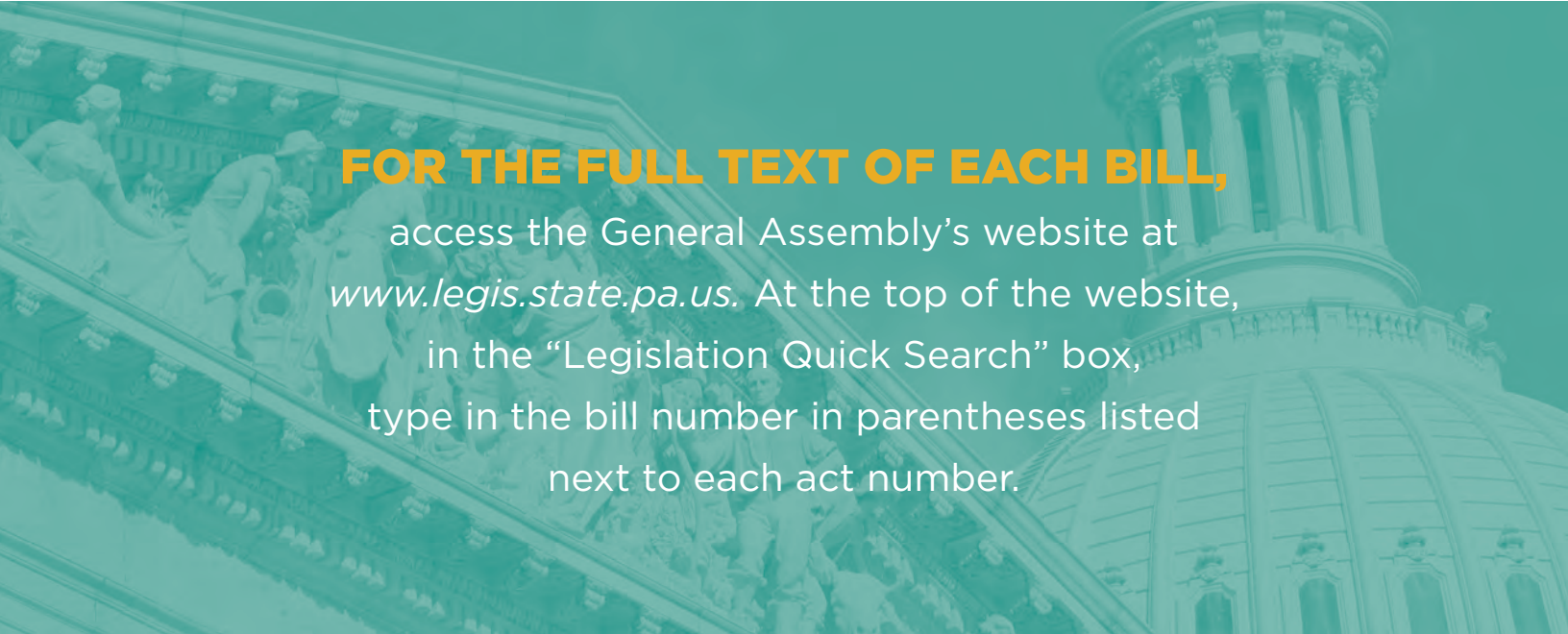
ACT 6-2018 (SB 354) has two components. First, this law standardizes reporting requirements across all licensing boards by requiring all licensees, registrants, and certificate holders to report any disciplinary conduct by any licensing board or a misdemeanor or felony conviction (including Accelerated Rehabilitative Disposition, Probation without Verdict and Disposition In lieu of Trial) within 30 days. Failure to report would result in disciplinary action. Previous to the enactment of Act 6, both MDs and DOs were required to report within 60 days of a reportable occurrence. Second, this law will allow a licensee, registrant, certificate holder, or permit holder to make written application to the applicable board to have a licensure violation for discipline expunged from the individual's record provided certain conditions are met. Under this provision, expungement is available only once for individuals who fail to complete continuing education requirements or practice for six

months or less on a lapsed license, registration, certificate, or permit. While the individual's public record will be expunged, the violation will still be on file with the licensing board and may be used for any regulatory purpose and may be released by the licensing board upon request from law enforcement or other governmental body as permitted by law. Act 6 took effect on April 16, 2018.

ACT 8-2018 (SB 542) authorizes pharmacists to fill an emergency prescription for up to a 30-day supply in situations where a prescription is not dispensed or sold in a 72-hour supply, such as insulin. Prior to this law, pharmacists were limited to emergency refills up to a 72-hour supply. Act 8 took effect on Feb. 15, 2018.

You can learn more about bills affecting the practice of medicine by going to www.pamedsoc.org/Advocacy. ●

Michael D. I. Siget, JD, MPA, serves as PAMED's legislative and regulatory counsel.



FOR THE FULL TEXT OF EACH BILL,
access the General Assembly's website at
www.legis.state.pa.us. At the top of the website,
in the “Legislation Quick Search” box,
type in the bill number in parentheses listed
next to each act number.

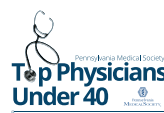
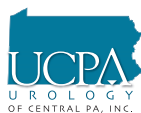


UROLOGY OF CENTRAL PENNSYLVANIA CONGRATULATES

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CARE MANAGEMENT

AND THE VALUE-BASED TRANSITION

**BY DIANE LITTLEWOOD,
RN, MSN, CCM**

Calls, faxes, and notices from case managers, care managers, care navigators, health navigators, care coordinators, community health workers, and many other patient-centered care team members are lighting up the phones and EHR portals. Case managers are appearing from various settings: inpatient, ambulatory, insurer-based, centralized, home health, skilled and long-term care.

Confusion with who's calling, why they're calling, and what they want cloud the view and frustrate providers and patients. "All of the above" appear to be crowding the landscape of individual practices and not recognized as much needed support for providers

in managing their overflowing panel of high-risk patients. "All of the above" is designed to provide a level of support to the physician, the patient, and their caregivers that will assist in coordinating care in our fragmented health care systems, improving clinical outcomes and the quality of life for patients.

As health care delivery shifts from fee-for-service to value-based care, and physicians reconcile competing and sometimes contradictory incentives, there is value to adding an expanded health care team to the equation. Although independent physicians may not necessarily be convinced they need or want an extended team added on to their already hectic day, there is evidence that care management can offload work and provide relief to providers and sustainability in this new and ever-changing health care environment.



SO, WHAT IS CARE MANAGEMENT ANYWAY?

Several definitions of care management (CM) are recognized throughout the health care industry. Titles are interchangeable with varied responsibilities attached to the risk of the identified population with activities and interventions designated to manage the cohort of patients. CM applies systems, the science of medicine, incentives, and relationships to improve and engage patients and their support system in a collaborative process designed to manage medical and behavioral health conditions, and the social determinants, more effectively.

The goal of CM is to achieve an optimal level of wellness and improve coordination of care while providing cost-effective, non-duplicative services. Health care systems, payers, individual practices, and newly formed clinically integrated networks (CINs) are embracing and financing CM as an integral resource that embraces value-based care and the Quadruple Aim: achieving better health through improved outcomes, improving the patient experience, lowering the cost of care, and improving the work life of providers.

WHO ARE CASE MANAGERS?

Most case managers are registered nurses (RNs) or master's of social

work (MSW), credentialed through the Commission for Case Manager Certification or the American Nurses Credentialing Center, the certifying body for the American Nurses Association. Both certifications are regarded as the gold standard for case management excellence.

The Case Management Society of America defines case management as "a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote safety, quality of care, and cost-effective outcomes."

EXPANDING THE TEAM

In addition to RNs and MSWs, the interdisciplinary team may also include pharmacists, pharmacy assistants, nutritionists, behavioral health experts, community resources, CM assistants, etc. Depending on the specific model of CM and the financier of this resource, CMs may be embedded within the ambulatory care setting or provide centralized, telephonic services.

CM staffing models are designed to enable an efficient workflow and allow professionals to work at the top of their license with other members of the health care team working with identified populations to coordinate care in alignment with the Quadruple Aim. Considering all definitions, the Quadruple Aim guides the strategies and interventions regardless of the title. What makes the difference is the needs of the specific population, the individual practice, and the value the provider sees as quality to patients and practice.



will act as the integrator of the patient and health care team focusing on the goals of care and outcomes for quality, utilization, and cost.

Case managers will use several methods of communication for collaboration and provider approval in care delivery with respect for the providers' daily commitments and time constraints. Patient-centered care begins within primary care who accept ownership of the patient with incentives to provide value-based care. As part of the care team, case managers utilize past clinical experience and skills and serve as a patient advocate, working alongside the physician to assess the treatment plan and patient adherence along the trajectory of their condition. With frequent contact, the case manager provides ongoing education and support with self-management strategies, developing patient-centered goals of care and a trusting relationship with both the patient and the physician.

AFFECTING QUALITY AND COST

As you integrate population health strategies, value-based care, and CM into your practice, you may see practice expenses rise as you invest in the future of health care. With long-range expectations, however, look for the cost of care to be reduced as quality rises and utilization of high-cost services decrease including: duplication of services, ED visits, hospital admissions, and readmissions.

With CM outreach and engaging and activating patients in their care, providers will also see the benefits of CM with a reduction in acute and long-term complications and disease-specific exacerbations. Independent practices with a smaller population of high-risk patients will likely struggle to justify an investment into CM services and explore the opportunity to share CM resources or redesign practice infrastructure and utilize internal staff resources.

Larger practices, Accountable Care Organizations (ACOs), Alternative Payment Models (APMs), or CINs will depend on CM models and interventions to support their goals for achieving value-based care. **Contracting with payers or partners are all options available to financially support the necessary resources for success in the value-based world of health care.**

WHAT IS THE CASE MANAGEMENT APPROACH TO PATIENT CARE?

Case management practices are multifaceted, managing care across the continuum. With a focus on quality care and the quality of life that includes clinical and psycho-social management, continued communication with providers and patients is essential. Accepting responsibility for an individual population, the case manager

Adults with chronic conditions, physical disabilities, or serious illnesses are managed differently than a pediatric population serving children with chronic conditions, disabilities, or behavioral issues. Chronic condition management, transitions of care, and advanced care planning support utilizing evidence-based clinical guidelines, and protocols are active interventions carefully adapted to the needs and resources available to each individualized case, adult and pediatric. This approach is individualized and integrated according to specialty or diagnosis — for example, Oncology Case Management or ESRD Case Management where the clinical nurse expert coordinates care with specialists, primary care, and the health care team with problem solving and identifying options to improve quality.

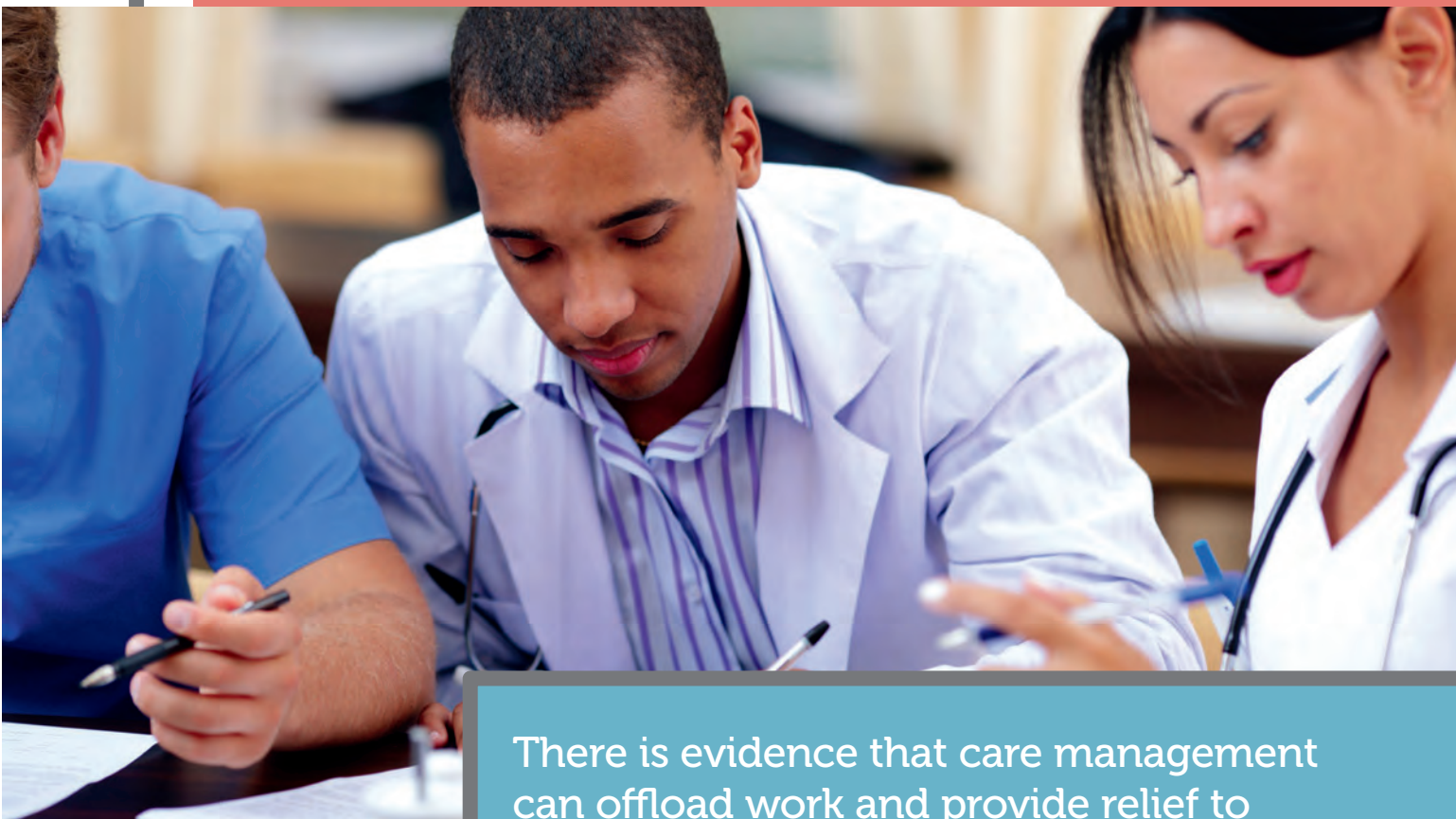
Whether complex case management or chronic condition management, all models develop a plan of care in collaboration with the patient, family, and providers to ensure adherence to the treatment plan. Medication management with effectiveness of

therapies and adherence has a high priority in the interventions of CM with ongoing follow-up.

The social determinants of health (SDOH) demand the attention of the care manager and deployment of other team members, addressing the entirety of care and the demands of the social and economic conditions that influence the health of individuals. As case managers assess patients' needs and identify their social and economic influences, the care plan and goals of care are individualized accordingly.

We know that the social and economic factors have an insidious effect on the health of individuals and populations. SDOH are recognized as those conditions in which we live, work, learn, and play that influence the health we can achieve. This is another element of holistic care that case managers address, deploying resources and interventions that impact outcomes. The ability of practices to shift from one model to another within the same program provides flexibility and enhances the continuity of care. Developing relationships with patients is an integral component of CM. Knowledge, clinical thinking

skills, empathy, and compassion are all assets of an effective case manager. Building a trusting relationship with the patient leads to patient engagement and the ability to make a difference for the patient and their support system. Extending those attributes across the continuum of care, case managers are sensitive to all the needs of their patients following them through their journey. "Crucial conversations" and advanced care planning are included according to where the patient is in the trajectory of illness, and the case manager will ensure the patient's goals of care are honored in collaboration with the physician and health care team.



There is evidence that care management can offload work and provide relief to providers and sustainability in this new and ever-changing health care environment.



HOW DO YOU DEMONSTRATE THE VALUE OF THE CASE MANAGER AND VALIDATE THEIR ACTIVITY AND VALUE?

It takes the right case manager, regardless of the title or role, to be successful. Engaging and collaborating with physicians, health care team members, patients, and families takes a special person with professionalism, clinical skill, drive, and a commitment to make a difference. The value of case management comes from monitoring

patient and provider satisfaction, the quality of care and the quality of life preserved, as well as the impact on the burden of illness and the cost of care. Administrative oversight holds case managers and models of care responsible for all of the above. They also monitor case management activity, productivity, caseloads, interventions, quality, and outcomes, holding case managers to high standards and accountability. As we calculate return on investment and look to reduce the burden of illness, we are also able to realize the value of human interaction and caring that can impact the course of illness for individuals.

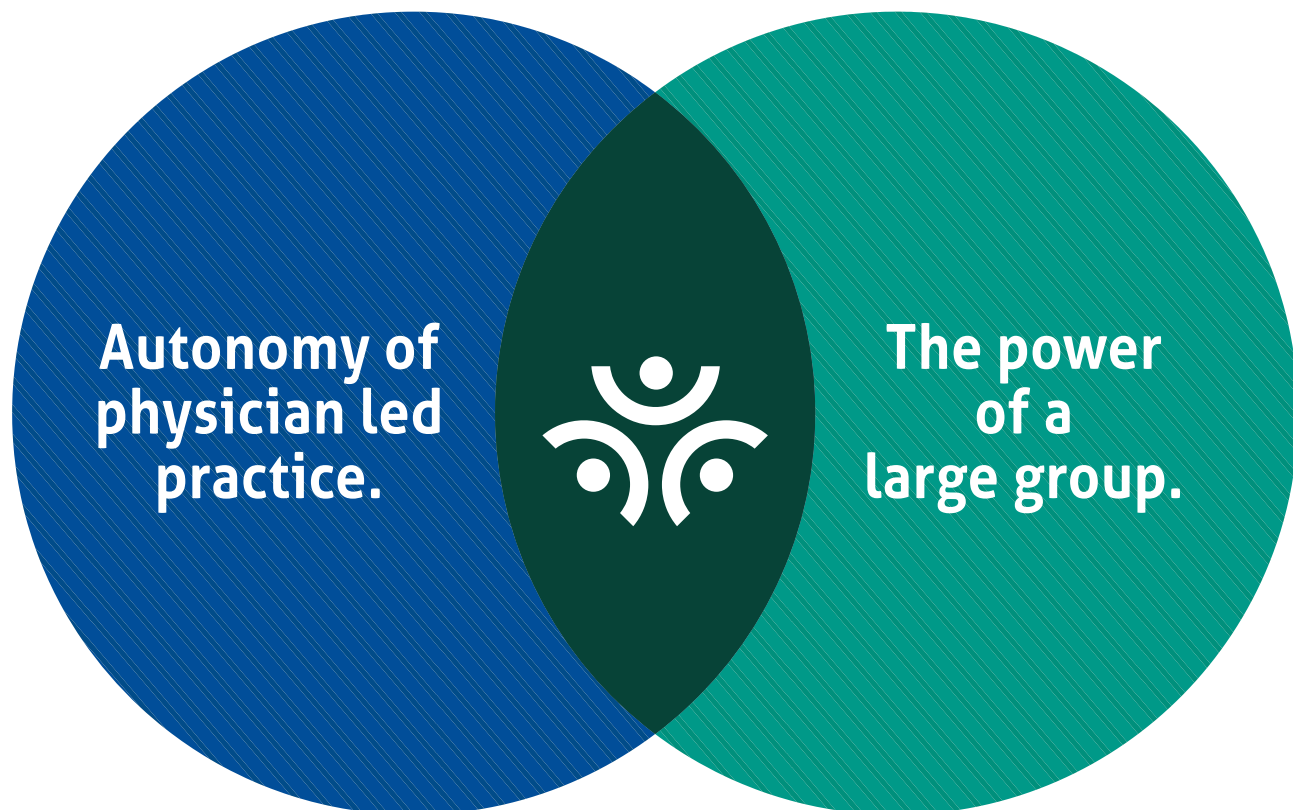
At the end of the day, we are all looking for a solution to the current state of health care and ways we can improve the quality of life for those under our care. CM opens the door as part of the solution and is committed to making a difference. ●

HOW WE CAN HELP YOU

PAMED's Care Centered Collaborative has invested in the clinical and operational expertise to assist Pennsylvania physician practices to better understand and operationalize CM programs. The Collaborative's services range from practice review and analysis of current CM programs to the creation and implementation of custom programs.

Find out more by contacting Diane Littlewood at (570) 441-2552 or dlittlewood@patientccc.com. You can also learn more at www.patientccc.com.

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COMMITMENT TO SERVICE IS A HALLMARK OF HERSHEY ORTHOPEDIC SURGEON AND PAMED EVERYDAY HERO

William Hennrikus, MD, an orthopedic surgeon specializing in pediatrics, is PAMED's June 2018 Everyday Hero Award winner. Dr. Hennrikus practices at Penn State Health Children's Hospital. He is also a professor and associate dean of continuing education at Penn State College of Medicine.

When you talk to William Hennrikus, MD, his commitment to public service becomes clear immediately. His work has taken him around the globe — from time spent in Asia while serving in the military to his current participation in global health exchanges.

After graduating from Georgetown University Medical School, Dr. Hennrikus began his medical career with a residency at Balboa Naval Hospital in San Diego.

He had every intention of becoming a cardiologist and started an internship in internal medicine. It took just four months for him to realize it wasn't the right field for him. As luck would have it, a surgical intern at the hospital wanted to make a switch as well, and Dr. Hennrikus found himself on the way to becoming an orthopedic surgeon.

He spent two years in the fleet marine force taking care of young marines and their families. His work took him to places like Japan, Korea, and the Philippines.

"You get phenomenal experiences in the military," says Dr. Hennrikus. He's proud of this time in his life and how it spurred his development as a person and a physician. "It's a way to give back," he says. "You're truly helping."

Dr. Hennrikus also participates in two global health exchange trips each year. He's had the opportunity to travel to places like Nepal, China, and Ghana, providing much-needed medical care and sharing knowledge with physicians in the countries he visits.

“You get phenomenal experiences in the military,” says Dr. Hennrikus. He’s proud of this time in his life and how it spurred his development as a person and a physician. “It’s a way to give back,” he says. “You’re truly helping.”

This past April, he and his wife were part of a group of 30 medical students and six faculty who visited Panama. His team spent four days in rural areas of Panama where patients have limited access to medical care and are in the greatest need. Dr. Hennrikus and his group also took part in two days of seminars and rounds in Panama City at the University of Panama medical school.



Sharing ideas and medical expertise is a vital part of these trips, and that exchange sparks a sense of camaraderie. "It's a wonderful opportunity to meet new friends and learn new things," Dr. Hennrikus says.

His strong partnership with his wife Eileen and their shared dedication to serving others has enriched their lives and led them to many adventures. Even better, they've been able to help advance medicine and improve public health across the world.

LISTENING TO PATIENTS IS A PRIORITY FOR THIS CHALFONT FAMILY PHYSICIAN



Richard Gaibler, DO

Richard Gaibler, DO, is a family medicine physician at Doylestown Health Primary Care in Chalfont, Pa. He is the recipient of PAMED's July Everyday Hero Award in 2018.

For Richard Gaibler, DO, his success as a family physician comes down to one basic principle: Listen to your patients. He's spent his medical career – now spanning more than 30 years – building trust with patients, making sure they know they are being heard.

It's not a surprise that he takes such a simple, focused approach to his work, when you consider where he got his start. He grew up in a rural area in Upper Bucks County and describes his childhood self as a "farm boy." Although the city of Philadelphia was relatively close, it seemed like a world away.

From an early age, he had his sights set on becoming a physician. "My mother would say I have wanted to do this since I was eight," says Dr. Gaibler.

He set clear goals for himself and then set out to accomplish them — he knew he wanted to become a doctor, get married, and have children. He's been successful in accomplishing these goals and is now a married father with three grown sons, all engineers.

He started on his journey toward medicine at LaSalle University in Philadelphia, where he received his undergraduate degree. "I wouldn't trade that education for anything," Dr. Gaibler says. And, he had the good fortune to meet his future wife while they were both students at LaSalle.

Dr. Gaibler went on to attend medical school at the Philadelphia College of Osteopathic Medicine (PCOM). What has stayed with him the most from his time at PCOM was something he learned during his second year of studies. His physician instructors emphasized nearly every day how important it was to listen to patients closely.

He says the simple idea of letting patients know you care was a humbling concept. "I learned medicine by talking to people," he explains. He was taught simple strategies like sitting at patients' bedsides in a chair in order to put patients at ease.

These lessons continue to resonate with him to this day. "I don't carry a computer into the exam room," Dr. Gaibler says. He prefers to keep his focus on his patients.

His approach hasn't gone unnoticed by his staff. "Dr. Gaibler cares so deeply for his patients that when you come for your visit you have his undivided attention," notes Donna Kittredge, the practice administrator for his office.

Dr. Gaibler says a family doctor provided all his medical care when he was young – starting with his arrival in the world and continuing throughout his childhood. Seeing his own doctor at work sparked his own interest in medicine. "The idea of being able to take care of people throughout their lives was intriguing to me," he says.

Every day in the office holds new challenges and opportunities for him to help patients. "Family medicine makes for non-average days," he responds when asked what his average workday is like.

Dr. Gaibler's days are varied — except during flu season, he notes with a chuckle. Any given day at the office might include a well-child visit, an end-of-life discussion with an elderly patient, or helping a patient manage a chronic condition.

He's also found other ways to give back to his community. His practice administrator Donna started an initiative through her church to provide meals for a homeless population living near the Ben Franklin Bridge in Philadelphia. Dr. Gaibler has joined her and other volunteers to serve breakfast and to donate items like clothing, toothpaste, and toothbrushes. It's an experience he describes as very rewarding.

And, these days, Dr. Gaibler has returned to his roots. He's started growing vegetables just like his family did on their farm while he was growing up. He does all the landscaping on his property and finds it therapeutic.

He's never regretted his chosen path from farm boy to physician, husband, and father.



Melissa Pugliano, MD, and PAMED Vice President Lawrence R. John, MD

“BE THE PERSON YOU’VE ALWAYS HOPED TO BE,” SAYS PITTSBURGH DERMATOLOGIST AND PAMED EVERYDAY HERO

Melissa Pugliano, MD, is a dermatologist at the University of Pittsburgh Medical Center’s (UPMC) Department of Dermatology. She is the director of Mohs Surgery at UPMC St. Margaret in Harmar. She is also an assistant professor, Dermatology Residency Program director, and Mohs Micrographic Surgery and Dermatology Oncology Fellowship director at the University of Pittsburgh.

“If I get a simple thank you from a patient, that has made my day,” says dermatologist Melissa Pugliano, MD, PAMED’s May Everyday Hero award winner.

Dr. Pugliano specializes in Mohs surgery, a tissue-sparing surgical technique for skin cancers in areas like the head and neck. It’s a painstaking process that requires skill and precision.

Mohs surgery also takes time, which means Dr. Pugliano gets the chance to spend the day with her patients. “I get to know patients like an old-fashioned doctor,” she says.

Since the surgery is done under local anesthesia, she can talk to her patients throughout the process and often gets to meet families and loved ones. She loves that aspect of her field, saying that she learns a lot from her patients.

Dr. Pugliano also had an instrumental part — along with her colleagues, Kristin Bibee, MD, PhD, and Tim Patton, DO — in creating UPMC’s Center for Solid Organ Transplant Related Skin Disease, a clinic that specializes in treating patients who will have or have already had an organ transplant. Organ transplant patients are 65 percent more likely to develop life-threatening squamous-cell skin cancer.

The Pittsburgh area has the second-highest population of transplant patients in the U.S., Dr. Pugliano says. The innovative care offered by the Center for Solid Organ Transplant Related Skin Disease takes a multi-specialty approach that offers these patients the best outcomes.

Geoffrey Lim, MD, a dermatology resident at UPMC, nominated Dr. Pugliano for the Everyday Hero award, calling her “simply incredible.” Dr. Lim says, “She has left her lasting, loving blueprint on newly minted attending physicians and junior faculty year after year.”

For her part, Dr. Pugliano believes her residents give back to her as much as she gives to them. She thinks that’s a principle that the best teachers understand. “I like talking to residents because it adds a fresh perspective,” she says. She makes it a point to learn what’s going on in their lives and lets them know they can confide in her if they need help.

“Just be the person you’ve always hoped to be,” she says. It’s a philosophy she lives by every day. ●

PAMED NAMES AWARD WINNERS



Andrew Gurman, MD

Andrew Gurman, MD, an orthopedic hand surgeon who practices in Altoona, was named the 2018 recipient of PAMED's Distinguished Service Award.

Dr. Gurman is a long-standing member, who once served as the organization's Speaker of the House. Eventually, he

ALTOONA PHYSICIAN RECEIVES DISTINGUISHED SERVICE AWARD FOR LIFETIME ACHIEVEMENTS

moved into positions on the American Medical Association's Board of Trustees, elected to the organization's presidency in 2016-17. George Green, MD, nominated him for the award. Dr. Gurman has been a member of PAMED for more than 30 years.

Under Dr. Gurman's leadership, the AMA:

- Successfully blocked the mergers of insurance giants Aetna-Humana and Anthem-Cigna
- Fought to lower drug prices
- Advocated for the study of gun violence as a public health issue
- Worked to alleviate patient delays to insurance prior authorization

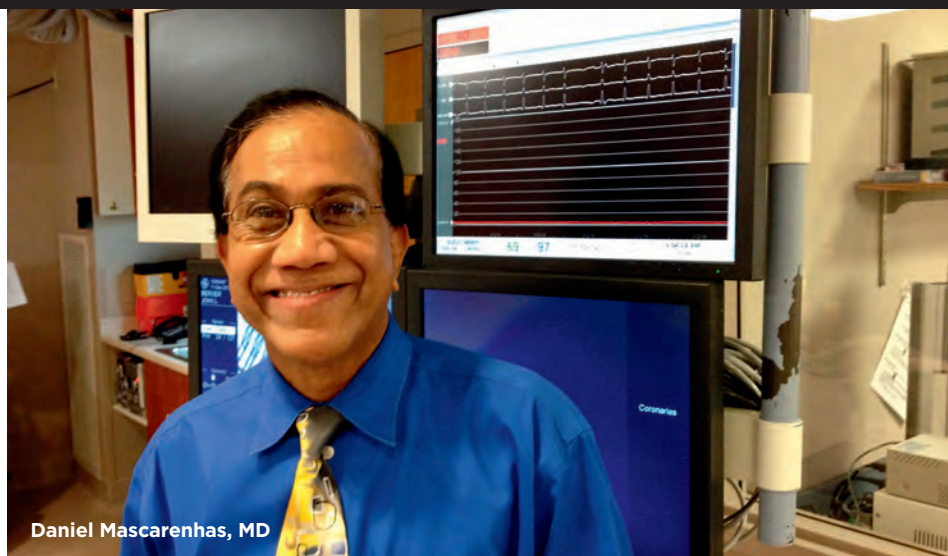
"We are proud to bestow this award to Dr. Gurman, a long-time PAMED member, whose efforts to improve medicine benefited us all on a local, state, and national level," said Marty Raniowski, PAMED EVP.

PAMED's Distinguished Service Award is given to members for lifetime achievements in medicine. Its first recipient in 1956 was Jonas E. Salk, MD, for his achievements in developing the polio vaccine. PAMED has honored 27 Pennsylvania physicians and two non-physicians. It is considered the highest award a member can receive.

NORTHAMPTON COUNTY PHYSICIAN WINS INTERNATIONAL VOLUNTARY SERVICE AWARD

An Easton physician with a strong passion for medical volunteer work in international locations has been named the recipient of PAMED's 2018 Physician Award for International Voluntary Service.

Daniel Mascarenhas, MD, a cardiovascular disease specialist, won the award for his volunteer work in India. Specifically, Dr. Mascarenhas founded the Goa American Heart Foundation, a nonprofit organization that provides affordable cardiac care in India. It places a strong



Daniel Mascarenhas, MD

emphasis on education, prevention, diagnostics, cardiovascular interventions, and after care.

He also set up a pacemaker bank at Holy Family Hospital, Mumbai, India. This bank repurposes pacemakers collected in the U.S., re-sterilizes them in India, and implants them for indigent patients.

In addition, Dr. Mascarenhas set up the St. Vincent DePaul Free Clinic at Devorlim, Goa, India, and started the PFM Mascarenhas Cardiac Diagnostic Clinic in Panaji, Goa, India.

He is a 24-year member of PAMED.

HARRISBURG HEALTH CARE ORGANIZATION RECEIVES PAMED GRANT FOR HEALTHY LIVING IN ETHNIC COMMUNITIES

Community Check-up Center of South Harrisburg (CCC) has been recognized as the 2018 recipient of PAMED's Grant for Healthy Living in Ethnic Communities. The Dauphin County Medical Society nominated the organization for the \$5,000 award.

CCC is a community-based nonprofit working in partnership with the community to improve the health and wellness of low-income women and children through high-quality compassionate care. It was founded in 1994 by a group of Head Start mothers. In 2017, 53 percent of CCC pediatric patients were Hispanic. Within the family planning practice, 68 percent were Hispanic.

"CCC is making a difference through health care in its community," says Theodore Christopher, MD, 2017-18 president of PAMED. "As they work to improve the quality of life in Harrisburg, PAMED is honored to recognize them through our Grant for Healthy Living in Ethnic Communities."

The awards committee chose CCC from a statewide application pool after reviewing the organization's upcoming goals and nomination papers. ●

Learn about PAMED's 2018 Top Physicians Under 40 winners on page 24.



"COMMUNITY CHECK-UP CENTER OF SOUTH HARRISBURG IS MAKING A DIFFERENCE THROUGH HEALTH CARE IN ITS COMMUNITY, AS THEY WORK TO IMPROVE THE QUALITY OF LIFE IN HARRISBURG, PAMED IS HONORED TO RECOGNIZE THEM THROUGH OUR GRANT FOR HEALTHY LIVING IN ETHNIC COMMUNITIES."

Theodore Christopher, MD, FACEP
2017-18 President of PAMED

WHO'S WHO IN PAMED'S GOVERNMENT RELATIONS TEAM

Meet the team who advocates for you every day. PAMED is the powerful voice for Pennsylvania physicians, and we are here to make your legislative priorities known in government.



PAMED's Government Relations Team advocates for physicians every day. Pictured are (left to right): Jan Webb, Richard Gibbons, and Kathleen Thiemann and (back row, left to right): David J. Thompson and John V. Tommasini, Esq.

Gibbons serves as senior director of government relations. He joined PAMED after 40 years of public service in a variety of fire and emergency medical service roles, as well as a background in preparedness and public health.

As state director of Emergency Medical Services (EMS) within the Pennsylvania Department of Health, he was responsible for oversight, development, and improvement of the statewide EMS system. Gibbons has also held several management-level positions including CEO of

EmergencyCare in Erie, which was, at the time, one of the largest EMS providers in the state.

Gibbons has been a strong and effective advocate for a variety of public health issues with local, state, and federal officials. He now brings his experience with government advocacy and the legislative process to PAMED.

Contact Gibbons for anything related to government relations and advocacy at rgibbons@pamedsoc.org.

RICHARD GIBBONS

DAVID J. THOMPSON

Thompson's career in the political arena began in 1985 as a legislative assistant to then Senate President Pro Tempore Robert C. Jubelirer. After several years in the Senate, Thompson joined the ranks of "former senate staffers turned lobbyists" and began his tenure with PAMED in 1988.

As part of the lobbying team, Thompson focuses his efforts on building political awareness within the physician community while at the same time educating lawmakers about physician issues that may affect their constituents. During his eight years as executive director of PAMED's political action committee, PAMPAC, Thompson helped to create and manage a number of statewide

physician grassroots campaigns for judicial candidates. PAMPAC's impact on the outcome of judicial elections continues today as more and more physicians recognize the importance of electing fair-minded jurists.

A frequent speaker at county medical society gatherings and specialty society meetings, Thompson often engenders lively and provocative discussions regarding the participation of physicians in the political process.

Contact Thompson at dthompson@pamedsoc.org to learn more about "pro-physician" candidates before an election, the legislative process, the status of a particular piece of legislation, or your local state legislator.

As director of PAMPAC, Thiemann focuses on combining fundraising and advocacy efforts for the enhancement of PAMED's legislative priorities. Whether it is planning and executing PAMPAC membership recruitment efforts or coordinating interviews and fundraising events with statewide and local political campaigns, Thiemann works to ensure Pennsylvania physicians have a seat at the proverbial table.

Thiemann joined PAMED with an extensive fundraising background within both private and public sectors. She began her career as a political campaign consultant, implementing large-scale fundraising events for federal, state, and local

candidates. In 2011, she was provided the unique opportunity to serve on the Corbett/Crawley Inaugural Committee as lead consultant for the Pennsylvania Performing Arts and Family Program.

Prior to joining PAMED, Thiemann served as development manager for Team Pennsylvania Foundation. Thiemann worked directly with the president/CEO in the creation and implementation of the development strategy.

Contact Thiemann at kthiemann@pamedsoc.org about joining PAMPAC, hosting an event/meet-greet for a candidate or lawmaker, or to become more engaged in advocacy efforts.

KATHLEEN THIEMANN

JOHN V. TOMMASINI, ESQ.

Tommasini serves as government relations associate for PAMED. As a registered lobbyist with the Commonwealth of Pennsylvania, Tommasini is a member of the PAMED lobbying team spending his time advocating on behalf of physicians and working to advance patient-focused policy at the Capitol.

Tommasini brings more than 12 years of experience in the fields of government, public, and community affairs. He has spent the vast majority of his career working in government relations and affairs from both the public and private sectors. Tommasini has been involved in various political

campaigns at different levels of government and has previously served as acting deputy secretary during his tenure at the Pennsylvania Department of Conservation and Natural Resources. Additionally, Tommasini has served on multiple statewide initiatives and taskforces including the Governor's Task Force on Heroin and Other Opioids and the Governor's Taskforce for Tick/Lyme Disease.

Contact Tommasini at jtommasini@pamedsoc.org to learn more about the legislative process, opioid legislation, or your local state legislator.

Webb serves as a research analyst for PAMED. She joined the government relations department after working in the specialty society management services (SSMS) department at PAMED. Webb writes white papers regarding priority legislative issues, analyzes House and Senate bills, and contributes to crafting government relations communications.

Prior to working at PAMED, she managed marketing for 10 years, having worked for two advertising agencies in the Harrisburg area.

Contact Webb at jwebb@pamedsoc.org for PAMED legislative priority updates, joining PAMPAC, or understanding the status of a bill in the House or Senate. ●

JAN WEBB



Cut the strings.
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return to the
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Support pro-physician,
pro-patient legislators
by joining PAMPAC at
www.pampac.org.

PAMPAC is the muscle of the Pennsylvania Medical
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legislative priorities at www.pamedsoc.org/Advocacy.

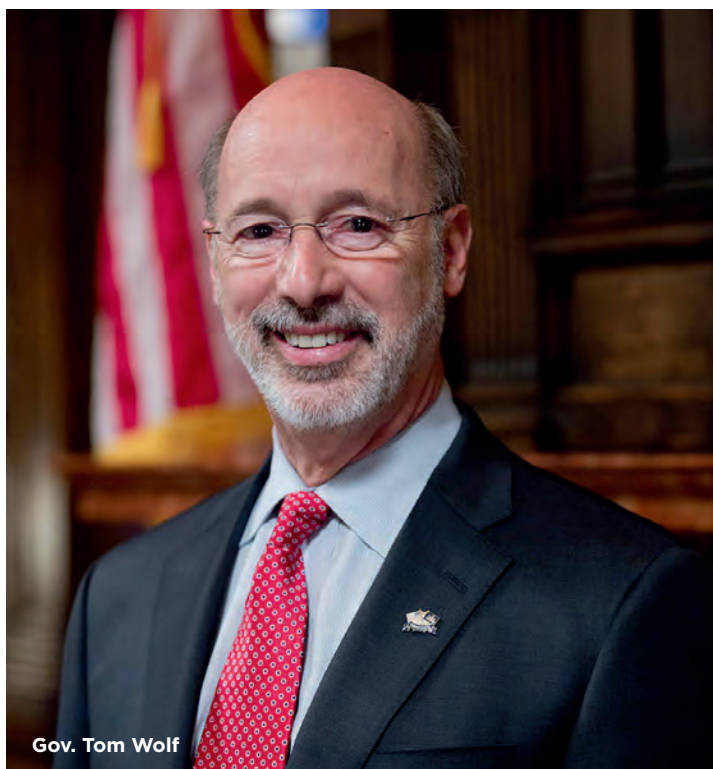


Pennsylvania Medical Political Action Committee

PAMPAC is the political arm of the Pennsylvania Medical Society.
Membership in PAMPAC is voluntary and serves as the united voice of
physicians in the political arena. PAMPAC contributes to candidates for state
office who support the priorities of the Pennsylvania Medical Society membership.

GUBERNATORIAL CANDIDATES ANSWER PAMED'S TOP 10 HEALTH CARE QUESTIONS

Tom Wolf & Scott Wagner



Gov. Tom Wolf



Scott Wagner

What are your top three health care priorities?

WOLF: *Ensuring access to quality, affordable health care:* One of the first things I did when I took office was to expand Medicaid, which has provided health care to more than 720,000 Pennsylvanians. I've worked to reduce Pennsylvania's uninsured rate to its lowest point in history at 5.6 percent, well below the national average of 8.8 percent. Since I have taken office, Pennsylvania has increased enrollment in the Children's Health Insurance Program by more than 22 percent. The

program now serves more than 180,000 Pennsylvania children. I have been a vocal opponent of Republican efforts to repeal the Affordable Care Act and destroy Medicaid, charge seniors more for their care, and strip protections for people with pre-existing conditions.

Combating the opioid epidemic: The heroin and opioid epidemic is a public health crisis, and it is one of my top priorities to help those suffering from substance use disorders find treatment, to save more lives, and to improve response coordination. I declared the heroin and opioid epidemic a

statewide disaster emergency, which has improved coordination across state agencies and improved data collection efforts, implemented the new Prescription Drug Monitoring Program, increased access to Naloxone, and expanded treatment, serving thousands of additional individuals.

Protecting doctor-patient relationship: Health care decisions must be made between a doctor and patient without

government interference. I have stood in the way of attempts to prevent women from making their own health care decisions by vetoing Senate Bill 3, the most anti-choice bill in the country. SB 3, a 20-week abortion ban, criminalizes a physician's decision to perform an abortion and includes no exceptions for rape, incest, health, or tragic fetal anomalies. I will continue to stand up for the rights of women and medical professionals to make medical decisions and will stop any bill that makes it harder for women to access care and medical professionals to provide it.

WAGNER: One of the largest issues we currently face is the opioid and heroin epidemic. It is my priority to address this epidemic in a meaningful way that drives long-term results. We need to implement a coordinated care system at the state level to streamline access to care for our most vulnerable citizens and reduce costs. I will apply for a Section 1115 Waiver that will provide quality health care to our citizens in need, while decreasing costs and providing quality of life advances.

Given the significant disparity in training between physicians and other practitioners, PAMED remains focused on continuing the health care delivery model of physician-led teams. Do you support the concept of the physician-led team as an alternate to scope-of-practice expansion and independent practice by allied health practitioners?

WOLF: Since taking office, I have worked hard to ensure Pennsylvanians have access to high-quality medical care. I expanded Medicaid and, as a result of this decision as well as efforts to ensure a stable marketplace in Pennsylvania, the state has the lowest uninsured rates in our commonwealth's history. I have also committed to expanding broadband access and support telemedicine so that there are no barriers to quality care for our residents. I will continue to support policies to make sure residents from Philadelphia to Erie, Johnstown to Bradford, and everywhere in between are able to access high-quality medical care.

WAGNER: One of the main drivers for expansion of scope of practice is that many of our more rural citizens have limited or no access to primary care. As governor, I will support meaningful proposals that will ensure all Pennsylvanians have access to the primary care they need, but will work with the medical practitioners to ensure that additional access does not lead to inferior care.

Physicians across Pennsylvania and the country have grown increasingly reliant on the use of technology in the treatment of their patients. Do you support the concept of a statutory framework for telemedicine? Furthermore, do you believe potential barriers to expanding telemedicine services and technologies, such as a health insurer's unwillingness to compensate health care providers for telemedicine encounters, should be avoided?

WOLF: All Pennsylvanians deserve access to quality and affordable health care. Telemedicine can help thousands of Pennsylvanians living in rural communities gain access to health care, but it is important to recognize barriers that may come along with it and work to overcome them. Currently, more than 800,000 Pennsylvanians still lack access to robust, reliable, high-speed internet, especially in rural areas. That is why I recently launched a new initiative that will dedicate \$35 million toward expanding broadband access to businesses and households in Pennsylvania. Additionally, I am committed to working with stakeholders, including insurance companies, to ensure telemedicine is a viable tool for residents and medical professionals.



WAGNER: Support of access to telemedicine should be a priority. As telemedicine has grown in use, it has been shown to improve access to care in rural areas and has led to an increase in the efficiency of health care providers while also decreasing costs. I would support a statutory framework as it will set forth a legal guideline and protect those patients that use those services, set forth specifics in regard to care and payment, and also remove some barriers to access. In order for telemedicine to effectively work in our more rural areas, however, we must expand broadband access across the commonwealth.

Responding to the opioid abuse crisis has been a top priority for PAMED. Legislative overreach may result in a denial of legitimate patient access to these medications. What is your vision to address the epidemic in Pennsylvania?

WOLF: I am committed to using every resource at my disposal to help those suffering from substance use disorders find treatment, to save more lives, and to improve response coordination. From day one of my administration, I have taken action to curb this epidemic. I've issued a standing order so residents can access the overdose-reversing antidote naloxone and ensured that law enforcement, first responders, and schools are equipped with naloxone, which has reversed nearly 5,000 overdoses since 2014. I also oversaw the implementation of 45 Centers of Excellence, which in their first year of implementation have provided treatment to more than 11,000 individuals suffering

from opioid use disorder, and added additional hub and spoke treatment options in 2017 as part of the CURES Act funding the state received. Most recently, I declared the heroin and opioid epidemic a statewide disaster emergency. This declaration, among many things, has enhanced coordination and data collection to bolster both state and local response through the establishment of an Opioid Command Center and expanded access to the Prescription Drug Monitoring Program.

Over the last four years, I have worked to engage medical professionals in meaningful discussions about the prescribing of opioids. Under my administration, in partnership with medical professionals, we have developed voluntary prescribing guidelines specific to practice areas and, with the reboot of the Prescription Drug Monitoring Program, we have finally begun to see a decline in the number of opioid prescriptions. Pain management is complex. And while I believe government should respect the ability of trained professionals to make educated decisions, I have heard too many stories of families who have been torn apart because of the overprescribing of opioids. In the face of an epidemic in which our family members and neighbors are dying, I believe the role of government is to step in and protect our residents, and that is why I have supported prescribing limits and mandatory prescribing guidelines. That said, I am always willing to sit and discuss the best path forward to protect residents.

WAGNER: From my personal experience as a co-founder of the York Regional Opiate Collaborative, I know that the most effective way to address this epidemic is through a multi-pronged approach focusing on prevention, treatment, and recovery. On the campaign trail, I have heard from chronic pain doctors as well as patients who depend on opioids to deal with pain. While I firmly support putting in place every mechanism possible to combat the misuse of drugs and battle the heroin epidemic, I am aware that we must look to all stakeholders in this battle to ensure that any policy shift or proposed law must balance access for those who are not abusers and truly are in need. Without taking steps to end this epidemic, however, we are continuing to do a disservice to families and all



that live in Pennsylvania. The additional costs to the Commonwealth as we deal with this epidemic are not sustainable, and the toll it takes on our families is unacceptable. Everyone involved in this industry will need to reform the way they approach opioids.

PAMED is committed to ensuring patients suffering from opioid use disorders have access to medication assisted treatment (MAT). Legislative overreach may result in physicians being unwilling to provide MAT services thus leaving patients without access to this much-needed service. What is your position on MAT, and how will you ensure access to those services?

WOLF: The type of treatment patients receive should be determined by a health care practitioner, and my goal as governor is to ensure that all levels of treatment are available. Medication assisted treatment has proven to be an effective method for treating opioid use disorder as part of a comprehensive treatment plan. I have expanded access to MATs for uninsured, underinsured, and privately insured patients who are suffering from addiction by establishing the Pennsylvania Coordinated Medication-Assisted Treatment (PacMAT) program and our Centers of Excellence. I also recently ended policies that delay access to MATs for opioid use disorder. I will oppose legislation that hinders the ability of medical professionals to

provide MAT services to Pennsylvania residents, and I will continue to fight to ensure that patients have access to medically recommended treatment.

WAGNER: MAT programs that include counseling and behavioral therapies should be encouraged as a path forward for those in recovery. Again, when evaluating policy shifts and proposals, we must take into account potential roadblocks and balance those to ensure that necessary protections are not leading to long-term negative consequences for our citizens.

Physicians have seen a dramatic rise in prior authorization requirements by health insurers over the past few years for treatments and medications that are widely accepted as clinical standards of care. Do you support reforming the prior authorization process by health insurers to improve timely and appropriate patient care?

WOLF: I am committed to working with medical professionals, insurance companies, and patient advocacy groups to ensure Pennsylvania residents have access to quality health care and health treatments. Earlier this year, I announced that my administration will be ending policies that delay access to treatment in our Medicaid program by waiving prior authorization requirements for evidence-based opioid use disorder treatments going forward. It is our goal to work with each of the commercial payers and the Medicaid managed care organizations to begin discussions around similar policies to create consistency in coverage across the health care sector in Pennsylvania. Where similar policies hinder access to critical and quality care, I will always advocate for consumers and work with stakeholders to address any unnecessary obstacles to care.

WAGNER: I support increasing the efficiencies in our health care delivery system to reduce costs and delays in care for our citizens. Legislative proposals, such as HB 1293, should be evaluated on their merits and any concerns from interested parties should be addressed. The language contained in that proposal ensures transparency, accessibility, and consistent application

by insurers when it comes to prior authorization requests. Supporting legislative proposals that meet those goals should be supported for the benefit of all Pennsylvanians.

Pennsylvania is a Medicaid-expansion state. Do you support continuing the expansion?

WOLF: One of the first things I did when I took office was to expand Medicaid, which has provided health care to more than 720,000 Pennsylvanians, including more than 125,000 people who are suffering from substance use disorder. It is imperative that we continue to work toward ensuring that all Pennsylvanians have access to affordable, quality health care.

WAGNER: In any evaluation of our Medicaid system, we must always take into account that the system involves a complex federal overlay. I believe that the full expansion of Medicaid is not effective at providing cost-effective care, as we have seen health care costs skyrocketing and Pennsylvanians struggling to access quality care. We must end the evaluation of a successful Medicaid program on the sheer number of people enrolled and evaluate our system on patient-centric advances. As governor, I will apply for a Section 1115 waiver that will allow us to provide quality health care services that are cost-effective and create avenues that drive better health outcomes and quality of life improvements. While I support continuing to care for those in need, we also must change our mindset in regards to this action. For my administration, success will be measured not by how many people we cover on Medicaid, but how many people we move from Medicaid to the labor force.

With the rising cost of health care, and the complex physical and behavioral health care challenges of the most vulnerable citizens, what measures would you advocate to strike the proper balance between controlling costs and providing quality, evidence-based affordable health care in this arena?

WOLF: I have been working with a bipartisan group of governors to develop a plan to improve our nation's health system performance to make it more affordable and accessible for all. The plan calls for focusing our health care system on value — we

must align consumer and provider incentives, encourage more competition and innovation, reform insurance markets, expand proven state Medicaid innovations, and modernize the state and federal relationship.

WAGNER: The funding of health and human services in Pennsylvania accounts for roughly 40 percent of the budget. The services that they provide are necessary for our most vulnerable citizens and those who have fallen on hard times. One way to control costs while still providing quality care is to implement a Coordinated Care System



at the state level. In many situations, an individual or multiple members of a family may use several of the services provided by the Commonwealth. By establishing a system that focuses on patient-centric care, requiring our different service providers to coordinate care, we cannot only provide better service to those individuals and families, but also decrease costs and improve access to the necessary care our citizens need.

With the shortage of health care professionals across the commonwealth, what measures would your administration advocate for to recruit and retain physicians?

WOLF: Pennsylvania is home to some of the best medical schools, physicians, and practices in the world. We need to ensure that every resident has access to this incredible talent. I am committed to working with medical professionals and key stakeholders to develop a policy agenda to address barriers and ensure the commonwealth is recruiting and retaining physicians throughout the state.

WAGNER: It will be a priority of my administration to take the necessary steps to address and bridge our current skilled labor gap. I will publish a job security report that will be disseminated to parents, students, and schools, especially targeting those in grades four through eight, that will highlight workforce needs and potential wages based on a certain degree or certification. I will continue access to that vital information by requiring our colleges and universities to list on a publicly accessible database information about the potential job market and salary a specific degree will lead you. Highlighting our areas of workforce needs will serve as the best tool to advocate and recruit individuals to those areas of industry in the most need. We should also consider incentivizing the practice of medicine in our most vulnerable communities — including rural Pennsylvania. I would like to develop ideas around creating financial incentives for providing communities in need care for recent graduates.

In June 2017, the Pennsylvania Supreme Court ruled that physicians cannot delegate the task of obtaining a patient's informed consent to another health care practitioner, thus overturning long-standing policies and protocols that have been in place governing how hospitals and physicians provide information to their patients. Would your administration support a legislative fix relating to a physician's authority to delegate the task of obtaining informed consent to another health care practitioner as previously interpreted under the MCare Act?

WOLF: It's important for patients to fully understand the risks, benefits, and potential alternatives relative to any medical procedure. Before committing to a legislative fix, I would like to engage with physicians, medical professionals, patient care organizations, and health care administrators to understand how the outcome of the Supreme Court case is impacting patient care and analyze potential solutions that emerge from these conversations.

WAGNER: I would work with the medical industry and the legislature to remedy this situation legislatively. The MCare Act was intended to help reduce the number of medical errors, which in turn would help to reduce the annual cost of physicians' medical malpractice. One of the concerns with this ruling was the overreach that the Court imposed on an occupation that is already fearful of legal liability. One of the unfortunate consequences of this decision is a delay in access to physicians and critical services needed by seriously ill patients. ●

The opinions and ideas expressed by the candidates are not necessarily representative of the policies and opinions of the Pennsylvania Medical Society.





CROZER-KEYSTONE CONGRATULATES 'TOP PHYSICIAN UNDER 40' **RACHAEL L. POLIS, D.O., MPH, FACOG**

Dr. Polis is a fellowship-trained pediatric and adolescent gynecologist. She provides comprehensive care that addresses a wide range of medical and reproductive issues, including:

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- ✓ Pelvic pain
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- ✓ Vaginal issues



Dr. Polis treats females from birth to age 25.

Dr. Polis earned her medical degree from Philadelphia College of Osteopathic Medicine and completed a fellowship in pediatric and adolescent gynecology from Norton Children's Hospital in Louisville, Ky.

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Controlled Substance & Opioid Prescribing Educational Program

NOVEMBER 8-9, 2018

Cost: \$2,550

In partnership with Penn Medicine, Lifeguard offers a comprehensive program led by Penn Medicine faculty, that covers prescribing issues identified by state boards of medicine for physicians who want to become more comfortable with the guidelines. We also offer practice monitoring and sessions for remediation when prescribing practices are called into question.



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

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

Designation & Accreditation Statement:

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



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Jennifer Corbelli, MD, UPMC Montefiore

Maria Koenig Guyette, MD, UPMC Shadyside

Nikhil Jaik, MD, UPMC Pinnacle


Erik Kochert, MD, UPMC Pinnacle

Angelica Kloos, DO, UPMC Susquehanna

Ashley Pence, DO, UPMC Susquehanna

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