

Philadelphia Medicine



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Understanding long-term care insurance

It's a fact: People today are living longer. Although that's good news, the odds of requiring some sort of long-term care increase as you get older. And as the costs of home care, nursing homes, and assisted living escalate, you probably wonder how you're ever going to be able to afford long-term care.

Even though you may never need long-term care, you'll want to be prepared in case you ever do, because long-term care is often very expensive.

One solution that is gaining in popularity is long-term care insurance (LTCI). Most people associate long-term care with the elderly. But it applies to the ongoing care of people of all ages who can no longer independently perform basic activities of daily living (ADLs)—such as bathing, dressing, or eating—due to an illness, injury, or cognitive disorder. This care can be provided in a number of settings, including private homes, assisted-living facilities, adult day-care centers, hospices, and nursing homes.

Why you need long-term care insurance

Even though you may never need long-term care, you'll want to be prepared in case you ever do, because long-term care is often very expensive. Although Medicaid does cover some of the costs of long-term care, it has strict financial eligibility requirements—you would have to exhaust a large portion of your life savings to become eligible for it. And since HMOs, Medicare, and Medigap don't pay for most long-term care expenses, you're going to need to find alternative ways to pay.

One option you have is to purchase an LTCI policy. However, LTCI is not for everyone. Whether or not you should buy it depends on a number of factors, such as your age and financial circumstances. Consider purchasing an LTCI policy if some or all of the following apply:

- You are between the ages of 40 and 84.
- You have significant assets that you would like to protect.
- You can afford to pay the premiums now and in the future.
- You are in good health and are insurable

How does LTCI work?

Typically, an LTCI policy works like this: You pay a premium, and when benefits are triggered, the policy pays a selected dollar amount per day (for a set period of time) for the type of long-term care outlined in the policy.

Most policies provide that certain physical and/or mental impairments trigger benefits. The most common method for determining when benefits are payable is based upon your inability to perform certain activities of daily living (ADLs), such as eating, bathing, dressing, continence, toileting (moving on and off the toilet), and transferring (moving in and out of bed). Typically, benefits are payable when you're unable to perform a certain number of ADLs (e.g., two or three).

Some policies, however, will begin paying benefits only if your doctor certifies that the care is medically necessary. Others will also offer benefits for cognitive or mental incapacity, demonstrated by your inability to pass certain tests.

Before you buy LTCI, it's important to shop around and compare several

Please see Long-term care on page 3

PCMS NEWS

New Medicare home health law becomes effective this month

A new Medicare home health law went into effect on January 1 that affirms the role of the physician as the person who orders home healthcare based on personal examination of the patient.

Effective in January, a physician who certifies a patient as eligible for Medicare home health services must see the patient. The law also allows the requirement to be satisfied if a non-physician practitioner (NPP) sees the patient, when the NPP is working for or in collaboration with the physician.

As part of the certification form itself, or as an addendum to it, the physician or NPP saw the patient, and document how the patient's clinical condition supports a homebound status and need for skilled services. The face-to-face encounter must occur within the 90 days prior to the start of home healthcare, or within the 30 days after the start of care.

While the long-standing requirement for physicians to order and certify the need for home health remains unchanged, this new requirement assures that the physician's order is based on current knowledge of the patient's condition. When a physician orders home healthcare based on a new condition not evident during a recent visit, the certifying physician or NPP must see the patient within 30 days after admission.

The new requirement includes several features to accommodate physician practice. In addition to allowing NPPs to conduct the face-to-face encounter, Medicare allows a physician who attended to the patient but does not follow the patient in the community, such as a hospitalist, to certify the need for home healthcare based on their face-to-face contact with the patient in the hospital and establish and sign the plan of care.

Medicare will also allow such physicians to certify the need for home healthcare based on their face-to-face contact with the patient, initiate the orders for home health services, and "hand off" the patient to his or her community-based physician to review and sign off on the plan of care. Additional guidance is at: <http://www.cms.gov/MLNGenInfo>.

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Editorial

PAMED Annual Business Meeting—*not* business as usual

By John D. Cacciamani, Jr., MD, MBA



In October, the Pennsylvania Medical Society (PAMED) held its annual business meeting in Hershey. Forty-two Philadelphia County Medical Society (PCMS) members served as physician delegates at the Annual House of Delegates (HOD) meetings and addressed over 25 resolutions.

From the outset, it was explained that this is not business as usual since the PAMED Board made it clear to the more than 225 delegates from across the state that they were seeking a major change in direction for the organization to help physicians deal with rapidly accelerating changes in healthcare delivery. This new direction is defined in a strategic goal outlined in a "blueprint" document titled "Get in the Game: Why Physicians Must Engage in this Era of Change." For a detailed description of the blueprint and implementation plan go to www.pamedsoc.org.

The PCMS delegates debated the blueprint during a special reference committee held on Saturday and recommended a comprehensive communication plan to get the message to all Pennsylvania physicians.

The HOD agreed that no single clinical integration and or collaboration model is inherently better able to deliver quality and value than any other, and that a variety of such models should have the opportunity to thrive. This includes group practices, contractual partnerships linking physicians and other healthcare providers, physician organizations, physician-hospital joint ventures, and physician employment by health systems.

Although steering the organization in a new strategic direction was the focus of the HOD, the delegation also maintained focus on emerging health policy issues. Addressing continuing attempts by allied health practitioners to expand their scope of practice was also a top priority. PAMED's opposition to independent practice by allied health practitioners, as well as maintaining appropriate prescribing limitations and payment levels, was reaffirmed by the HOD.

The delegates directed PAMED to lobby for physician oversight of all non-physician practitioners under the guidance of physicians. This would include, but not be limited to, certified registered nurse practitioners (CRNPs), certified registered nurse anesthetists (CRNAs), nurse midwives, and physician assistants (PAs). Citing continuing concern for patient safety, the HOD also took a firm stand to oppose the intentions of some store-based health clinics to expand into managing chronic diseases.

The HOD also directed PAMED to:

- Seek funding for transportation of cord blood samples from hospital collection sites to public cord blood banks and establish a cord blood bank in Pennsylvania;
- Communicate to members how the State Board of Medicine handles complaints against physicians;
- Expand PAMED medication take-back programs and seek partnerships;
- Ask the AMA to address concerns about digitally altered advertisements that promote unrealistic body images to young people;
- Work with insurers to create case-rate payments to compensate physicians for evaluating and managing common chronic illnesses;
- Seek reimbursement for observation care for hospitalized Medicaid patients;
- Ask insurers to update pediatric formularies to include "off-label" uses of medications;
- Correct provisions of Act 148 of 1990 that don't comply with current Centers for Disease Control recommendations for HIV testing; and
- Seek medical liability immunity for physicians who volunteer in free clinics.

If there are major issues, concerns or problems that are affecting your ability to practice medicine, you need to let me know. It's important that PAMED understand the difficulties we face in our daily practice of medicine in Philadelphia. I look forward to hearing from you and can be reached by e-mail at stat@philamedsoc.org.

Dr. Cacciamani is president of PCMS.

Long-term care, from page 1

policies. Read the Outline of Coverage portion of each policy carefully, and make sure you understand all of the benefits, exclusions, and provisions. Once you find a policy you like, be sure to check insurance company ratings from services such as A. M. Best, Moody's, and Standard & Poor's to make sure that the company is financially stable.

When comparing policies, you'll want to pay close attention to these common features and provisions. Some things to consider are the elimination period, duration of benefits, daily benefit, inflation protection, range of care covered, and renewability of the policy.

There's no doubt about it: LTCI is often expensive. Still, its cost depends upon many factors, including the type of policy that you purchase (e.g., size of benefit, length of benefit period, care options, optional riders).

Premium cost is also based in large part on your age at the time you purchase the policy. The younger you are when you purchase a policy, the lower your premiums will be. As a member of the Philadelphia County Medical Society, you have access to a discounted LTCI program.

More information is available at www.tycorinsurance.com.



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EMR problems can be reported on new iHealth Alliance Website

The iHealth Alliance has launched a website where physicians can report problems with their electronic medical record systems.

EHRevent, the online service, allows physicians to report problems immediately. Those accounts will be used to create reports to medical societies, liability carriers and government agencies such as the Food and Drug Administration, which can use them to educate physicians about potential problems EMR systems may bring.

"Our experience indicated that [EMRs] have the capacity either to induce or reduce medical errors in very unique ways, and we have seen data that indicate that adoption may reduce physician liability," said Alan Lembitz, MD, vice president of patient safety and risk management for COPIC Insurance Co. "It will be increasingly important to understand best practices to improve patient safety for [EMRs] and for their users, and EHRevent will help both." David: page 4

EHRevent will produce reports that detail the types of events that occur, the frequency of the events and the recommendations for best practices. EMR vendors and regional extension centers also will receive the reports.

"Electronic health records are being adopted at record rates and present an opportunity to advance patient care," said Nancy Dickey, MD, chair of the iHealth Alliance and former president of the American Medical Association.

"As with any new system, there is a learning curve for the software providers and for the doctors who use these systems. EHRevent will help us all get smarter about [EMRs] and assure that patient-care advances are also patient-safe advances."

Physicians can submit event reports using a standard form on the EHRevent website (www.ehrevent.org).

Doctors will be asked to identify themselves, but they can choose whether their identity will be shared or kept confidential. Patient data will be kept private.

The iHealth Alliance, which also governs Physicians' Desk Reference Drug Alerts delivered through the Health Care Notification Network, is setting up a similar site to report adverse drug events. The site is set to launch in a few months.

The alliance is a nonprofit organization comprised of medical societies, including the AMA, and professional liability carriers.

The Philadelphia Medical Reserve Corps (MRC) is a group of medical, public health, and other volunteers who are ready to serve Philadelphia during public health emergencies or other time of need.

Volunteers are pre-identified, pre-trained and pre-credentialed to be ready to respond when an emergency happens. Philadelphia MRC volunteers supplement existing public health, emergency, medical and behavioral health resources, which may become overwhelmed during a disaster. The MRC is part of a collaborative effort to help Philadelphia be more prepared for public health crises.

Volunteers get:

- Free CME credits
- Training in emergency preparedness and response
- Opportunities to assist at vaccine clinics
- Opportunities to participate in preparedness drills and exercises

More information can be found at www.phila.gov/mrc. Volunteers can register at <https://mrcaalert.phila.gov>.

pcms people



John R. Stanley, MD, has been elected to membership in the Institute of Medicine, one of the nation's highest honors in biomedicine.



Clyde F. Barker, MD, has been awarded the Medawar Prize by the Transplantation Society. The award, considered among the outstanding world honors for

scientific achievement, recognizes individuals who have made significant scientific discovery or contribution to the field of experimental and/or clinical transplantation.



William A. VanDecker, MD, FACC, has received the Special Achievement Award from the Pennsylvania Chapter of the American College

of Cardiology (PaACC). Dr. VanDecker earned the award for his commitment to the issue of appropriate use of imaging technology and for representing the Pennsylvania Chapter in issues related to self-referral and pre-certification.

Looking for Office Space?

PCMS headquarters has up to 9,000 sq. ft. of office space available for lease with onsite parking. Call 215-563-5343, Ext. 101.

SAVE THE DATE
Saturday, June 11, 2011
PCMS President's Ball and Awards Night
Celebrating the Inauguration of Lynn A. Lucas-Fehm, MD, JD As the 150th President of The Philadelphia County Medical Society
Details to follow

The PCMS Website accepts typical classified ads. We also advertise upcoming events such as CME programs and seminars. Phone 215-563-5343, Ext. 102 for more information.

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