

Philadelphia Medicine



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The Evolution of Organized Medicine, [part 1]

By Lynn M. Lucas-Fehm, MD, JD



Organized medicine in the United States is usually defined as the AMA, state and county medical societies. Its origin dates back over 160 years when in 1847, 250 delegates from 28 states attended the founding meeting of the AMA. They were seated among exhibit cases and the ancient bones of a mastodon in the hall of The Academy of Natural Sciences in Philadelphia, Pennsylvania.

The initial goals of the AMA were scientific advancement, the development of standards for medical education, medical ethics and improvement of public health. The Philadelphia County Medical Society was founded on December 11, 1848, at the hall of the College of Pharmacy on Filbert above Seventh. Its initial goals included “lessening human suffering” and the “elevation of the character of those who practice medicine.”

Between 1847 and 1860, the AMA focused on public health and professional ethics. The dangers of “secret remedies” were relayed to the public and a board was established to analyze “quack” medicines. In 1858, a Committee on Ethics was established which debated many issues including advocating the “recognition of regularly educated and qualified female physicians.” In 1876 Sarah Hackett Stephenson became the first woman member of the AMA.

Organized medicine directly allied with government on numerous public health issues. Together they promoted sanitary municipal water supplies and sewer systems in 1876. This involvement

with government entities expanded and by 1899 the AMA created a Committee on National Legislation to represent the Association’s interest in Washington.

Through the early 1900s, the AMA rapidly grew in membership from about 8,000 physicians in 1900 to 70,000 in 1910—half the physicians in the country. This period was the true beginning of “organized medicine.”

The AMA’s influence continued to broaden, encompassing public health initiatives and the establishment of medical education qualifications. In 1906, the AMA Council on Medical Education inspected 160 medical schools and classified them into three groups: A=acceptable; B=doubtful; and C=unacceptable. In 1914, this same AMA Council set standards for internship programs and published the first list of approved hospitals offering such programs.

As organized medicine was growing, the role of employers in the provision of health care was also evolving. In the early 1900s, railroads were the leading industry to develop extensive employee medical programs and labor began to consider its role in the provision of medical care. Around 1910, the American Association for Labor Legislation (AALL) organized the first national conference on “social insurance.” There was immediate opposition from physicians and other interest groups. The U.S. entry into WWI in 1917 ended this first “social insurance” effort.

Dr. Lucas-Fehm is the President of PCMS, Part 2 of her editorial will appear in the February issue of Philadelphia Medicine.

PCMS NEWS

Upcoming Events

To attend, call 215-563-5343, Ext. 113

Wednesday, March 7, 11:30 – 1:30 PM
Practice Management Luncheon Meeting
“Contracting Pitfalls,” and ICD 10 update
Location: PCMS Headquarters

Thursday, March 8, 6:00 – 8:00 PM
“Understanding Your Employment Contract: A Legal Review”
with Daniel Shay, Esq.
Location: PCMS Headquarters

Thursday, April 19, 7:45 AM – 4:00 PM
“Change, Challenge and Opportunity – The 2012 Tools for Success Medical Practice Management Conference.”
Location: Villanova Conference Center

All events are posted on the PCMS website.

These include CME programs and seminars from outside sources.

If you would like to post your event on the website, call 215-563-5343, Ext. 102


Looking for Office Space?

PCMS headquarters has up to 4,000 sq. ft. of office space available for lease with onsite parking. Call 215-563-5343, Ext. 101.

Change of address?

Phone 215-563-5343, Ext. 102 with any change of address, phone, fax number, or e-mail address.

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Phone: (215) 563-5343
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 HEALTHCARE MEDIA INTERNATIONAL

Essay

The Vocation of a Doctor by Donald W. Landry, MD, PhD

Doctors are called to a life of compassionate service to human beings invested with intrinsic dignity. This essay is adapted from the commencement address Dr. Landry delivered at the St. Louis University School of Medicine on July 18, 2011.

He is the Chair of the Columbia University Department of Medicine.

I was in New York on 9/11 when the planes struck the World Trade Center and the Twin Towers fell. I was Chief of Nephrology at Columbia University Hospital at the time, and we anticipated that between blood loss and crush injuries there would be many cases of kidney failure needing dialysis, likely in the intensive care units. The day's elective cases were instantly cancelled as we implemented the hospital's disaster plan. And then we waited. But no patients came. Either they had run clear, or they were ground to dust. As this reality began to dawn on us, the other physicians on duty and I felt a vast emptiness.

Upon reflection, this emptiness

...for the physician, the act of service redeems the experience of suffering.

provides an insight into one of the great paradoxes of medical practice: On the one hand, medicine is a wonderful profession that provides the practitioner with enormous satisfactions; physicians practice into old age, giving up the art only with the greatest reluctance. On the other hand, medicine is a profession intermingled with tragedy. Men and women present with illness and injury, and one might expect that the weight of this suffering would, over time, grind physicians to dust.

But this does not happen, and for the physician, the frequently wrenching demands of clinical practice are redeemed through service. It was the inability to provide that service that left us with only the emptiness of tragedy. So, a lesson: for the physician, the act of service redeems the experience of suffering.

While I was in fellowship training, I would earn extra money to help pay the rent by seeing patients in a walk-in clinic. I saw all sorts of patients, but one in particular stands out. A 42-year-old

man presented with stomach upset. He had experienced abdominal pain and loose stools for two days. On exam, he had a low-grade fever, but his pulse and blood pressure were normal, so he was not dehydrated.

As I listened to his abdomen, I heard hyperactive bowel sounds, but his abdomen was soft and non-tender, and when I pressed and then withdrew my hand, he didn't flinch—his abdomen was benign. There was no blood in his stool and all of this was beginning to look like a relatively minor case of gastroenteritis.

I could reassure him and send him home, but something didn't make sense. This was a 42-year-old who surely had had gastroenteritis before in his life, so why did he take a day off from work to come in for an evaluation? Why now? So I asked him, "What is it that you are worried about?" He hesitated, and then blurted out, 'CANCER.'

And as we spoke further, I learned that his family history was not as unremarkable as he had initially suggested, and that his father had likely died of stomach cancer when he was this patient's age. With this shared revelation into the nature and origin of his fear, the patient could suddenly tolerate his minor illness.

As physicians, we listen and learn, we reflect and relate, and we get to know our patients, their illnesses, and their fears.

We see this: what patients need from physicians is very often not a procedure or a medication; in fact, for general medical evaluations, 90% end in reassurance. As physicians, we listen and learn, we reflect and relate, and we get to know our patients, their illnesses, and their fears. So, the spirit of service manifests itself in a most personal and interpersonal collaboration; and through this shared experience, we relieve, or at least diminish, the suffering of our patients.

This article is part of a series that will appear in future issues of Philadelphia Medicine.

Medicare now covers heart disease screening

The Medicare program has expanded its coverage policy manual to include annual visits that screen for hypertension and prevent cardiovascular disease.

The program adds the intensive therapy service to its list of preventive care that carries no additional out-of-pocket costs.

The Centers for Medicare & Medicaid Services will cover office visits with primary care physicians to discuss how to prevent heart disease, the agency announced Nov. 8. The new exam will join a list of preventive services covered by the Medicare program at no additional out-of-pocket cost to the beneficiary.

The new service aims to prevent hypertension, coronary heart disease, heart failure and stroke.

The new service aims to prevent hypertension, coronary heart disease, heart failure and stroke. The Medicare agency outlined three elements for intensive behavioral therapy for cardiovascular disease risk in a national coverage decision memo (www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=248).

The components are:

- Encouraging aspirin use for the primary prevention of cardiovascular disease when benefits outweigh risks for men ages 45 to 79 and women 55 to 79.
- Screening for high blood pressure in adults over age 18.
- Counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advanced age, and other known risk factors for cardiovascular and diet-related chronic disease.

The new service does not change coverage for patients diagnosed with cardiovascular disease who are receiving assessment and intervention services, CMS said. In March, the American College of Cardiology had commended CMS for using its authority to expand coverage of preventive services.

SAVE THE DATE!

Saturday, June 9, 2012

PCMS President's Installation and Awards Night

Celebrating the Inauguration of

Harvey B. Lefton, MD

151st President

The Philadelphia County Medical Society

To be held at The Rittenhouse Hotel

210 West Rittenhouse Square

Philadelphia, PA

Always have a way to re-enter medicine

Not everyone who wants to leave clinical practice is ready to give it up forever. Doctors can keep up with licensure and continuing medical education. Here are tips to circle back to clinical practice:

- Identify the rules for physician reentry in your state. Would you be willing to go through the hoops if you did let your license lapse? The AMA maintains a list of such requirements on a members-only website: www.ama-assn.org/re-sources/doc/med-ed-products/physician-reentry-regulations.pdf.
- Keep your license by participating in the required CME if there is a good chance you will want to treat patients again.
- Consider the cost of the additional CME to maintain your board certification. Make sure you understand what it would take to get your board certification back if it lapses.
- Consider volunteering or shadowing another physician to add experiential learning to your CME.
- Maintain connections with professional societies to keep informed of CME opportunities and to maintain your professional network if you need to tap it again for a job treating patients.
- Find another physician who has left practice and returned, and ask for advice.

Sources: *Physician Workforce Reentry Project* (A Service of The American Academy of Pediatrics), *AMA on Physician Reentry*

Bill banning drivers from texting signed into law

Legislation that bans texting while driving has been signed into law by Gov. Tom Corbett.

Act 98 makes reading, writing, or sending a message while driving a primary offense, meaning police officers could stop drivers for this violation alone.

This new law takes effect March 8, 2012, and the fine for a violation is \$50.

PCMS and PAMED also support a ban on talking on a handheld cell phone while driving. HB 146, which addresses cell phone use while driving, may soon be considered by the House.

CMS pushes back Medicare revalidation deadline to 2015

Not sure if you received a revalidation notice? Here's how to check:

More than 105,000 physicians, non-physician practitioners and facilities have been mailed letters from contractors since September asking them to revalidate their Medicare enrollment records, according to the Centers for Medicare & Medicaid Services.

CMS has compiled a list that includes those health professionals' names, national provider identifiers and the dates the revalidation requests were mailed. The list can be downloaded from the CMS website www.cms.gov/medicareprovidersupenroll/11_revalidations.asp.

pcms people



John M. Daly, MD, FACS, has been selected as second vice president-elect of the American College of Surgeons. Dr. Daly will officially take office in October

2012 at the college's annual meeting in Chicago. Dr. Daly will work with other newly-elected representatives and the Board of Regents to develop a portfolio of priorities that will continue to elevate the quality of surgical care, education and research in the US and Canada.



Harvey L. Nisenbaum, MD, FACR, Chairman, Department of Medical Imaging at Penn Presbyterian Medical Center, was elected Treasurer of the World Federation for Ultrasound in

Medicine and Biology at the WFUMB 2011 Meeting, August 26-29, 2011, in Vienna, Austria. WFUMB is a federation of six organizations: AIUM (American Institute of Ultrasound in Medicine), AFSUMB (Asian Federation of Societies for Ultrasound in Medicine and Biology), ASUM (Australasian Society for Ultrasound in Medicine), EFSUMB (European Federation of Societies for Ultrasound in Medicine and Biology), FLAUS (Federation of Latin America Societies of Ultrasound), and MASU (Mediterranean and African Society of Ultrasound).



David Woods, PhD, has joined the faculty of Drexel University College of Medicine as a research associate professor. He will continue in the role

he has filled for the past decade as publisher of *Philadelphia Medicine*. Dr Woods is

the author of four books and 100+ articles, editorials and reviews in peer reviewed healthcare publications. He is a former editor in chief of the *Canadian Medical Association Journal*, and a Fellow of the College of Physicians of Philadelphia.

Denny John, MD, has recently joined the medical staff at Aria Health.

Ian Jacobs, MD, discussed the dangers of lithium batteries on NBC10.

Hallam M. Gugelmann, MD, a resident on emergency medicine at the University of Pennsylvania, co-authored an editorial published in the *Philadelphia Inquirer* entitled, "Helping doctors prevent painkiller abuse."

David Cognetti, MD, was interviewed by *HemOnc Today* agreeing with the CDC position in support of HPV vaccinations for boys as well as girls.

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