

Philadelphia Medicine



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Physicians urge legislature to strengthen team

On December 10, 2013, PAMED leaders and members gathered at the Capitol in Harrisburg for a media event with Gov. Corbett as part of the Pennsylvania Medical Society's Physician Leadership Day. With millions more Pennsylvanians potentially gaining health insurance as the Affordable Care Act (ACA) goes into effect, physicians want



Curtis T. Miyamoto, MD, and Governor Tom Corbett to be sure that care is team-based and physician-led.

Two bills recently introduced by state legislators propose a Patient-Centered Medical Home Advisory Council to help nurture the growth and development of patient-centered care.

Physicians also visited their local representatives to urge them to support bills to improve access to care for the uninsured, retain and recruit the physician workforce, especially through student debt forgiveness and expanded residency slots; prevent prescription drug abuse through a controlled substances database; and improve access to healthcare technology in Pennsylvania. Gov. Corbett said that his recently introduced Healthy PA plan supports patient-centered, team-based care, as well as the top physician concerns.

The Healthy Pennsylvania plan is Governor Tom Corbett's initiative focused on three key priorities:

- Improving Access- by getting all kids insured, promote access to primary health care, enhancing care delivery through technology;
- Ensuring Quality- by supporting older Pennsylvanians and persons with disabilities, promote good public health and ensuring safe and appropriate access to prescription medication.
- Providing Affordability -by reforming Pennsylvania's medicinal liability system and reforming the state's Medicaid program.

Private insurance policy being canceled? Tips for seeking coverage

In recent weeks, hundreds of thousands of Pennsylvanians with individual coverage policies received cancellation notices from their insurance companies informing them that their coverage will end this year. This includes low-income Pennsylvanians who are covered by SpecialCare, a limited-benefit, income-based insurance program offered by the Blue Cross/Blue Shield Plans.

These cancellation letters have caused significant confusion, and continued problems with enrollment in cover-

age through the marketplace have left consumers worried about having coverage after January 1, 2014. To address these problems (which are not unique to Pennsylvania), the federal government and the Pennsylvania Insurance Department are now giving insurance carriers options to extend these existing plans, guide consumers to different plans that comply with the Affordable Care Act, or continue on their current course to end existing plans. The Blue Cross/Blue

Please see Private insurance on page 3

PCMS NEWS

All physicians

*Growing Your Medical Practice:
Pitfalls and Opportunities in
Negotiating an Office Lease
Agreement*

Speaker: Marisa Manley,
President, Healthcare Real
Estate Advisors (HCREA)

Wednesday, January 15, 2014

Time: 6:30 pm to 8:30 pm
PCMS Headquarters

RSVP by January 10 to 215-
563-5343, ext. 113.

Pfahler auditorium for rent

In recent months, the following organizations have rented Pfahler auditorium for their meetings and programs:

Delaware Valley Association of Gastrointestinal Endoscopy

*The Health Federation of Philadelphia
Intuitive Surgical Mobile Event*

Delaware Valley ECHO Society

The Pfahler auditorium and foyer are on the first floor of PCMS headquarters and are available for rent during the day, evening and weekends. The auditorium comfortably seats 150 theater style.

Won't you consider holding your meeting at PCMS headquarters in 2014?

Inquiries can be directed to Louise Eder at leder@philamedsoc.org or 215-563-5343 ext. 107.

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Philadelphia Medicine



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HMI HEALTHCARE MEDIA INTERNATIONAL

Editorial

So what have you done for me lately?

By Curtis T. Miyamoto, MD



Organized medicine is more important than ever on the local and national levels. First, nationally, the House of Representatives Ways and Means Committee has completed mark-up legislation to repeal the Medicare sustainable growth rate (SGR) formula by a vote of 39 to 0. The Senate Finance Committee also completed its marked up version of the repeal. These still need to be ratified by the respective legislative bodies.

Both versions will restructure the existing quality improvement incentive programs- including meaningful use of electronic health records, the Physician Quality Reporting System and the value-based modifier – into a single program with the intent to reduce the administrative and financial burden on physicians. The House version allows for a 0.5% increase in base payments and the Senate version keeps it unchanged. The final version was scheduled to go into effect on January 1, 2014.

Without this temporary repeal of the SGR, the Medicare reimbursement rates would have decreased by 24.4% on this date. Under this three-month repeal, physicians will be allowed to continue to be paid on a fee for service basis and those physicians participating in alternative payment programs will be eligible for bonuses.

So, what has the AMA been doing about this? For months, it has been supporting the repeal of the SGR and opposing a proposed 10 year payment freeze. At its November House of Delegates meeting a vote was unanimous to continue with this effort. The AMA has crafted its own proposal which supports the Pay-for-Performance Principles and Guidelines.

The proposal includes permitting patients to seek care from non-Medicare providers without penalty. The AMA also is advocating for increases in future payments. These efforts by the AMA and other medical societies, especially the surgical ones, have strongly influenced the current decision by both the House and Senate to repeal the SGR. However, the

current fix is only for three months and therefore efforts need to continue.

Locally, you might be aware of the recent city rezoning that was passed by the Philadelphia City Council and vetoed immediately by the Mayor and finally passed by City Council overriding the veto. This new zoning overlay restricts medical establishments in the Northeast Philadelphia region. Existing medical practices would be “grandfathered” in and allowed to continue. However, should they elect to expand or should new practices wish to move into the area they would have to apply for special variances.

This would result in an increase in paperwork and thousands of extra dollars in cost. They likely would require hiring of an attorney. The opening of new practices would be delayed. At this time, this only involves a part of Northeast Philadelphia. However, at a recent City Council meeting other councilmen indicated that they were also considering rezoning.

One of the reasons for this change is to prevent establishing certain types of clinics in the region. Among these are methadone clinics. If the entire city rezones, this could limit expansion or creation of new facilities throughout the city. It would also potentially result in moving of these types of practices into the suburbs.

It would restrict access to care for patients utilizing these special services as well as for those who are currently underserved. Many of these patients do not have the means to travel outside of the city to seek help and therefore will go untreated.

The Philadelphia County Medical Society has been following these events closely. We initially hired a lobbyist and open discussion with City Council. Unfortunately, this had little effect. We have actively discussed the situation with several health systems and have sent letters to the affected practices. We will continue to lobby City Council as well as attempt to meet with the involved parties. These are just two ways in which organized medicine is working to improve medical care for our patients and all physicians. This can only be successful however, if members stay involved and new members join.

Dr. Miyamoto is President of PCMS.

Act now to protect yourself under the Physician Payment Sunshine Act

By taking four easy steps now, you can make sure you're prepared when it's time to review your 2013 financial data before it's published online next year.

Under the Physician Payments Sunshine Act, drug and medical device manufacturers started tracking their financial interactions with licensed physicians beginning Aug. 1. Any payments, ownership interests and other "transfers of value" will be reported to the Centers for Medicare and Medicaid Services (CMS) for publication in an online database to be launched in the fall of 2014.

Here are four easy steps you can take now to support the accuracy of these data:

1. Make sure your disclosures are up to date. Financial and conflict-of-interest disclosure required by employers, advisory bodies and entities funding research should be updated regularly so they are consistent with the data that eventually will be publicly reported under the Sunshine Act.

2. Confirm that your National Provider Identifier (NPI) information is current. The information tied to your NPI, including your specialty, must be accurate to help ensure appropriate attribution of payments and other transfers of value that will be listed in CMS's online database.

3. Request ongoing notification from your industry contacts about the data they report to CMS. Ask your representatives at the manufacturers and group purchasing organizations with which you interact to give you an opportunity to review and correct information they intend to submit before they transmit it to CMS. 2013 data is due March 31.

4. Track your payments and financial transfers. Download a free smartphone app to track reportable transfers. Compatible with Apple and Android platforms, "Open Payments Mobile for Physicians" is available through the Apple Store and Google Play Store. A number of security features protect the privacy of the data you capture, which will be stored on one device and cannot be backed up to a cloud or other de-

vices. Also urge your industry contacts to use the app so you will be able to capture the information you need to ensure accurate reporting.

The AMA was instrumental in securing a number of reporting exclusions in the law, such as certified and accredited continuing medical education activities funded by manufacturers and product samples intended for patient use.

Other improvements made based on the AMA's recommendations include allowing physicians to review their data and seek corrections before it is published, giving physicians an additional two years to pursue corrections and excluding medical residents from the rule.

Visit the AMA Sunshine Act physician toolkit to learn more about the law's timeline, the kinds of financial interactions that must be reported and the process to challenge false, inaccurate or misleading reports.

Also watch an archived webinar for additional details.

Private insurance policy being canceled? *from page 1*

Shield plans across Pennsylvania have agreed to extend the Special Care coverage until June 30, 2014.

Below are suggestions from the Pennsylvania Insurance Department for people who currently have individual coverage but are receiving cancellation notices from their insurance company:

Carefully read your current insurance company letter—It will have important information about your specific situation and your possible next steps. If you have any questions, contact your insurance company at the telephone number provided.

- Explore coverage options through the Marketplace — ask if your current insurance company has any plans on the Health Insurance Marketplace, or Explore other options at www.healthcare.gov. Help is also available 24 hours a day, seven days a week by calling 800-318-2596.
- Seek in-person assistance—Information about community resources can be obtained by visiting <https://localhelp.healthcare.gov> or by calling the Marketplace.

Philly's homeless to get a much needed recovery center

In every emergency room in every hospital in Philadelphia, doctors treat ailing homeless men and women, and then send them back into the streets a few hours later because they aren't sick enough to keep in the hospital.

But because the streets are no place to recover, it doesn't take long before they come right back to the ER, sometimes even sicker. These doctors and nurses know it's inhumane and costly, but they've had few options until now.

In January, Philadelphia will finally have a clean and safe place for homeless patients to recuperate, with a six-bed medical respite center in the former chapel at Depaul House in East Germantown.

The center also needs more partners willing to help fund it past the first year. Hospitals sending patients to the recovery center will be asked to pay a \$200 per diem for some patients—a lot cheaper than an ER visit or a night's stay at the hospital.

CMS Extends Annual Participation Enrollment Period through Jan. 31

The 2014 Annual Participation Enrollment Program allows eligible physicians, practitioners, and suppliers an opportunity to change their participation status by Dec. 31, 2013. Due to the later than usual release of the Medicare Physician Fee Schedule Final Rule, CMS is extending the 2014 annual participation enrollment period through Jan. 31, 2014. Participation elections and withdrawals must be post-marked on or before Jan. 31, 2014. The effective date for any participation status changes elected by providers during the extension remains Jan. 1, 2014.



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