

Philadelphia Medicine



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Telehealth aims to improve care and increase access in Pennsylvania

The Pennsylvania Telehealth Roundtable has developed a plan to improve care and increase access. The Roundtable is a partnership among the Mid-Atlantic Telehealth Resource Center, the Pennsylvania Department of Health, and members of the Pennsylvania Telehealth Roundtable Steering Committee, including the Pennsylvania Medical Society (PAMED).

The goal is to develop consensus and establish a two- to three-year strategic plan for advancing the adoption and use of Telehealth in Pennsylvania as a mechanism for meeting identified priority health needs. The Steering Committee identified and gathered all health and health-related needs assessments done in Pennsylvania in the past five years. The Steering Committee reviewed and prioritized Pennsylvania's health needs based on common threads that ran through most of the reports. The following goals were established as priorities:

To improve care management for those suffering from chronic diseases and increase access to emergent and acute care and behavioral health services for all Pennsylvanians.

To establish a more robust technology infrastructure for Telehealth to enable it to play a greater role in mitigating the problem of provider shortage/maldistribution and serve as a mechanism for providing education and training in chronic disease care and management for clinicians, patients, and caregivers in Pennsylvania.

The Pennsylvania Department of Health Telemedicine Advisory Council will now consider the draft plan. Additionally, the PAMED House of Delegates adopted at its October meeting a resolution that directs PAMED to work with stakeholders to adopt standard defini-

tions of what constitutes Telemedicine as well as identifying standards for coverage and payment and working to establish policy about licensure of providers.

On October 31, 2014, the Centers for Medicare & Medicaid Services [CMS] gave Telehealth providers a glimpse of its plans to expand reimbursement for Telehealth services provided to Medicare beneficiaries.

The final rule includes a provision that would cover remote chronic care management using a new current procedural terminology [CPT] code 99490 (with a monthly unadjusted, non-facility fee of \$42.60). This new CPT code can be bundled with the existing CPT code 99091 for collecting and reviewing patient data, which does not require the beneficiary to be present and pays an average monthly fee of \$56.92 to the physician.

The final rule also includes a provision that would cover remote-patient monitoring of chronic conditions using existing CPT code 99091 (with a monthly unadjusted, non-facility fee of \$56.92). This will significantly broaden Medicare payments for remote patient monitoring of chronic conditions—while CPT code 99091 has been available for covering patient monitoring for many years, CMS traditionally has required that 99091 be billed in conjunction with evaluation and management [E&M] services (CPT codes 99201-99499), the most common of which are office visits.

Yet, since the new CPT code 99490 is an E&M code and is intended for covering monitoring chronic conditions, the two services can now be combined as chronic care management and remote patient monitoring with a combined monthly fee of approximately \$100.

PCMS NEWS

New: Legal Triage Services Program for PCMS Members

PCMS is pleased to be offering a Legal Triage Services Program which gives members the opportunity to have an initial telephone consultation, at no charge, with an attorney on legal issues specific to medical practice. If additional services are desired, Karen Davidson, Esquire, from Mackarey & Davidson, P.C., will provide legal services on a discounted fee basis. Through the program, members have the opportunity to assess their legal needs with guidance from attorneys with extensive knowledge in health law. Interested members should contact PCMS Executive Director, Mark Austerberry, at mausterberry@philamedsoc.org or 215-563-5343, Ext. 101.

Addressing Physician Burnout and Stress

Learn the signs and coping skills and where to get help.

Presented by PHP Medical Director, Jon Shapiro, MD

Foundation of the Pennsylvania Medical Society Physicians' Health Program
Wednesday, February 25, 2015

Time: 6:30 PM

The Philadelphia County Medical Society

No charge to attend but you must register by calling 215-563-5343, Ext. 113.


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Let's protect physicians who volunteer

by Anthony M. Padula, MD



Pennsylvania is one of several states that still lack laws to protect volunteer physicians. PCMS and the PA-MED want to change that. Many of the state's 35,000+ licensed physicians won't volunteer for fear of being sued. Regular malpractice liability coverage or coverage purchased by retired or semi-retired physicians does not always extend to volunteer work or work outside the regular practice setting without paying much higher premiums.

If the Commonwealth wants to promote physician volunteerism, then the Pennsylvania legislature must adopt the Active Practitioner Volunteer Health Services Act.

An Act being introduced in the Commonwealth for the upcoming 2015 legislative session by Pennsylvania State Representative Warren Kampf might help physicians volunteer again. It will be known as the Active Practitioner Volunteer Health Services Act. Its purpose is to increase the availability of healthcare services by establishing a procedure through which actively practicing physicians and other healthcare practitioners may provide professional services as volunteers in approved clinics serving financially qualified persons and in approved clinics located in medically underserved areas or areas with a shortage of healthcare professionals.

These organized community-based clinics would offer healthcare services to individuals and families who cannot pay for their care, to medical assistance clients, or to residents of areas with a shortage of healthcare professionals. So what is an approved clinic? The term includes but shall not be limited to a state health center, nonprofit community-based clinic and federally qualified center.

So who would be covered under the Active Practitioner Volunteer Health Services Act? It would be any person licensed

or approved by the commonwealth to provide healthcare or professional medical services such as a physician, certified registered nurse practitioner, registered nurse, physician assistant, certified nurse midwife, or podiatrist. An important item would be that the practitioner would need to provide healthcare services at an approved clinic without remuneration from the approved clinic.

Key provisions of the act include:

A volunteer healthcare provider shall be immune from civil liability for any act or omission resulting in death, damage, or injury to a patient if :

- the volunteer healthcare provider commits the act or omission in the course of providing healthcare services to the patient;
- the services provided are within the scope of practice of the volunteer; and
- before the volunteer provides the services, the patient, or if the patient is a minor or is otherwise legally incompetent, the person responsible for the patient, signs a written statement acknowledging that the volunteer is providing care that is not administered for, or in expectation of, compensation and the limitations on the recovery of damages from the volunteer in exchange for receiving the healthcare services.

These provisions shall apply even if the patient is incapacitated due to illness or injury and cannot sign the acknowledgment statement required by that subsection or if the patient is a minor or is otherwise legally incompetent and the person responsible for the patient is not reasonably available to sign the acknowledgment statement required by that subsection. No vicarious liability shall attach to the employer of a volunteer provider, whether or not the volunteer healthcare provider is being paid by the employer for healthcare services provided at an approved clinic.

If the Commonwealth wants to promote physician volunteerism, then the Pennsylvania legislature must adopt the Active Practitioner Volunteer Health Services Act.

Dr. Padula is the president of PCMS.

New child abuse reporting laws go into effect

In the wake of the Sandusky child abuse situation at Penn State, significant changes have been made to Pennsylvania's Child Protective Services Law, and many of the most important amendments went into effect on Dec. 31, 2014.

Physicians who don't see children in their practice still need to pay close attention to these changes, because they will now need to report suspected child abuse identified in certain circumstances outside their professional capacity.

Additional changes include, but are not limited to:

- The new definition of child abuse is more specific and has been expanded.
- Physicians will no longer be able to fulfill their reporting obligation simply by making a report to their supervisor or other designated person in their workplace.
- The penalties for failing to make a mandatory report are increased.
- Physicians have new mandatory child abuse recognition and reporting training requirements as a condition of licensure

PAMED has developed a package of materials to help physicians understand and comply with the new requirements. The materials, which can be accessed on the PAMED website, include:

- An overview of the physician reporting requirements.
- An explanation of the expanded definition child abuse.
- Child abuse Frequently Asked Questions.
- Risk factors, signs, and symptoms of child abuse.
- An archived Dec. 4, 2014, webinar to help physicians understand the changes to the law.

As mandated reporters, Pennsylvania physicians have always taken their responsibility to protect our children seriously. These materials will help them do so while remaining compliant with the significant changes to state law.

Change of address?

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

Controlled substance database legislation enacted

On October 27, 2014, Governor Corbett signed Senate Bill 1180 into law, authorizing creation of a statewide controlled substance database.

The database will be housed at the Department of Health, where it will be run by a board consisting of the Secretaries of Health, Human Services, Drug and Alcohol Programs, State, Aging, the Insurance Commissioner, the State Police Commissioner, the Attorney General, and the Physician General (if the Secretary of Health is not a physician).

The board will help prescribers identify at-risk people and refer them to drug addiction treatment programs, and will also refer information to the appropriate licensing board when the system produces an alert that there is a pattern of irregular prescribing or dispensing data.

It will also create a written notice

...a prescriber "must query the program for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a base line and a thorough medical record, or if a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs."

prescribers and dispensers will use to let patients know that information regarding their prescriptions for controlled substances is collected by the program.

Prescribers will not be required to submit prescribing information to the program, but dispensers must electronically submit information to the program for each controlled substance dispensed, no later than 72 hours after dispensing. However, prescribers at a licensed health-care facility who dispense controlled substances limited to an amount adequate to treat a patient for a maximum of five days, with no refills, are exempted from the requirement to submit that information to the program.

While the language is a bit awkward, the intent is that prescribers are not absolutely required to query the database in all circumstances before prescribing a controlled substance, although the

bill provides strong guidance for when that should take place. Specifically, a prescriber "must query the program for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a base line and a thorough medical record, or if a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs."

Prescribers will be able to designate employees for accessing the program on their behalf, and prescribers will be permitted to query the program both for an existing patient and for prescriptions written using their own DEA number. Dispensers may query the program for a current patient to whom the dispenser is dispensing or considering dispensing any controlled substance.

All law enforcement and grand jury queries of the program must go through the Attorney General's office. Those queries may take place without restriction for Schedule II controlled substances, but for all other schedules, a court order based on an active investigation will be required. Access to the database is also granted to various other state officials for specifically enumerated purposes.

A prescriber or dispenser who has submitted or received information from the program and has held the information in confidence cannot be held civilly liable or be disciplined in a licensing board action for submitting the information or not seeking or obtaining information from the program prior to prescribing or dispensing a controlled substance.

There are significant civil and criminal penalties for improperly accessing the database or misusing information obtained from it.

The system is supposed to be up and running by June 30, 2015, so the Department of Health has a lot of work to do during the next six months.

Host your event at PCMS

Host your next party or conference/ seminar at PCMS headquarters. Ample free parking. Contact Louise Eder on 215-563-5343, Ext. 107 to schedule an appointment.



pcms people

SAVE THE DATE

Saturday, June 20, 2015

President's Installation

and Awards Night

Celebrating the

Inauguration of

Michael DellaVecchia, MD

PCMS 154th President

**The Philadelphia
Country Club
Gladwyne, PA**

2014 Necrology

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