

# Philadelphia Medicine



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March 2014

## Friedreich's Ataxia Center of Excellence to get underway in Philadelphia

By David Woods, PhD

Children's Hospital of Philadelphia and Penn Medicine will soon join forces with the Friedreich's Ataxia Research Alliance (FARA) to form a Friedreich Ataxia Center of Excellence which FARA has committed to fund for an initial three-year period. Its mission will be to promote and support research and clinical care in FA, and to expedite basic science and drug discovery findings with a view to understanding the disease and improving outcomes.

With some 5,000 patients in North America, FA is clearly a rare disease in which one in 100 people are carriers and don't even know it until it affects their family. Recently, FARA sponsored its annual Rare Disease Day campaign, called Move Your Way, a virtual movement that encouraged people to share photos of themselves being active (running, walking, swimming, dancing or rolling, etc.) in a Rare Disease Day bib number to enhance awareness of rare diseases.

Friedreich Ataxia is a debilitating, degenerative, neuromuscular disorder caused by an inherited genetic mutation that limits production of a protein called frataxin. Symptoms include loss of coordination in the limbs, impaired vision and hearing, slurred speech, and cardiomyopathy.

FARA helps physicians and other healthcare providers treating people with FA by:

- providing access to information about its diagnosis, management and treatment;
- connecting them to FA specialists to help instruct best care management of patients;
- helping them get their patients into

the FA patient registry at [curefa.org/registry](http://curefa.org/registry).

FARA's operational base is in the Philadelphia suburbs. Executive Director Jennifer Farmer is a genetic counselor who notes that "our treatment pipeline continues to remain diverse and robust, essential factors to treating and curing FA." Founder and president of FARA, Ron Bartek, adds, "with every additional clinical trial that gets underway we know with more and more certainty that we will cure FA."

Among FARA's Scientific Advisors and the co-Directors of the new FA Center of Excellence are David Lynch, MD, PhD, professor of neurology at CHOP and a lead researcher in expanding the capacity of clinical research and care; Robert Wilson, MD, a pathologist at U Penn, who will establish a drug discovery unit. In addition, Kim Lin, MD, a cardiologist at CHOP who will integrate the cardiac care for patients into the established neurological program and Dr. Ian Blair will provide leadership and expertise for new biomarker studies.

FARA is an international organization. It raised a record \$4.4 million in 2013, allowing the Alliance to fund record numbers of research projects, including those in Europe and Australia. FARA also partners with pharmaceutical companies to advance drug discovery to clinical trials with the goal of achieving meaningful treatments for people living with FA.

If you'd like to know more about FARA or to help advance its research activities, please go to [cureFA.org](http://cureFA.org).

*Dr. Woods is the publisher of Philadelphia Medicine.*

## PCMS NEWS

### Upcoming PCMS Programs

All events are held at PCMS HQ unless otherwise noted by\*

#### March

- 6 Medical Student Panel Discussion 6-8:00 PM
- 15 Advances in Pulmonary Care. See Flyer .
- 20 \*Rheumatoid Arthritis. See below.
- 25 Resident/Fellow Contract Review Program 6-8:00 PM

#### April

- 5 GI Update. See below.
- 22 Social Media: A Legal Perspective 6-8:00 PM

For information or to RSVP, call  
215-563-5343, Ext. 113.

### DIAGNOSTIC AND TREATMENT INNOVATIONS IN RHEUMATOID ARTHRITIS

Educator: Alan Epstein, MD  
Associate Professor of Medicine  
University of Pennsylvania School of Medicine  
Thursday, March 20, 2014  
Omni Hotel at Independence Park  
401 Chestnut Street, Philadelphia, PA  
Registration 6:00 PM  
DINNER & PROGRAM: 6:30 – 8:00 PM

### Save the Date

Clinical Update in Gastroenterology  
Topics:

- Esophageal Disease in 2014 - From Barrett's to Eosinophilic Disease;
- Functional Bowel Disease,
- Diagnosis and Treatment of Inflammatory Bowel Disease;
- Liver Disease Diagnosis and Treatment

Saturday, April 5, 2014  
At PCMS Headquarters  
2100 Spring Garden Street, Philadelphia  
Registration: 7:30 AM  
Program: 8:00 AM - 12:00 Noon

### We're on Facebook!

Want to read more about your fellow PCMS members and medical history in Philadelphia?

Check out our new Facebook page

[www.facebook.com/  
PhilaMedSoc](http://www.facebook.com/PhilaMedSoc)



# Philadelphia Medicine



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## Editorial

# Are you screening your patients for Hepatitis B?

By Curtis T. Miyamoto, MD



I recently met with Chari Cohen, MPH DrPh, Director of Public Health, and Kuan-Lung Daniel Chen, MPH, CPH, Program Manager of the Hepatitis B Foundation, about the challenges they face working in detecting and treating the Hepatitis B virus. As in many nonprofit organizations, they are having some huge challenges.

This particular Foundation, however, is unique and special for our area. It is the only national nonprofit organization focused on Hepatitis B. It focuses on Hepatitis B research, disease awareness, immunizations and treatment initiatives.

You may already know that the Hepatitis B virus was discovered here in Philadelphia by Dr. Baruch Blumberg at the Fox Chase Cancer Center. He created the first vaccine. They have a large Philadelphia public health awareness and education campaign, free screening initiative, and they help patients finding care providers. They have a Hep B United Philadelphia Coalition with over 75 coalition partners and a partnership with the CDC.

Hepatitis B, the most common serious liver infection in the world, is 50 to 100 times more infectious than HIV, and affects 1.4 to 2 million Americans.

Asians, especially those new to the United States, are at risk for Hepatitis B. They are the second fastest growing population in Philadelphia after Hispanics. Nearly one in 10 foreign-born Asian and Pacific Islander Americans has a chronic Hepatitis B virus infection. They are not the only group at risk.

The CDC has specific guidelines for testing. People born in regions of high and intermediate HBV endemicity, IV drug users, men with male sexual partners, immunosuppressed patients, people with elevated liver function tests, blood product donors, hemodialysis patients, pregnant women, infants born to HBsAg positive mothers, people living with infected patients, people who engage in needle sharing, people with sexual contact with Hepatitis B surface

antigen positivity and HIV-positive individuals should be tested and treated appropriately. All US-born citizens not vaccinated as infants should be tested.

This is an extensive list of people who are at risk and therefore many more should be tested than currently. In spite of this, many patients at risk in the Philadelphia region are not being screened for Hepatitis B. This means that patients who are chronically infected are not being diagnosed and patients who have not been exposed are not being vaccinated, thus, putting those at risk. Under the Patient Protection and Affordable Care Act, Hepatitis B vaccination is covered. The obvious question is why aren't all patients at risk being screened?

The Hepatitis B foundation has tirelessly tried to get the word out to both the physician community as well patients at risk to increase the amount of screening and improve access to vaccination and

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treatment. Although there has been some improvement, many cases are still being missed.

Of course, funding is also an issue. This is a problem for almost every nonprofit organization. In spite of the problems with the economy, there should always be funds for such life-saving and truly altruistic and life saving foundations as the Hepatitis B foundation, the American Cancer Society, and the Susan G. Komen organization.

The Hepatitis B foundation is a local entity that deserves special attention by healthcare professionals. The least we can do is to improve our efforts to screen all patients at risk and therefore save lives and encourage the many volunteers in this organization. The Philadelphia County Medical Society strongly supports improved Hepatitis B screening, vaccination, and treatment.

Dr. Miyamoto is  
the president of PCMS.

### 2014 is a License Renewal Year

PCMS members have access to 50+ credits of free online CME at [www.pamedsoc.org/cme](http://www.pamedsoc.org/cme) and an online tracking tool at [www.pamedsoc.org/tracker](http://www.pamedsoc.org/tracker).

Access frequently asked questions at [www.pamedsoc.org/cmefaq](http://www.pamedsoc.org/cmefaq).

### New federal health insurance: How to verify your patient's coverage

If a patient tells you they've signed up for coverage under the new federal marketplace but doesn't have an insurance card, the Centers for Medicare & Medicaid Services (CMS) recommends physicians call the customer service line of your patient's insurance plan to verify coverage. Find a list of all plans and their customer service numbers at [www.pamedsoc.org/coverage](http://www.pamedsoc.org/coverage).

If you can't find a number, call the Marketplace Call Center 800-318-2596.

### Bill legalizing medical marijuana introduced in State Senate



Senate Bill 1182, a bipartisan bill, would legalize marijuana for medical purposes. PCMS agrees with the AMA's policy viewing marijuana as a dangerous drug and public health concern and its call for more research on its medical use. PCMS President, **Curtis T. Miyamoto**, MD, recently discussed the legalization of medical marijuana in Pennsylvania with Renee Chenault-Fattah at NBC10 studios.

### Employer mandate rules change, again

The IRS released final regulations implementing the Employer Shared Responsibility provision under the Affordable Care Act (ACA) for 2015 (the "employer penalty"). This guidance is lengthy and provides helpful clarification in many areas such as Phasing in Employer Penalty, Extending Transition Relief and Defining Full-Time employees. Employers with 50 to 99 full-time employees will not face penalties for not offering coverage to full-time employees and their dependents up to age 26 until the first plan year beginning on or after January 1, 2016. These employers will need to certify that they are not reducing the size of their workforce to stay below 100 employees. Employers with 100 or more full-time employees and their dependents up to age 26 will not face penalties if they offer coverage to 70% of their full-time employees in 2015. They will need to offer coverage to 95% of full-time employees beginning in 2016. The full-time employee definition remains at 30 hours or more per week. The definition of dependent has been revised to exclude stepchildren and foster children.

Another clarification many employers were waiting for was the extension of transition relief for 2015. The transition relief is welcomed by plans which renew off calendar year. Employers with non-calendar-year plans must comply with the employer mandate as of the beginning of the first plan year commencing after January 1, 2015. The requirement to offer dependent coverage will not apply in 2015 to employers that are taking steps to offer dependent coverage by 2016. Employers can use a six-month "look back" period to determine whether they had at least 100 full-time or full-time equivalent employees in the previous year, which aligns with the phasing in of the penalties. In 2014, employers may use a six-month measurement period to determine the stability period during which employees with variable hours must be offered coverage.

However, there was also relief for 2014 allowing employer plans to recognize the individual mandate and the availability of coverage through the Marketplaces as an allowable Section 125 life status event. This particular relief has not been extended into 2015.

The regulations clarify the methods

employers can use to determine whether employees are full-time and addressed some specific situations. Bona fide volunteer workers for government and tax-exempt entities, such as firefighters and emergency responders, are not considered full-time employees. Teachers and other education employees are considered full-time employees even if they don't work full-time year-round. Seasonal employees who typically work six months or less are not considered full-time employees; this includes retail workers employed exclusively during holiday seasons.

The regulations confirm that employers can use W-2 wages, hourly rates or the federal poverty level to determine whether the coverage they offer is "affordable." If using the W-2 safe harbor, full W-2 wages must be used and cannot be reduced for salary reduction elections under a 401(k) plan or a cafeteria plan.

#### Change of address?

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



# pcms people



**Brian A. Hannah, MD,** has been named Vice President and Chief Medical Information Officer at Mercy Health System, Southeastern Pennsylvania.

**Open enrollment is coming to a close**

March 31, 2014, marks the end of the Open Enrollment period for Individual Medical Plans. Applications must be submitted by the end of March in order to access subsidized plans through the marketplace or qualify for non subsidized plans in the open market. After March 31 a person will have to have a qualifying event in order to qualify for individual market. If you are not sure if this affects you, please call one of the Health Care Reform Specialists at USI Affinity at 855-874-0267.

**Save the Date**  
**Saturday, June 14, 2014**  
**President's Installation**  
**and Awards Night**  
**Celebrating the Inauguration of**  
**Anthony M. Padula, MD**  
**PCMS 153rd President**  
**The Union League**  
**Philadelphia, PA**

**Family Medical Practice**  
**for Sale**  
**Active long established.**  
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**Call Jack Goldstein, DO**  
**609-502-3086**

**Special Thanks**

The following physicians have contributed to the PCMS Educational and Scientific Trust Fund. The Society expresses its appreciation for their generosity.

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- Cadence Kim, MD**
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