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AMA testifies to NCVHS Subcommittee on ICD-10, virtual credit cards, and pharmacy prior authorization

The AMA conveyed physicians' concerns regarding ICD-10 implementation, virtual credit cards, and pharmacy prior authorization in testimony to the National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Standards on February 19, 2014.

The AMA continued its strong advocacy against ICD-10 implementation and highlighted the findings of a recent AMA-sponsored study showing that adoption of the ICD-10 code set will be dramatically more expensive for most physician practices than previously estimated. The lack of ICD-10 readiness among practice management system vendors and the potentially devastating financial impact of implementation problems upon physician practices were also discussed.

During another panel, the AMA addressed issues surrounding health plans' use of virtual credit cards to make claim payments to physicians. While health plans benefit from cash-back incentives offered with these credit cards, the high interchange fees associated with the cards erode physician income. The AMA also testified on pharmacy prior authorization and advocated for simplification, standardization, and automation of the current administratively burdensome system. The importance of physicians receiving accurate, patient-specific formulary data at the point of prescribing was stressed.

Visit www.ncvhs.hhs.gov to access the full report.

ICD-10 delay is now official

Tucked away in the bill President Obama signed on April 1 that prevents a 24% Medicare payment cut to doctors was a provision to postpone the transition to the ICD-10 set of diagnostic codes for a year or longer.

Medical associations preferred another bill that would have repealed the sustainable growth rate (SGR) law that mandated the payment reduction. But some of them viewedw the inclusion of the ICD-10 delay in the legislation that Congress passed as a victory for physicians. Associations representing hospitals and health information technology (IT) professionals, however, believe that postponing the implementation of ICD-10 from October 1, 2014, until October 1, 2015, or later will be very costly and counterproductive for organizations that have long been preparing for this transition.

The American Health Information Management Association estimated that a one-year delay would cost the healthcare industry up to \$6.6 billion. And a consultant told Healthcare IT News that the postponement will cost his hospital clients anywhere from \$500,000 to \$3 million each, depending on their size.

The financial effects of the delay on physician practices are likely to be more positive. While some physician groups have invested significant amounts in preparing for ICD-10, a recent survey by the Medical Group Management Association (MGMA) found that less than 10% of its members had made substantial progress on that front.

PCMS NEWS

9th Annual "Tools for Success" Practice Management Conference

Date: May 8 and 9, 2014 Location: Springfield Country Club, Springfield, Pa.

Topics: Compliance Workshop for smaller practices; Risk Management – e-communications; Emerging Issues in PA Medicine; Population Management; Medicare Reporting program updates – the ACA's continuing impact; Bullying in the Workplace; Understanding hospice and palliative care; Working together with behavioral health providers; Paying staff properly. For more information and to RSVP: *www.delcomedsoc.org*.

SAVE THE DATE!

PCMS Cardiology Update Education Program

Date: Saturday, June 28, 2014 Location: PCMS headquarters Topics to Be Discussed:

- Atrial Fibrillation
- End Stage Congestive Heart Failure
- Percutaneous Approaches to Acquired Structural Heart Disease
- Multi-Modality Cardio Imaging More information to follow



Pennsylvania Primary Election Day TUESDAY, MAY 20ww, 2014 Exercise your right to vote!

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

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Philadelphia Medicine 🕐

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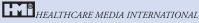
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Editorial Why we oppose e-cigarettes in public places and for minors By Curtis T. Miyamoto, MD



In mid March a Philadelphia City Council committee unanimously voted to take the first step toward banning electronic cigarettes in public places. Council also approved a

measure that prohibits the sale of these devices to minors. The measure was put forward by Bill Greenlee and would add e-cigarettes to the city's existing ban on smoking in public places. Although tobacco is regulated by the state, these products do not contain tobacco and therefore can fall under the city laws.

This was supported by testimony by the city's health commissioner, Dr. Donald Schwarz, and by Dr. Frank Leone, head of the Comprehensive Smoking Treatment Program at the Penn Lung Center. Both agreed that additional studies need to be performed to study the impact of long-term exposure to the aerosols, which at present is not regulated.

Immediately after the meeting, Dr. Schwartz addressed the PCMS board and reviewed his stance on supporting the ban. Prior to the meeting PCMS sent a letter supporting this ban.

E-cigarettes are battery-powered devices that were originally invented and manufactured almost exclusively in China. They were first introduced in the US market 2007 as an alternative to smoking tobacco. They do not burn tobacco or any other substance. A fluid is added that is subsequently vaporized. This vapor is then inhaled by the user and others nearby.

The vapor acts as a delivery mechanism for whatever is dissolved in the added fluid. They are not FDA regulated in any fashion. Unlike tobacco smoke, the vapor is often odorless so cannot be detected by others near the smoker.

The vapor most often contains nicotine, and purchasers can opt for various dose levels of nicotine. There is little quality assurance and there have been reports of widely varying amounts of nicotine and even overdoses. The FDA remains concerned about the effects of pure nicotine.

The e-cigarettes can also contain many other substances such as heavy metals and carcinogens. There are a number of well-known publications suggesting that they can be effective as an aid for smoking cessation. In an online survey in 2010 of 3,587 visitors to websites and discussion forums dedicated to the use of e-cigarettes and smoking cessation, 96% of people who quit smoking answered that they helped them and 92% said it made them smoke less. This of course, was not a scientific study but was still intriguing.

There still remains significant debate over their safety and added effectiveness to the current smoking cessation programs. For example, a study presented at the European Respiratory Society Annual Congress in 2012 in Vienna reported a significant increase in the airway resistance for both non-smokers and active smokers after using an e-cigarette for 10 minutes.

The very act of smoking e-cigarettes can be habit-forming and lead to smoking regular cigarettes or using other types of fluids.

Obviously, other chemicals can be dissolved in this fluid that could potentially be significantly addictive or toxic. The very act of smoking e-cigarettes can be habit-forming and lead to smoking regular cigarettes or using other types of fluids.

To this end, manufacturers sell them with flavors such as chocolate, caramel, bubblegum and strawberry. These are obviously targeted towards younger users who can purchase them as they are completely unregulated.

It is estimated that 7% of our youth have already tried them. Their high-tech nature and celebrity endorsements are making them even more attractive. Under the ban, adults would still be allowed to purchase e-cigarettes as well as use them anywhere where tobacco can now be used. We are encouraging our members to continue to support these two bans as they move onto the full City Council.

Dr. Miyamoto is President of PCMS.

PCMS involved in policy working group to leverage data on health disparities

Of the 10 most populous cities in the nation, Philadelphia ranks near the top in cardiovascular and stroke-related mortality, and there is significant disparity in cardiovascular life expectancy among racial and ethnic groups.

Yet public health planners and healthcare providers in the city do not always have access to high quality information about the health of the communities they serve and the impact of the care they provide.

The Office of Health Information and Improvement is dedicated to working with stakeholders across Philadelphia to leverage data that will provide a more comprehensive picture of the health of city residents and inform stakeholders and the Department of Public Health about what we can do as a city to collaboratively address the conditions that influence preventable morbidity and health disparities.

The Philadelphia County Medical Society is a member of the Policy Working Group that uses such data to shape or change policy or practice.

PA Senate Act 79 allows professionals to apologize without fear of liability

Among important new laws enacted by the PA Senate is ACT 79 (Senate Bill 379) that establishes the "Benevolent Gesture Medical Professional Liability Act."

This new law allows a healthcare provider to apologize, express sympathy or compassion to a patient and/or family in the event of an unexpected or unforeseen medical outcome, without the fear of having the statement used as evidence of liability in a subsequent lawsuit.

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

PCMS seeks physician volunteers

President Elect Anthony M. Padula, MD, is seeking member volunteers with interest in possible appointments to PCMS Committees and Sections during his term of office through June, 2015. PCMS would like to develop a diverse list of interested talented expertise to help formulate society focus and activities.

The list of Committees and Sections appears below. If you are interested in serving on PCMS Committees or Sections, please call Mr. Mark C. Austerberry, Executive Director, at 215-563-5343, Ext. 101.

- Editorial Review Board Oversees content of PCMS monthly newsletter, *Philadelphia Medicine*.
- Delegate Caucus to PAMED Annual Meeting Develop and review resolutions pertaining to the practice of medicine and governance of the Pennsylvania Medical Society. Delegates attend PAMED House of Delegates in October held in Hershey, PA.
- Public Health works with the Philadelphia Department of Health in advocating for healthcare for the citizens of Philadelphia. Promotes good health practices through its block captains programs.
- Membership Oversees member benefits programs and outreach to physicians.
- Young Physicians Section For physicians 40 years and younger.
- International Medical Graduates Section forum for IMGs to discuss common concerns.
- Residents/Fellows Section forum for discussion of common concerns.

Resolutions Solicitation for 2014 PAMED Annual Meeting

Do you have any concerns or problems that are affecting your ability to practice medicine? One of the most direct ways for you to get involved is to submit a resolution to the Pennsylvania Medical Society's House of Delegates (HOD) through the PCMS delegation.

It's important that PAMED knows the difficulties we physicians face in our daily practice of medicine, such as cumbersome regulations and issues that affect the doctor-patient relationship.

As the association's legislative body, the HOD will meet this year October 18-19 to establish PAMED policies on key issues that affect the practice of medicine, from medical ethics to critical matters of public health.

Deadline for submission of resolutions to the PCMS Caucus is August 1, 2014. Also, let us know if you would be interested in serving on the PCMS delegation. To submit a resolution or if you have questions, please contact Mark Austerberry, Executive Director, at stat@philamedsoc.org or by phone at 215-563-5343, Ext. 101.

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Dr. Cohen joined PCMS in 1959 and served on many committees, among them the North Branch; Board of Directors; and Hospital Medical Staff Section. Prior to his retirement Dr. Cohen was senior attending surgeon and Associate Director of Vascular Surgery at Einstein Medical Center and attending surgeon at MCP, Kennedy Memorial Hospital, Frankford Hospital and Moss Rehab Hospital. He also served on the faculty of Temple University School of Medicine as

Clinical Associate Professor of Surgery.

Dr. Cohen was a Fellow of the American College of Surgeons and Armed Forces in Okinawa and was discharged with the rank of captain.

the International College of Surgeons. He Cohen also served in the

from the University of Pennsylvania School of Medicine, completed his internship at Einstein Medical Center and his surgical residency at Sinai Hospital in Baltimore.

PCMS 134th President, Erwin A. Cohen, MD: April 9,

2014. Born in Philadelphia, Dr. Cohen received his MD

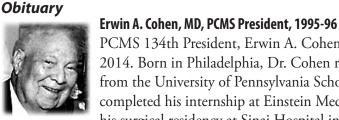
Save the Date Saturday, June 14, 2014 **President's Installation** and Awards Night **Celebrating the Inauguration of** Anthony M. Padula, MD PCMS 153rd President **The Union League** Philadelphia, PA

Host your next party or conference/ free parking. Contact Louise Eder on

Host your event at PCMS

seminar at PCMS headquarters. Ample 215-563-5343, Ext. 107 to schedule an appointment.

Philadelphia Medicine May 2014 pcms people



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