

Philadelphia Medicine



Volume 111 No. 5

May 2015

The 2015 OIG Work Plan: What exactly is it? And why are physicians always so interested?

By Mary Ellen Corum

The Office of Inspector General (OIG) protects the integrity of Department of Health and Human Services (HHS) programs. It is an enforcement agency and oversees more than 300 HHS programs, of which Medicare and Medicaid are the largest. Its job is to detect and prevent fraud, waste, and abuse; identify opportunities to improve program efficiency and effectiveness; and hold accountable those who violate federal laws. The OIG carries out its work mainly through the use of audits and investigations.

It will examine the safeguards that ensure medical necessity, patient safety, and quality of care... and identify any integrity gaps or breaches.

The OIG has stated that reducing waste in Medicare Parts A and B, and ensuring quality in nursing home care, hospice care, and home and community-based care, is among the top management challenges for the Department. It will examine the safeguards that ensure medical necessity, patient safety, and quality of care... and identify any integrity gaps or breaches. Patient access to care, including access to durable medical equipment, prosthetics, orthotics, and supplies, and the effect of a competitive bidding program will be reviewed.

The 2015 Work Plan added just three new project areas. They are:

- Hospital wage data used to calculate Medicare payments: determine whether there are appropriate controls for collecting and reporting wage data to ensure that only eligible services and compensation are included.
- Adverse events in post-acute care: examine adverse events and temporary

harm events to identify contributing factors, the extent to which the events were preventable, and the associated costs to Medicare.

- Independent Clinical Laboratory Billing Requirements: Medicare is the single largest payer for lab services, and the fact that spending on this has increased by almost 30% between 2005 and 2010 has got the OIG's attention. It will use 13 measures to indicate possible questionable billing practices.

Here are some of the projects carried over or extended from previous Work Plan years:

- *New inpatient admission criteria:* A review will determine the impact of new inpatient admission criteria on hospital billing, Medicare payments, and beneficiary copayments. The review will also report billing variations among hospitals.
- *Imaging Services: Payments for practice expenses:* A review of Medicare Part B payments for imaging services to determine whether they reflect the expenses incurred and whether the utilization rates reflect industry practices. The focus will be on the practice expense components, including the equipment utilization rate.

It's no wonder that physicians have an interest in the OIG Work Plan each year. Look at the wide range of issues and services addressed in the OIG Work Plan. Who wouldn't find this scrutiny rather intimidating? The Work Plan does, however, provide a map of sorts that can make the challenge of navigating the world according to Medicare a bit less daunting.

The full version of this article can be found on www.philamedsoc.org.

Ms Corum is director of practice support, Pennsylvania Medical Society.

PCMS NEWS

PCMS seeks physician volunteers

President Elect Michael DellaVecchia, MD, PhD, FACS, is seeking member volunteers with interest in possible appointments to PCMS Committees and Sections during his term of office through June 2016. 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 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.
- Student Section Physician Volunteers.

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.



Philadelphia Medicine



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ISSN 0031-7306

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PCMS Members: Make your voice heard in PAMED's House of Delegates

By *Anthony M. Padula, MD*



Do you have a major issue affecting your ability to practice medicine?

One of the most direct ways to help resolve it is to submit a resolution to the Pennsylvania Medical Society's (PAMED)

House of Delegates (HOD) through the PCMS delegation. It is important that PAMED knows the difficulties PCMS physicians face such as cumbersome regulations and barriers to the doctor patient relationship.

The HOD meets once a year to establish PAMED policies on key issues that affect the practice of medicine. Last October, the HOD considered resolutions on issues ranging from public-health to reimbursement, along with more than a dozen in-depth reports on issues generated by last year's House, and studies by the Board over the preceding year. These include:

- Maintenance of Certification (MOC) — Asking the American Medical Association (AMA) to work with the American Board of Medical Specialties (ABMS) to eliminate practice performance assessment modules from the requirements for MOC
- Telemedicine—Working with stakeholders to evaluate the applications and uses of electronic technology to adopt standard definitions of what constitutes telemedicine, to identify standards for coverage and payment for telemedicine, and to establish policy in Pennsylvania for licensing providers, and for payment for services.
- Hospital privileges for private practice physicians—Pursuing legislation on enforcing the Community Benefit Standard in Pennsylvania; researching ways to provide legal support for PAMED member physicians affected by hospitals' exclusionary tactics; and working to maintain private physician healthcare network relationships.
- Universal Patient Transfer Form—Working with state government agencies and hospitals to develop a Universal Patient Transfer Form (UPTF) and

an understanding of how it will work in Pennsylvania.

We encourage you to begin writing your 2015 resolutions now for the HOD scheduled for October. Keep in mind that a resolution should convey to the HOD a proposal for an individual, a county or specialty society or section on a particular subject.

Resolutions may be authored by any PCMS member; however, they must be introduced into the House by an official delegate. We ask that resolutions be submitted as early as possible so that the PCMS delegation can have time to review this submission. To avoid duplication, your resolution will be compared to existing policy in PAMED's Policy compendium. It will then be presented to the PCMS delegation for review. The PCMS delegation will introduce your resolution to the HOD. It is mandated that resolutions be accompanied by a fiscal note when there is a fiscal impact to the PAMED. Authors wishing to remain anonymous should state that fact when submitting resolutions; however, resolutions must initially contain authors' names. Authors of the resolution should be sure to spell out in full or at least the first mention of any word or phrase that may later be abbreviated in the resolution. Submitting excessive, redundant and or irrelevant resolutions to the AMA potentially diminishes the reputation and the credibility of the Pennsylvania delegation so please use discretion when requesting AMA action.

We want to hear from you. PCMS stands committed to serving the needs of all Philadelphia County physicians and advancing the health of our patients and community.

If you have something to say, now more than ever, is the time to be heard! Your opinion is valued and it is important to your peers in the medical community. We want to hear from you!

Deadline for submission to PCMS is August 21, 2015.

Dr. Padula is the President of PCMS.

Suicides: Not just a Winter problem **Physicians warn that peaks can happen during Spring**

When you think of Spring, you think of new beginnings, awakening, and rebirth. However, for some people suffering from major depression and other mental health issues, this time of year brings increased thoughts of committing suicide. Several studies have explored this unexplained phenomenon. One study, published in 2005 by F. Stephen Bridges, investigated 865,928 suicides in the United States between 1971 and 2000. His research found a significant seasonal rhythm of suicide occurrence with a peak in April and May. A 2012 study titled Seasonality of Suicidal Behavior acknowledges a seasonal suicide peak in Spring, but notes that the cause is unknown and new small spikes appear at other times of the year as well.

Regardless of the time of year, suicide is a public health concern that needs to be explored on many levels, including through public education, cultural competence, and clinical awareness of the signs and symptoms.

“Whenever someone makes a conscious decision to attempt or complete suicide, often friends and family ask themselves what they could have done to prevent it,” says Karen Rizzo, MD, president of the Pennsylvania Medical Society (PAMED), stating that in 2012 there were 1,613 suicides in Pennsylvania. “It’s an alarming public health problem that needs to be addressed in a clinically compassionate way,” she said.

According to data from the Pennsylvania Department of Health, the largest number of suicides in 2012 was by people between 45 and 54 with 361, followed by the 55 to 64 age group with 286.

Reports from the American Association of Suicidology show that Pennsylvania ranks 29th in the nation for suicides per 100,000 people. Montana, Alaska, and Wyoming have the highest rates.

Nationally, data from the CDC suggest that there were 39,518 suicides in 2011. In addition, more than 487,700 people were treated in emergency departments for self-inflicted injuries.

The new law will require schools to adopt a youth suicide awareness and prevention policy, including staff training, beginning with the 2015-2016 academic year.

Child and adolescent psychiatrist Robert E. Wilson, MD, PhD, president-elect of the Pennsylvania Psychiatric Society and active PAMED member, says the following are risk factors:

- Previous suicide attempts
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Physical illness
- Feeling alone
- Stressful life event or loss
- Easy access to lethal methods

“It doesn’t mean that a person with those risk factors will attempt or complete suicide,” says Dr. Wilson. “But keeping these areas in mind might help friends and family members keep a closer eye on a loved one, particularly if they’re exhibiting warning signs.”

The National Suicide Prevention Lifeline is available 24/7 and can be reached at 800-273-TALK (8255). Many local communities also possess suicide hotlines which can be found by state at www.suicide.org/suicide-hotlines.html. When in extreme duress, report immediately to your local emergency room for assistance.

“Everyone—physicians, teachers, clergy, and all members of the public—plays a role in preventing the unnecessary loss of life through self-infliction,” says PAMED’s Dr. Rizzo. “Knowing the warning signs and how to guide someone towards help can make a difference.”

White Paper explores the question ‘Is marijuana medicine?’

While many states have pushed for new laws to legalize Marijuana’s use for medical reasons, there are few well-controlled studies that demonstrate its effectiveness.

So most major state and national medical societies, including the Pennsylvania Medical Society (PAMED), have not yet supported marijuana’s use in patient care until further research has shown it to be a safe and effective medicine for use in a wide variety of settings.

The white paper addresses such topics as:

- What’s in medical marijuana?
- Where are the data?
- Legal impediments—why research on safety and efficacy is lacking?
- FDA-approved cannabinoid medicines do exist
- Risks associated with marijuana as a smoked medication
- Marijuana edibles and the risk of diversion
- Medical marijuana and increased recreational use/abuse
- State laws

“Across the country there is a legalization movement, but little to push research,” said Karen Rizzo, MD, president of PAMED, in a recent press release. “From a clinical perspective, it’s like putting the cart before the horse. We have joined other national groups in calling for more research and making it easier for researchers to have access to marijuana for scientific purposes.”

The white paper was presented at a joint hearing of the Pennsylvania House Health and Judiciary Committee on March 24 in Philadelphia. Charles Cutler, MD, vice president of PAMED, testified on behalf of PAMED at the hearing in opposition to Senate Bill 3, a bill that seeks to legalize medical marijuana in Pennsylvania. A hearing also was held before the Senate State Government Committee on Feb. 25.

“Despite how the Medical Society has been painted by some of your legislative colleagues, our position is not a pro or con position—it’s a let’s learn more position,” said Dr. Cutler in his March 24 testimony. “Let’s learn more about how and why this works and for whom.”



pcms people

Kurt P. Miceli, MD, MBA, FACP, FAPA,



Senior Vice President and Medical Director at Bancroft. He will work with the senior leadership team to provide direction and oversight of Bancroft's strategic

plan operations, while providing day to day administrative direction for designated departments, including Health Services, Quality Improvement and Network Development/Provider Support. Dr. Miceli served as the Chair of the PCMS Young Physicians Section and on the Board of Directors 2012-2015.

Larry R. Kaiser, MD, FACS,



President and Chief Executive Officer of Temple University Health System, Dean of

Temple University School of Medicine, and Senior Executive Vice President for Health Sciences at Temple University, was invited to the White House to be part of a select group of healthcare leaders taking part in President Barack Obama's kickoff of the Health Care Payment Learning and Action Network.

SAVE THE DATE

Saturday, June 20

President's

Installation

and Awards Night

Celebrating the

Inauguration of

Michael DellaVecchia, MD

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The Philadelphia

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