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Incoming PCMS president Lynn Lucas-Fehm, MD, JD, seeks common ground among medical specialties and looks to attract young physicians to organized medicine

By David Woods, PhD



As she takes her oath of office next month Lynn Lucas-Fehm, MD, JD, will become the 150th president of the Philadelphia County Medical Society.

Not only does Dr Lucas-Fehm have a history in medicine—her father and her grandfather were both “old style general practitioners”—she’s also very conscious of the long history of the organization of which she is about to become elected leader. In fact, her presidential forebears include the PCMS’ first president Samuel Jackson (1848-1852) who graduated from Penn in 1808 and served in the cavalry during the war of 1812.

Medicine has changed hugely in those 150 years, says his 150th successor, not only because of the eradication of scourges such as cholera; but also in the manner of practice. She believes, for instance, that much of the camaraderie and collegiality that characterized the medical profession of old has been eroded to some degree. During her term of office she would like to seek common ground among varying specialties, to make the profession less cellular.

Dr. Lucas-Fehm is a diagnostic radiologist at Abington Memorial Hospital. A graduate of Princeton, she received her M.D. at the University of Cincinnati and some years later decided to earn a law degree at Temple University. She is a member of numerous national medical societies, including the American College of Radiology and the Radiological Society of North America... and she is a Fellow of the American College of Legal Medicine. At the state level she also belongs to the Pennsylvania Radiological

Society the Pennsylvania Medical Society, where she has served on a number of committees, including the Political Action Committee and the Tort Reform Priority Work Group. She is also a member of the Pennsylvania Bar Association.

At PCMS, Dr. Lucas-Fehm has served several terms on the Society’s Board of Directors, including formerly as chair of the Young Physicians’ section, and more recently as treasurer. She retains a strong commitment to bringing younger practitioners into the fold of organized medicine.

She believes that much of the camaraderie and collegiality that characterized the medical profession of old has been eroded to some degree. During her term of office she would like to seek common ground among varying specialties, to make the profession less cellular.

In fact, she plans to introduce the game of Quizzo during the inaugural celebrations to attract the more youthful attendees. They and other participants will likely find fascinating the reproduced menus from the 1899 Inaugural which featured multiple courses, including both raw and broiled oysters, quail, a maraschino punch, iced cakes—and a selection of cigars!

Another difference from those times: the role of women in medicine; few if any female practitioners then, and surely no officers. Today, roughly half of all doctors are women ... and while the new president is only the sixth of her gender to fill that role, the other five have all

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PCMS NEWS

Strittmatter Award

Arthur H. Rubenstein, MB BCH



The highest honor presented to a Philadelphia physician who has made the most valuable contributions to the healing arts, the prestigious Strittmatter Award goes this

year to Dr. Arthur H. Rubenstein. In recognition for his outstanding career as physician, scientist, distinguished educator and highly respected Dean of the University of Pennsylvania School of Medicine and Executive Vice President of the University of Pennsylvania Health System. Dr. Rubenstein has been a worldwide leader in the field of endocrinology and is recognized for his groundbreaking research in diabetes.

Cristol Award

Luther W. Brady, MD



The Cristol Award recognizes Dr. Brady’s dedication in furthering and enhancing the educational, scientific and charitable goals of organized medicine. Dr.

Brady has been a member of PCMS since 1956 and has served and continues to serve on numerous PCMS Committee’s and Sections. Dr. Brady is one of the world’s foremost oncologists and is currently a Distinguished University Professor at Drexel, the Hylda Cohen/American Cancer Professor of Clinical Oncology, Professor of Radiation Oncology, at Drexel University College of Medicine and Hahnemann University Hospital. Additionally, Dr. Brady serves as Medical Director for the Philadelphia Cyberknife Cancer Treatment Center.

See More Awards on page 4

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 HEALTHCARE MEDIA INTERNATIONAL

Valedictory comments from outgoing President, John D. Cacciamani, Jr., MD, MBA



It is hard to believe that my year as the 149th president of The Philadelphia County Medical Society is coming to an end. We are still in the midst of a time of transition in

healthcare as well as one of uncertainty. A few months before I was installed, the Affordable Care Act (ACA) was passed as a comprehensive health system reform law that was intended to increase health insurance coverage substantially for the uninsured and implement reforms to the health insurance market. If the ACA doesn't get repealed by 2014, it could provide access for an estimated 1.2 million Pennsylvanians without health benefits, but the overall impact is unclear.

There are other issues such as legal challenges to the bill, the loss of the public option which weakened the ability for insurance competitive pressure and the citizen mandate. Nevertheless 43 of more than 90 provisions included in the legislation have already taken effect.

In that spirit, the PCMS has done its best to educate Philadelphia physicians about these changes. We have brought together forums for our members to point out the details about meaningful use criteria for implementing EMR and have also dissected the ACO provisions of the bill. Both are complicated and could have profound impact on physician practices.

Another chronic problem is the Sustainable Growth Rate (SGR) formula. We again avoided a meltdown at the end of 2010, but fundamental problems still exist within Medicare growth. We must continue to encourage our elected officials to break the cycle of pushing the crisis in patient access to physician care into the future, and take action now on legislation to provide stability and predictability. The real solution is to permanently replace the SGR with a system that keeps pace with the cost of caring for our seniors. In early May, the AMA recommended a three-pronged approach to reforming the payment system: repeal

the SGR, implement a five-year period of stable Medicare physicians' payments that keeps pace with the growth in medical practice costs, and move toward to an array of new payment models designed to enhance care coordination, quality, appropriateness and costs. Let us all keep the pressure on this important issue.

We must continue to encourage our elected officials to break the cycle of pushing the crisis in patient access to physician care into the future, and take action now on legislation to provide stability and predictability.

Recently, Pennsylvania State Supreme Court Chief Justice Ronald Castille asserted that the medical malpractice crisis "is over." The number of medical malpractice cases filed against physicians and hospitals has dropped in 2010, the sixth consecutive annual decline. While the decline is encouraging, there is still a significant problem with defensive medicine and high medical liability premiums. Here again, we must keep the pressure on our elected officials to work towards real medical liability reforms. Governor Corbett had made this a high priority during his campaign to garner physician support. Let's keep him at his word to develop real medical liability reforms.

If you are reading this, you are interested, and committed to making a change to help protect our profession and the well being of our patients in the future. Difficult decisions are on the near horizon. Never before has the growth of expense been so unsustainable within healthcare. Answers are not clear but we must take the lead in getting there. I look forward to continuing to work with PCMS leadership and members in the future as we address these ongoing challenges.

I thank all who supported me this past year, especially those who served on the Board and Committees. It has been my honor to serve.

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been in the past couple of decades.

As well as her undoubted contributions to organized medicine, the incoming president has a special interest in public health issues and is working with the Society's Public Health Committee to pursue grants for such initiatives as promoting, and for breast cancer detection and treatment for women who lack insurance coverage.

And outside of her very full participation in clinical and political and legal medicine, Dr. Lucas-Fehm began playing the piano at age five and continued that avocation through high school and at Princeton, where she gave several concerts. The University is also where she met her husband, David. The couple have three children: Sarah (25); Colleen (18); and Patrick (9).

Dr. Woods is publisher of Philadelphia Medicine

Group practice physicians reject key healthcare reform proposal

An astounding 93% of physician group practices responding to an informal survey by a key trade organization warned that they would not join a new healthcare reform program to reward quality of care unless it's thoroughly reworked.

The American Medical Group Association (AMGA) wrote to Medicare administrator Dr. Donald Berwick to raise concerns with the proposed regulations creating so-called Accountable Care Organizations. AMGA President and CEO Donald Fisher waned that the Obama administration risks wasting "the best opportunity to inject value and accountability" into the US healthcare system if it doesn't make "substantial changes" to its regulation.

"On its face, it is overly prescriptive, operationally burdensome, and the incentives are too difficult to achieve to make this voluntary program attractive," Fisher wrote. "Our membership's concerns were many and focused on issues such as the risk sharing requirement, static risk adjustment, retrospective attribution, quality measurement requirements, the Minimum Savings requirement and others."

Source: The Hill's Healthwatch Blog

PAMED clarifies requirements for Physician Identifiers on scripts

Keystone Mercy Health Plan recently notified its providers that effective May 1, 2011, prescribing providers will be required to include their National Provider Identifier (NPI) number on prescriptions.

This notification caused some confusion among physicians about what prescriber identification numbers are required to appear on a script.

Due to various state and federal requirements, as well as mandates by managed care plans, physician practices purchasing pre-printed prescription pads should consider inclusion of all of the following for each physician:

- License number: A Board of Medicine regulation mandates that medical doctors print or pre-print their name and license number on all written prescriptions unless the drug, service, or equipment is provided as part of inpatient services.

- NPI: Since May 23, 2008, all Medicare outpatient pharmacy claims must include an NPI for the prescribing practitioner. Effective January 3, 2011, the Affordable Care Act extended this requirement to Medicaid fee-for-service claims (including ACCESS Plus). While pharmacies often can obtain a prescriber's NPI from other sources, a Medical Assistance Bulletin mandates that prescribing practitioners include their NPI on program prescriptions.
- Space for DEA number (not the number): Pennsylvania and federal law requires that a physician's DEA number must be included on prescriptions for controlled substances. Pennsylvania prohibits pre-printing of DEA numbers on prescription pads. It must be added at the time of the prescription, so a pre-printed prescription pad should only have a space where the DEA number can be written.

AAMC predicts shortfall of 150,000 doctors

The United States already faces a growing physician shortage. As our population ages, we require more and more intensive healthcare. At the same time, enrollment in medical schools has been essentially flat, meaning we are not producing new physicians at anywhere near the rate we need to. In fact, according to the American Association of Medical Colleges, we face a shortfall of more than 150,000 doctors over the next 15 years.

And it could get a whole lot worse.

The health reform bill signed into law last year is expected to significantly increase the number of Americans with health insurance or participating in the Medicaid program. Meanwhile, an aging

population will increase participation in Medicare. This means a greater demand for physician services.

But at the same time, the bill may drive physicians out of practice, according to an article in the *NY Post*, May 1, 2011.

Existing government programs already reimburse physicians at rates that are often less than the actual cost of treating a patient. Estimates suggest that on average physicians are reimbursed at roughly 78% of costs under Medicare, and just 70% of costs under Medicaid. Physicians must either make up for this shortfall by shifting costs to those patients with insurance—meaning those of us with insurance pay more—or treat patients at a loss.

PAMPAC seminar will polish your political advocacy skills

PAMPAC is announcing a day-long political action and advocacy seminar that will be held on Saturday, Sept. 24, 2011, at the Pennsylvania Medical Society (PAMED) offices in Harrisburg.

There will be no cost for 2011 PAMPAC contributors (Keystone Club level - \$300). The seminar will be presented by AMPAC and will begin at 9 AM and conclude by 3 PM. Register now by emailing your name to PAMPAC@pamedsoc.org with PAMPAC Seminar in the e-mail subject line.

pcms people

Practitioner of the Year Edith Peterson Mitchell, MD



Dr. Mitchell is Clinical Professor in the Department of Medical Oncology at Jefferson Medical College of Thomas Jefferson University and Associate Director of Diversity

Programs for the Kimmel Cancer Center at Jefferson.

Dr. Mitchell has spent her medical career helping individuals in medically underserved areas. Through her work, Dr. Mitchell has demonstrated the importance of community service and outreach especially to those individuals who may not have the means to seek out more conventional medical advice.

Dr. Mitchell's research in pancreatic cancer and GI malignancies have helped to develop new therapeutic regimens, chemotherapy strategies and supportive care for

patients with gastrointestinal cancer. She travels nationally and internationally teaching and lecturing on the treatment of gastrointestinal malignancies.

In addition to her medical achievements, Dr. Mitchell is a retired brigadier general, having served in the Air National Guard Assistant to the Command Surgeon for US Transportation Command. General Mitchell has been awarded over 15 military service medals and ribbons.

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Vanitha Appadorai Vaidya, MD Award for Humaneness in Medicine Erin Frances Cobain, MD



Dr. Cobain is a second year resident physician in internal medicine at the Hospital of the University of Pennsylvania. She is a graduate of the University of Chicago Pritzker School of Medicine.

During her time at Pritzker, Erin volunteered regularly at clinics and shelters.

While at Penn, Dr. Cobain has served as a preceptor for the Physical Exam and Introduction to Clinical Medicine courses for second year medical students. She has also volunteered as a preceptor at United Community Clinic which is run by the Penn medical students. and provides medical care for the medically uninsured in West Philadelphia. Following the completion of her chief residency year in 2013, Dr. Cobain hopes to pursue a career in hematology/oncology.

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