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Incoming PCMS president Curtis Miyamoto, MD, says the year ahead will be crucial for medicine

By David Woods, PhD



The coming year will be crowded with policy issues that have a bearing on medical practice, including fallout from the affordable care act, changes in the medicare sustainable growth rate (SGR), the ICD-10 codes, and possible political shakeups.

Dealing with all that, says Dr. Curtis Miyamoto, who in June will become the 152nd president of the Philadelphia County Medical Society, is going to take unity, and during his term in office, he says, he will strive to make this complex set of issues intelligible to PCMS members and to bring people together to create solutions.

Dr. Miyamoto, who is professor and chair of Temple University Hospital's Department of Radiology, believes that "kicking and screaming about legislation such as the affordable care act won't be of much use." The secret is to bring about unity in dealing with its conditions in a sensible and beneficial way, he says.

Asked about his predecessor's contention that the US healthcare system is hugely expensive and wasteful, and could eventually be supplanted by some form of universal health plan, Dr. Miyamoto occupies some middle ground. He believes that what separates the US system from, say, the Canadian or European systems, is the specter of legal involvement. Much medical practice has to do with fear of litigation, he believes, and this is especially true in Philadelphia where settlements are particularly large. For that reason, he is eager to see some serious tort reform.

Asked about his hobbies and extracur-

ricular activities, the new president happily acknowledges that his work is his hobby and that this extends into community involvement... communicating to the public about health issues, he believes, is an important aspect of preventive medicine. And, having completed his medical training in Spain, he is able to communicate in their language with the large numbers of Hispanic patients who present at Temple University Hospital; in fact, he holds a certificate in Spanish language translation and interpretation. He estimates that as much as one-third of patients there are Hispanic and that Philadelphia has one of the largest Puerto Rican populations of any US city.

He says he's wanted to be a doctor since he was six; and although courtly and soft spoken, he is vocal and passionate about his chosen profession.

In fact, that's partly why during his term of office he plans to bring together the disparate ethnic medical societies in Pennsylvania.

Dr. Miyamoto has served on the executive board of PCMS, is a lifetime member of the American Medical Association and a fellow of the College of Physicians of Philadelphia. He is married to Maria Amparo and has a daughter and two sons, all in their 20s. He is the recipient of numerous academic honors and awards and is one of *Philadelphia Magazine's* Top Doctors in radiology.

The new president says he's wanted to be a doctor since he was six; and although courtly and soft spoken, he is vocal and passionate about his chosen profession and the power it has to do good in the world.

David Woods is the publisher of Philadelphia Medicine.

PCMS NEWS

Preparing for the influenza season ...

The current 2012-2013 influenza season was dominated by influenza A H3N2 viruses; yet recently, infections caused by influenza B viruses are becoming more common especially in young children. Influenza activity for the season began relatively early and peaked in mid-January.

The elderly were affected more severely this season than other age groups in terms of serious illness causing hospitalization and death. Preliminary vaccine effectiveness estimates yielded an effectiveness of 60%, although the CDC warns that this may be considerably lower in the 65+ age group as the vaccine is usually more effective in younger populations than in the elderly.

As of April 6, 1,172 hospitalized cases have been reported in Philadelphia. Of these cases 32% were in the elderly and 35% were in children 17 and under .

...and lyme disease season is just around the corner.

Lyme Corps can help your practice prepare!

This spring, volunteers from CDC's Lyme Corps in collaboration with PDPH are offering primary-care practices in Philly brief educational sessions and patient materials on preventing lyme disease, the most common vector-borne disease in our area.

If your practice is interested in an in-service, please contact Dana Perella at 215-685-6742.

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Editorial

Disruptive behavior

By Harvey B. Lefton, MD



As I prepare to turn the Philadelphia County Medical Society over to my capable successor, I am worried about the future of medicine today.

We are seeing a transformation that could not have been imagined at the 100th anniversary of the Philadelphia County Medical Society in 1949 or even at the beginning of this millennium. Our leaders in 1949 were firm in their disdain for the role of government in organized medicine. They viewed government as a disruptive force and compared it to socialism. They even cast a comparison between the atrocities of Nazi Germany and the way it poisoned their medical system by its interference.

We physicians are frustrated by looming changes of these disruptive forces influencing our craft. Will we be given a role in developing a more humane system or become cogs working for large institutions that stifle our individuality?

While we have not seen our government corrupt our system with this type of influence, we have seen the role of organized medicine modified by government involvement.

While Medicare and Medicaid have brought medical care to large numbers of citizens, these and other government programs have introduced controls and influence never considered in the past. Rules and regulations now extend to every level of medical care from how services are documented to the information practitioners must document.

Many of these rules have improved and standardized care. Others have made physicians fill out endless forms and templates. Algorithms mandating specific approaches to a disease entity have come at the expense of time spent with patients and providing humanistic care.

Machines and computers may be necessary to fill the void of the huge looming physician shortage, but they detract from interpersonal relationships.

Many of us think that we have been removed from personal patient contact and become data entry clerks. Attention to filling out forms and entering procedure codes reduces time available to teach our students the humanity of being a physician.

The staggering cost of the health system has resulted in the government and insurers reducing reimbursement to caregivers and auditing physicians to take back payment. Bright young students have shied away from a career in medicine when they calculate the effort and financial burden of up to \$250,000 needed to reach their goal of becoming healers of the sick. Government regulation has reduced a willingness of some pharmaceutical companies to produce vaccines and new drugs. We are seeing frequent emails about shortages of drugs from our hospital pharmacies.

Are we not likely to see the problem worsen in the next year when up to 45 million more people demand healthcare under the poorly funded new healthcare law?

We physicians are frustrated by looming changes of these disruptive forces influencing our craft. Will we be given a role in developing a more humane system or become cogs working for large institutions that stifle our individuality?

We must insist, lobby, and even force our societies to take an active role in shaping the future of medical care. Sitting on the sidelines will only result in a 21st century healthcare system divorced from the ideals that inspired us to choose this honored profession.

We must act collectively and forcefully before the opportunity is extinguished forever.

Dr. Lefton is President of PCMS.

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.

Major changes confronting medical practices

Physician practices are facing a lot of changes due to government mandates and incentive programs aimed at improving the quality of care while reducing costs by eliminating waste and redundancy. Some programs can earn physicians more money, while others will cost them through penalties for noncompliance. Some of the programs:

- **Electronic prescribing incentive program:** A federal program that encourages the use of electronic prescribing tools. It pays incentives for those who e-prescribe to Medicare beneficiaries. Payment adjustments went into effect in 2012 for those not e-prescribing.
- **ICD-10 conversion:** By October 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced with ICD-10 code sets. The change is required by everyone covered under the Health Insurance Portability and Accountability Act.

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- **Meaningful use incentive programs:** Physicians can earn supplemental income up to \$44,000 through Medicare and up to \$63,750 through Medicaid for meeting requirements in the use of electronic health record systems. Medicare payment adjustments for noncompliance begin in 2015.
- **Physician quality reporting system:** A federal reporting system that pays incentives to physicians to encourage the reporting of quality measures for Medicare services. Payment penalties will go into effect in 2015 for eligible physicians not participating by the end of 2013.
- **Practice/payment model changes:** Many practices are changing models of care to be part of a group providing coordinated care to patient populations. Some models include accountable care organizations, patient-centered medical homes and Medicare shared savings plans.

Too few in-state physician training slots and steep medical student loan debt raise concerns

Too few in-state residency slots may not be preparing enough future doctors to take care of Pennsylvania's growing healthcare needs.

"In meetings last fall our medical school deans told us that opportunities for Pennsylvania medical students to complete a residency in our state are limited and need to be addressed," said C. Richard Schott, MD, president of the Pennsylvania Medical Society.

According to Dr. Schott, Pennsylvania medical students who complete residency programs in Pennsylvania tend to stay in the state after completion of their training.

"It's a logical strategy to try to homegrow more of our state's doctors," Dr. Schott said.

He added that a lack of residency slots is not the only problem future Pennsylvania doctors face. Medical student loan debt is alarming and creating barriers for some to pursue a future in medicine.

According to an October 2012 report from the Association of American Medical Colleges, the mean for indebted graduates from the Class of 2012 was nearly \$167,000 not including premedical education debt.

According to Pennsylvania's Acting Secretary of Health, Michael Wolf, the state is also concerned. Most recently, Secretary Wolf announced that the state would like to add 24 funded residency slots. The state's also investigating ways to increase medical student loan forgiveness programs in exchange for commitments to practice in medically underserved areas of the state.

"We're encouraged to see the Corbett Administration, Acting Secretary Wolf, and many legislators paying attention to medical student and resident issues," Schott concluded.



On 4/30/13, U.S. Preventive Services Task Force (USPSTF) issued a grade "A" recommendation for routine HIV screening, stating that all patients ages 15-65 should be tested for HIV in healthcare settings regardless of risk.

The USPSTF also assigns grade "A" recommendations to test pregnant women, and patients of any age at high risk to acquire HIV. Pennsylvania/MidAtlantic AIDS Education and Training Center provides capacity building and technical assistance free to medical providers on routine HIV testing. For more information, contact Tina Penrose, RN, MSN, MPH, at (215) 246-5299 or tpenrose@healthfederation.org.



pcms people



The first annual **Harris R. Clearfield**, MD, lectureship was held on May 8, 2013, at the Drexel University College of Medicine. The speaker was Sunandra Kane, MD, of the Mayo Clinic. Dr. Clearfield is a past president of PCMS.



George L. Spaeth, MD, recently won the 2013 Association for Research in Vision and Ophthalmology (ARVO) video contest. The topic of the video is, "Why Is Vision Research Important?" The video can be seen on the PCMS Facebook page at www.facebook.com/PhilaMedSoc.

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



The Journal of the National Cancer Institute (JNCI) has published positive results from the clinical validation study of the Oncotype DX® DCIS Score in patients with ductal carcinoma in situ (DCIS), an early or pre-invasive form of breast cancer.

The study, led by principal investigator, **Lawrence J. Solin**, MD, FACR, FASTRO, Chair of the Department of Radiation Oncology at Einstein Medical Center, Philadelphia, was conducted jointly by Genomic Health and ECOG-ACRIN, and established that the Oncotype DX® DCIS Score goes beyond traditional clinical and pathologic factors to predict the 10-year risk of local recurrence, defined as recurrence of DCIS or invasive breast cancer in the same breast.



Randall Culp, MD, orthopedic surgeon, was recognized for his commitment to improving health of patients across the globe with his years of volunteer efforts in Honduras, both providing care to patients and working to educate local healthcare providers.



Ryan Heffelfinger, MD, otolaryngologist, recently traveled to Guatemala to help those who have limited access to quality healthcare services. Dr. Heffelfinger's efforts enhance the lives of the people, specifically children, of this impoverished area. To read more, visit PCMS facebook page, facebook.com/PhilaMedSoc.



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