

Philadelphia Medicine

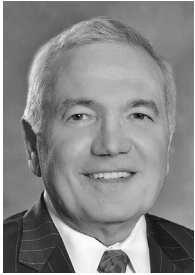


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Incoming PCMS president Michael DellaVecchia, MD, PhD, FACS: An ophthalmologist with a clear vision to 'get things done'

By David Woods, PhD



Michael Anthony DellaVecchia, MD, PhD, FACS, will bring a formidable array of varied experience and accomplishment to the 154th PCMS presidency.

At LaSalle College, he was active in the honors mathematics, chemistry, and physics societies and edited the first scientific journal in the history of the college, while playing intramural and semi-professional football.

Michael earned a BA in physics with a mathematics minor before taking on a fellowship in Drexel University's renowned Department of Biomedical Engineering, where he received a Master's degree. While acquiring his MD at Temple University, he served as chairman of the dean's honor committee, editor of the yearbook, and vice president of the senior class. All of his studies, undergraduate, graduate and medical school, were done through academic scholarships.

Michael then finished a combined residency in anatomical and clinical pathology at Temple and was chief resident. He served a year of fellowship before moving on to ophthalmology because he missed "patient contact." He simultaneously completed his PhD at Drexel during his residency. After private practice he joined the staff at Wills Eye and was later appointed ER director. Michael is now in private practice and works as a consultant.

Along the way, Michael had a presence in the local commercial world, becoming vice president, medical director or cofounder of computer and medical electronic companies. He was awarded

several US patents in medical devices, ultrasonics and photonics.

He has served as a consultant to the National Aeronautics and Space Administration (NASA) and is now back to earth as a member of the attending staff at Thomas Jefferson University Hospital. With his editorial and publications experience and as the author or co-author of more than 40 articles, he adds a distinctive voice to the PCMS Editorial Review Board to which he was recently appointed.

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Michael is a member of some 20 professional societies, including the board of trustees of the College of Physicians of Philadelphia and the Philadelphia County Medical Society.

His hobbies include photography and amateur ham radio, and he works in a prototype machine shop in his home where he also restores classic cars.

What does all this mean for PCMS members? 'I wanted to give something back to my profession,' he says. 'That is best done through collaborative effort.' Michael, Philadelphia born and bred, is a known figure to politicians, academic healthcare communities, unions and industry alike.

Of his one-year term, he says 'I've got to get things done.' With the breadth and variety of things he's already 'got done', this seems like an intention very likely to be fulfilled.

Dr. Woods is editor of Philadelphia Medicine.

PCMS NEWS

MCARE assessment refund

You may be entitled to a significant refund of your Mcare assessment due to a Pennsylvania Medical Society et al settlement with the Commonwealth of Pennsylvania. Your right to the refund depends on your specific practice and/or compensation arrangements (even for hospital employed physicians).

Information on the settlement can be found at www.mcarerefund.org.

PCMS is here to answer your questions. Contact our Executive Director, Mark Austerberry, at 215-563-5343, Ext. 101.

Resolutions solicitation for the 2015 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 is important that PAMED knows the difficulty 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 24-25 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, 2015.

To submit a resolution or if you have questions, contact Mark Austerberry, Executive Director, at stat@philamedsoc.org or by phone at 215-563-5343 ext. 101.

SAVE THE DATE

Saturday, June 20

President's Installation
and Awards Night

Celebrating the Inauguration of
Michael DellaVecchia, MD
PCMS 154th President

The Philadelphia Country Club, Gladwyne, PA



Philadelphia Medicine



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"I will always cherish the willingness of my colleagues to help me whenever I called upon them...and I did it frequently."

Dr. Anthony M. Padula reflects on his term of office as President of PCMS



It has been an honor and a privilege to serve as your President for the past year. During that time, I have had the privilege of working with some of the finest and most dedicated physicians and staff in organized medicine.

I thank PCMS members, my colleagues and the loyal and dedicated staff for their support, insights and help. I really appreciate it.

I will always cherish the willingness of my colleagues to help me whenever I called upon them...and I did it frequently. They were most helpful in putting together the many programs during the past year. Among these programs, Maintenance of Certification (MOC) was the most successful, where there was a respectful debate on MOC by Dr Charles Cutler (American College of Physicians) and Dr Richard Baron (American Board of Internal Medicine). It was held with the Pennsylvania Medical Society (PAMED), posted on their website and will be discussed at the AMA Annual meeting on June 6 in Chicago.

Other successful activities were the continuing medical education programs including Update on Gastroenterology, Cardiology and Radiology and a film screening for medical students and residents, "Code Black," a documentary that followed a dedicated team of young doctors-in-training at Los Angeles County Hospital, as they wrestled openly with both their ideals and with the realities of saving lives in a complex and overburdened system. 'Code Black' has garnered multiple awards including Best Documentary at the Los Angeles Film Festival.

Other events included 'Docs on Call' with CBS-3, a 'Physician Burnout and Stress Program' by Jon Shapiro, MD, a medical marijuana discussion with Senator Daylin Leach and a Guidelines for Pain Treatment in the Emergency Room, in conjunction with PAMED and Gary Tennis, Secretary, Pennsylvania Department of Drug and Alcohol Programs.

We continued the traditional lectures at Temple University, the Wohl Memorial Medical Grand Rounds Lecture on Nutrition Education and the Al Finestone Continuing Medical Education (CME) Lecture. We also had a resident program on Employment Contracts by Dan Shay, Esq.

PCMS continues to serve its members by educating our physicians

PCMS continues to serve its members by educating our physicians about the Affordable Care Act, the Mcare refund (www.McareRefund.org) and the scope of practice issues with the Nurse Practitioners (CRNPs).

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SGR has been finally repealed after a 17-year battle by the AMA, PAMED and PCMS. We will move to new payment models. Therefore, all physicians really should participate in organized medicine.

Medical malpractice lawsuits in Pennsylvania have decreased with fewer verdicts in the past three years and with 77% in favor of the defendants.

Employed physicians need to get involved and increase collaboration with PAMED

PCMS hopes to increase membership of young physicians, increase communication, increase representation, advocacy and social activities for students such as mentoring sessions by volunteer physicians.

It's time to pass the torch to Dr Michael DellaVecchia, a dedicated, capable, intelligent, hard-working physician, who will face the challenges and advance the goals of PCMS.

It's been an honor to be among such accomplished people and to be able to present my perspectives.

In closing, I remind all of us to be ever mindful that as physicians, we are also patient advocates.

Medical education risks becoming two-tiered unless strong research focus is preserved

For more than 100 years, exposing students to basic and clinical research has been an essential component of a medical school education in the United States. However, today, new models of medical education in which research plays a minimal role are likely to create a two-tiered system of education, decrease the physician-scientist pipeline and diminish the application of scientific advances to patient care.

Those are the concerns outlined in “American Medical Education at a Crossroads” – a position paper published April 29 by Science Translational Medicine and co-authored by Arthur Feldman, MD, PhD, Executive Dean of Temple University School of Medicine; and Chief Academic Officer for the Temple University Health System, Arthur H. Rubenstein, MB BCH, Professor of Medicine at the Perelman School of Medicine at the University of Pennsylvania; and colleagues.

The abstract explores the reasons why research is being deemphasized, particularly at some of the nation’s newer medical schools, and at those which are not affiliated with a major research university. The authors argue that the US is headed for a two-tiered system, one that exposes students to research and physician-scientists, and another that trains

students with exclusively practitioners as role models.

“Research at our nation’s medical schools has led to discoveries that have changed the face of American medicine,” says Dr. Feldman. “Unfortunately, many of the nation’s newer medical schools do not prioritize research or are unable to compete for scarce research funding. The result is an increased proportion of US medical school graduates matriculating from programs where the faculty members pursue little to no clinical or translational research.”

According to the authors, many of the new US medical schools share other features beyond just the absence of a

The authors believe that the most effective means by which a student can learn the complexities of clinical and translational science is through exposure to actual research studies and to the physician scientists who pursue translational research.

research portfolio: they are not partnered with major research universities; they have a small basic science faculty; and, in many cases, their students take clerkships solely in community hospitals rather than in research-oriented quaternary care hospitals.

Proponents of this model argue

that empiric instruction is sufficient and students who intend to pursue a career in primary care do not require hands-on exposure to laboratory-based translational research, to clinical research that is focused on the complex array of disease found in research-oriented hospitals, or to outcomes research, comparative effectiveness research and investigations centered on healthcare delivery systems.

The authors find this argument problematic. Just as it is axiomatic that clinical medicine is best taught at the bedside, the authors believe that the most effective means by which a student can learn the complexities of clinical and translational science is through exposure to actual research studies and to the physician scientists who pursue translational research.

Students must learn to amass, synthesize, critique and apply new scientific data to the care of an individual patient. How we provide our students with the skills to amass these data both in the short term and over a lifetime of learning will have a major impact on their clinical capabilities, they write.

“Research is just as important for the student who plans to pursue primary care as it for the physician-scientists in training,” said Dr. Rubenstein, who also served as dean of Penn’s Perelman School of Medicine from 2001 to 2011.

The Philly Difference: Connections for Better Chronic Care

CDC 1422 Grant, state and local public health actions to prevent obesity, diabetes, heart disease and stroke

PDPH has received a grant from the Centers for Disease Control and Prevention (CDC) designed to prevent and control hypertension and diabetes in the city. “The Philly Difference: Connections for Better Chronic Care” will build and expand partnerships to improve access to healthy food, recreational opportunities, lifestyle change programs and community resources.

The grant will also be used to help healthcare service providers (hospitals, physician or nurse-managed practices and pharmacies) in their efforts to care for chronically-ill patients. PDPH’s goal is to reduce morbidity and mortality from chronic disease in Philadelphia.

Based on the city’s chronic disease profile, the clinical component of the grant will focus initially on North and West Philadelphia, which exhibit the highest disease burden.

The grant’s strategies include forming two provider learning collaboratives (one for FQHCs and the other for health system-affiliated practices) that will offer participating practices an opportunity to develop common quality metric reporting and benchmarking for hypertension and diabetes; discuss best approaches for chronic care management; and access no-cost EHR technical assistance related to documentation and management of chronically-ill patients in support of Meaningful Use and PCMH objectives.

Grant strategies also include encouraging provider-pharmacy collaboration in patient care, expanding the use of Community Health Workers to assist chronically ill patients, and strengthening information and referral networks between providers and community resources such as the Diabetes Prevention Program offered by the YMCA.

For more information, contact Claudia Siegel, Director of Health Information and Improvement, Philadelphia Department of Public Health, claudia.siegel@phila.gov.



pcms people

Congratulations to the 2015 Award Recipients

Strittmatter Award



Bernard L. Segal, MD, FACC

Member of PCMS for 51 years, Dr. Segal is Professor of Medicine, Sidney Kimmel Medical College of Thomas Jefferson University; Director Emeritus, Division of Cardiology and Director Emeritus, Jefferson Heart Institute. Dr. Segal is a world leader in the field of cardiovascular diseases and is responsible for groundbreaking work in echocardiography, cardiac catheterization, exercise stress testing and valvular heart disease.

cal Director of Philadelphia FIGHT and Clinical Associate Professor of Medicine at the Perelman School of Medicine at the University of Pennsylvania. Dr. Mounzer leads the largest community based Philadelphia HIV program, The Jonathan Lax Treatment Center.

Cristol Award



Paul D. Siegel, MD

Our 139th President, Dr. Paul Siegel has been a member for 54 years and is an adjunct Clinical Professor of Medicine at Drexel University College of Medicine. He has served on numerous boards and committees including Delegate to PAMED and the AMA. He was also instrumental in streamlining electronic communication,

education and information resources for physicians and patients and continues to serve on the PCMS Editorial Board. Dr. Siegel founded the popular and in demand PCMS speakers bureau.

Vanitha Appadorai Vaidya, MD, Award for Humaneness in Medicine



Johnathan J. Nunez, MD

Dr. Nunez is a second year fellow in the Division of Infectious Diseases at the Hospital of the University of Pennsylvania. His passion to care for patients has led him to a career in clinical medicine in pursuit of work with HIV patients and those in underserved areas and the opportunity to provide an ear to those patients who might not have anyone who hears them.



Practitioner of the Year
Karam C. Mounzer, MD

A member of PCMS, Dr. Mounzer is Medi-



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