

# Philadelphia Medicine



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## Excerpts from Dr. Harvey Lefton's inaugural address as new president of PCMS



As we begin the next ses-  
quicentenary of leader-  
ship of the Philadelphia  
County Medical Society,  
we are truly at a cross-  
roads for medicine. It is  
appropriate to pause and  
ponder like the Roman  
god Janus, both the past and what lies  
ahead. "Medicine is the most distin-  
guished of all the arts, but through the  
ignorance of those who practice it and of  
those who causally judge such practi-  
tioners, it is now of all the arts the least  
esteemed." So spoke Hippocrates 2500  
years ago and our detractors today! An  
omniscient contemporary of the father of  
medicine might have said "you ain't seen  
nothing yet!"

Fast forward 63 years to 2012 where  
technology has pushed the frontiers of  
medicine to a place no one could have  
imagined in 1949 when penicillin was  
just available. As Eric Topol advised in  
*The Creative Destruction of Medicine*, we  
can now digitize human beings.

Our society is changing. While our  
forebears might be dismayed where we  
are today, cursing the past or future  
is useless. We must participate and  
direct our future. The era of universal  
healthcare is approaching. We must be  
leaders in honest debate, rather than  
accomplices in laws that give more power  
to insurers and stifle us with hidden taxes  
for small businesses.

Stem cell progress and robotic sur-  
gery are pushing treatment further. Issues  
of privacy not imagined in the past must  
now be considered. Our young brethren  
will be spending their entire professional  
life in this world. Other countries are  
genotyping their patients to ensure they

can metabolize the drugs they are given.

In fact, Topol, a cardiologist, no longer  
uses a stethoscope but uses high reso-  
lution handheld ultrasound to examine  
the heart. We are also entering the age of  
cell phone medicine where personal data  
and lab tests will be at everyone's finger-  
tips. Just as we have sensors on our autos  
to monitor system function, we will soon  
have personal sensors for our bodies on  
our smart phones.

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in honest debate, rather than accomplices  
in laws that give more power to insurers  
and stifle us with hidden taxes for small  
businesses. We must work with legisla-  
tors and, yes, even the legal community  
to develop plans that are in the best in-  
terest of patients not the worst interest of  
doctors and hospitals. We must be lead-  
ers in solving the impending epidemic of  
obesity and diabetes facing children and  
adults.

Let me touch briefly on the third rail of  
medicine—reimbursements. We face a doctor  
shortage of 100,000 physicians by 2020. Can  
we continue to see reimbursements dwindle  
and expect our bright young students to  
shoulder debt of \$200,000 for their educa-  
tion? Can we tolerate Philadelphia physicians  
receiving half as much for their services as  
their colleagues in New Jersey?

"Life is short, the art is long, oppor-  
tunity is fleeting, experience is treacherous,  
judgment difficult." So said Hippocrates 2500  
years ago.

I ask each of you to get involved, stay  
involved, and work with me to make this the  
best year for our society and our patients.

## PCMS NEWS

### PCMS Upcoming Events

Programs are held at PCMS headquarters  
unless otherwise noted. You must reg-  
ister to attend each program: 215-563-  
5343, Ext. 113. There is no fee to attend.  
Free garage parking for all meetings is  
available: use 21st Street entrance.

### Practice Managers/Physicians

"Chaos: The new normal in healthcare"  
Details on E & M Coding guidelines;  
new codes for care coordination and  
what you need to know about proper  
documentation.

Guest Speaker: Dena K. Mallin, CPC,  
PCS, President, Claims Pro, AHIMA  
ICD 10 CM Certified Trainer  
Tuesday, September 11, 2012  
8:00 AM – 9:30 AM  
(Continental Breakfast available)

### All PCMS Members

Physician Volunteers Needed  
Doctors on Call Program at KYW-TV3  
1555 Hamilton Street, Philadelphia  
Wednesday, September 19, 2012  
4:30 PM to 6:30 PM

This is a live TV program where view-  
ers in the Philadelphia area call to ask  
questions of physician volunteers on any  
medical topic.

### CMS: ICD-10 2014 date official

The final rule setting the ICD-10-CM  
implementation date as October 1, 2014,  
was released by the Centers for Medicare  
& Medicaid Services (CMS). The rule,  
which will be published in the Federal  
Register Sept. 5, ends months of specula-  
tion spawned when public comment was  
solicited by CMS in April. The rule, which  
also sets dates for health plan and provider  
identifiers, emphasizes providers and payers  
must adopt the code set by the 2014 date,  
which is a one-year delay from the previous  
implementation date.

The Pennsylvania State Board of  
Medicine will be emailing a "Special  
Notice" very shortly to all active MD  
licensees (for whom they have an  
email address on file) announcing  
a one-time waiver of renewal fees.  
More information will be included in  
the November issue of *Philadelphia  
Medicine*.

# Philadelphia Medicine



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## Editorial

# The Affordable Healthcare Act: Future Uncertain

By Harvey B. Lefton, MD

With the recent Supreme Court decision, we all recognize that the Obama healthcare legislation is the law of the land—at least for now. The true implications of this law will only be known over the next several years as the provisions and taxes are implemented.

What is clear is that 35 million plus more Americans will now have access to care, care will be transferrable across state lines, preexisting conditions will no longer be a barrier to insurability, and children up to 26 years of age will be continued on their parent's health insurance policy if they so choose.

It is also apparent that at least 44 states will receive Medicaid funds for poor and disabled citizens. Whether the six states that have chosen not to receive funds can continue to resist the law remains to be seen. The fear expressed by these governors is that their stressed budgets will be unable to handle the large number of eligible but unenrolled citizens signing up for Medicaid.

Chief Justice John Roberts has called the act a purchase mandate and tax under the provisions of the congressional constitutional power to tax. The lawmakers will now fight over whether this law should go forward or if the American people are unwilling to pay for this new "healthcare tax."

I think there is growing sentiment that some form of universal healthcare is necessary in our society in the 21st century. The true conundrum is whether we will pay for this or ultimately reject it as a form of socialism. It was Vladimir

Lenin who said that "socialized medicine is the keystone in the arch of the socialized state." Will 21st century democracy see universal care as a necessity for our nation or an unaffordable option which it equates with socialism?

The real debate will occur when the Affordable Care Act is implemented. Much of this implementation is yet to be written and additional infrastructure is needed to run the plan. We are already seeing pharmacy shortages of medicines and restrictions on technology use by insurers.

What will happen when 35 million more people want care? Although no politician will admit it and no insurer will acknowledge it, there will need to be drastic reassessment of use of resources for the medical system to survive. Whether we call it rationing or not, the insurers will find ways to control care and protect profits.

This is an election year! The election will not only be a referendum on the economy but the future of the Affordable Care Act. This act contains more sweeping changes to healthcare delivery and more government scrutiny than any prior law.

It is your responsibility to directly and indirectly through your membership in the Philadelphia County Medical Society to speak out. Politicians at every level need to hear your voice. If you don't make yourself heard, you will suffer the consequences of decisions made by others.

*Dr. Lefton is president of PCMS.*

## Do you need to purchase Mcare tail coverage?

If you have claims-made coverage with a retro date prior to January 1, 1997, you will have a surcharge due to Mcare. The tail surcharge will be 164% of the tail premium calculated by the primary insurer using their 1996 rates for only that portion of the tail covering claims-made periods prior to the expiration of the 1996 coverage. A surcharge must be paid for tails written for claims-made policies with retro dates and periods of coverage for which a surcharge based on 1996 and prior years' surcharge

rates has been paid even if the carrier offers the primary tail at no charge. The full tail coverage payment needs to be received by Mcare within 120 calendar days of the cancellation, termination, or nonrenewal of the underlying claims made coverage.

For claims-made policies with retro dates for periods for which a surcharge or assessment based on 1997 and subsequent years' surcharge or assessment rates has been paid to Mcare, there is no

*See Mcare tail on page 3*

## DPW proposed changes to Employability Assessment Form

The Department of Public Welfare is proposing to change the definition of disability, and, if enacted, these measures will likely increase the burden for physicians and hospitals that routinely complete this form.

Physicians and/or medical practices that routinely treat Medical Assistance patients, are well acquainted with the Employability Assessment Form form (EAF, the one that states “disabled, disabled >12 months, disabled <12 months, employable.” The form enables low-income patients with acute or chronic medical conditions to obtain medical assistance insurance.

Until recently, DPW has accepted the physicians’ judgment as to whether the patient is employable. Although no form is perfect, the current form allows a physician to take into account the multiple factors and conditions that affect employability.

## Improve your payor sources and cut your group health insurance rate

How? You might ask.

Actually, it’s pretty easy. If, for example, you have Medicare eligibles on your Medical practices payroll, have them get their Part B of Medicare and enroll in a supplement and prescription drug plan. They’ll appreciate you more for it; they’ll not only get better coverage than most plans, the cost will be less (and some medical practices who do this, pick up that cost) and still save considerably. It’s a win-win!

To find out more about this savings call our USI Affinity representative Sharon Fletcher at 610-537-1396.

## Mcare tail coverage from page 2

surcharge or assessment due for the tail.

Also remember that on cancellation, termination or nonrenewal of claims-made coverage in Pennsylvania, a primary insurer writing medical professional liability insurance on a claims-made basis is required to offer (for a period of 60 calendar days) liability protection to a health care provider, eligible professional corporation, professional association or partnership for the liability previously covered by the primary insurer, subsequent to the cancellation, termination or nonrenewal of the claims-made policy.

## CME Update

2012 is a physician licensing year. The Pennsylvania Medical Society has a wide array of free online continuing medical education services to members. Use the following CME resources link at [www.pamedsoc.org/cme](http://www.pamedsoc.org/cme) to meet your requirements and stay organized.

Requirements for licensure remain the same for MDs and DOs. The State Board of Medicine regulations state that to renew a MD medical license, a physician will need:

- 100 total credit hours of CME in the two-year license cycle (with license cycles ending on Dec. 31 of each even year)
- A minimum of 20 of the total credit hours in Category 1
- 12 credit hours in the areas of patient safety or risk management (either Category 1 or Category 2)

The State Board of Osteopathic Medicine has required CME for licensure for the past several years. With the passage of Act 13, the Osteopathic Board has been commissioned to include a patient safety/risk management component in addition to the current requirements. The regulations state that—to renew an osteopathic medical license—a physician will need:

- 100 total credit hours of CME in the two-year license cycle (with license cycles ending on October 31 of each even year)
- A minimum of 20 of the total credit hours in AOA Category 1-A
- 12 credit hours in the areas of patient safety or risk management (either Category 1 or Category 2)

## ICD-10 Delayed

The federal government announced that it will initiate a process to postpone the compliance date of Oct. 1, 2013, for implementation of ICD-10 diagnosis codes.

Physician will not have to begin using the new ICD-10 coding system next year. The Pennsylvania Medical Society (PAMED) has partnering with the AAPC to offer a series of 15 brief ICD-10 webinars at a special discount available only to PCMS members. The cost is just \$99.

The webinar series, “Guidance to ICD-10 Implementation: What You Need to Know,” will tell physicians and practice managers what ICD-10 is and what you need to do to get ready. You’ll learn about how this transition will affect you and your practice and the magnitude of the implementation process.

Members can sign up for the 15-minute webinars at [www.aapc.com/icd-10/15-min-pa.aspx](http://www.aapc.com/icd-10/15-min-pa.aspx) and then take them at their convenience. The webinars are accessible through online broadcasts (webinars), downloadable videos (iPod/iPhone), MP3 podcasts, and presentation slides.

Continuing education credits are available for physicians, and practice managers. By completing the whole series a physician can earn 3.75 (CME) AMA PRA category 1 credits.

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## pcms people



**Stephen R. Permut,** MD, JD, PCMS secretary, has been named secretary of the American Medical Association's Board of Trustees. Dr. Permut is a family medicine physician at Temple University Hospital.



**John D. Cacciamani,** Jr., MD, MBA, CEO of Chestnut Hill Hospital, was named in *Becker's Hospital Review* as one of the "100 Physician Leaders of Hospitals and Health

Systems," which is based on the leaders' healthcare experience, awards they've received and their commitment to quality care. Dr. Cacciamani, a board-certified internist and geriatric subspecialist, was named CEO of 135-bed Chestnut Hill Hospital at the end of March, 2012. He previously served as chief of clinical

operations and informatics for Temple University Hospital in Philadelphia. He is also a past president of PCMS.

**Joseph S. Friedberg,** MD, co-director of the Penn Mesothelioma and Pleural Program and lead author of a study on photodynamic therapy added to lung sparing surgery to improve survival for mesothelioma patients, that was featured in the *Philadelphia Inquirer*.



**Michael S. Weingarten,** MD, professor and chief of vascular surgery and director of the wound healing program at Drexel University College of Medicine, recently

returned from his fourth volunteer trip abroad treating severely wounded combat troops at Landstuhl Regional Medical Center in Germany, the largest American hospital outside the US. Weingarten went as part of the combat Casualty Program, established by the Society of Vascular Surgeons and the American Red Cross to combat the shortage of vascular surgeons, not only at Landstuhl, but throughout the military. The majority of injuries Weingarten and his team treated at Landstuhl were severe head injuries and/or devastating injuries to the lower limbs and the pelvis. Most of the combat injuries from this particular trip were from Afghanistan. He signed up for a fifth volunteer mission in May 2013.

### 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.

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