

# Philadelphia Medicine



Volume 108, No. 9

November 2012

## PCMS NEWS

### Upcoming Event

#### *Residents/Fellows Program*

“Understanding Your Employment Contract”

Speaker: Daniel F. Shay, Esquire

Tuesday, November 27, 2012

6 to 8 p.m. – at PCMS headquarters

RSVP: 215-563-5343, Ext. 113

## Phones ringing off the hook during annual *Docs on Call* program on CBS-3



Physician members of the Philadelphia County Medical Society answered questions and discussed medical concerns with local residents, anonymously and free of charge on Wednesday, September 19, as part of the PAMED's public service program *Docs on Call*.

More than 200 viewers ranging in age from 29 to 91 spoke with 15 volunteer physicians during CBS-3's evening news broadcast which aired live from 5:00 to 6:30 PM.

Callers' questions covered a wide range of health topics with inquiries about diabetes, shingles, and gastrointestinal issues being the most common.

In addition to the calls, CBS-3's Stephanie Stahl received her annual flu shot administered by PCMS member **Suzanne Steele, MD**, live during the show. The segment emphasized the importance of getting a flu shot to prepare for the upcoming season.

Since the program's inception nearly 10 years ago, *Docs on Call* has provided PCMS physician volunteers a way to help make a difference in Philadelphia communities where they live and practice. PCMS physicians have donated hundreds of hours of their time in order to address health-related questions and offer information on free and low-cost health clinics to those without medical

insurance or without access to a personal physician.

PCMS member physicians who volunteered in 2012 for *Docs on Call* included: **Judith Adams, MD**, Adolescent Medicine; **Michelle Eisenhower, MD**, Family Medicine; **Harvey Lefton, MD**, Gastroenterology; **Kurt Miceli, MD**, Psychiatry; **Suzanne Steele, MD**, Internal Medicine and Dermatology; **Deepak Sudheendra, MD**, Radiology; **Preeti Sudheendra, MD**, Hematology/Oncology.



*CBS-3's Stephanie Stahl received her annual flu shot administered by PCMS member **Suzanne Steele, MD**, live during the show. The segment emphasized the importance of getting a flu shot to prepare for the upcoming season.*

### PCMS enthusiastically applauds fee waiver

The PA State Board of Medicine will waive the licensure renewal fees for all license types regulated by the Board for the biennial renewal cycle Jan. 1, 2013 - Dec. 31, 2014.

The following active license types regulated by the State Board of Medicine are included in this one-time waiver of the fee: Medical Physician and Surgeon; Medical Physician and Surgeon (Active-Retired).

License renewal is not automatic. You are required to complete the online or paper renewal application; complete the continuing education requirements for your licensure classification; comply with the liability insurance requirements for your licensure classification.

The waiver of the renewal fee for the 2013-2014 biennial renewal period *does not* waive the requirement to hold a current/active license to practice your profession in PA between Jan. 1, 2013, and Dec. 31, 2014. You will be required to pay the appropriate renewal fee to renew your license for any subsequent renewal periods.



PCMS is happy to announce the launch of our interactive Facebook page dedicated to all things relative to Philadelphia medicine. It has been created to bring Philadelphia physicians together in a place they can keep informed and in touch, as well as those who are looking to learn more and connect with other physicians in Philadelphia. Find us on Facebook at [facebook.com/PhilaMedSoc](https://www.facebook.com/PhilaMedSoc).

# Philadelphia Medicine



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## Editorial

### Should we legislate nutrition?

By Harvey B. Lefton, MD



In a previous article, I discussed the epidemic of obesity and diabetes and used the term "diabesity" to describe these two related entities. With over 70% of Americans considered obese and a growing number of children obese and at risk of chronic diseases related to this problem, some critics have suggested it is time for government to legislate to protect the public from this growing epidemic. Parenthetically, it is estimated that 50% of American cats and dogs are overweight also, which gives new meaning to the phrase "fat cat."

Most foods today have nutrition labels listing calories, fats, cholesterol, sodium and carbohydrates. Whether this is truly influencing purchasing habits is unclear, but it does make it easier for the diet conscious to track these items. School lunch programs have undergone substantive changes with more fruits and vegetables offered and fewer sugary drinks. While this may be a noble first step, it does not replace the need for nutrition education. It does not reverse the trend of eliminating physical activities/gym in our schools. Exercise is an important component of any campaign against obesity.

The October 11, 2012, issue of the *New England Journal of Medicine*, made the case against sweetened beverages. Studies by several authors showed that sugary soft drinks and fruit juices contribute to obesity in children. Also, there is a case to move candy away from the checkout counter in groceries and convenience stores. The argument for moving candy away is that impulse buying at checkout contributes to the purchase of unnecessary sugar-laden candy, but if the consumer had to search for these items in the store, consumption would go down. It is doubtful that merchants and candy manufacturers will willingly participate in this program of sequestering these profitable items. We need to look no further than the failed experiment with Prohibition in this country to see that removing items that the public wants is

not the best way to curtail consumption. While I doubt there will be a backlash of bootlegging candy, we need strong educational incentives to avoid high sugar intake. Consider also that the size of portions in restaurants has tripled since 1962. Are we really ready to limit candy when we expect more food on our plates?

It was pointed out that even raising taxes may not help. One study in Utica, New York, showed that taxing soft drinks led beer buying households to increase their beer purchases! Will children substitute cookies and high calorie fruit juices if soda is banned? Also, banning choco-

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**It appears that government can regulate food. Recently, New York City proposed a ban on soft drinks larger than 16 ounces.**

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late milk from schools leads to consumption of less nutritious sugary drinks.

It appears that government can regulate food. Recently, New York City proposed a ban on soft drinks larger than 16 ounces. Whether this will have a meaningful effect on consumption remains to be seen. Cities and states do have the right to enact rules that protect the public's safety. The Supreme Court has upheld the right of government to place packaging limits if applied fairly and for the public good.

While this country may not be ready to force its citizens to eat properly and adopt a healthy lifestyle, it can push to have advertisers promote healthful alternatives through public service announcements. The final arbiter of diet is always the home. It is the responsibility of physicians to advocate change for good health in our patients. Too often we give prescriptions for the sequelae of poor nutrition and an inactive lifestyle. Weight reduction and exercise need to be part of our prescription to reverse the epidemic of diabesity in chronic preventable disease. To do less ignores our responsibility to improve the health of children and adults.

*Dr. Lefton is the President of PCMS.*

## CPT® 2013 code changes reflect care advancements

Important updates to the 2013 Current Procedural Terminology® (CPT®) code set announced recently will allow physicians to report advancements in healthcare services, including new molecular tests and care coordination.

Reflecting the constant evolution in healthcare, the 2013 CPT code set has added 186 new codes, deleted 119 outdated ones and revised another 263.

The new codes will enhance reporting of innovative diagnostic tools that will promote medicine's overarching goals of reducing disease burdens, improving health outcomes and reducing long-term care costs.

The CPT code set is updated annually with direct input from the healthcare community, including practicing physicians, allied health professionals and advisors from more than 100 medical specialty societies.

## Is a Health Insurance Exchange [HIE] in Pennsylvania future?

States had until Sept. 30, 2012, to exercise their option to designate an essential health benefits (EHB) benchmark plan, and until Nov. 16, 2012, for control of the HIE.

If the state does not submit its "exchange blueprint" by Nov. 16 to the US Department of Health and Human Services stating that it chooses to be a state-based exchange, the federal government can't approve a state-based exchange for Pennsylvania. In that case, the exchange may be implemented as a federally facilitated exchange or partnership exchange in 2014.

However, Pennsylvania would still have the opportunity to reverse course for future coverage years.

### Looking for office space?

PCMS headquarters has up to 4,000 sq. ft. of office space available for lease with onsite parking. Call 215-563-5343, Ext. 101.

## Increased reimbursement for community-based physicians

The Centers for Medicare and Medicaid Services (CMS) is proposing adding a new G-code to reimburse a Medicare patient's primary physician for non-face-to-face post-discharge transitional care management services provided within 30 days of discharge. These services are currently bundled into the payment for face-to-face E/M visits.

According to the proposed rule, physicians would need to assume responsibility for the patient's care without a gap, including: obtaining and reviewing the discharge summary; reviewing diagnostic tests and treatment; updating the patient's record based on the discharge summary within 14 days; and establishing or adjusting a plan of care.

When necessary for a specific patient, the post-discharge transitional care services would also include: communication with other healthcare providers who would assume patient care and education; assessing the need for follow-up visits with other providers; establishing needed resources; and assisting scheduling any required follow up with community providers and services.

To be eligible to bill the service, CMS proposes that physicians must have a face-face E/M visit with the patient in the 30 days prior to or within 14 business days following the transition in care.

CMS expects to issue a final rule in early November.

## PAMED opposes bills to expand PA's scope

House Bills 1832 and 1833 would amend the Medical Practice Act and the Osteopathic Medical Practice Act respectively to expand the scope of practice of PAs to allow them to:

- Order athletic trainer referrals.
- Sign and approve day care physicals, foster care physicals, and state and municipal police officer physicals.
- Authenticate with a PA's signature any form that may otherwise be authen-

ticated by a physician's signature as permitted by the supervising physicians, state or federal law, and facility protocol.

These bills will be reintroduced in January. While opposing the bills in their current form to assure patient safety, PAMED remains committed to its close relationship with the Pennsylvania Society of Physician Assistants about ways the groups can collaborate in the future.

## Stigmatizing obesity undercuts effectiveness of public health campaigns

A new study found that campaigns seeking to reduce public obesity rates should emphasize healthy behaviors rather than focusing on weight and should steer clear of belittling obese people, according to a recent article in *American Medical News*.

By stigmatizing obesity or individuals struggling with their weight, campaigns can alienate the audience they intend to motivate and hinder the behaviors they intend to encourage

ed in Australia, the United Kingdom and the United States, *American Medical News* reports.

Participants responded more favorably to obesity-related health campaigns that emphasize specific health behaviors and personal empowerment for health compared with campaigns that imply personal blame and stigmatize the obese, *American Medical News* reports.

"By stigmatizing obesity or individuals struggling with their weight, campaigns can alienate the audience they intend to motivate and hinder the behaviors they intend to encourage," lead study author Rebecca Puhl, PhD, said.

Published online Sept. 11 in the *International Journal of Obesity*, the study gauged reactions to messages from major obesity-prevention campaigns implement-

# pcms people



Marc Rosen, MD

**Marc Rosen, MD, and James Evans, MD,** Co-Directors of the Jefferson Center for Minimally Invasive Cranial Base Surgery and Endoscopic Neurosurgery at Thomas Jefferson University Hospital, co-directed the First Seoul National University Hospital - Thomas Jefferson University Endoscopic Skull Base Symposium in Seoul, South Korea, on September 21 and 22, 2012.

**Ralph Riviello, MD, MS,** associate professor, Department of Emergency Medicine, Drexel University College of Medicine, has been installed as president of the Pennsylvania Chapter of the American College of Emergency Physicians.

**Change of address?**

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



James Evans, MD

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