

Philadelphia Medicine



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Foundation's LifeGuard® program offers help to physicians

The Pennsylvania Medical Society Foundation offers programs that support physician wellness. It administers the Lifeguard program that helps physicians who need a clear pathway for reentering the workforce. The program provides remediation for those who may have fallen behind in clinical skills or continuing education, or about whom quality concerns have arisen through a peer review process. Through the program, the Foundation offers a multi-component evaluation and assessment process to hospital medical staffs, medical executives, the State Board of Medicine, and other potential sources of referral. Physicians are also encouraged to refer themselves when that is appropriate.

LifeGuard uses the medical model as its basis and a case management approach to provide components of the program as needed. No single pathway is appropriate for all referrals; rather, individualized evaluation, clinical skill assessment, and remediation/refresher plans are considered, depending upon the needs of the individual physician.

The LifeGuard Program has three essential core characteristics. It is:

- Objective: Evaluations are based on data such as evidence of compliance with performance standards
- Fair: The evaluation process is open, unbiased, and it complies with labor regulations
- Responsive: Physicians enter into case management promptly and they are moved through the assessment and remediation phase in a timely manner to enable them to continue or return to the practice of medicine, when possible.

LifeGuard provides licensing boards with a convenient process to help rein-

state physicians who wish to reenter the practice of medicine after an extended leave. A unique and common component of reentry management involves time in active practice settings through a customized preceptorship or shadowing arrangement. The duration of this component is based on each individual physician's length of time away from active practice.

LifeGuard develops individualized remediation plans based on the documented deficits by the physician and/or the licensing body, if applicable, as well as those identified through the assessment process. A variety of resources create such individualized plans, including services from specialized referral sources. The remediation experience affords the physician the opportunity to refresh knowledge and skills as well as use a real-time evaluation process conducted by a board-certified, fully credentialed preceptor.

LifeGuard provides a comprehensive report to the referring licensing board outlining the physician's performance related to all assessment tools utilized within the individualized program, as well as evaluation of the physician's practical phase of the program.

External Peer Review Assessment

This service is designed to assess actively practicing physicians when medical knowledge and/or clinical abilities in relation to medical responsibility are called into question. When a problem or deficit is identified, the LifeGuard® program can assess variations identified through the external peer review process. LifeGuard® uses an extensive panel of physician reviewers who are fully credentialed, board certified within their specialty, and are actively practicing in their field to

Please see Lifeguard on page 3

PCMS NEWS

PCMS Programs

All programs are held at PCMS headquarters, 2100 Spring Garden Street, Philadelphia, Pa.

Free parking in garage – entrance from 21st Street. Questions and to RSVP: stat@philamedsoc.org

Resident/Fellow Physicians

Understanding Your Employment Contract

Thursday, November 14, 2013

6:00 - 8:00 PM – Lite Fare and Program
Presenter: Daniel F. Shay, Esq, Alice G. Gosfield & Associates, PC

Resident/Fellow and Young Physicians

Medical Documentation: War Stories and Lessons Learned From the Legal World

Wednesday, December 4, 2013

6:00 - 8:00 PM – Dinner and Program
Presenter: Daniel P. Martz, Esq., Christie, Pabarue & Young

Physician Leadership Day

As the Affordable Care Act goes into effect, Pennsylvanian physicians are working together with legislators to lead in this time of change and transition.

To spotlight physicians' concerns, PAMED leaders and members will gather at noon on Tuesday, Dec. 10, 2013, in Harrisburg to participate in Physician Leadership Day. Physicians will attend a media event at the Capitol and then visit with their legislators to push for support of measures to help keep Pennsylvania's healthcare teams strong and patient centered.

PCMS members who are interested in attending may contact the PAMED Department of Legislative Affairs at 717-558-7823 or online at www.pamedsoc.org/Forms/LeadershipDay-Registration.html.

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Check out our new Facebook page www.facebook.com/PhilaMedSoc



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 HEALTHCARE MEDIA INTERNATIONAL

Editorial

Are today's medical students better suited to the PPACA?

By Curtis T. Miyamoto, MD



Today's medical students will begin practice in the era of the Patient Protection and Affordable Care Act [PPACA]. This will likely result in a much different style of medical practice than in the past.

An ever-increasing number of these students will be employed by large group practices, or health systems. This will result in patients needing to adapt to seeing the physician who is in the office that day and not "their own" physician. When they are hospitalized, they will be managed by a hospitalist and, again, not by their own physician.

They will earn salaries with possible incentives and their hours of practice will be much more regular. Their productivity will be strictly monitored and they will adhere to the original definition of "evidence-based medicine." This includes different levels of evidence giving the heaviest weight to prospective randomized controlled studies. It wasn't until several years later that the other two components of evidence-based medicine were incorporated—patient preference and physician experience.

These are not easily measured. The electronic medical chart, rigorous treatment protocols and frequent audits will help facilitate a uniform level of care, which should allow better management of resources and accountability. Patients will need to be seen more quickly, and it should also encourage physician extenders for routine visits.

Physician career satisfaction will improve with the more routine hours, allowing them more time with family. This should decrease stress and potentially improve performance as well as allowing more time for continuing medical education.

The negative aspects of this transformation, such as potentially increased malpractice lawsuits, will be mitigated by most physicians being salaried. They will be able to justify the decision-making by adhering to established treatment protocols. Legal intervention may be increased with this change in practice

as patient satisfaction and understanding of decision-making often stem from the physician-patient relationship. This interaction decreases the potential for lawsuits. However, for this type of relationship to develop, physicians need to interact with the same patient over a period of time. This obviously will not occur with patients seeing whatever physician in the group is available.

They will earn salaries with possible incentives and their hours of practice will be much more regular. Their productivity will be strictly monitored and they will adhere to the original definition of "evidence-based medicine."

The PPACA will also allow patients to more easily move between practices. There are more and more sources for primary care opening every day. These include walk-in same-day service centers not requiring appointments. Some of these offices are located in unconventional sites such as department stores. A comprehensive medical record will be difficult to maintain with patients being seen in multiple locations that in the past have not had a free exchange of information.

One potentially serious risk is an increase in patients going to different sites to get narcotics. There is currently legislation being reviewed in the Pennsylvania House—HB 317, "controlled substances database"—that should help facilitate communication for use of narcotics and other controlled substances. Both the county and state medical societies support this bill.

As we move towards universal access to medical information by the patient's healthcare providers, these issues need to be resolved. Today's young physicians are more comfortable with this type of environment. Although one cannot generalize, many of today's young physicians want excellent care for their patients and high job satisfaction.

Dr. Miyamoto is President of PCMS.

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provide external peer review assessments.

Aging Physician Assessment

For entities and organizations that need "ability to perform" assessments for senior physicians, the aging physician assessment measures abilities, competencies and health status. A core component of the assessment includes an objective measurement of cognitive and physical abilities. Additional assessment options, including the National Board of Medical Examiners (NBME) practice based exams and proctoring for technical skill evaluation, are available based on the need identified by the requesting entity.

Competency Testing

Competency testing, a key component in the LifeGuard program, is designed to assess a physician's medical knowledge and decision-making skills. It is also used by physicians who want to assess their respective clinical and medical knowledge on a self-referral basis.

Competency testing available through the LifeGuard program is offered in collaboration with the NBME and Federation of State Medical Boards (FSMB).

The objectives of the LifeGuard Program are:

- To protect the public welfare and ensure patient safety.

- To increase the number of physicians in the Commonwealth of Pennsylvania, thereby increasing the workforce capacity to meet the health care needs of patients.
- To provide a customized, unbiased process to address physician performance concerns.
- To provide objective clinical assessment to identify and address concerns.
- To provide physicians with appropriate educational remediation to meet their learning goals/objectives.
- To help medical organizations, the State Board of Medicine, physicians, and the general public through a collaborative effort to improve the consistency of care, enhance patient safety, and assure access to needed medical care.

According to new Association of American Medical Colleges work force projections, nationwide physician shortages are expected to balloon to 62,900 doctors in five years and 91,500 by 2020. In a 2011 research study sponsored by the 2011 American College of Surgeons, Richard Cooper, MD, senior study author and professor at the Perleman School of Medicine at the University of Pennsylvania predicted a national physician shortage increase of seven to eight percent annually.

The LifeGuard Program helps to solve the Pennsylvania physician shortage by putting physicians back to work in a manner that responsibly assesses their needs, provides a program of remediation, and tests to insure that knowledge or skill has been increased and competency criteria has been achieved. A report is issued to satisfy credentialing/licensure expectations of the state and/or health system. This report provides critical information that helps to ensure that the physician has reached a level of competency that assures a high level of patient safety. The program graduates return to the workforce as safe and certain physicians.

The Foundation's Board of Trustees provides program oversight and LifeGuard's staff has worked closely with Bureau of Professional and Occupational Affairs' administrative staff to structure appropriate assessment and/or remediation services that are customized to meet the unique circumstances of each case.

For more information:

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Harrisburg, PA 17105-8820
Contact LifeGuard® at 717-909-2590
www.foundationpamedsoc.org

USI Affinity announces an online insurance exchange for the Philadelphia County Medical Society

USI Affinity has announced it has created an online insurance exchange for PCMS. It is designed to be a convenient and secure online portal where medical society members and their patients can find competitively priced insurance coverages for all their needs. Products range from health insurance to life, disability, to auto and home coverage. The exchange will allow members to shop for coverage, compare quotes from several different carriers, and even apply for and purchase coverage online in a safe and secure environment. The PCMS exchange will also allow connectivity to the federally-run Pennsylvania Insurance Marketplace for people who may be qualified for federal subsidies and want

to purchase.

But the exchange is about much more than simply providing easy access to an extensive array of insurance products. A big part of making sense of those choices is the advice USI Affinity provides. The Affinity team's experience, knowledge and resources give them the ability to guide doctors, practice administrators, employees, and patients of physicians on optimal plan design, as well as to educate them on the ever-changing healthcare and employee benefits landscape, including guidance on the regulatory and compliance issues around healthcare reform.

The exchange was created as a comprehensive collection of insurance and non-insurance solutions to help the Soci-

ety drive membership and, in the area of healthcare coverage, help them differentiate themselves in the small and individual marketplace. But in the end, it's the team behind the exchange that really makes the program stand out. For smaller practices and for their patients, USI's benefits specialists deliver a level of creativity in plan design and financing solutions usually reserved for much larger groups. Their dedicated team of client service professionals is always there, advocating for Society members and helping resolve issues, from administrative and claims issues to complex clinical questions.

The PCMS Private Insurance Exchange site address is:
usiaffinityex.com/pcms.



pcms people

PCMS delegates meet ahead of PAMED annual meeting



Stephen Permut, MD, JD, offers a recommendation for action.

Enrique Hernandez, MD, Chairman, and Anthony Padula, MD, Vice Chairman, lead the review and discussion of the business of the PAMED House of Delegates.

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