

# Philadelphia Medicine



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## *"Pills for ills, not thrills" campaign to fight scammers from pill shopping* **PCMS supports state-sponsored controlled substance database**

Ask any physician in Pennsylvania about prescription medication misuse and they'll tell you it's a national problem with the Keystone State one of the worst.

According to the Centers for Disease Control and Prevention's Morbidity and Mortality Report from November 2011, Pennsylvania ranks ninth in the nation for drug overdose deaths with 15.1 for every 100,000 population.

While these medications are sometimes stolen from patients, hospitals, and pharmacies, and later sold on the street, what's equally disturbing is that in some cases doctors are duped to write prescriptions by those running scams, often called doctor shoppers.

In response, the Pennsylvania Medical Society (PAMED) has launched an educational campaign for physicians to raise awareness of pill-seeking doctor shoppers, while pushing for state legislation to arm physicians with a tool — a controlled substance database — to help detect scammers shopping for pills. The campaign, titled "Pills for ills, not thrills," debuted at the Pennsylvania Medical Society's annual House of Delegates meeting in October.

"Our members have been vocal about the need to identify patients who inappropriately seek controlled substances," says Marilyn Heine, MD, 2011-2012 president of PAMED. "Physicians are interested in tools to help address this concern."

As part of the campaign, an educational reference booklet produced by PAMED helps physicians identify red flags related to pill-seeking doctor shoppers, while also suggesting screening tools to separate patients with true pain from

scammers. Since some scammers may be hooked on prescription medications, the booklet also provides resources for addiction treatment.

In addition, the booklet contains information that physicians can provide to patients on how to properly dispose of medications that are no longer needed.

C. Richard Schott, MD, 2012-2013 president of PAMED, says scammers in search of a pill fix are harmful in more than one way, and that's why physicians are concerned.

"No doctor wants to be scammed," he said. "Scammers waste valuable time that could be spent with patients who have truly painful conditions, and furthermore diverts medications away from proper use. Diversion of medications by scammers leads to misuse and abuse that can result in overdoses and untimely death."

In addition to the PAMED training booklet, Dr. Schott believes a controlled substance database would help, and he's hopeful that politicians in Harrisburg will play a role in the battle against pill scammers by passing legislation to address the matter.

"It would be a huge help to any physician to be able to find out if the person sitting in their office has recently filled a prescription from another physician for a controlled substance," he said. "Scammers know that Pennsylvania physicians don't have the luxury of a controlled substance database."

The ability to access a controlled substance database to help identify scammers is a reality for physicians in many states, but not in Pennsylvania. Before

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## PCMS NEWS

### Upcoming Program

**Title:** Stage II-Achieving Meaningful Use and Physician Value Based Payment Modifiers Seminar

**Date:** Thursday, January 31, 2013

**Time:** 6:30 PM to 8:00 PM

**Place:** PCMS headquarters

Barbara Connors, DO, from the Centers for Medicare & Medicaid Services (CMS) will review the meaningful use requirements physicians must meet in the Medicare Electronic Health Record (EHR) program to avoid a monetary penalty in 2015 and the final Medicare Physician Fee Schedule rule for 2013.

Stage II Meaningful Use, which will begin as early as 2014, focuses on increasing health information exchange between physicians and patients, building upon the basic EHR functionalities already required in Stage I of the program.

CMS also published in November the final Medicare Physician Fee Schedule (PFS) Rule for 2013 in the Federal Register. The final rule updates payment policies and payment rates for services furnished under the PFS and includes changes to the quality reporting initiatives associated with the PFS — the Physician Quality Reporting System (PQRS), the Electronic Prescribing (eRx) Incentive Program, and the physician value-based payment modifier.

### Learning Objectives

- Understand CMS requirements for Stage II Meaningful Use
- Understand CMS 2013 requirements for participation in CMS programs in order to avoid future payment penalties
- Understand Physician Value-Based Payment Modifier under the Medicare Physician Fee Schedule 2013 Final Rule
- Discuss Reporting Quality Data at the Group Level

Program is free but you must register by Friday, January 25. RSVP to 215-563-5343, Ext. 113.

All events are posted on the PCMS website. These include CME programs and seminars from outside sources.

If you would like to post your event on the website, call 215-563-5343, Ext. 102

# Philadelphia Medicine



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 HEALTHCARE MEDIA INTERNATIONAL

## Editorial Time to govern

By Harvey B. Lefton, MD



Now that the dust has settled from a tumultuous campaign season, and over \$2 billion spent to essentially maintain the status quo in the White House

and Congress, we must deal with the realities of this situation. Our lawmakers and leaders must recognize that the implications of the Affordable Care Act must be dealt with as we face enormous debt and unfunded programs.

The Supreme Court ruled in June that Congress had the authority to impose the Affordable Care Act on the country through the taxing powers of the Commerce Clause of the Constitution. There are many aspects of this health bill that we can support, especially those of us who support universal healthcare.

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**Clinical medicine has progressed, but politics have not. We have gone, over the past 20 years, from genetics identifying 23 chromosomes to complete sequencing of the three billion DNA-base pairs of the entire human genome. Unfortunately, politics has not advanced at such a rate.**

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This law removes limits on annual and lifetime coverage and phases out the Medicare Part D doughnut hole for prescription drugs, which most patients find burdensome. The law also prohibits denying coverage when people are sick. The Affordable Care Act provides for states to expand Medicaid to everyone with incomes up to 133% of the poverty level. Also, the law requires insurers to spend 85% of premiums on care and prevents drastic increases in insurance rates. It is anticipated that up to 93% of Americans will have health insurance once this bill is fully phased in.

Now we must deal with the cost and uncertainties of the law. What effect will the accountable care organizations and health exchanges play in providing

healthcare? Will the Congress replace the sustainable growth rate provisions of the Medicare law with solid funding? Freezing Medicare reimbursements and eliminating sustainable growth rate would eliminate \$27 billion over ten years. Does Congress plan on taking this action or continuing to put bandaids on this unworkable Sustainable Growth Program?

In 2014, the individual mandate of the law will kick in, requiring all Americans to get healthcare through their employers or exchanges. Some companies, like Papa John's Pizza, have already stated that healthcare costs will be passed on to consumers through price increases, and hiring will be frozen. We in medicine cannot expect to be reimbursed for our increased costs.

Clinical medicine has progressed, but politics have not. We have gone, over the past 20 years, from genetics identifying 23 chromosomes to complete sequencing of the three billion DNA-base pairs of the entire human genome. Unfortunately, politics has not advanced at such a rate. There are many aspects of the Affordable Care Act that need to be clarified, modified and funded.

Taxes hidden in the Bill need to be exposed and dealt with. It is time for our politicians to show real leadership and work out real solutions to the healthcare funding mess they have created. Innovative legislation will not be translated into meaningful measures if sustainable funding solutions are not developed.

Congress cannot expect physicians to take on expanding care roles in the climate of dwindling reimbursement. It is now time for our leaders to govern.

*Dr. Lefton is the 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.

## Disease reporting required by law

Reporting of suspected or confirmed communicable diseases is mandated under Pennsylvania state law and Philadelphia city code. Physicians have the primary responsibility for reporting.

Laboratories, school nurses, day care centers, nursing homes, hospitals, state institutions, or other facilities providing health services are also required to report the listed diseases and conditions.

Immediately notifiable diseases, infections or conditions must be reported within 24 hours after being identified by symptoms, appearance or diagnosis. All unusual disease clusters, disease outbreaks, and unusual disease occurrences should also be reported immediately. Routinely notifiable diseases, infections or conditions must be reported within five days after being identified by symptoms, appearance or diagnosis.

### How to report

Suspected or confirmed cases should be reported to the Philadelphia Department of Public Health. For each disease or condition, please provide the following information: condition; patient name, age, DOB, sex, address and phone; clinician name and contact information.

To report a public health emergency or an immediately notifiable disease during regular business hours please call 215-685-6748 or fax a report to 215-238-6947. To report after business hours, please contact the Division of Disease Control on-call personnel at 215-686-4514, through Philadelphia City Hall.

To report a routinely notifiable disease you may submit the report through PA-NEDSS (the Pennsylvania National Electronic Disease Surveillance System), call 215-685-6748, or fax a report to 215-238-6947.

### Immediately notifiable diseases and conditions

Report suspected or confirmed cases within 24 hours by calling 215-685-6748 during business hours. To report after business hours, contact the Division of Disease Control on-call staff at 215-686-4514, through Philadelphia City Hall.

### Routinely notifiable diseases and conditions

Report suspected or confirmed cases within five days by submitting the report through PA-NEDSS (the Pennsylvania National Electronic Disease Surveillance System), by calling 215-685-6748, or by faxing a report to 215-238-6947.

To report tuberculosis cases, call 215-685-6744.

For AIDS/HIV reporting, call 215-685-4781.

To report cases of lead poisoning, call 215-685-2788.

## PCMS supports, from page 2

writing a prescription for a controlled substance, doctors in many other states can determine if the person sitting in the exam room has already received narcotics from another physician or pharmacy.

PCMS will be advocating for a new law to be passed in the upcoming legislative cycle that would allow Pennsylvania physicians to have the same ability as their counterparts in other states. The proposed database could only be accessed by authorized persons for medical purposes or by law enforcement only in cases where they prove probable cause.

The *Pills for ills, not thrills* booklet is available free as a pdf at [www.pamedsoc.org/pillscamnr](http://www.pamedsoc.org/pillscamnr)

## Three driving principles for SGR reform

Eliminating the Medicare sustainable growth rate formula is only part of the solution to overhauling the system, organized medicine groups wrote in a letter to congressional lawmakers.

Successful delivery reform is an essential foundation for transitioning to a high-performing Medicare program that provides patient choice and meets the healthcare needs of a diverse patient population.

The Medicare program must invest and support physician infrastructure that provides the platform for delivery and payment reform.

Medicare payment updates should reflect costs of providing services as well as efforts and progress on quality improvements and managing costs.

## Is your practice ready for a physician to retire?

If one of the partners in your group announced his or her retirement today, is the practice prepared — financially and operationally?

“In a private smaller or medium-sized practice, when the physician starts thinking about retirement, many times they don’t tell their partners,” said Jeffrey B. Milburn of the MGMA Health Care Consulting Group. “It’s almost like a secret, although probably not intentional. The doctor is still trying to decide — do I want to retire? Should I slowly cycle out, or do I leave all at once?”

Whether or not physicians are willing to share or commit to retirement plans in advance, “the practice needs to start thinking about it,” Milburn said.

There should be sufficient planning and agreements in place to ensure a smooth transition for the retiring physician, the other group partners and patients.

Ideally, a practice has a strategic plan looking ahead for many years, which is updated continually and includes specifics on how a physician buys in and out of the practice, the age of the physician partners, patient demographics, and how the market and government regulations may impact the practice in the future.

Experts say contractual agreements should exist between individual physicians and the group that outline the specifics of the partnership and address:

- The sale of stock.
- Treatment of accounts receivable.
- Treatment of physician good will.
- Specific terms governing retirement and/or termination.
- The group practice’s liabilities, leases and pending litigation.
- The value of real estate, office furniture and equipment.
- Terms regarding reduction and/or cessation of patient calls.
- The terms of a noncompete agreement (if one exists).
- Professional liability once the physician leaves.
- Any penalties for early retirement or incentives for continued practice.
- Anything personal for the physician that is funded by the office.

# pcms people

## PAMED Annual Meeting



*From left: Stephen L. Schwartz, MD, Tamara Fierst, MD, and Anthony Padula, MD. Drs. Schwartz and Padula were both re-elected to serve on the AMA Delegation.*



*Kurt Miceli, MD, explains position to PCMS Caucus*



*George Ross Fisher, II, MD, addresses the PCMS Caucus*



*First-time delegates*

### **Member-Get-A-Member Campaign**

Thank you for your membership in The Philadelphia County Medical Society.

Our Membership Committee also appreciates your support.

Your membership strengthens the society and helps protect our patients.

Please make your medical society stronger by encouraging your colleagues to become a member of PCMS and receive a bonus. Certain restrictions apply.

For more details, please call 215-563-5343, Ext. 113.

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