Philadelphia Medicine

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Maintenance of Certification: What it should be

PAMED has formed a Task Force on Continuous Professional Education to examine MOC in its current form. One of the documents developed by the task force and adopted by the PAMED Board is a Maintenance of Certification Statement of Principles which outlines PAMED's position on what MOC should be:

- PAMED is committed to lifelong learning, cognitive expertise, practice quality improvement, and adherence to the highest standards of medical practice.
- PAMED supports a process of continuous learning and improvement based on evidence-based guidelines, national standards, and best practices, in combination with customized continuing education.
- The MOC process should be designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance and delivery of care. The MOC process should be evaluated periodically to measure physician satisfaction, knowledge uptake, and intent to maintain or change practice.
- Board certificates should have lifetime status, with MOC used as a tool for continuous improvement.
- The MOC program should not be associated with hospital privileges, insurance reimbursements, or network participation.
- The MOC program should not be required for Maintenance of Licensure (MOL).
- Specialty boards, which develop MOC standards, may approve curriculum, but should be independent from entities designing and delivering that curriculum, and should have no financial interest in the process.
- A majority of specialty board members who are involved with the MOC program should be actively practicing physicians directly engaged in patient care.
- MOC activities and measurement should be relevant to real world clinical practice.
- MOC process should not be cost prohibitive or present barriers to patient care.

2015 Mcare assessments will be reduced by almost 50%

In October of 2014, The Pennsylvania Medical Society (PAMED), The Hospital & Healthsystem Association of Pennsylvania (HAP), and Pennsylvania Podiatric Medical Association (PPMA) settled their major litigation with the Commonwealth about the Mcare Fund. The Mcare Fund provides medical professional liability coverage to physicians, hospitals, and certain other healthcare providers above their basic coverage. The covered healthcare providers must pay an annual assessment to cover the cost of the fund's claim payments and other expenses.

The agreement returns $200 million in overpayments to hospitals, physicians, podiatrists, and other healthcare providers over the next 16 months. The settlement addresses provider appeals for the 2009-2012 and 2014 Mcare assessments and the transfer of $100 million from Mcare to the general fund in 2009. The monies being returned to healthcare providers through the settlement involve only the fees paid by providers for Mcare insurance coverage. No taxpayer funds are involved.

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PCMS NEWS

Upcoming PCMS Programs

Programs are free and held at PCMS headquarters, 2100 Spring Garden Street, Philadelphia. Guests welcome.

"Is MOC Needed and Appropriately Constructed for Success?"
Date: Tuesday, December 2, 2014
Time: 6:30 PM-8:30 PM
Speakers: Richard Baron, MD, ABIM, President and Chief Executive Officer, and Charles Cutler, MD, Immediate Past Chair, Board of Regents of the American College of Physicians
The medical community is embroiled in a controversial discussion about what Board Certified physicians should be required to do to prove that their knowledge and skills (professional development) are current. Are the new Maintenance of Certification (MOC) requirements costly and irrelevant? Is there a better way? Attendees will hear pros and cons of MOC followed by an open discussion. Let your voice be heard. Seating is limited. RSVP to 215-563-5343, Ext. 113 today.

"XARELTO (rivaroxaban) for Reducing the Risk of Stroke and Systemic Embolism in Patients with Nonvalvular Atrial Fibrillation (AF) and for the Treatment of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)"
Date: Tuesday, December 9, 2014
Time: 6:30 PM
Dinner will be available
Speaker: Garo Garibian, MD, Chief of Cardiology, Jeanes-Temple Cardiology
RSVP by December 6 to David Knittel: 610-416-0481 or www.medforcereg.net/SOMP63960.

Wishing you and yours a Happy Holiday Season!
—The PCMS Board of Directors and Staff

Philadelphia Medicine

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Executive Offices
2100 Spring Garden Street
Philadelphia, PA 19130
Phone: (215) 563-5343
E-mail: stat@philamedsoc.org
Web site: www.philamedsoc.org
ISSN 0031-7306

Editor
David Woods, PhD

Production Editor
Norman Kline

For more information about our products and services call
215-351-9092
E-mail: HMI3000@comcast.net
or visit *www.davidwoods.info*

Let us all maintain access to care

A response to Shanin Specter's October 4th Philadelphia Inquirer *guest editorial on "uncompensated victims of medical negligence"*

by Anthony M. Padula, MD

In March 2002, then Governor Ed Rendell signed into law Act 13, which created the Medical Care Availability and Reduction of Error Fund (MCARE). MCARE was established to ensure reasonable compensation for people injured due to medical negligence.

So do patients with a claim get the right amount of compensation? Awards of non-economic damages that are given out of proportion to equity or need are not fair to anyone. Therefore, a decade ago, through a bipartisan partnership in Harrisburg, our state legislature passed Act 13 for the need of the greater public good to ensure access to care for all.

Some of us might remember when our local hospitals were closing their maternity wards, and in the suburbs several hospitals closed their trauma centers. In fact, radiologists who specialize in mammography were among the hardest hit. In the early 2000s so many radiologists stopped reading mammograms because of the risk of being sued that some women suffered waiting periods of up to eight months for a routine mammogram.

What we do know is that the reforms that Governor Rendell signed and that the courts applied are working. When access to physicians improves, the quality of care improves as well. Among the reforms that were applied, one is that it is now required that a case be tried in the county in which the alleged malpractice occurred.

Prior to this reform, trial attorneys attempted to find any trivial excuse to move a case into a county that the trial attorney thought would be more favorable to the plaintiff, his client. This led to an excessive number of cases being transferred into Philadelphia County for trial, since the trial attorneys thought they had a better chance of being able to convince a jury that their client should win if the case were to be tried in Philadelphia.

Allowing cases to be moved around at the preference of an attorney does little to help improve our healthcare system. But it does a lot to threaten it. It encourages defensive medicine which serves to increase healthcare costs. It creates a lottery mentality throughout the Commonwealth court system enriching certain trial lawyers at the expense of patients and physicians.

Mr. Specter neglects to mention the changes in the system of medical negligence that have improved injured patients' opportunities for recovery. These include a change from contributory to comparative negligence, where no longer does minimal negligence on the part of the patient block chances of recovery.

Mr. Specter neglects to mention the changes in the system of medical negligence that have improved injured patients' opportunities for recovery. These include a change from contributory to comparative negligence, where no longer does minimal negligence on the part of the patient block chances of recovery. He also does not mention the new theory of negligence: loss of chance, through which patients who have not been injured can claim damages on the theory that they may have had their chance of injury increased.

Mr. Specter also does not point out that in states that have imposed reasonable limits on payments for the difficult to calculate non-economic damages access to physicians is far greater than it is in Pennsylvania, where such limits have not been legislated.

So, let us not go backwards, let us all work to maintain access to care.

Dr. Padula is the President of PCMS.

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Want to read more about your fellow PCMS members and medical history in Philadelphia? Check out our new Facebook page ***www.facebook.com/PhilaMedSoc***

2015 Mcare assessments will be reduced by almost 50% *Continued from page 1*

The Mcare Fund announced in November that the 2015 Mcare assessment will be 12% of the prevailing primary premium. Below are a few examples of expected savings:

- A Philadelphia neurosurgeon, who paid $36,447 in 2014, will pay $19,016 in 2015.
- A Philadelphia family physician, who paid $5,054 in 2014, will pay $2,637 in 2015

Part of the decrease stems from a substantial reduction in the claim payments in this year. The starting point for the assessment calculation is 110% of the prior year claim payments and expenses. Claim payments declined 19.7% from $193.9 million in 2013 to $155.7 million in 2014. The assessment was further reduced due to the recent Mcare litigation settlement, won after many years of court battles fought by PAMED, which required that $61.4 million of the projected 2014 year-end balance be used to reduce the 2015 assessment. Going forward, the settlement requires that any projected year-end balance be used reduce the next year's assessment.

FAQ's on Mcare

Who is eligible for the refunds?

Physicians will be eligible for a refund if they paid an Mcare assessment (or an assessment was paid for them) for any time during 2009, 2010, 2011, 2012, or 2014 (excluding 2013). Some physicians have multiple primary policies and pay multiple assessments, so they would get a refund for each policy in each year that is covered.

Why is 2013 excluded?

Refunds are for overpayments. Looking at assessment calculations over the years, it was determined that there weren't overpayments in 2013, which is why there are no refunds for assessments paid in 2013.

When will I get my refund?

The refunds might not be made until 2016 due to the extensive calculations required to determine the amount payable to each eligible healthcare provider and the large number of providers who will be eligible for a refund. However, the 2015 assessment will be reduced by about $61 million (about one-third).

Will I be required to remit my refund to an employer who wrote the check for my assessments?

This will vary depending upon your circumstances. For example, even though an employer wrote the check, you may have ultimately borne the cost due to an overhead reduction from your compensation pool. The settlement does not affect any contractual or other obligation that a healthcare provider may have to remit a refund.

How much will the refunds be?

This will vary depending upon the years in which you paid an assessment and the amount of the assessments that you paid. A percentage reduction will be calculated for each year and you will receive a refund for each year in direct proportion to the assessment that you paid. For example, for 2011, the reduction is expected to be in the vicinity of 25%. So if you paid a $1,000 assessment, your refund for 2011 would be $250, but if you paid a $10,000 assessment, your refund for 2011 would be $2,500.

I'm going to retire at the end of this year. As a retiree, will I be part of this?

If you were practicing at any time from 2009-2014, you will be eligible for a refund for those years, excluding 2013. Since you will not be practicing and paying an assessment next year, you will not share in the 2015 prospective assessment relief.

I was talking to my state representative, and he doesn't know where the money will come from.

Right now, the money is in the Mcare Fund. This is not money the state is repaying back to the Mcare Fund. It's money that has accumulated in the Fund as a result of over charges. The commonwealth has agreed that there is $200 million in the Fund for this settlement (above what is needed for 2014 claim payments and expenses).

Universal Patient Transfer form could improve patient safety during transfers and handoffs

Eugene Varghese, MD, is an emergency medicine resident at Thomas Jefferson University Hospital. On any normal day, he treats dozens of patients over the course of his shift. Some patients are seriously sick to the point of life threatening, while others may have minor injuries and illnesses.

Regardless, says Dr. Varghese, they all have one thing in common. For all patients, the emergency department is often just one stop on their way through the continuum of care. And, because so many patients are often transferred or handed off to others for care, problems can arise with continuity of care and relaying accurate patient information.

Dr. Varghese wants to see that change. He'd like to see Pennsylvania adopt a Universal Patient Transfer Form, much like New Jersey did in 2011.

Concerned about this, Dr. Varghese with the help of the Philadelphia County Medical Society took his concerns to the Pennsylvania Medical Society to be discussed and debated on the floor of the organization's House of Delegates in October.

Dr. Varghese's colleagues from all parts of the state agreed with him. And in doing so, asked the statewide physician organization to work with the Hospital and Healthsystem Association of Pennsylvania (HAP) and appropriate government agencies to develop a Universal Patient Transfer Form for Pennsylvania.

This is a priority for our organization, thanks to Dr. Varghese, Physicians are in the best position to take a leadership role on issues like patient safety, and while other states may already be doing this, it's something Pennsylvania also should address. According to Dr. Varghese, while the form shouldn't be a replacement for medical records, it should be used as a resource for all team members. He says that states like New Jersey, Delaware, Ohio, and eight others already have one in place.

"Streamlining transfers for both the sender and receiver not only will help with patient safety, but it will also help with efficiencies within the continuum of care," he adds.

pcms people

In Memoriam

Julian Katz, MD, PCMS President 1997-98, died on November 5. Dr. Katz received his MS from the University of Chicago, completed an internship in internal medicine at Duke University Medical Center and a fellowship gastroenterology at Yale University School of Medicine.

In 1967-69 Dr. Katz was Chief of Gastroenterology at the Boston US Naval Hospital and was given a Naval Commendation.

He came to Philadelphia in 1969 and joined PCMS in 1971. He served actively on many committees until he became president in 1997.

He is survived by his wife, Sheila Moriber Katz, MD, MBA, who served as PCMS President in 2003-04, a son, daughter and grandchildren.

Stephen L Schwartz, MD, PCMS past president, was presented a certificate of recognition awarded to departing PAMED Delegates and Alternates to the AMA after many years of dedicated service The award was presented by James Goodyear, MD, Chair of the PAMED Delegation to the AMA.

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