

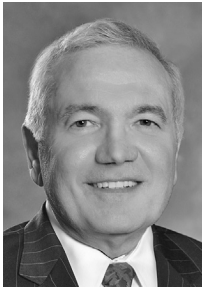
Philadelphia Medicine



Volume 111 No. 7

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Excerpts from inaugural speech of PCMS president Michael DellaVecchia, MD, PhD, FACS



Let us go back to remember a time when America had only 30 states. General Zachary Taylor was elected our 12th president after having been victorious in the Spanish American War.

Abraham Lincoln was failing as a state senator and had no presidential aspirations. There were little or no standards for medical education or for the practice of medicine. There was no concept of a virus, or autoimmune disease. In fact, even a germ theory of disease was not yet completely formulated.

It was such a time in history that the Philadelphia Medical Society was

It is with great honor and pride that I look forward to my year of service as the 154th president of the distinguished Philadelphia County Medical Society. I am open not only to suggestions, but also to criticism. I not only work with you, but more important, I work for you.

founded in a city that in many regards was the birthplace of American medicine.

During our history we have delivered medical care during several conflicts including two world wars and the Civil War. We have endured in Philadelphia the disease onslaughts of yellow fever, the cholera pandemic, the polio epidemic, the AIDS epidemic and Legionnaire's Disease. The medical community and research genius in Philadelphia responded not only with great care but also with discoveries and cures.

This is our duty even today. As with our past history, for this end we must never fatigue or falter no matter how long or hard the fight. We must realize that what we do as a medical society is all too important to ever fail.

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Some additional thoughts...

The coming academic year is a challenge on many fronts. Politically the state has an intensive and varied legislative agenda. Recurrent issues of scope of practice and tort reform are wedged between school budgets and privatization of liquor sales. Popular topics of marijuana legalizations and usage are coming forward with much public debate. The linkage of maintenance of certification with maintenance of licensure could be a threat. Amidst this turbulence and national issues, the PCMS must also be a steadfast advocate for patient care, public welfare and the profession.

The best way to withstand such challenges is to have open access for your opinions, suggestions and efforts as well as those of the public. The PCMS is approachable, cooperative and welcoming.

Contact us, work with us, and join us! We are all in healthcare and public welfare together. Our doors and phones are open!

You can contact me at 215-563-5343 or by email Prez@philamedsoc.org

PCMS NEWS

Pennsylvania Medical Society Annual Education Conference

Join your physician colleagues for a lively, informative weekend of continuing education, leadership development, advocacy, and networking during the Annual Education Conference, being held in conjunction with the 2015 House of Delegates.

October 23-25, 2015

Hershey Lodge, Hershey, PA

Registration at www.pamedsoc.org

Deadline: Oct. 9

During this two-day educational conference, open to all Pennsylvania physicians in all specialties, physicians can complete up to 11.25 hours of CME.

PAMED members may attend all educational sessions at no cost. Non-members may attend for a flat fee of \$149.

Friday, Oct. 23

9:00 AM - 11:30 AM: Enhancing Cultural and Linguistic Competencies: Improving Healthcare and Building Effective Teams **2.5 hours of CME available.**

12:00 PM - 2:30 PM: Healthy Teams, Healthy You: Interpersonal Skills to Reduce Stress and Improve Interactions with Patients, Providers and Peers **2.5 hours of CME available**

3:00 PM - 6:00 PM: Meta Leadership 2.0: Swarm Intelligence **2.75 hours of CME available**

Saturday, Oct 24

10:30 AM - 12:00 PM: Find Purpose and Pleasure in Medicine: Better Patient Care and Improved Physician Well-Being **1.5 hours of CME available**

1:30 PM - 4:00 PM: The Advocacy Experience: Reference Committees 4:00 PM - 5:00 PM Physician Advocacy 2.01 **1 hour of CME available**


4:00 PM - 5:00 PM: Opioid Abuse: Addressing the Crisis **1 hour of CME available**

5:00 PM - 6:00 PM: Resident Research Poster Contest **1 hour of CME available**

The Pennsylvania Medical Society designates this live activity for a maximum of 11.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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Opinion

Time for radical surgery on wastefulness and bureaucracy?

According to the Commonwealth Fund, US hospital administrative costs rose from \$97.8 billion in 2000 to \$215.4 billion in 2011. There's a lesson here for the US: about one quarter of our 2.6 billion healthcare tab is paid for administration.

This is twice the level for Canada, where such costs are \$158 per capita, compared with \$667 per capita in the US. Reducing the US figure to something closer to the Canadian one would save an estimated \$158 billion.

Bureaucracy is a disease, a cancer that's metastasizing. Parkinson's Law states that bureaucracy expands in inverse proportion to its usefulness: for example, as the number of British warships declined after World War I, the number of Navy bureaucrats rose. In the academic world, Oxford University's administrative staff is now some three times the number 15 years ago... and with no concomitant increase in full-time academic staff.

To get an idea of just how excessive form filling and paperwork impinge on individual practitioners, just ask Philadelphia primary care physician, Dr. Arthur K Smith. One of the biggest time wasters, he

says, is referrals—to specialists, for X-rays, etc. Each of these can take 10 minutes or more, he reckons, and he probably does a dozen or so a day. Another bureaucratic bottleneck is in trying to get prior authorization for CAT scans and MRIs, often at the whim of some junior bureaucrat. Then there's audits by insurance companies which, especially for HMO patients, require intensive and detailed information. As for EMR's, these are taking a lot of administrative time to implement, and their benefits, Dr. Smith believes, might not repay the expense of putting them into action.

If there's any solution to the problem of bureaucracy in medicine, says Dr. Smith, it might just be radical surgery that David Cameron has performed on Britain's health system. But in that unlikely event, he says that a less draconian solution might be either to lower the age of eligibility for Medicare... or to make Medicare available to everyone.

Universal Patient Transfer Form and guidelines developed by PAMED and other stakeholders

On July 16, 2015, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule titled Medicare and Medicaid Programs; Reform of Requirements for Long Term Care Facilities. Among many initiatives in this more than 400 page rule is a discussion about Transitions of Care.

The discussion in this section of the rule coincides with an existing project of the Pennsylvania Medical Society (PAMED) and Philadelphia County Medical Society (PCMS) to develop a Universal Patient Transfer form as envisioned by Resolution 14-405, which was adopted by the 2014 Pennsylvania House of Delegates.

The proposed rule would require that the transferring facility provide necessary information to the resident patient's receiving provider, whether it is an acute care hospital, long-term care hospital, psychiatric facility, another LTC facility, hospice, home health agency, or another community-based provider or practitioner.

PAMED and PCMS, working with our partners, The Hospital and Healthsystem Association of Pennsylvania and long term care organizations, have developed a draft paper form as well as guidelines that could be used for the transfer of information electronically.

CMS is not looking to require a specific form, format, or methodology for this communication. Instead, it is proposing specific data elements or a set of information that must be communicated during the transfer process.

New law makes changes to and clarifies requirements for criminal history and child abuse certifications

On July 1, 2015, Gov. Wolf signed into law a bill (HB 1276) that amended the Child Protective Services Law (CPSL), primarily to clarify changes made to the CPSL in 2013 and 2014.

Of particular note to physicians and physician practices are changes to the requirements for certain employees and volunteers to have criminal history and child abuse certifications.

Clarification of “direct contact with children”: The list of covered employees includes any paid employee who is 14 years of age or older and has direct contact with children, which is defined as “The care, supervision, guidance or control of children or routine interaction with children.”

The Department of Human Services (DHS) provided guidance on the meaning of “routine interaction with children,” but there was no definition in the CPSL. It now defines that term, consistent with the DHS guidance, as: “Regular and repeated contact that is integral to a person’s employment ... responsibilities.”

This would include physicians and other healthcare professionals providing direct patient care for children as well as certain other physician office staff, such as those in the front office. There is no threshold number of contacts or patients that requires a background check. When in doubt, it is best to err on the side of child safety serving as the paramount consideration.

Extension of renewal time period: A 2014 amendment to the CPSL mandated that the required certifications be renewed every 36 months. That time period has now been extended to 60 months. If the employee’s certifications were issued prior to Dec. 31, 2014, the employee’s renewal now must be obtained within 60 months of the employee’s oldest certification, or Dec. 31, 2015, if the certification was obtained prior to Dec. 31, 2009.

Grandfather elimination: DHS had issued guidance that employees with contact with children, who previously were exempt from the certification requirement because they were hired prior to its initial adoption, are no longer grandfathered. This is now explicit in the law. Previously grandfathered employees must obtain initial certifications by Dec. 31, 2015.

Portability: The law now clarifies when certifications obtained for one employer can be used for another employer. If an individual’s certifications obtained for employment purposes are current, the individual may use those certifications for an employment (or volunteer) position, provided that the individual swears or affirms in writing that the individual has not been disqualified from employment under the act in the interim. However, individuals may

not use the certifications obtained for volunteer purposes for employment positions.

PAMED has a Quick Consult that provides more detail on the Criminal and Child Abuse History Certification Requirements and related provisions in the CPSL; it has been updated to reflect the recent changes. This is part of PAMED’s resources to help physicians and physician practices understand changes to CPSL.

Clearing minor violations off disciplinary record

By Scot Chadwick

Over the past month, I’ve been reporting on the progress of SB 538, legislation that would expand the obligation of professional licensees to notify their licensing board when they run afoul of the criminal law or another state’s licensing body. That measure is now just one step away from the governor’s desk, needing only Senate approval of amendments added by the House, which could occur in the near future.

What I haven’t mentioned is that one of the House amendments could benefit physicians and other licensees who have a minor transgression on their disciplinary record. Should the bill become law, certain violations could be expunged (erased) from a licensee’s record, provided that certain conditions have been met.

Let’s start with the types of violations that would be eligible for erasure. They fall into one of two categories:

- Failure to complete continuing education requirements or practicing for six months or less on a lapsed license, registration, certificate or permit. At least four years must have elapsed since the final disposition of the disciplinary record at the time of application for expungement; and
- Any violation, except those which resulted in license suspension or revocation, in which at least 10 years have elapsed since the final disposition of the disciplinary record at the time of application for expungement.

In other words, only minor violations would be eligible for expunging, and some time needs to have gone by since the problem was resolved. Anything serious enough to have warranted a license suspension or revocation stays on a licensee’s disciplinary record permanently.

There are some other conditions that would have to be met in order for a licensee to apply to have a disciplinary black mark removed. Specifically:

- The licensee must make written application for expungement not earlier than four years from the final disposition of the disciplinary record;
- The disciplinary record must be the only disciplinary record that the licensee has with either the commissioner or a licensing board or commission under the commissioner’s jurisdiction;
- The licensee must not be the subject of an active investigation related to professional or occupational conduct;
- The licensee must not be in a current disciplinary status, and any fees or fines assessed must be paid in full; and
- The licensee must not have had a disciplinary record previously expunged by the commissioner. You only get one bite at this apple.

As I said, the bill may be enacted soon, and if so we’ll let you know and provide all the information you need to initiate the process of requesting expungement of that old minor violation on your disciplinary record.

In the meantime, you can reach me with comments or questions at schadwick@pamedsociety.org or 717-558-7814.

Scot Chadwick is PAMED’s Legislative Counsel.



Come Join Us for Lunch and an Informative Seminar from USI Affinity!***Where: PCMS Office******Date: Sept 11, 12:30 - 2:00 PM***

Philadelphia County Medical Society is pleased to invite you for the Physician & Practice Administrators lunch that will be held at our office. USI Affinity will present an informative seminar on a broad range of topics to help educate members in the insurance arena.

LUNCH: 12:30 -12:45 PM**STRATEGIES ON MAKING THE AFFORDABLE****HEALTHCARE ACT WORK FOR YOU: 12:45-1:00 PM**

Some key provisions of the Health Care Law affect all businesses. Others apply only to small businesses. Knowing how the Health Care Law affects small physician practices will help you with the law, take advantage of potential tax benefits, and choose the best options for the practice and your employees. USI Affinity Insurance, our endorsed broker, will cover a few items to help small physician practices prepare for and comply with the Health Care Law's Employer Mandate and health plan requirements.

NEW OPTIONS FOR PROFESSIONAL LIABILITY**COVERAGE. 1:00 -1:15 PM.**

USI has a dedicated medical liability department offering Multiple Insurance Companies at very competitive rates in the

state of Pennsylvania. Learn about their free services offered to our Society members.

GUARANTEED ACCEPTANCE INCOME PROTECTION: 1:15 -1:30 PM

This supplemental disability insurance plan is designed for physicians and is only offered to society members. Physicians need adequate income protection often requiring use of more than a single insurance policy. This high limit plan fills deficiencies of Group and Individual Long Term Disability policies.

Q & A. 1:30 -1:45 PM.

USI Affinity is a full service insurance brokerage specializing in personal & business coverage for physicians and their practice. When you engage their services the Philadelphia County Medical Society receives increased sponsorship dollars to further our mission.

To register for this free event, please contact Eileen Ryan,
215.563.5343 x113, eryan@philamedsoc.org.

Location of Event

PCMS

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