

# Philadelphia Medicine



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## From volume to value: make sure you're prepared

By Rachel Damrauer, MPA

Physicians face uncertainty over the multitude of changes taking place in the healthcare delivery system. One of the new buzz phrases is "volume to value."

With the Affordable Care Act, healthcare delivery models have evolved, using value-based reimbursement. Going from volume to value means the methodology behind physician reimbursement is changing.

For the first time in the history of Medicare, in January 2015, the US Department of Health and Human Services announced goals and a timeline to shift Medicare reimbursement toward paying providers based on quality of care, rather than quantity (fee-for-service).

The transition from volume to value is coming fast and it will take investing your time, energy, money and learning new skills to be successful. Value-based reimbursement also requires sophisticated, data-driven business decision making, with an emphasis on improving quality and the cost effectiveness of care.

"A practice moving from volume to value needs people with many skills — someone focused on data interpretations; someone to predict financials; a clinical, quality-focused individual; and someone who is good at project management — to move forward," said Tracey Glenn, director of practice management consulting for PMSCO Healthcare Consulting, a subsidiary of the Pennsylvania Medical Society (PAMED).

Glenn says the key strategies for success in moving from volume to value include:

- Choosing a leader or leadership team that can clearly identify goals and move the organization toward achieving them
- Communicating clearly and regularly with the entire healthcare team

- Developing a dashboard or using your EHR's dashboard functions to share data with everyone
- Creating a positive culture focused on continuous quality improvement in patient care and outcomes
- Offering professional development and training to assist in achieving goals
- Including staff in redesigning the processes needed to achieve goals
- Celebrating successes and revisiting areas that need work

To implement new care delivery models successfully, providers also need to develop a set of core strategic competencies. According to IBM Global Business Services, these include:

- Empowering and activating patients to assume more accountability and make better, more informed health and lifestyle decisions
- Collaborating to integrate healthcare delivery across traditional and non-traditional care venues
- Innovating in operational processes, business models, products, services, and organizational culture
- Optimizing operational efficiencies in both administrative and clinical processes
- Enabling information technology in order to achieve high-value care, efficient operations, and effective management and governance

So, how can you prepare yourself and be ahead of the curve?

A new educational series of online, on-demand courses and live workshops can help ensure that you have the skills to succeed in the transition from volume to value. Learn more, including the curriculum, and register at [www.pamedsoc.org/valuebasedcare](http://www.pamedsoc.org/valuebasedcare).

*Rachel Damrauer, MPA, is associate director of communications, PAMED.*

## PCMS NEWS

### Introducing *Philadelphia Medicine*, a new PCMS quarterly magazine

A new full-color print magazine to promote our region's impact on medicine, science, education and practice.

PCMS will be soliciting articles and newsworthy content from you, our members, and our allied health vendors and partners.

Our magazine will be viewed by more than 90,000 readers including fellow members, potential members, hospital executives, regional and national healthcare leaders and our regional patients and community members.

Advertising revenue will pay for the entire production of the magazine.

Our publishing partners, Hoffmann Publishing Group, will be calling you to share the benefits of advertising in this new magazine.

Philadelphia Public Health Grand Rounds  
Hepatitis C: Emerging Approaches for Surveillance, Prevention, and Treatment  
5:00PM, October 21, Reception follows  
The College of Physicians of Philadelphia  
19 S. 22 Street, Philadelphia

The Section on Public Health & Preventive Medicine of the College of Physicians of Philadelphia and the Philadelphia Department of Public Health are convening a three-session series entitled Philadelphia Public Health Grand Rounds. Modeled after the CDC's Public Health Grand Rounds Roundtable.

#### Presenters

- Introduction: James W. Buehler, MD, Health Commissioner,
- Epidemiology and Public Health Considerations: Kendra Viner, PhD, Hepatitis Epidemiology Surveillance Coordinator, Department of Public Health
- Clinical Assessment and Treatment: Stacey Trooskin, MD, PhD, Assistant Professor, Division of Infectious Disease and HIV Medicine, Drexel University College of Medicine
- Policy and Financing: Ryan Clary, Executive Director, National Viral Hepatitis

To register, contact [www.CollegeofPhysicians.org](http://www.CollegeofPhysicians.org).



# Philadelphia Medicine



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## Philadelphia County Medical Society — 166 years young— and supporting our youthful future physicians today

By Michael DellaVecchia, MD, PhD, FACS



We are indeed a very historic Society. We were nurtured in the time when the US was still experiencing growing pains. Our nation was only a small portion of what we know today. US medicine was still largely undefined. Medicine was at best an art that still awaited scientific support. Medical education was still essentially unformatted. Most doctors were schooled as journeymen.

Since 1849, the Philadelphia County Medical Society has led the way for advancing medical education and quality of patient care.

Medical practice for the most part in the early 20th century was relegated to the individual physicians and medical centers. Many external forces came together in the later part of the last century to change the environment of medical practice forever. Government regulations at the national and state levels strongly defined the practice of medicine. Medical Centers expanded into the community. The places to which we sent our referrals became our competitors. More important, we found that we no longer worked for the patients, but for the insurance companies that captured our patient bases. Insufficient tort reform greatly increased our cost of practice.

Over the past two years the Philadelphia County Medical Society and the Pennsylvania Medical Society, largely through our County Society efforts, have greatly evolved. A large portion of representation at the Society and state levels now involves students and residents. This puts medicine in the hands of those who are medicine's future. We are not our grandparents' medical society any longer!

On October 23, 24 and 25, at the House of Delegates meeting in Hershey, Pennsylvania, there will be an unprecedented active representation by students

and residents. PCMS will have 37 delegates at the meeting and of those, 22 medical students and residents will represent PCMS, which will also sponsor eight senior physicians who will act as mentors for the students.

Administrators, officers, and volunteer members of our society have already held several sessions at our Spring Garden Street headquarters, instructing these future delegates and alternate delegates on parliamentary procedure and resolution submission. The sessions were well attended and have

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already resulted in students submitting very relevant resolutions related to patient care and medical education.

In addition, our Executive Director, Mark Austerberry, and Executive Secretary Eileen Ryan, presented at orientations for new residents, fellows and students. This effort was a great success, enrolling 325 new young physicians and 524 new medical student members.

For 166 years the Philadelphia County Medical Society has helped define quality medical care and medical education standards. We have always advocated for our profession and patients.

By giving our students and residents their due representation we are evolving and preparing for a bright future.

*Dr. DellaVecchia is President of PCMS.*

**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. 101.**

## Temple Lung Center study reveals benefits for COPD patients using digital health application

Early intervention facilitated by a digital health application for reporting symptoms of COPD provides key benefits for patients, according to the results of a Temple-led, two-year clinical study.

The Pennsylvania Study of COPD Exacerbations (PA-SCOPE), led by Gerard J. Criner, MD, FACP, FACCP, Founding Chair of the new Department of Thoracic Medicine and Surgery at Temple University School of Medicine, and Director of the Temple Lung Center, revealed that COPD patients who used a digital health application to report their daily symptoms and received same-day treatment recommendations from their healthcare provider experienced fewer and less severe COPD exacerbation symptoms, which led to an improvement in daily symptom control, lung function, and activity status.

“Previous studies at other sites have questioned the efficacy of various telemedicine solutions in COPD patients, but those studies have not used a solution that

enables same-day treatment in response to worsening patient symptoms,” says Dr. Criner, the principal investigator of the study. “We have been studying digital health solutions for COPD symptom management for over a decade and are pleased that the improvements we have seen in our patients in response to early identification and intervention have been documented in this clinical study.”

The study also revealed an encouraging degree of reporting compliance by moderate to severe COPD patients who used the digital health application, as evidenced by the high rate of daily symptom reporting sustained over a prolonged period.

While the study failed to enroll the number of patients needed to show either a mortality benefit or reduction in hospitalization days prior to the end of study funding, results were in the predicted direction. “Future studies are needed with greater numbers of patients enrolled to be able to address that outcome, and additional re-

search is already underway with that aim,” says Francis Cordova, MD, Medical Director of the Lung Transplantation Program at Temple University Hospital, and lead author on the study.

The technology employed in the study is a precursor to the solution currently offered by Temple University spin-off company HGE Health Care Solutions. “The clinical research being conducted at Temple continues to reveal the ability of telemedicine and digital solutions to provide meaningful, measurable results for COPD symptom management,” said Michael J. Markus, PhD, CEO of HGE. HGE’s application is also supported by Temple’s recently launched Center for Digital Health.

PA-SCOPE was supported by the Pennsylvania Department of Health (grant RFA 02-07-20), and the publication will appear in the February 2016 issue of Telemedicine and e-Health.

## Proposed 2016 Medicare fee schedule released: Which changes could affect you?

The Centers for Medicare and Medicaid Services (CMS) issued its 2016 Medicare Physician Fee Schedule proposed rule in July, 2015. The proposed rule is several hundred pages long, but the Pennsylvania Medical Society (PAMED) has you covered with what you need to know about proposed changes that might affect you.

PAMED’s in-house experts analyzed the proposed rule, and among the items that may be of particular interest to physicians and practices are:

- Modifications to the Physician Quality Reporting System (PQRS) – If an individual eligible provider (EP) or group practice does not satisfactorily report or satisfactorily participate while submitting data on PQRS quality measures, a 2% negative payment adjustment would apply in 2018.
- Advance Care Planning – CMS proposes to establish separate payment and a payment rate for two advance care planning services provided to

Medicare beneficiaries by physicians and other practitioners. The Medicare statute currently provides coverage for advance care planning under the “Welcome to Medicare” visit available to all Medicare beneficiaries, but they may not need these services when they first enroll.

- Physician Value-Based Payment Modifier – CMS proposes key provisions which include:
  - Using calendar year (CY) 2016 as the performance period for the CY 2018 Value Modifier
  - Applying the Value Modifier to non-physician, EP-only groups — e.g., physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and non-physician EP solo practitioners — beginning with the CY 2018 payment adjustment period
  - Continuing to apply the CY 2018 Value Modifier based on participation in the PQRS by groups and solo practitioners

- Medicare Access and Children’s Health Insurance Program Reauthorization Act of 2015 (MACRA) changes to Medicare Physician and Practitioner Opt-Out – MACRA opt-out affidavits filed on or after the date that is 60 days after the date of enactment automatically renew every two years. Physicians and practitioners are able to rescind their opt-out status if they notify CMS at least 30 days prior to the start of the next two-year period. CMS proposes conforming existing regulations to the MACRA requirement.

The proposed rule was published in July, 2015 and was open for public comments until Sept. 8. CMS will issue the final rule by Nov. 1.

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



# pcms people



We are happy to welcome Alan Miceli to the Editorial Review Board of PCMS. Alan worked for Action News, 6abc in Philadelphia for 23 years, spending most of that time as a news writer and producer. Before that he produced documentaries for public television, including a four-hour series on Taiwan. His public-health related documentaries include such topics as welfare, abortion, and the Three Mile Island nuclear accident. He holds a B.A. from St. Joseph's University and an M.A. from Villanova University.



PCMS hosted a meeting on Medicaid Recertification and Credentialing on September 11 with Honorable Ted Dallas, Secretary of the Dept. of Human Services.

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.

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