

# Philadelphia Medicine



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## Pennsylvania physicians recognize healthcare disparities in LGBT community; pledge to advocate on issue

Several studies show that the lesbian, gay, bisexual and transgender (LGBT) community has, worse health outcomes than similar non-LGBT peers and, according to members of the Pennsylvania Medical Society's House of Delegates (HOD), it's time to deal with this issue.

During PAMED's annual HOD meeting on October 24-25, a resolution presented by the Philadelphia County Medical Society called for PAMED to advocate for policies to expand access and eliminate healthcare disparities for LGBT Pennsylvanians. After discussion of the issue members voted in favor of the resolution.

According to Graeme Williams, a medical student at Temple who wrote the original resolution, studies have linked poor outcomes among LGBT patients to disparities in access, and to discrimination, and underinsurance. He says that a 2013 Gallup poll estimated that more than 250,000 self-identified LGBT individuals live in Pennsylvania, and that only .1 % of National Institutes of Health grants have been awarded for projects relating to LGBT health issues.

The following recommendation from PAMED's Reference Committee B, chaired by Michael A. DellaVecchia, MD, PhD, of Philadelphia, and based upon Resolution 15-206, is now new policy at PAMED.

Resolved, That PAMED advocate to expand access and eliminate healthcare disparities for Lesbian, Gay, Bisexual and Transgender (LGBT) Pennsylvanians; and be it further

Resolved, That PAMED advocate for future research efforts that are specifically designed to investigate LGBT health issues; and be it further

Resolved, That PAMED make information on LGBT health issues available to Pennsylvania physicians.

Resolution 15-206 calls for PAMED to advocate for policies that expand access and eliminate healthcare disparities for Lesbian, Gay, Bisexual and Transgender (LGBT) Pennsylvanians, and for future research investigating LGBT health issues. It further calls for PAMED to establish standing policy on LGBT health and publish a news brief on current LGBT health issues in Pennsylvania.

## 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.

The 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.

### Call to Action: Oppose independent licensure of CRNPs

There are currently two legislative proposals opposed by the Pennsylvania Medical Society (PAMED), House Bill 756 and Senate Bill 717, that would grant certified registered nurse practitioners (CRNPs) the ability to practice independently in Pennsylvania. CRNPs are integral and valuable members of the healthcare team, the depth and the breadth of their education and training does not sufficiently prepare them for the wide array of challenges that confront the independent practitioner.

Tell your state lawmakers to oppose HB 765 and SB 717. [www.votervoices.net/PAMED/Campaigns/38995/Respond](http://www.votervoices.net/PAMED/Campaigns/38995/Respond).

### Do you need child abuse training?

Under the amended Child Protective Services Act (CPSA) physicians who renewed their medical license (active retired included) will need to complete two hours of approved training on child abuse recognition and reporting as a condition of licensure by December 31, 2016. Approved online courses for child abuse recognition and reporting training can be found at [www.keepkidssafe.pa.gov](http://www.keepkidssafe.pa.gov).

PCMS will also host an in-person "Recognizing and Responding to Children at Risk." This is a two-hour approved child abuse training program on Thursday, Jan. 7 (snow date Jan. 21) 6:30 - 8:30 PM at PCMS HQs. Space is limited and everyone must register. For more information and to register, call us at 215-563-5343 x 102.

## STAY CONNECTED

The PCMS *Philadelphia Medicine* newsletter will be available exclusively online via email beginning January 2016.

To make sure you continue to receive a current calendar of the Society's events and other news of specific interest to physicians, please call Executive Director, Mark Austerberry at 215-563-5343 ext. 101; or contact him at 2100 Spring Garden Street, Philadelphia, PA 19130, and provide him with your email address, if he doesn't already have it.

The electronic version of your newsletter will provide immediate coverage and enhanced content on issues of importance to Philadelphia physicians.

The newsletter will be available only online and sent to you via email so be sure the Association has your updated contact information.



# Philadelphia Medicine



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## Editorial

### 2015 House of Delegates update

By Michael DellaVecchia, MD, PhD, FACS



This year's Pennsylvania Medical Society (PAMED) Annual House of Delegates meeting was remarkable for its scope, efficiency, legislative input and delegate representation.

A large part of the delegation, especially from the Philadelphia County Medical Society (PCMS), was composed of more young physicians, residents, fellows, and medical students than usual and who not only represented the Society but also initiated noteworthy resolutions.

Speaker Martin Trichtinger MD, oversaw the election of John Pagan, MD, as vice speaker and Ted Christopher, MD, as vice president of the Society by acclamation. Other elections included delegate and alternate delegates to the American Medical Association (AMA), PCMS delegates to the AMA with their terms of expiration:

Delegates: Ted Christopher, MD, 2018; Anthony Padula, MD, 2017;  
alternate delegate: Michael DellaVecchia, MD.

Among the most topical legislative issues under discussion was "medical" marijuana. Delegates voted to maintain PAMED's position of opposing legalizing marijuana for medical use although the state senate passed a bill that (SB 3) that might be state law by the end of the year. The House of Delegates wisely paralleled the position of the American Medical Association, recommending further medical studies and that a change in the status of marijuana as a DEA schedule-one controlled substance be reviewed, which would facilitate research and development of cannabinoid-based medicines.

The delegates also called on PAMED to review existing laws on end-of-life treatment, and the practice of exclusive contracts by hospital networks that exclude physicians from hospital medical staffs.

PAMED voted to advocate to expand access and eliminate healthcare disparities for LGBT Pennsylvanians and parity for International Medical Graduates (IMGs)

with US Medical Graduates (USMGs) in years of Graduate Medical Education (GME) required for licensure.

PAMED was directed to advocate for all physician residency programs in Pennsylvania to offer the option of safe transportation home, as well as sleep facilities in their institution, for residents who may be too fatigued to safely return home after an overnight shift. It also directs PAMED to request that all physician residency programs in Pennsylvania create and make publicly available a clearly articulated protocol for the use of these services.

*This year was especially noteworthy because of the large number of medical students from across the state who participated in PAMED house of delegates deliberations. PCMS was strongly represented by our many medical students from each of the County's medical schools. They received a well-deserved standing ovation.*

The session was very well attended by all County Medical Societies across the state of Pennsylvania. This year was especially noteworthy because of the large number of medical students from across the state who participated in PAMED house of delegates deliberations. PCMS was strongly represented by our many medical students from each of the County's medical schools. They received a well-deserved standing ovation at a morning PCMS caucus.

All of which shows that the future of PCMS is in good hands.

*Dr. DellaVecchia is the president of PCMS.*

### We're on Facebook!

Want to read more about your fellow PCMS members and medical history in Philadelphia?

Check out our new Facebook page  
[www.facebook.com/PhilaMedSoc](http://www.facebook.com/PhilaMedSoc)



## Theodore Christopher, MD, elected vice president of Pennsylvania Medical Society



Theodore (Ted) Christopher, MD, an emergency medicine specialist and past president of the Philadelphia County Medical Society, was elected by his peers to serve as vice president of the Pennsylvania Medical Society (PAMED).

Dr. Christopher will serve one year as vice president. Afterwards, he becomes president-elect for one year. In October 2017, he'll take over as president of the statewide organization.

He is a long time member of the Philadelphia County Medical Society, and serves as its liaison on the Board of the Philadelphia Health Management Corporation (PHMC).

Board-certified in emergency medicine and internal medicine, Dr. Christopher practices at Thomas Jefferson University Hospitals in Philadelphia and is a faculty member of the Sidney Kimmel Medical College of Thomas Jefferson University, serving as professor and chair of the Department of Emergency Medicine. After graduating from Harvard College in 1977, he went on to earn his medical degree from the Icahn School of Medicine at Mount Sinai, in New York City.

Dr. Christopher lives in Maple Glen, PA with Claudia, his wife of 31 years, a head trauma and spinal cord physical therapist.

He plays classical piano, listens to all kinds of music, travels, reads biography. He has three daughters — Monica, a plastics and reconstructive surgery physician's assistant at the Johns Hopkins Medical Center in Baltimore; and Vanessa and Adrienne, second- and third-year medical students respectively, at the Sidney Kimmel Medical College in Philadelphia.

## Prior authorization legislation to be introduced

A major sore spot with physician practices is prior authorization—the bureaucratic process providers go through with health insurers to seek assurance that they will cover a particular procedure or treatment for an insured patient.

This cumbersome and often lengthy exercise creates lost time and expense for providers, and often delays needed care for patients, and

While the measure hasn't been formally introduced yet, it will improve transparency, accessibility and consistent application of prior authorization by including a standard definition. It will also significantly streamline the process by requiring insurers to make available an electronic communications network that permits prior authorization requests to be submitted electronically, and authorizations and adverse determinations to likewise be returned electronically.

Transparency and consistent application of prior authorization criteria and clinical expectations will be enhanced by requiring the disclosure of prior authorization requirements, restrictions and/or amendments to subscribers and physicians.

Improved patient care will result from requiring consistent response times and processes with respect to prior authorizations, adverse determinations, and appeal procedures, including external review.

Practice efficiency will be improved by establishing limitations on routine medical record requests by insurers, consistent with the privacy limits placed on physicians by HIPAA, and by excluding treatment utilizing Appropriate Use Criteria, where available, from the prior authorization process.

A key element of the bill will be the development of a standard prior authorization form that can be electronically submitted by all health care providers and accepted by all health insurers.

These reforms would go a long way toward resolving physician complaints and speeding up patient access to care.

*Adapted from an article by Scot Chadwick, PAMED's VP of Governmental Affairs.*

Change of address?  
Phone 215-563-5343 ext. 101 with any change of address, phone, fax number, or email address.

## Many EHR vendors not meeting basic standards

To promote transparency in how electronic health records (EHRs) are designed and user-tested, and to drive improvements in clinician satisfaction and patient safety, the American Medical Association (AMA) and MedStar Health's National Center for Human Factors in Healthcare have developed a comparative EHR Usability Framework that shows many EHR vendors do not meet basic standards for user-centered design and formal usability testing processes.

The Office of the National Coordinator (ONC) requires EHR vendors to be certified as having deployed user-centered design processes—an approach that acknowledges the importance of users' cognitive workflow and information needs. Yet, ONC's requirements focus on only eight EHR capabilities, a handful of the hundreds of functions EHRs are designed to perform. Further, for 2014 Edition certification, ONC requires process information for only eight capabilities out of the dozens in an EHR and they do not set minimum requirements for what is submitted.

Using information supplied by the vendors

to the ONC and available publicly, the Human Factors Center and AMA collaborators reviewed 20 prevalent EHR products, using a 15-point methodology and assigning a numeric value based on the vendor's compliance with best practices for UCD. A score of less than 15 means basic usability process standards were not met. Vendors are required to report only the process they followed for eight EHR features that are considered important areas for patient safety. Thus a perfect score using our framework reflects only the processes used to design these eight capabilities and does not reflect the design and evaluation of the hundreds of other capabilities in the EHR or the actual usability that physicians and other end-users experience.

The AMA's goal is to promote EHR vendor adherence to UCD best practices as represented in the 15-point usability framework in the design and redesign of their products. To improve the usability of EHRs we need to promote rigorous usability development processes based on recognized methods and standards. ONC can use this framework to improve its certification program, and as a method to track improvements EHR vendors make as they recertify their products.



# pcms people



**David Woods**, PhD, FCPP, has stepped down from the editorship of *Philadelphia Medicine* that he has held since 2001. The author of four books and more than 100 articles, editorials and reviews in peer-reviewed publications, he

is a former editor-in-chief of the *Canadian Medical Association Journal*. You can find him at [www.davidwoods.info](http://www.davidwoods.info).

PCMS medical student delegates attending the annual PAMED House of Delegates in Hershey, PA, October 24 and 25, 2015



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