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Summer 2015

# Physician

Official Publication of the Montgomery County Medical Society of Pennsylvania

## Organized Medicine's Advocacy Key to Historic Mcare Settlement



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*MCMS Physician* is a publication of the Montgomery County Medical Society of Pennsylvania (MCMS). The Montgomery County Medical Society's mission has evolved to represent and serve all physicians of Montgomery County and their patients in order to preserve the doctor-patient relationship, maintain safe and quality care, advance the practice of medicine and enhance the role of medicine and healthcare within the community, Montgomery County and Pennsylvania.



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# We Hear You – We Take Action – We Need Your Help

*Support Advocacy Through Your Membership*



**James W. Thomas MD, MBA**  
MCMS President

## **It's time to Join PAMED and MCMS**

Not because some of  
you or your practices may  
receive a few extra dollars

(others more than a few) in early 2016 in the form of your Mcare refund ... Thanks in part to the advocacy of the Pennsylvania Medical Society (PAMED) and all its members who decided to fight a legal battle that seemed insurmountable...

Not because our Montgomery County Medical Society of PA and other organizations caused such a stir that ABIM changed its policies and decoupled maintenance of certification (MOC) from board certification.

## **But because of what we failed to accomplish... without each and every physician being a member....**

Although SGR (Sustainable Growth Rate) was repealed, it was "fixed" with regulations that will tie remuneration further to Board Exams and other onerous regulations that may not accurately measure quality.

ICD-10 was not derailed; it's simply being instituted at a somewhat slower pace.

And many more failures... or shall we say challenges.

## **Understand that the Government Turns to Organized Medicine for Answers**

Know that when the White House needs physician opinion on an issue, they call the American Medical Association (AMA). When the governor of Pennsylvania needs input, he contacts PAMED. We want to make sure each and every physician voice gets heard. The more unified we are, the better.

PAMED and MCMS can't speak for every physician, but we can try to get input from as many of our colleagues as possible. We want 100 percent membership, and we need leaders—not just in Pennsylvania, but to lead the AMA, and other organizations nationwide. Together, we can help patients achieve the best outcomes possible.

## We Need to Hear From You

Tell the members of the medical society what problems you face, and let us know how PAMED or our MCMS Board can address them for you. Membership is created, and kept, one individual at a time. We want to help each and every physician in Pennsylvania maximize their ability to care for their patients. Help us help you be at the table when legislation is being created, not after it's already been voted on in Congress.

Please, join and let us know how you can and are willing to help.

## Get in the Game. The Time is Now

Potential opportunities exist at this time for physicians to become more involved. Physicians are the leaders of the health care team. Patients expect you to be at the forefront of advocating on their behalf. Organized medicine gives you a united voice, necessary in advocacy. I've said it before, and I'll say it again: when we all speak together, we can be a powerful force. Advancing our profession helps us to better serve our patients. Spread the word to your colleagues, and let them know that we can make a difference, at every level. Keep the momentum going, and support those leading the charge. ■

### James W. Thomas, MD, MBA

President, Montgomery County Medical Society of PA

*I would love to hear from you. If you have suggestions, general comments or ideas for future issues, please email James Thomas MD, MBA, or the MCMS Executive Director Toyca Williams, [montmedsoc@verizon.net](mailto:montmedsoc@verizon.net).*

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# Advocacy is a Marathon, Not a Sprint

## Are you Running With Us or Standing on the Sidelines?



**Jay Rothkopf, MD**

Editor

### It's decision time.

As I sit here writing this, it's early afternoon on the last Monday in June. Outside, it's partly cloudy, but not too hot. My wife and kids are out of the house, and I'm alone with my thoughts, ticking along with the seconds on our old wooden clock.

Decisions. As a physician, I make them every day. Some are major, others less so, but they have one thing in common—they affect people's lives. And many of them lie outside our control.

Two days ago, in the landmark ruling *King v. Burwell*, the Supreme Court upheld the federal subsidies of the Affordable Care Act. However one feels about the health care law, this case had the potential to displace the finances of millions of Americans. Although that possibility has for the moment passed, multiple challenges remain—lowering costs, improving access, and the ever-present discussion of quality.

So what to do? How do we make a difference, and affect positive change for our patients and our community? For me, the answer is simple: get involved. It may not always be obvious, but advocacy works, and there is no better advocate than the medical society. Whether county or state, we are on your side, but we need your help. As a profession, we are only as strong as the support of our members, but when we stand together, good things can happen, several of which we'll explore in this issue.

Mcare. Like MOC (maintenance of certification), it's a string of letters which evoke strong emotions. However, there is good news to report. After years of lawsuits, the raiding of this fund by the Rendell administration has been declared illegal. In a landmark settlement, well over a hundred-million dollars will be returned to Pennsylvania physicians, both in direct repayment and via the lowering of future assessments. It's a major victory, and one that shows organized medicine works.

On another front, the American Board of Internal Medicine (ABIM) has announced significant changes to its MOC program. Through tireless, grassroots efforts both locally and nationwide, the ABIM has decided to change course. Although much work remains to be done, physicians from the Montgomery County Medical Society have played a vital role in effecting this change, serving as yet another reminder that getting involved can make a real difference.

Next, we turn to a column authored by Dr. Val Arkoosh, Montgomery County Commissioner. In a first for our publication, Commissioner Arkoosh will highlight county resources that can be used to benefit physicians and their patients. We hope you find it a worthwhile read, and one we can continue in future issues.

Additionally, we enjoy a reflective piece by John Arena on his first year of medical school. John was one of three recipients who received a MCMS medical student scholarship and recognized at our June annual membership dinner. Dr. Walter Hofman was also

honored at that dinner for 50 years of medical service. In an effort to help you know your board leadership, we will profile Dr. Walter Hofman who serves as the MCMS board secretary. In addition to serving as an MCMS officer, Dr. Hofman is the Montgomery County coroner, the only board-certified forensic pathologist coroner in the state to hold this distinction.

When one thinks 'political advocacy', the phrase 'patient care' may not automatically come to mind, but the two are often closely intertwined. In an original article, Dr. Martin Trichtinger, Speaker of the Pennsylvania Medical Society's House of Delegates and also an MCMS Board member, highlights the importance of physician involvement in the political process. As an ever-increasing amount of both state and federal legislation impacts the way physicians deliver care, it falls upon the profession to be the voice for our patients, especially when the relationship is at risk of harm.

Returning to the issue of MOC, Dr. Mark Lopatin, MCMS Board Chairman, recently penned a response to the apology issued by Dr. Baron, CEO of the ABIM. In it, Dr. Lopatin provides insightful commentary on the proposed changes to the MOC program, as well as answers to some of the personal attacks that have been levied against Dr. Baron. While not the end of the debate, the process is an ongoing one, and it's vital that physicians stay involved.

2015 has brought several regulatory changes to the practice of medicine in our state, including a major update to child abuse reporting laws. The PA Chapter of the American Academy of Pediatrics offers resources for helping physicians complete their mandatory training, as well as highlighting efforts to increase awareness of childhood obesity. We also take a look at the North Penn YMCA's H.I.P. Kids program, whose 12-week course teaches children how to lead healthier lives through exercise and nutrition coaching, an effort supported by a \$5,000 grant from the Pennsylvania Medical Society.

Finally, an article on how safe sleep can reduce SIDS, tips on retiring from practice, and information on another meaningful use audit of which to be aware round out the issue.

Once again, I must adopt the persona of a broken record, and send out a call to all county physicians: if there's something you wish to see us address, please do not hesitate to let us know. From clinical concerns to original ideas, if you want to see it, we will explore it. If you're a budding writer and have something to say, we'll work with you to make it happen. It takes you, our readers, to keep it all going, and we want to make sure you have skin in the game.

Just remember to put sunscreen on that skin—it is the middle of summer out there. ■

Warm regards,

**Jay Rothkopf, MD**

Editor

# Political Game Needs Physician Players on the Roster

BY MARTIN TRICHTINGER, MD

I was always interested in politics, the same way one develops an interest in fantasy football. You watch, you learn, and you root for individual players. But it wasn't until I actually joined a league that I understood the "how and why" of political involvement for physicians.

## Fantasy Turns to Reality

For me, it all started in 2001 with a vacancy on the Pennsylvania Supreme Court. Simultaneously, physicians were in the midst of a developing crisis surrounding the cost of medical liability insurance. Believing it important to elect individuals to the state's highest court who understood the physician perspective, PAMPAC (Pennsylvania Medical Political Action Committee) identified a Supreme Court candidate who both shared our philosophy and did not have a bias toward the trial bar view (naturally, personal injury attorneys automatically assume that a bad outcome equals medical malpractice). Mike Eakin understood the difference. As a result, PAMPAC called on physicians to get involved and Judge Mike Eakin became a member of my fantasy football team. PAMPAC, with the help of its physician members and PAMED, organized and ran physician fundraisers across the state. Given that judicial races typically generate low voter turnout, we were able to make a real difference at the polls.

Since that election in 2001, a number of key judicial elections at the Commonwealth, Superior and Supreme Court levels have taken place. This year presents another opportunity to elect pro-physician justices to fill three vacancies on the state Supreme Court. Three positions, just shy of half of the court, will make the 2015 judicial elections vital. With so many seats up for grabs, the outcome may very well determine the path the Supreme Court takes for years to come.

## Registering to Vote: #1 Strategy in Play book

With the vital importance of this year's judicial elections, you may ask: how can a physician get involved? If nothing else, registering to vote and participating in every election is critical. Physicians are notorious for not engaging in the political process—we tend to believe it is beneath our consideration or that nothing will ever change. This belief, however, is far from correct. The outcome of elections can have just as much impact on patients and physicians as the results of the latest groundbreaking study. If physicians do not get involved in the electoral process, then we have no one to blame but ourselves for negative legislative outcomes in Harrisburg or Washington, D.C.

Next, encouraging family, friends and your staff to register, and then actually vote, is tremendously important. It is not enough to just promote registration and casting a ballot; take the extra step of helping those with transportation challenges get to the polls. An even bigger step is allowing your staff time to vote on Election Day. Even employed physicians have been able to persuade their employers to permit staff to have additional time off to vote by citing the importance of individuals exercising their "civic duty." Many key state legislative races have been won and lost by less than 100 votes. You can make a difference!

## Use PAMPAC as a Resource in Election Matters

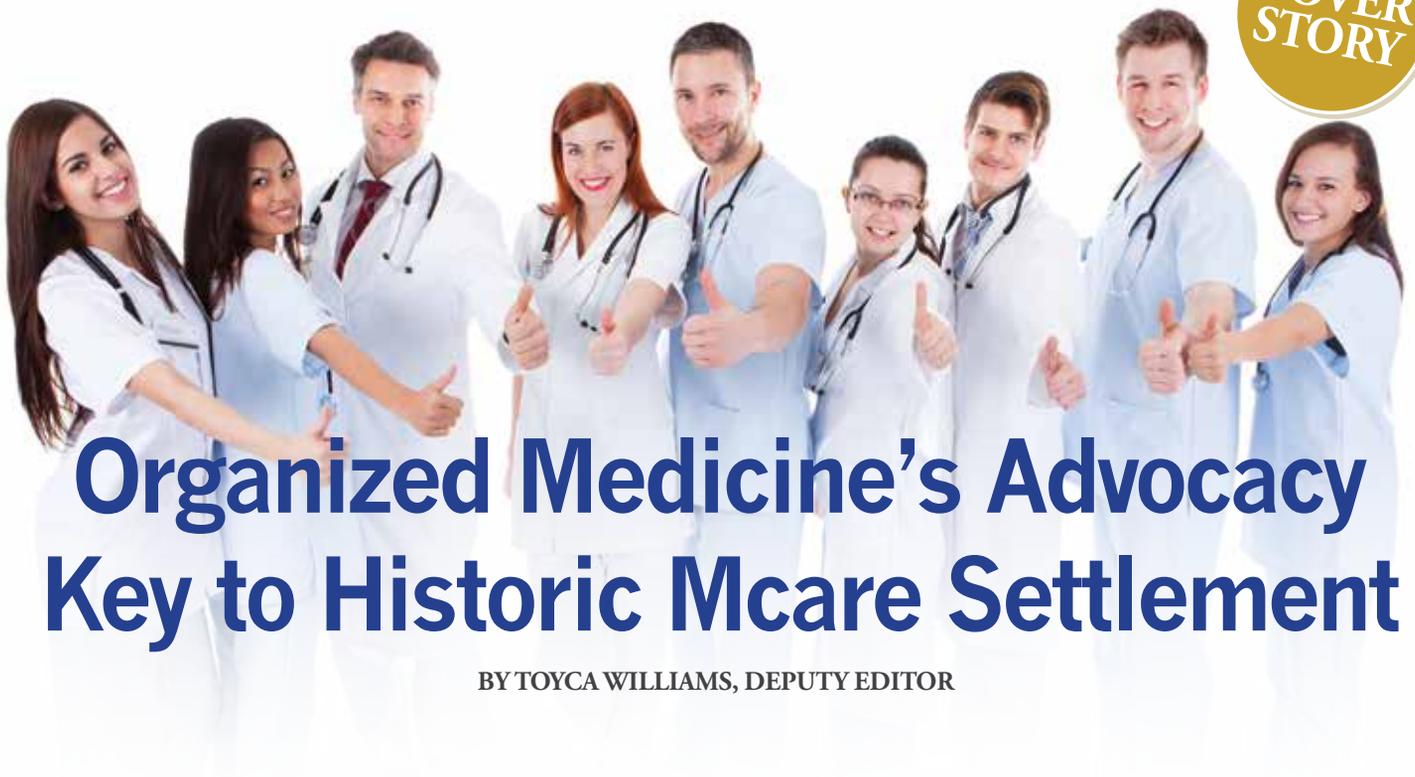
Physicians can learn more about the candidates by researching their positions and by using PAMPAC as a resource. PAMPAC, our statewide political action committee, consists of a board of physicians from across the Commonwealth whose job it is to recognize physician-friendly candidates. One local politician brags about his unwavering support of physicians; however, a quick review of his voting record shows he routinely votes in opposition to legislation that is a priority for doctors. With judicial races, this is more difficult since judges are restricted by judicial ethics rules from speaking on specific topics that may come before the courts in the future. However, PAMPAC evaluates candidates for state and federal elected office and this year will interview the candidates for the vacancies on the statewide appellate courts. Physicians should research a political question or candidate with the same due diligence that one gives to researching a patient's medical condition. PAMPAC is a resource that combs through political information and updates member physicians on important political topics, as well as upcoming elections. If you are not a PAMPAC member, I would encourage you to join this year to help support pro-physician candidates.

## When Possible, Place Campaign Materials in Waiting Rooms

Lastly, if possible (at the discretion of the employer as many hospital employed physicians cannot due to legitimate tax status issues), have campaign information available in your office for patients to review. Studies have shown that patients are interested in who physicians identify as the most pro-medicine candidates as long as physicians do not stomp for candidates in the exam room. Thus, they are interested in your opinion, but not while speaking about their healthcare issues. Campaign materials in the waiting room indicate your preferences without having to discuss particulars and, when patients do bring up issues, a simple one or two sentence answer will usually suffice. Finally, when physicians are actually familiar with the political process and the candidates involved, they tend to be more outspoken in their support for a particular candidate.

Remember that showing up for elections does matter. This year's election is commonly referred to as an "off-year election" and the turnout in November may be less than one out of every four registered voters. Consequently, physician involvement this year is more critical than ever. Unlike fantasy football where you can win money or prestige, elections for judicial candidates can pay great dividends for physicians well into the future. Issues such as medical liability reform, venue protection, and expert witness changes have all helped improve the climate for physicians in Pennsylvania—but much work remains to be done. I hope you will begin that work by making a difference on Nov. 3. ■

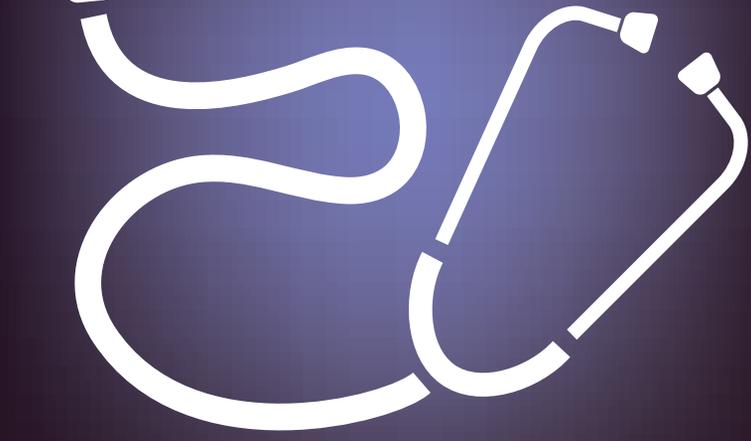
*Dr. Martin Trichtinger, an internist with Internal Medicine Associates of Abington, is a longtime member of the MCMS Board of Directors and the Pennsylvania Medical Society Board of Trustees. He is chairman of the MCMS Political Committee and has served as the Speaker of the House for the PAMED House of Delegates for almost eight years.*



# Organized Medicine's Advocacy Key to Historic Mcare Settlement

BY TOYCA WILLIAMS, DEPUTY EDITOR

**\$200 Million**  
to be returned to Pennsylvania  
physicians, hospitals, and  
other health care providers



The settlement provides protections to ensure that  
physicians do not have to pay until the funds are needed  
and that there are no further diversions of Mcare funds.

**I**t took 60 months to right a wrong. And medical society leadership willing to stay the course through years of formidable litigation.

Physicians across the Commonwealth felt the heavy-handed blow of state government back in 2009 when it unjustly raided the Mcare Fund — a fund that physicians pay into for professional liability coverage — to balance the state budget.

Instead of turning away in indignation, Pennsylvania Medical Society (PAMED) leadership decided to take the injustice to the courts on behalf of all physicians.

Five years later, an agreement has called for the Commonwealth to return \$200 million in overpayments retained by the Mcare Fund to physicians and others and provide protections that a transfer of Mcare funds will not happen again.

## Thank a Member

PAMED, the Hospital and Healthsystem Association of Pennsylvania (HAP) and the Pennsylvania Podiatric Medical Association (PPMA) joined together to challenge the transfer of \$100 million to the general fund and appeal the way Mcare assessments were calculated.

Last October, a settlement was reached to return \$200 million in overpayments retained by the Mcare Fund to physicians, hospitals and other health care providers who pay assessments to the fund. The breakdown — \$139 million in refunds for prior assessment overpayments and \$61 million via a reduction to the 2015 Mcare assessments. As a statewide organization supporting all physicians, PAMED worked with stakeholders to bring this historic agreement to completion.

“Without the Pennsylvania Medical Society and our partners on their side, impacted physicians may not have found justice,” said Karen Rizzo, MD, PAMED president, in thanking members for their support and urging nonmembers to join. “This a valuable benefit to membership (and) . . . just one reason why the Pennsylvania Medical Society plays an important function on behalf of physicians. Without a strong membership, physicians do not have a strong voice in Harrisburg.”

MCMS President James W. Thomas, MD, wholeheartedly agrees.

“Many thanks to our physician colleagues who believe in the value of organized medicine,” said Dr. Thomas, a Montgomery County interventional radiologist. “PAMED leadership and the membership at large should be commended for challenging the unjust action of PA state legislature’s illegal seizure of funds. PAMED not only advocated for all Pennsylvania physicians and their patients, but stayed the course during several years of difficult litigation.”

Dr. Thomas also points out that, more importantly,

the settlement includes key protections against any future diversion of Mcare funds. The funds must be used for the intended purposes.

“Finally, we can celebrate the fact that not only has the money been returned, but rest secure in the knowledge that protections are in place to guard against any illegal seizure of Mcare assets in the future.”

Additionally, the fund must operate as a pay-as-you-go system, meaning the fund will not build up substantial reserves like those diverted in 2009.

## What is Mcare? Why Should I Care?

You must have professional medical liability insurance to practice in Pennsylvania and Mcare provides a portion of it. Currently, most practicing physicians are required to have \$500,000 in primary liability coverage plus \$500,000 in excess coverage above that. Administered by the Pennsylvania Department of Insurance, Mcare Fund provides the second layer of coverage, \$500,000, above the basic coverage. Physicians can obtain the first layer either

*Continued on page 10*

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in the private market or through the Joint Underwriting Association (JUA).

Historically, Pennsylvania physicians faced difficulty in securing adequate professional liability insurance, due in part to an unfavorable legal environment and the reluctance of insurance companies to issue policies in Pennsylvania. In 1975, the Commonwealth established the CAT fund to address these issues. Unfortunately, in years following, the health care environment did not improve and the medical liability climate in the state came to an unfortunate crisis. Both young and experienced physicians, especially high-risk specialties such as neurosurgery, obstetrics and orthopedic surgery, — were leaving the state or retiring. To address the severity of the problem, in 2002 the Pennsylvania legislature passed Act 13, Medical Care Availability and Reduction of Error Act (Mcare), which included multiple provisions designed to improve patient safety and protect access to medical care for Pennsylvanians.

## How will refunds be paid?

More than 55,000 health care providers are eligible for a refund. If you paid your own assessment during the covered years — 2009-2012 and 2014 — the refund process is simple. Just make sure the mailing address you have on file with the state board of medicine or state board of osteopathic medicine is accurate. PAMED created a web site to answer all questions about the refund process. Go to [www.mcarerefund.org](http://www.mcarerefund.org) for more information on the claim/assignment process. On this site, you also will find a webinar that details the refund process.

“All physicians benefit from this settlement. I encourage all physicians to support their county and state medical societies through engagement and membership,” said Mark Lopatin, MD, a Montgomery County rheumatologist and chairman of the MCMS Board of Directors.

Dr. Lopatin further emphasized that physicians can have an even more powerful voice with participation.

“If you are a nonmember, thank a member, and consider joining the collective voice that advocates on behalf of our profession and patients. It’s a no brainer — a larger group has a louder voice. When it comes to safeguarding issues and policies that affect the practice of medicine, we need to have as many people involved as possible.”

## 2015 Assessments Cut Almost in Half

The settlement (\$61 million) calls for a reduction in 2015 assessments. The 2015 assessment is 12 percent of the prevailing primary premium — or 47.8 percent lower than the 2014 assessment of 23 percent, primarily due to the settlement.

In such an increasingly frustrating and stressful physician environment, the good news is needed and welcomed by many physicians.

“I was thrilled to hear that \$200 million will be returned to Pennsylvania doctors,” said Jay E. Rothkopf, MD, Montgomery County internist and MCMS president-elect. “Organized medicine works—but we need to stand together. United, we are more than just a chorus of voices — we’re a force for positive change.” ■

*Ms. Williams is the executive director of the Montgomery County Medical Society of PA. If you need further information about MCMS and its programs, do not hesitate to call, (610) 878-9530 or e-mail, [montmedsoc@verizon.net](mailto:montmedsoc@verizon.net).*



# Mcare FAQs

**What is the Mcare Fund?** In 2002, the state legislature passed Act 13, Medical Care Availability and Reduction of Error Act (Mcare), which included multiple provisions designed to improve patient safety and protect access to medical care for Pennsylvanians. The Mcare Fund is a medical liability coverage fund run by the state of Pennsylvania. Currently, physicians are required to have \$500,000 in primary liability coverage plus \$500,000 in excess coverage above that. Physicians can obtain the first \$500,000 layer either in the private market or through the Joint Underwriting Association (JUA). They get the second layer from the Mcare Fund.

## Will it be around forever?

Pennsylvania law mandates that the Mcare Fund will be eventually retired in two steps. The Insurance Commissioner determines whether each step is implemented, based upon a review of whether the private market can bear increased primary limits. In the first step, Mcare coverage would be stepped down to \$250,000, pushing the level of primary insurance to \$750,000. When the commissioner implements the second step, physicians would be required to have \$1 million in primary coverage and no Mcare coverage.

## How does the Mcare Fund work?

Unlike a traditional insurer, the Mcare Fund is a pay-as-you-go operation, and it does not reserve for future claims. It simply charges physicians, hospitals, and other participating providers an annual assessment to pay current claims and operating expenses.

## Why A Refund Now?

The assessment refunds are being made as a result of Mcare's settlement of litigation brought by the Pennsylvania Medical Society (PAMED), the Hospital and HealthSystem Association of Pennsylvania (HAP) and the Pennsylvania Podiatric Medical Association (PPMA), challenging the way annual assessments were calculated. Last fall, an agreement was reached. The agreement requires that \$200 million be returned to physicians, hospitals, and other health care providers who pay assessments into the fund – \$139

million in refunds for prior assessment overpayments and \$61 million via a reduction to the 2015 Mcare assessment.

The settlement also includes key protections against any future transfer of Mcare funds.

## Who is eligible for the refunds?

Physicians will be eligible for a refund if they paid a 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.

## Do I need to make a claim?

Individual physicians do not need to make a "claim." Claims may be made by persons or entities that paid an assessment on behalf of a physician or other health care provider (assessment payor) and seek to have Mcare pay the refund to them instead of the individual health care provider. Go to [www.mcarerefund.org](http://www.mcarerefund.org) for more information on the claim/assignment process.

## 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 receive my refund notice?

Mcare anticipates that it will be ready to mail refund notices in the fall of 2015.

## When will I get my refund?

The refunds may not be made until 2016 due to the extensive calculations required to determine the amount payable to each eligible health care provider and the large number of providers that 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 impact any contractual or other obligation that a health care 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 percent. 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 be retired 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).

*For more answers to the Mcare Refund process, visit [www.mcarerefund.org](http://www.mcarerefund.org) or call the Mcare Refund Service Center, (717) 231-6400. You can also email the center, [ra-in-mcarerefundctr@pa.gov](mailto:ra-in-mcarerefundctr@pa.gov), with refund questions anytime. ■*

# Physician Leader Adds His "Two Cents" to MOC Debate

Dear Rich,

I trained under you as a resident at MCP more than 30 years ago. I am very familiar with your passion and idealism from those years. However, I must tell you as a practicing rheumatologist and as chairman of the Montgomery County Medical Society, that there is a great deal wrong with the current MOC (maintenance of certification) program. From your writings, I recognize that you know this already, but please indulge me.

Board exams that measure one's "cramming" ability serve no purpose. Much of the material learned in preparation for an exam is forgotten within a short time. Likewise, questions asked that have zero to do with the day-in, day-out practice of medicine are worthless. Furthermore, I often find myself playing "read the examiner's mind" as I try to guess at the point that the person who wrote the question is driving at. Questions such as, which of the following is the best answer, when none of the answers are entirely right, are maddening. In addition, the lack of feedback in terms of knowing which questions I answered right and wrong, argues against the premise that the exam is an educational tool. Fortunately, ABIM (American Board of Internal Medicine) has already abandoned the practice module. Hopefully this will be permanent. When I re-certified in 2010, I spent several weeks doing a practice module that was completely worthless. It served no purpose other than to make me angry at ABIM for the time and effort I wasted.

The main question I pose is, what is the rationale for all of this?

If the goal is to determine that a physician is qualified to practice, we should not be testing his knowledge. We should be assessing his judgment. Admittedly, this is harder to do, but with the internet and numerous other resources, physicians are able to look up anything they do not already know. How does an exam measuring what a physician knows at one instant in time enable ABIM to assess a physician's abilities? The real question should not be what does a physician know at one instant in time, but rather what does the physician do with all of the information available to him? How does he use it? That is the true measure of the quality of a physician. Passing a board exam every 10 years says absolutely nothing about a physician's ability to take care of patients; and therefore, I feel that this exam should be abolished!

If the goal is to demonstrate that a physician is staying current, then CME should suffice. An alternative could be completion of modules, i.e. open book exams with pertinent questions, i.e. I should not be playing rheumatology trivial pursuit. Either of these alternatives should serve to demonstrate a physician's desire to stay current. Furthermore if there is appropriate feedback on said modules and the questions are relevant, I might actually learn something from the process.

I am well aware of your moral character from our time together many years ago. Unfortunately not everyone has worked with you, and the amount of money expended for a program forced upon physicians that most view as useless or of limited value at best comes across as self-serving.

I know you are aware of these criticisms and suggestions already, but I felt the need to add my two cents to the debate. In fact, I personally find the process so absurd and so onerous that I am very seriously contemplating retirement rather than going through another ABIM cycle. I do not think I am alone in this mentality.



I would be very happy as a practicing specialist in the community to discuss this further with you if you wish.

I hope you are well,

With best wishes,

Mark Lopatin, MD

# Another Meaningful Use Audit?



BY TRACEY C. GLENN  
DIRECTOR OF PRACTICE MANAGEMENT CONSULTING, PMSCO

Many practices have attested for multiple years now to meet the targets of the EHR incentive programs and meaningful use (MU). And some that have attested have been audited by either Medicare or Medicaid. When Medicare or Medicaid conducts these audits, they are making sure that a practice has met each and every measure that they have attested to and that the practice also has the documentation needed to back up those attestation claims. Medicare audits have been conducted by Figliozzi & Co. and Medicaid audits have been conducted by the local state agency.

As of April 1, there is another audit to add to the mix.

The Office of the Inspector General (OIG) included audits related to the “Adoption of Electronic Health Records” in their fiscal year 2015 work plan (<http://oig.hhs.gov/reports-and-publications/archives/workplan/2015/FY15-Work-Plan.pdf>). While the Medicare and Medicaid audits are focused on the yearly attestation process, the OIG audits are related to incentive program activities from Jan. 1, 2011, through June 30, 2014. And while the Medicare and Medicaid audits are focused on meeting each MU measure, the OIG audits focus more on the security profile of the organization that has attested.

Early reports would lead one to believe that larger organizations are being targeted by the OIG; however, the OIG states the audits are random based on all payments made through the EHR incentive programs. Randomly chosen organizations are receiving audit notice letters which request specific information and documents, including compliance with specific meaningful use measures. The meaningful use measures of focus include those having to do with security and have been very technical in nature. Not only is documentation submitted to OIG but, in addition, can include on-site audits that incorporate interviews with key staff and verification of systems and security. These on-site audits can last two to three weeks.

What the audit team is looking for is verification of the security parameters of the EHR and related systems and that proper business associate relationships and paperwork is in place. It has been reported by consulting organizations such as Purdue Healthcare Advisors, who have been the first to experience these audits, that the areas of focus include:

- EHR risk assessment and audit reports
- EHR security plans
- Organizational charts
- Network documentation and diagrams
- EHR websites and patient portals
- Policies and procedures
- System inventories
- Tools used to conduct vulnerability scans
- Central log and event reports
- EHR system users
- List of contractors supporting EHR and network perimeter devices

Hopefully, you won't receive an OIG audit letter. However, this message shouldn't be taken lightly. EHR and general system security shouldn't be glossed over or ignored. There are both Meaningful Use Stage 1 and Stage 2 requirements to “Protect Electronic Health Information.” While practices have attested to meeting them, in reality the due diligence truly required to meet them was not always met ([http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/SecurityRiskAssessment\\_FactSheet\\_Updated20131122.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/SecurityRiskAssessment_FactSheet_Updated20131122.pdf)). Make sure you have either in-house or contracted IT support that is highly knowledgeable about the regulations specific to the healthcare industry. Work with those experts to ensure that you meet not only the key elements required in the “Protect Electronic Health Information” measures but also that the above areas of focus are covered.

And document, document, document. ■

*Tracey C. Glenn, BBA, CPC, CPC-H, CPMA, CPPM, CEMC, CCS-P, is director of practice management consulting for PMSCO Healthcare Consulting, a subsidiary of the Pennsylvania Medical Society.*



# Frontline Groups 100% Committed to MCMS

**Is your practice among an elite group that is 100 percent committed to the Montgomery County Medical Society? You can be. . .**

**Frontline practices – three or more physicians in a group – stand on the front line of the medical profession by making a commitment to 100 percent membership in the Montgomery County Medical Society and the Pennsylvania Medical Society (PAMED). MCMS continues to provide a forum for physicians to work collectively for the profession, patients and practice.**

**The Montgomery County Medical Society says thank you.**

## MCMS Frontline Groups as of July 2015

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>■ Abington Medical Specialists</li> <li>■ Abington Memorial Hospital-Division of Cardiothoracic Surgery</li> <li>■ Abington Neurological Associates Ltd</li> <li>■ Abington Perinatal Associates PC</li> <li>■ Abington Reproductive Medicine</li> <li>■ Academic Urology-Pottstown</li> <li>■ Advocare Main Line Pediatrics</li> <li>■ Annesley Flanagan Stefanyszyn &amp; Penne</li> <li>■ Armstrong Colt George Ophthalmology</li> <li>■ Berger/Henry ENT Specialty Group</li> <li>■ Cardiology Consultants of Philadelphia-Blue Bell</li> <li>■ Cardiology Consultants of Philadelphia-Lansdale</li> <li>■ Cardiology Consultants of Philadelphia-Norristown</li> <li>■ East Norriton Women's Health Care PC</li> <li>■ Endocrine Metabolic Associates PC</li> <li>■ Endocrine Specialists PC</li> <li>■ ENT &amp; Facial Plastic Associates of Montgomery County</li> <li>■ Gastrointestinal Specialists Inc.</li> <li>■ Green &amp; Seidner Family Practice</li> <li>■ Hatboro Med Associates</li> <li>■ Healthcare for Women Only Division</li> <li>■ King of Prussia Medicine</li> </ul> | <ul style="list-style-type: none"> <li>■ LMG Family Practice PC</li> <li>■ Lower Merion Rehabilitation Associates</li> <li>■ Main Line Gastroenterology Associates-Lankenau</li> <li>■ Marvin H Greenbaum MD PC</li> <li>■ Neurological Group of Bucks/Montgomery County</li> <li>■ North Penn Surgical Associates</li> <li>■ North Willow Grove Family Medicine</li> <li>■ Otolaryngology Associates</li> <li>■ Patient First-East Norriton</li> <li>■ Patient First-Montgomeryville</li> <li>■ Pediatric Associates of Plymouth Inc.</li> <li>■ Performance Spine and Sports Physicians PC</li> <li>■ Rheumatic Disease Associates</li> <li>■ Rheumatology Associates Ltd</li> <li>■ Rittenhouse Hematology</li> <li>■ The Philadelphia Hand Center PC</li> <li>■ Thorp Bailey Weber Eye Associates Inc.</li> <li>■ Total Woman Health &amp; Wellness Ob/Gyn</li> <li>■ Tri County Pediatrics Inc.</li> <li>■ TriValley Primary Care/Lower Salford Office</li> <li>■ TriValley Primary Care/Upper Perkiomen</li> <li>■ William J Lewis MD PC</li> </ul> |
|---|---|

**Through your membership, MCMS Frontline members and practices receive special recognition and benefits:**

- A 5 percent discount on your county and state dues.
- A certificate of recognition to hang in your office.
- Regional meetings covering topics such as risk management, employment law and payer and regulatory matters. These meetings are designed exclusively for member practice managers and office staff, free of charge.
- Additional discounts and services from county and state endorsed vendors.
- Quarterly recognition in *MCMS Physician*.
- Continual recognition on the MCMS web site, [www.montmedsoc.com](http://www.montmedsoc.com).

**For more information on how your practice can become a Frontline practice, e-mail [montmedsoc@verizon.net](mailto:montmedsoc@verizon.net) or call (610) 878-9530 or (855) PAMED4U.**

# Meet Your County Medical Society Leaders



**Walter I. Hofman, M.D., an expert in forensic pathology known throughout the United States as well as in Canada, is Montgomery County's coroner. He is the only board-certified forensic pathologist coroner in Pennsylvania. He has personally performed more than 10,000 autopsies, issued more than 17,000 death certificates and examined more than 20,000 bodies. In addition to serving as MCMS secretary and a delegate to the PAMED Annual Business Meeting, he is a past chairman and current member of the MCMS Medical Legal Committee. In June, he was one of 11 physicians honored at the MCMS annual membership dinner for practicing medicine for 50 years.**

**Name:** Walter I. Hofman, MD

**Specialty:** Anatomic, Clinical and Forensic Pathology

**Currently Practices:** Montgomery County Coroner

**Medical School:** University of Basel, Switzerland

**Residency:** Boston University Hospital

**Birthplace:** Berlin, Germany (Came to USA in 1938 and attended schools in Chicago)

**Residence:** Merion Station, Montgomery County

## PROFESSIONAL BACKGROUND

**Why I chose a career in medicine:** As a child visiting the doctor, I became fascinated by what my general practitioner and cardiology consultant diagnosed and treated. I had the idea of becoming an obstetrician at first. That changed after I did a rotation and home deliveries with a skilled nurse midwife at the Rotunda Hospital in Dublin, Ireland. Got laughed out of the labor room when I came back to Chicago during my third year of medical school. I then became fascinated with pathology and forensic pathology when I did another rotation between my third and fourth year.

**The role of the coroner:** Board-certified forensic pathologists are trained to look at the entire picture of death and provide answers that will stand up in both criminal as well as civil cases without prejudice. We testify to these juries and explain the causes and manners of death. This has become a specialty that the public understands from various TV programs.

**Most rewarding elements of my career:** The ability to bring peace and understanding to the families of the deceased, allay their pain and guilt feelings, especially if the decedent is young. These are attributes that we learn during our training and work experience.

**Most interesting day in medicine:** The day I understood the legal system and felt comfortable testifying before a judge and jury.

## OUTSIDE THE OFFICE

**Interesting childhood fact:** We moved to the United States in 1938 and three years later we moved to Chicago. I became a naturalized U.S. citizen in 1944. To the best of my knowledge, I was the first person given penicillin in the Midwest during World War II. Since I had no murmur, no valve abnormality and passed several Air Force physicals, I received the penicillin, as an exception, as my cardiologist was the consultant to Great Lakes Naval Training Center in north Chicago.

**How did I end up practicing in Montgomery County?** I have lived in Montgomery County for more than 40 years, performed coroner/medical examiner cases for Montgomery County, and various southern New Jersey counties. Montgomery County deserves the same high quality care that the

board-certified forensic pathologists provide Philadelphia, Delaware and Allegheny counties.

**What interests me outside medicine:** In my spare time, I enjoy quality literature, saltwater fishing (mostly catch and release), travel and good food. I also collect art and clocks, enjoy doing crossword puzzles in ink and solving "who dunnits."

**If I could be anything other than a physician:** Probably a criminal attorney or CPA

**My family:** My wife Ethel of 52 years is a food journalist, cookbook author, past president of the International Association of Culinary Arts (Julia Childs a founding member) and a recent recipient of an honorary doctorate from her alma mater, Glasgow Caledonian University. We have three children (one daughter and two sons) and six grandchildren in Bryn Mawr, Valley Village, Calif., and Bethesda, Md.

**I greatly admire:** The late Otto Saphir, MD, Chief of Pathology at the former Michael Reese Hospital in Chicago. He taught me to say, "I don't know but will look into it."

## WORTH NOTING

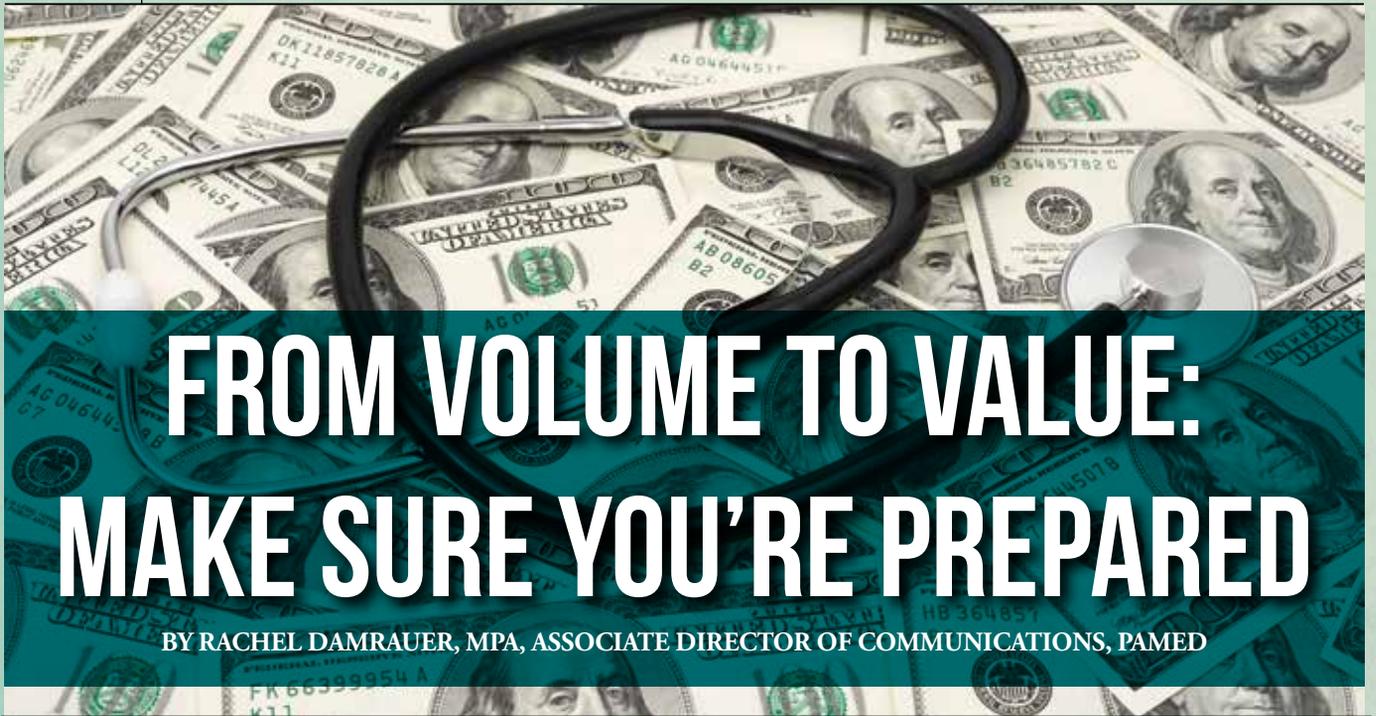
**Most interesting moment in medicine:** Testifying on a 20-plus-year-old case that was successfully prosecuted, bringing closure to the family.

**You may not know:** Montgomery County is the only Pennsylvania county that mandates all examinations, both view and autopsy, are performed by board-certified forensic pathologists. The office now has standards for how cases are handled. The office has procedures for issuing relevant cause and manner of death.

**Why I stay involved in organized medicine:** Organized medicine is still the only organization that represents all aspects of medicine and gives one the opportunity to interact with all these different specialties at different levels.

**Advice to young physicians:** Listen to one's elders and learn from them. We still build from the shoulders of our peers. Think first and then speak or defer rendering an opinion until the facts become clear. ■

Feature



# FROM VOLUME TO VALUE: MAKE SURE YOU'RE PREPARED

BY RACHEL DAMRAUER, MPA, ASSOCIATE DIRECTOR OF COMMUNICATIONS, PAMED

Many physicians — regardless of practice type, setting, specialty, or geographic location — are filled with uncertainty with a multitude of changes to the health care delivery system. One of the new buzz phrases physicians and other health care providers have been hearing more of lately is “volume to value.”

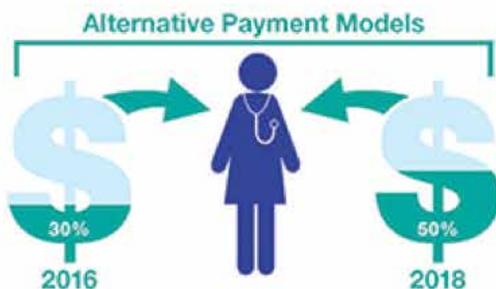
Since the inception of the Affordable Care Act, we have seen an evolution in health care delivery models involving value-based reimbursement. The transition from volume to value means many things, but in short, it means the methodology behind physician reimbursement is changing.

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

Bottom-line: The transition from volume to value is coming and faster than many anticipated, and it will take investments of your time, energy, money, and the learning of new skill sets 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 skill sets — 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).

## Medicare Reimbursement



30 percent of traditional (fee-for-service) Medicare reimbursement to quality/value through alternative payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements by the end of 2016, and 50 percent through 2018.



85 percent of all traditional Medicare payments to quality/value by 2016, and 90 percent by 2018, through programs such as the Hospital Value Based Purchasing and the Hospital Readmission Reduction Programs.

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

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

“Of course, implementing these core strategies also takes money, time, and the acquisition of new skills for physicians, while simultaneously placing constraints on the payment rates dictated by current law,” said Dennis Olmstead, chief strategy officer and medical economist at PAMED.

“All alternative payment models and payment reforms that seek to deliver better care at lower cost share a common pathway for success. Providers must make fundamental changes in their day-to-day operations that improve the quality and reduce the cost of health care. Skills will be needed by all providers to navigate these new delivery systems and payment strategies.”

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

A new innovative educational series of online, on-demand courses and live workshops from PAMED can help ensure you have the skills necessary 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).

Earn up to 1 hour of CME for each online course and up to 5 hours of CME for each live workshop.

This series is facilitated by PAMED member Ray Fabius, MD, a nationally respected expert in quality and population health.

What sprung Dr. Fabius into action? It was several years ago when, as a practicing pediatrician in Philadelphia, he was visited by

a local medical director.

“I was stunned when I learned that this medical director knew more about my practice than I did,” said Dr. Fabius. “He had information that compared my performance on quality, on utilization, and even information on my patient satisfaction. I never again wanted to have someone else know more about my practice than I did.”

Learn more at [www.pamedsoc.org/Fabius](http://www.pamedsoc.org/Fabius).

This series is designed to help prepare health care providers for the future when reimbursement is based on outcomes, data and analysis are paramount, and population health is the focus.

“As we move toward value-based delivery systems, the focus shifts from volume to cost and quality,” said Keith Kanel, MD, MHCM, FACP, Chief Medical Officer at Pittsburgh Regional Health Initiative. “Physicians must outfit themselves with new skills for modern challenges, and the PAMED program will provide the toolkit.”

### What's leadership got to do with it and where can I hone my leadership skills?

“What's needed [to be successful in the transition from volume to value] to tie all of these team members and skill sets together is a strong leader,” said Glenn.

In addition to the volume to value educational series, PAMED also offers many leadership resources to Pennsylvania physicians through its Leadership Skills Academy. The Leadership Skills Academy includes a year-round leadership academy; online, on-demand courses; onsite training; and discounts on national seminars and conferences. Learn more at [www.pamedsoc.org/leadershipacademy](http://www.pamedsoc.org/leadershipacademy).

“If we [physicians] don't lead or at least participate in change, it will occur without us, and I'll wager to our detriment,” said Gus Geraci, MD, consulting chief medical officer at PAMED. ■



# ICD-10 is Here

## Is your organization or practice ready?

BY SIVA MAHALINGAM

After being delayed for two times, finally ICD-10 is supposed to be implemented by all healthcare organizations by October 2015. There are a lot of enhancements and improvement to ICD-10 compared to ICD-9. Although ICD-10 has been around for nearly two decades, we are adopting it only now. The new ICD-10 will have more than 68,000 codes compared to just approximately 18,000 codes in ICD-9. Some of the major advantages of ICD-10 include:

- Improved disease management
- It is very specific to the body part and site
- Addresses the issue of laterality (right or left)
- Improved coding accuracy and richness of data for analysis
- Improvement in medical research
- Supports interoperability and exchange of health data among different systems
- HIPAA compliant

There are significant differences in classification, terminology, meaning and definitions between ICD-9 and ICD-10.

Implementing ICD-10 is no easy task. It takes a great deal of planning and execution. It takes a lot of time, money and resources to get it implemented by the deadline.

Center for Medicare and Medicaid (CMS) has come up with the following implementation plan with six phases:

1. Planning
2. Communication and awareness
3. Assessment
4. Operational implementation
5. Testing
6. Transition

The following is a list of expected and unexpected outcomes of Canada's implementation of ICD-10 between 2001 and 2005.

#### Unexpected outcomes

- Underestimation of how much work was involved
- Both timelines and budgets were grossly underestimated
- Magnitude of change was underestimated

#### Expected outcomes

- Training of coders alone is not sufficient
- Physician involvement is crucial
- Physician should correctly document all clinical aspects of the patient

ICD-10 will impact the following people and technology:

- Physicians
- Billers and coders
- Clinicians
- Information system and technology
- Software vendors
- Billing system
- Documentation

All the current systems that use ICD-9 will be affected by the changes that include applications, software interfaces, state, federal and other reporting, vendor applications, internal and external interfaces, etc. It will also impact all the processes, systems, operations and finances.

Financial impacts include:

- Initial revenue decrease
- Payment error rate due to errors in implementation
- Payment delays due to claim rejections

Enterprise outreach, education and communication is very crucial to the success of the project.

Following is an enterprise readiness self-assessment questionnaire:

- ✓ My facility has an implementation timeline
- ✓ My facility has an interdisciplinary steering committee
- ✓ Executive management is aware and supportive
- ✓ My facility has a communication plan
- ✓ My facility has completed an inventory of all systems affected
- ✓ My facility has created a budget for implementation
- ✓ My facility has a training plan

Take this self-assessment to check to see if your organization or practice is ready for the transition. Your assessment should include systems and applications, vendor readiness, ICD-10 training, technology, people and process. ■

*Siva Mahalingam is the President of Cube Info Solutions, an IT consulting firm specializing in healthcare IT. Please contact [siva@cubeinfosolutions.com](mailto:siva@cubeinfosolutions.com) or at (610) 482-4359 for more details.*





# PAMED Foundation Offers Scholarships to Medical Students

## Applications Accepted July 1–Sept. 30, 2015



**2014 MCMS Medical Student Scholarship Winners**

The Foundation of the Pennsylvania Medical Society offers several scholarships available to Pennsylvania residents enrolled in fully accredited medical schools.

“We recognize that medical students play a vital role in the future of medicine in Pennsylvania so we proudly administer scholarships to deserving students across the commonwealth,” said Executive Director Heather Wilson. Additional scholarships are offered throughout the year and information can be found on the Foundation’s website at [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org).

**The following scholarships accept applications July 1 through Sept. 30, 2015:**

### **ACMS Medical Student Scholarship Application Available**

Allegheny County Medical Society (ACMS) Foundation, in conjunction with The Foundation of the Pennsylvania Medical Society, is offering a \$4,000 scholarship to third- or fourth-year Pennsylvania medical students from **Allegheny** county. Applicants must be U.S. citizens enrolled full time in an accredited Pennsylvania medical school.

Allegheny County Medical Society’s mission is to provide leadership and advocacy for patients and physicians. The

Foundation of the Pennsylvania Medical Society administers the fund for the ACMS Foundation, which encourages physicians to contribute to the scholarship to help area students offset the cost of medical education. In 2004,

ACMS Foundation established the scholarship and distributed its first award in 2007.

### **Scholarships Available for Blair County Residents**

Blair County Medical Society (BCMS), in conjunction with The Foundation of the Pennsylvania Medical Society, is offering two \$1,000 scholarships to medical students who are residents of **Blair County**. These awards are available to second-, third-, and fourth-year medical students enrolled full time in an accredited U.S. medical school.

BCMS established the fund in September 2013 with \$50,000. The purpose is to assist Pennsylvania residents from Blair County with the cost of attending medical school.

### **Scholarship Available to Lehigh County Residents**

The Foundation of the Pennsylvania Medical Society in conjunction with the Lehigh County Medical Auxiliary’s Scholarship and Education Fund, Inc. is offering its \$2,500

*Continued on page 20*

LeCoMASE Medical Student Scholarship award. Medical students who are residents of **Lehigh County** are eligible to apply. Additionally, students must be enrolled full time in an accredited U.S. medical school.

The Lehigh County Medical Auxiliary's Scholarship and Education Fund, Inc., established this fund within the Foundation to assist Lehigh County residents with the cost of attending medical school. Individuals are invited to contribute to the fund to secure its future.

### Scholarship Available for Lycoming County Residents

Lycoming County Medical Society, in conjunction with The Foundation of the Pennsylvania Medical Society, is pleased to announce the availability of the 2015 Lycoming County Medical Society Scholarship. Multiple \$3,000 awards are available to first- through fourth-year medical students who are residents of **Lycoming County** and enrolled full time in an accredited U.S. medical school.

Lycoming County Medical Society established the scholarship within the Foundation and presented the first award in 2002. Contributions from Lycoming County physicians made the fund possible. The society provides education, networking, and legislative support for member physicians.

### Scholarships Available for Montgomery County Residents

Montgomery County Medical Society (MCMS), in conjunction with The Foundation of the Pennsylvania Medical Society, is offering two \$2,500 scholarships to medical students who are residents of Montgomery County. These awards are available to first-year medical students enrolled full time in an accredited U.S. medical school.

The awards are possible thanks to contributions from MCMS and area physicians. The MCMS mission is to represent and serve all physicians of Montgomery County and their patients in order to preserve the doctor-patient relationship; maintain safe, quality care; advance the practice of medicine; and enhance the role of medicine and health care within the community and across Montgomery County and Pennsylvania.

### Foundation Offers Medical Student Scholarship to Berks, Lehigh, and Northampton County Residents

The Foundation of the Pennsylvania Medical Society is offering its annual \$1,000 Myrtle Siegfried, MD, and Michael Vigilante, MD, Scholarship to first-year medical students who are residents of **Berks, Lehigh, or**

**Northampton** counties. Requirements include full-time enrollment in an accredited U.S. medical school. To help local medical students offset the cost of education, former Foundation trustee, Elena Pascal, and her sister, Carla Vigilante, established this scholarship in 1999 in memory of their parents who were prominent Allentown physicians.

### Scholarship for Students of South Asian Indian Heritage

The Foundation of the Pennsylvania Medical Society is offering a \$2,000 Scholarship from the **Endowment for South Asian Students of Indian Descent**. Students must be of South Asian Indian heritage and enrolled full time in their second, third, or fourth year at an accredited Pennsylvania medical school.

Jitendra M. Desai, MD, and Saryu J. Desai, MD, Sewickley, Pa., initiated this scholarship within the Foundation in 2002 to provide an opportunity for South Asian Indian students who demonstrate academic excellence. They invite others to contribute to the fund to secure its future.

In 2014, the Foundation awarded 21 scholarships totaling \$50,500. The Foundation provided \$445,000 in loans to 78 students across Pennsylvania. Since 1948, more than \$19.1 million has been awarded to nearly 4,450 students in the form of loans and scholarships to assist with education costs. For information about these scholarships, call the Foundation's Student Financial Services office at (717) 558-7852, or visit [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org). ■

*The Foundation, a nonprofit affiliate of the Pennsylvania Medical Society, sustains the future of medicine in Pennsylvania by providing programs supporting medical education, physician health, and excellence in practice. It has been helping to finance medical education for nearly 60 years. The Foundation offers scholarships and low-interest loans for medical students.*

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Nursing and Rehabilitation  
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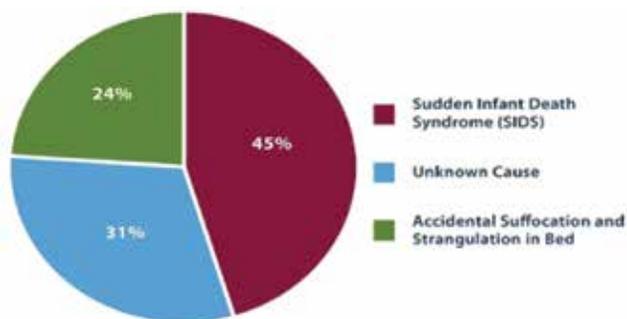
# Safe Sleep Reduces SIDS

BY LEONARD OLU-WILLIAMS, MPH, PUBLIC HEALTH INFORMATION ANALYST  
MONTGOMERY COUNTY HEALTH DEPARTMENT

About 3,500 U.S. infants die suddenly and unexpectedly each year. We often refer to these deaths as sudden unexpected infant death (SUID). Although the causes of death in many of these children can't be explained, most occur while the infant is sleeping in an unsafe sleeping environment. Some of these deaths are from entrapment, suffocation, strangulation and Sudden Infant Death Syndrome (SIDS). SIDS is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history. SIDS is the third leading cause of infant deaths in the United States and the leading cause of death in infants 1 to 12 months old.

In Pennsylvania, SIDS was the leading cause of postneonatal deaths in 2010 with 68, comprising 22.7 percent of all postneonatal deaths that year. In 2011, it ranked second with 47, comprising 16.4 percent of postneonatal deaths.

Fortunately, there are ways for parents to keep their sleeping baby safe. Since the American Academy of Pediatrics (AAP) recommended all babies should be placed on their backs to sleep in 1992, deaths from SIDS have declined dramatically. However, sleep-related deaths from other causes, including suffocation, entrapment and asphyxia, have increased.



SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File. This chart shows the breakdown of sudden unexpected infant deaths by cause in 2013. 45% of cases were categorized as sudden infant death syndrome, followed by unknown cause (31%), and accidental suffocation and strangulation in bed (24%).

## What is MCHD doing about SIDS?

The Montgomery County "Cribs for Kids Program" is available for those who cannot afford a safe place for their baby to sleep. The Montgomery County Health Department (MCHD) receives referrals for this program from community agencies. This is a donation and grant-based program, and "pack 'n play" style cribs are distributed as they are available. To learn more about the "Cribs for Kids Program," please visit <http://www.montcopa.org/?nid=1127>.

## What can you do?

You can help save a baby's life by:

- Helping to get the message out to the community
- Telling mothers and fathers you know about the dangers of unsafe sleeping conditions. Talking about safe sleep with the

people you care about.

- Putting pressure on companies that sell bumpers and comforters for babies' cribs. There should never be any soft objects in a baby's crib, and selling those objects is irresponsible.
- Asking public officials to make the promotion of safe sleep a priority when human services and public health budgets are being discussed.

## What can physicians do?

You can help save a baby's life by:

- Informing your patients about AAP Safe Sleep recommendations. AAP states that a baby should sleep in the same room as the parents, but not in the same bed. Avoiding bed-sharing reduces the risk of SIDS by as much as 50 percent. Additional recommendations from the AAP to decrease the risk of SIDS include:
  - Always place your baby on his or her back for every sleep time, and make sure other caregivers and family members do the same.
  - Breastfeed your baby if possible.
  - Do not smoke during pregnancy or after delivery. Do not allow others to smoke around your baby.
  - Always use a firm sleep surface for your baby.
  - Do not use fluffy blankets or other soft materials under your baby when going to sleep, and do not use wedges or other sleep positioners.
  - Keep stuffed toys, bumper pads and pillows out of the crib.
  - Avoid overheating in the crib, keeping your baby warm but not too warm.
  - Offer a pacifier at bedtime or naptime.
  - Immunize your baby.

These are recommendations from evidence gained through research performed over the past 30 years, and are designed for healthy babies up to 1 year of age. ■

## Additional information on safe sleep can be found on the following web sites:

1. Safe sleep for your baby, <http://www.marchofdimes.org/baby/safe-sleep-for-your-baby.aspx>
2. National Institute of Child Health and Human Development's Safe to Sleep public education campaign, [www.nichd.nih.gov/sts](http://www.nichd.nih.gov/sts)
3. Cribs for Kids, <http://www.cribsforkids.org/>
4. Centers for Disease Control & Prevention, [www.cdc.gov/sids](http://www.cdc.gov/sids).
5. AAP Guidelines for Infant Sleep Safety and SIDS Risk Reduction, <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-expands-guidelines-for-infant-sleep>



# Legislative Update

BY J. SCOT CHADWICK  
LEGISLATIVE COUNSEL, PAMED

For the first time since 2010, Pennsylvania did not have a new state budget in place when the fiscal year ended on June 30. Gov. Tom Wolf, a Democrat, and the Republican-dominated state House and Senate remained far apart on several significant issues, including the state income tax, the state sales tax, a natural gas extraction tax, property tax reform and education spending, liquor privatization and pension reform. On June 30, the House and Senate passed a no tax increase budget that did not address the governor's proposed tax and spending increases, which Wolf promptly vetoed. Budget stalemates like these are not uncommon when control of state government is divided between the two parties, and while some are resolved quickly others drag on for months. As of this writing there is no way to predict how this one will play out. However, while the budget debate continues, there has been movement in the House and Senate on a number of health care-related measures.

## Expanding Punitive Damages Cap

In 1996 the General Assembly enacted a cap on punitive damages that can be assessed against physicians in medical liability actions, limiting those awards to no more than 200 percent of the compensatory damages. In other words, if a jury awarded a plaintiff \$100,000 for medical bills, lost wages, and pain and suffering, an additional award of punitive damages, if warranted due to egregious conduct by the defendant, could not exceed \$200,000. Although punitive damages are rarely awarded against physicians in medical liability actions, this provision can play an important positive role, primarily in settlement negotiations, by eliminating the calculation that a runaway jury might issue an award that bears little or no connection to the seriousness of the injuries suffered by a plaintiff.

On June 25, the Senate passed SB 747, legislation that would extend this protection to personal care homes, assisted living communities, and long-term care nursing facilities, by a vote of 40-9. Three days later, the bill was approved by the House Judiciary Committee, setting the stage for consideration by the

full House.

These entities have been under assault from personal injury lawyers in recent years, and are seeking the same protection extended to physicians 19 years ago. While PAMED supports the bill, we're watching it closely to make sure it doesn't also become a vehicle for trial lawyer-generated amendments that would be counterproductive and poor public policy.

## Licensure Board Reporting

SB 538, which would impose new reporting requirements on state licensees (everybody from crane operators to landscape architects to physicians and other health care professionals) who run afoul of the criminal law or another state's licensing body, is one step away from the governor's desk. The bill will require anyone who holds a license, certificate or registration issued by the Bureau of Professional and Occupational Affairs to, as a condition of licensure, certification or registration, report to their licensing board or commission within 30 days (1) any disciplinary action by a licensing agency of another jurisdiction; and (2) a finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an accelerated rehabilitative disposition (ARD) of any felony or misdemeanor offense and any drug or alcohol related summary offense. Depending on the nature of the action reported, the licensing boards and commissions would be authorized to issue temporary suspensions where warranted. In the case of a legal commitment to an institution due to mental incompetency or a felony conviction under the Controlled Substance, Drug, Device and Cosmetic Act (or its equivalent in another state), the suspension would be automatic.

Approved 49-0 by the Senate on June 9, and 192-0 as amended by the House on June 28, all that remains is a Senate vote to concur with the House amendments. If enacted, the measure would go into effect in 60 days.

## Oral Chemotherapy Insurance Coverage

Another bill that moved a step closer to enactment is HB 60, which provides that whenever a health insurance policy contains coverage for intravenously administered or injected chemotherapy medications to treat cancer, the policy may not provide coverage or impose cost sharing for an orally administered chemotherapy medication on a less favorable basis than the coverage it provides or cost sharing it imposes for intravenously administered or injected chemotherapy medications. The legislation would not preclude health insurance policies from requiring an enrollee to obtain prior authorization for the oral medication, and it only applies to oral chemotherapy medications where an intravenously administered or injected chemotherapy medication is not equally effective. That last point is controversial though, which could slow the process down.

The bill, which passed the House 197-3 back in February, was amended and approved by the Senate Banking and Insurance Committee on June 25, putting it in position for full Senate ratification. Senate approval would send the bill back to the House for concurrence in Senate amendments, a necessary step before the bill reaches the governor's desk.

Alternatively, the same language is contained in SB 536, which passed the Senate 49-0 on June 28, and is now in the House Health Committee. As both chambers have overwhelmingly passed identical language, though in separate bills, it is clear that the measure has bipartisan, bicameral support, and one or the other is likely to reach the governor's desk.

## Pharmacists Administering Influenza Vaccine to Minors

On June 15, the Senate unanimously passed HB 182, legislation that will allow pharmacists to administer influenza vaccines to minors age nine and older. Because the upper chamber did not change the already House-passed bill, it went straight to Gov. Wolf, who signed it into law on June 26. Under the measure, pharmacists will have to obtain parental consent before administering influenza vaccine to anyone under age 18, and notify the minor's primary care provider, if known, within 48 hours after administration of either injectable or needle-free vaccine.

Finally, pharmacists who administer influenza vaccine to minors will have to carry professional liability insurance coverage in the minimum amount of \$1 million per occurrence or claims made. PAMED had opposed earlier bills that were far broader in scope, but does not object to HB 182 in its current form. The bill will go into effect in 60 days, in time for the fall influenza vaccine push.

## Impersonating a Physician

Another bill signed into law by the governor is SB 485, which will increase the penalty for impersonating a physician. Under existing law, impersonating someone holding a

professional license is a misdemeanor of the second degree, unless the intent of the actor is to harm, defraud or injure anyone, which makes it a misdemeanor of the first degree.

SB 485 makes impersonating a physician and then providing treatment or medical advice a first degree misdemeanor, regardless of whether or not the other person suffers harm. A second degree misdemeanor is punishable by up to two years in jail and a fine of up to \$5,000. A first degree misdemeanor is more serious, carrying a possible prison term of up to five years and a maximum fine of \$10,000. The bill will take effect in 60 days.

## Banning E-Cigarette Sales to Minors

Progress was also made during the June flurry on legislation restricting the sale of e-cigarettes. On June 15 the House unanimously passed PAMED-endorsed legislation that would ban the sale of e-cigarettes to minors.

HB 954 would simply add "nicotine delivery systems," specifically including e-cigarettes, to the existing law prohibiting the sale of tobacco products to minors. The following day the Senate moved a similar bill, SB 751, into position for consideration by that chamber in the near future, signaling that one of the two bills stands a good chance of making it to the governor's desk.

## Controlled Substances Database Update

On Oct. 27, 2014, Gov. Corbett signed Senate Bill 1180 (now Act 191 of 2014) into law, authorizing the creation of a statewide controlled substance database. The system, which will be a valuable tool for prescribers and dispensers of opioid medications to identify doctor-shopping patients, was supposed to be up and running by June 30.

However, the legislature did not appropriate any money to fund the construction and operation of the database, and the process is behind schedule. Gov. Wolf has included \$2.1 million in the 2015-2016 state budget to cover those costs, and legislative leaders seem supportive. However, those funds may be held up until the currently ongoing budget battle is resolved. Administration officials have signaled that they hope to have the database operational by the end of the year. ■

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# Bites and Stings Can Lead to Other Things

*Pennsylvania physicians offer summer health advice on ticks, mosquitos, and bees*

The Pennsylvania Department of Health Issued a Statewide Health Advisory on July 20 — Over the past three weeks, routine seasonal monitoring conducted by the Pennsylvania Department of Environmental Protection (DEP) West Nile virus (WNV) surveillance program has detected 61 WNV-infected mosquito samples from 15 counties throughout the Commonwealth. No human WNV infections have been detected yet in Pennsylvania in 2015; however, the risk of WNV transmission to humans is beginning to increase. Risk is likely to remain elevated over the next several months, even with continuing efforts to suppress mosquito populations. To raise awareness, PADOH is reminding the public to take steps to reduce exposure to potentially infected mosquitoes. PADOH is also reminding health care providers to consider the diagnosis of WNV in exposed persons presenting with undifferentiated febrile illness or signs of meningoencephalitis, collect appropriate diagnostic specimens, and promptly contact your local health department or PADOH for assistance.

For many people, bug bites and bee stings aren't a big deal beyond a small irritation. But for some, it could mean the start of a painful — possibly long-term or even deadly — experience.

Despite their size, ticks, mosquitos, and bees can pack a wallop. Every summer, reports appear about the havoc they can cause through Lyme Disease, West Nile Virus, and allergic reactions.

As you hit the outdoors this summer, Pennsylvania physicians are urging residents and visitors to the state to take precautions.

“The old saying ‘an ounce of prevention is worth a pound of cure’ really holds true when it comes to bites and stings,” said Karen Rizzo, MD, president of the Pennsylvania Medical Society and a practicing physician in Lancaster. “Simple things like checking yourself for bugs and wearing bug spray can make a difference in the long run.”

## Pennsylvania's Tick Threat

Of all insects, ticks raise the greatest concern in Pennsylvania, particularly in light of an April 2015 study released by the Pennsylvania Department of Environmental Protection (DEP). The study indicates that Lyme Disease is now a risk in all 67 counties in Pennsylvania.

Before this study and according to statistics from the Centers for Disease Control and Prevention (CDC), it was well known that Pennsylvania had the highest number of confirmed Lyme Disease cases in recent years of all states. CDC data suggests there were nearly 5,000 confirmed cases of Lyme Disease in Pennsylvania during the 2013 calendar year.

The state DEP study prompted acting Pennsylvania Physician General Rachel Levine, MD, to offer advice on precautions the public can take.

- Avoid tick infested areas
- Wear protective clothing
- Use insect repellent
- Do a full body check after spending time outdoors

“If an individual develops signs and symptoms of Lyme Disease after a tick bite, we urge them to seek medical attention,” Dr. Levine said. “Early diagnosis and treatment of Lyme Disease may prevent late-stage complications.”

According to Paul Killian, MD, president of the Pennsylvania Rheumatology Society, early symptoms within the first 30 days of a tick bite could include

- A red and expanding rash
- Fatigue
- Chills
- Fever
- Headache
- Muscle and joint aches
- Swollen lymph nodes

“This is something you want to catch early,” said Dr. Killian, who practices in Monroeville. “A large percentage of patients who go untreated tend to face bouts of arthritis including severe joint pain and swelling. A small percentage may even develop chronic neurological issues such as shooting pain, numbness, or tingling in the hands or feet.”



In 2014, Pennsylvania passed legislation to raise awareness of Lyme Disease and increase prevention efforts. The new law created a task force at the Department of Health (DOH) to educate the public about Lyme Disease and related tick-borne illnesses, and to collaborate with other key agencies.

### **Mosquitos Transmit Diseases**

Mosquitos essentially use their mouthparts to puncture human skin and feast on blood. Most mosquito bites do little harm, possibly leaving the puncture area swelling, sore, and red.

However, if the mosquito is carrying a virus or parasite, then the victim could experience severe illness.

“Mosquitos, particularly those in tropical environments, have been linked to some nasty illnesses including yellow fever and malaria,” said G. Alan Yeasted, M.D., FACP, president of the Pennsylvania Chapter of the American College of Physicians. “In Pennsylvania, we don’t see a lot of those diseases. Instead, we more often associate mosquitos with West Nile Virus.”

According to the Pennsylvania’s West Nile Virus Control Program, the virus first appeared in Pennsylvania birds and mosquitos in 2000. Typically, West Nile is a mild disease that mimics the flu and lasts only a few days. However, some cases – about one in 150 – can be severe, causing encephalitis, convulsions, paralysis, or death.

One of the keys in the fight against West Nile Virus is to make it difficult for mosquitos to breed. Property owners play an important role. Mosquitos tend to enjoy stagnant water. Eliminating stagnant water from locations like wading pools, clogged gutters, and other locations helps.

But, it can be tough to totally avoid mosquitos. Dr. Yeasted, who practices in Pittsburgh, suggests that you wear appropriate clothing when outdoors and to use mosquito repellent.

### **Bee Stings Can Cause an Allergic Reaction**

Like ticks and mosquitos, bees as well as wasps and hornets have the ability to cause little or a lot of harm. While many

people will have a mild reaction to a bee sting, some may end up with an allergic reaction that could be life threatening.

According to Todd D. Green, MD, FAAAAI, president of the Pennsylvania Allergy & Asthma Association, a severe allergic reaction could cause low blood pressure or swelling that could impact breathing.

“It’s very important for a person having a severe allergic reaction to a bee sting to seek immediate medical care,” said Dr. Green, a practicing allergist in Pittsburgh. “Even moderate reactions can be problematic.”

Dr. Green said treatment for a bad reaction may include antihistamines, epinephrine, or in the worst of cases a breathing tube.

According to the US Department of Labor Bureau of Labor Statistics, between 2003 and 2010, of all insect bites, bees caused the most fatal injuries to workers. ■

*Reprinted with permission of the Pennsylvania Medical Society (PAMED). Information brought to you by the Pennsylvania Health News Service Project, consisting of 20 Pennsylvania-based medical and specialty associations and societies. Inquiries about PHNS can be directed to PAMED’s Chuck Moran (717) 558-7820, cmoran@pamedsoc.org, or via Twitter @ChuckMoran7.*

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# Advocate, Communicate, Collaborate: Get the Skills You Need at PAMED's Annual Education Conference

**S**trengthen collaboration with the health care team, enhance interactions with patients and peers, and increase personal and professional satisfaction — these are common goals for Pennsylvania physicians of all specialties and practice types.

These are simple goals with a varied and complex set of solutions. With the rapid changes occurring in medicine today as a result of new technology and the shift to value-based payment systems, it's not surprising that many physicians are feeling overwhelmed. You can survive and thrive in today's environment, however, and the Pennsylvania Medical Society (PAMED) can help.

With physicians' concerns in mind, PAMED is holding its Annual Education Conference in Hershey, Pa., where you can access up to 11 hours of education. This year's curriculum includes innovative courses on topics like enhancing cultural and linguistic competencies, improving interpersonal skills, finding purpose and pleasure in medicine, and physician advocacy.

Your membership in PAMED and your county medical society allows you to access all conference activities on both Friday, Oct. 23, and Saturday, Oct. 24—a \$149 value—for free.

Registration for the conference is now available online at [www.pamedsoc.org/AEC](http://www.pamedsoc.org/AEC). You can also find Hershey Lodge information at [resweb.passkey.com/go/pms2015](http://resweb.passkey.com/go/pms2015).

Last year's conference was "an outstanding experience," according to attendee Mark Lopatin, MD, a

rheumatologist practicing in Willow Grove. "I always enjoy the opportunity to discuss opinions on the state of medicine with colleagues...I eagerly look forward to 2015."

## **Better teams, better patient care, better relationships at work and at home**

PAMED talks to physicians every day, and we've heard physicians ask:

- I have a busy schedule, but I'd still like to find a way to become a better advocate for my patients and my profession. What steps can I take to accomplish this?
- There's room for improvement in my communication skills. What can I do to enhance the lines of communication with patients, providers, and peers?
- How can I become a better leader on my health care team? I want to ensure that I'm part of the solution and that I'm fostering a spirit of collaboration in my organization.

This year's conference curriculum has been created to address these concerns. And, we know there's a ripple effect—better communication with your team and patients means more efficient and effective patient care and time saved on administrative tasks. And that, in turn, can equate to less stress and more time to spend with family and friends.

Conference speakers are recognized experts in their fields. For example, Leonard Marcus, PhD, a founding Director for Health Care Negotiation and Conflict Resolution at Harvard's School of Public Health, returns to

PAMED's annual meeting by popular demand. He has a fresh take on meta-leadership, a leadership framework used to strategically link different parts of an organization.

Dr. Marcus will discuss "swarm intelligence," instances of exemplary leadership in which no one agency is in charge. "A few generations ago, we lived in the swarms of our families and their communities. Today, we are spread across the world, and yet, we still endeavor to swarm, now through social media," he says. Dr. Marcus will apply this concept to collaborations in today's health care environment.

Additional courses and faculty include:

- "Enhancing Cultural and Linguistic Competencies: Improving Health Care and Building Effective Teams"—Horace DeLisser, MD
- "Healthy Teams, Healthy You: Interpersonal Skills to Reduce Stress and Improve Interactions with Patients, Providers, and Peers"—David Steinman, MD
- "Finding Purpose and Pleasure in Medicine: Better Patient Care and Improved Physician Well-Being"—Bruce Bagley, MD

## **Create Your Own Conference Experience**

Physicians can customize the conference experience to meet their needs. If you're looking to combine family time with education, Hershey, Pa. offers easy access to restaurants, shopping, and Hershey Park.

## PAMED's Annual Education Conference

With courses on both Friday, Oct. 23 and Saturday, Oct. 24, you can choose to attend on one or both dates, depending upon your schedule.

The conference provides an experience you can't get from an online module, no matter how well-designed and informative that online activity might be. Education conference attendees are:

- Physicians looking to develop new skills, get education, and find solutions to on-the-job challenges
- Physician leaders looking to connect with colleagues and advocate for their profession
- National experts on health care teams, physician advocacy, and work-life balance

### Physician Advocacy in Action

PAMED's Annual Education Conference is held in conjunction with the 2015 PAMED House of Delegates (HOD). The HOD allows PAMED representatives from all regions of Pennsylvania to help shape an advocacy agenda on issues like telemedicine, opioid abuse, and scope of practice.

Holding the education conference and HOD in tandem gives participants a chance to witness advocacy in action. Advocacy education at the conference includes:

- Physician Advocacy 2.0—Find out how to become a better advocate for your patients and your profession
- Opioid Abuse: Addressing the Crisis—Physician advocacy led to Pennsylvania's Controlled Substances Database Law. What are the next steps as Pennsylvania continues to confront the public health crisis of opioid abuse and addiction?
- The Advocacy Experience—Choose an HOD reference committee meeting that matches your interests and see how Pennsylvania physicians are helping to shape the direction of health care.

### We'll See You in October!

Physician engagement and participation are essential to the event's success. If you have any questions or feedback concerning the conference, please call PAMED at 855-PAMED4U (855-726-3348) so that we can assist you.

All Pennsylvania physicians, both PAMED members and nonmembers, are welcome at the Annual Education Conference. We're looking forward to seeing you in October! ■

See PAMED's ad, inside back cover!

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# Newest County Commissioner Excited to Share Resources

BY VALERIE ARKOOSH, MD, MPH, MONTGOMERY COUNTY COMMISSIONER

## Montgomery County Community Connections

### Main Offices

#### Lansdale

421 W. Main St.  
Lansdale, PA 19446  
(267) 263-0048

#### Norristown

Human Services Center  
1st Floor  
1430 DeKalb St.  
Norristown, PA 19401  
(610) 278-3522

#### Pottstown

364 King St.  
Pottstown, PA 19464  
(610) 970-2979

#### Willow Grove

Courthouse Annex  
102 N. York Road  
Willow Grove, PA 19090  
(215) 784-5482

### Expansion Sites

#### The Open Link

452 Penn St.  
Pennsburg, PA 18073  
Tuesdays 9am-4pm  
(610) 970-2979

#### The Center

517 Jefferson St.  
East Greenville, PA 18041  
Thursdays 9am-4pm  
(610) 970-2979

#### Narberth Community Food Bank

201 Sabine Ave.  
Narberth, PA 19072  
Tuesdays 9am-2pm  
(610) 278-3522

#### Keystone Opportunity Center

104 N. Main St.  
Souderton, PA 19864  
Wednesdays 9am-4pm  
(267) 263-0048

#### Mattie N. Dixon Community Cupboard

150 N. Main St.  
Ambler, PA 19002  
Wednesdays 9am-1pm  
(215) 784-5482

## Welcome to a new feature in *MCMS Physician*.

My name is Valerie Arkoosh, MD, MPH. On Jan. 29, after unanimous selection by the Montgomery County Court of Common Pleas, I was sworn in as one of the three Montgomery County Commissioners to complete the term of a commissioner who left office to join Gov. Tom Wolf's administration. Subsequently, I was elected as Vice-Chair of the Commission. I, along with Commissioner and Chairman Josh Shapiro and Commissioner Bruce Castor, serve as your county's governing body.

I am an obstetric anesthesiologist by training and practiced in Philadelphia teaching hospitals for over 20 years, including a five-year stint as Chair of the Department of Anesthesiology at Drexel Med in the post-Allegheny bankruptcy years. In 2005, I enrolled in Johns Hopkins Bloomberg School of Public Health and obtained my Master of Public Health in 2007. I have since spent a significant portion of my time working on health policy. I left clinical practice two years ago to pursue elected office. Although not victorious in that election, I am very pleased to have the opportunity to serve as a Montgomery County Commissioner.

I am not new to County government. In 2011-2012, I co-chaired the Health and Human Services Transition Committee for then Commissioners-elect Shapiro and Leslie Richards (who I replaced). The County's health and human services work collectively comprises a little over one-third of the \$371 million annual budget. I also served for a short time as Chair of the Montgomery Board of Health. One of my primary goals in this office is to consider the impact on health of all of our County policies.

I am honored to be invited by the MCMS Board of Directors to submit this column each quarter. I hope that it can be a vehicle for improved communication between Montgomery County and the medical community we serve. Each quarter, I will focus on a different area of County work that is relevant to your practice. *I urge you to submit ideas for topics to me at [val@montcopa.org](mailto:val@montcopa.org).*

First, I would like to introduce you to a referral service for your patients: *Montgomery County Community Connections*. We all know how important social determinants are to health yet, providing solutions to help a senior to stay in their home, a parent with an autistic child, food insecurity, domestic violence or homelessness, or lack of insurance are not tasks that most of our practices are equipped to deal with.

Montgomery County Community Connections is an innovative approach to human services in Montgomery County that helps the people who need them most, where they need them most—in their communities. Community Connections has established service centers in an initial four locations throughout Montgomery County—Lansdale, Norristown, Pottstown, and Willow Grove. We offer additional part-time hours in a number of other locations. The offices are staffed with skilled human service professionals called navigators. Navigators can direct Montgomery County residents to information and a variety of resources that will meet their needs including housing, senior supports, child care, basic needs, services for veterans, behavioral health supports, and much more. A navigator serves as both a navigator of the system and an advocate for the individual utilizing the service. For more information (including driving directions to each location, phone numbers, and hours of operation) please visit [www.montcopa.org/communityconnections](http://www.montcopa.org/communityconnections).

Any Montgomery County resident can be referred to Community Connections at no charge to the resident. I urge you to ask your patients if our services might be helpful to them and refer them if appropriate. Working together, we can create a healthier Montgomery County community! ■

# Team-Based Education

## First-year medical student calls "learning team" approach a success

BY JOHN ARENA, UNIVERSITY OF PENNSYLVANIA PERELMAN SCHOOL OF MEDICINE



John D. Arena

Throughout the medical school application process, one is assured to hear each and every institution boast about their implementation of team-based learning methods into the curriculum. This philosophy is routinely presented as preparation for the rapidly-evolving healthcare environment that

encourages team-based care. On most of my interviews, these descriptions of team-based initiatives felt more like efforts to check-off a box than a genuine commitment to a shift toward a more contemporary style of medical education. The University of Pennsylvania's Perelman School of Medicine struck me as a true pioneer and champion of this collaborative approach.

### Working in Groups: A Bit Unnerving at First

Team-based exams, anatomy practicals and pathology workshops were all presented as integral aspects of the curriculum and the daily experience of students. While these opportunities were certainly welcome, I was admittedly concerned about the prospect of my assigned "Learning Team," a group of six other students with whom I would be intimately working day-in and day-out throughout the duration of my medical school career. Experiences as a collegiate student-athlete and fraternity president provided me with countless opportunities to witness and appreciate the power of individuals working together toward a common goal. However, my medical school Learning Team would be quite different than a football roster, and the prospect of being matched with non-compatible or difficult classmates was worrisome.

### Diversity Worked in Our Favor

When the first-year class reported to West Philadelphia last August, the initial meeting of our team highlighted the significant diversity within the group. We had representatives from the east coast and the west coast, students matriculating straight from college and others from years in the workforce, shy temperaments and boisterous personalities. In short, I was skeptical of our ability to make this work. Fortunately, it did not take long for my concerns to be eased. Within only the initial days of orientation, it became clear that I had been matched with a special group of people. I was blown away not only by the formidable intelligence, but also the deep and diverse passions of my teammates. Since that time, we have adapted to the varied personalities, our team dynamic has taken shape and our friendships have flourished. Striving to always maintain an open and direct manner of communication, we continue to challenge each other academically and personally as we work toward our shared goal of developing into caring and competent physicians. Extending our relationships beyond the walls of the classroom has assisted our

Learning Team in growing into what we (with perhaps some bias) consider to be the most successful unit in our class, winning nearly every extracurricular inter-team competition ranging from blood drives to dodgeball.

### Collaboration Now, Effective Collaboration as a Physician Later

My experience as a member of this group has certainly turned me into a proponent of Penn's collaborative approach. Studying and growing alongside my Learning Team members this year has been an absolute privilege and I look forward to spending the rest of our medical school journey together. ■

*John Arena was one of three medical students who received a 2014 medical student scholarship of \$2,500 from MCMS. Although his dad is a physician, he said his most significant influence on his decision to pursue medicine actually stems from his mother who battled brain cancer when he was a toddler. Her experience ignited his lifelong curiosity with the brain and his pursuit to study neuroscience.*

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# Is Retirement Calling You? A Few Things to Consider....

BY ANGELA BOATENG, REGULATORY COUNSEL, AND MARY ELLEN CORUM,  
DIRECTOR OF PRACTICE SUPPORT, PENNSYLVANIA MEDICAL SOCIETY

**M**any of our physician members can see retirement on the horizon and for some others, retirement has finally arrived.

Physicians contemplating this particular capstone in their careers have a number of things to consider. In addition to how you will spend your well-earned free time, you may also be thinking about what to do about notification to patients, employees, insurance companies, and your medical license, medical malpractice insurance, and medical records. Even though these issues may be low on your list of priorities, it is definitely worth your time to plan ahead.

## Notifications

**Patients:** Notifying your patients may seem obvious, but it is more than a question of logistics. You have an ethical and legal obligation to do so. Physicians must provide adequate notice to patients before discontinuing care or possibly face abandonment charges. There is no set rule regarding the number of days of prior notice that must be provided. The appropriate time period will vary depending upon the circumstances. Providing sufficient time for your patients to obtain necessary care from another physician is key.

**Employees:** The time and way you notify your employees about your retirement plans and the resulting changes is an individual call that will vary. Be prepared to discuss your obligations regarding vacation time, sick pay, insurance benefits, and any other benefits.

**Insurance Companies/Payers:** Although timeframes may vary from contract to contract, a 90-day notice of termination without cause is fairly typical. When notifying the insurers, be sure to provide them with an effective termination date. Make sure that addresses are provided so that any payments may be forwarded to you.

**Drug Enforcement Agency (DEA):** You are required to notify the DEA of your intent to stop practicing medicine and request that your DEA number be deleted from its system. You can achieve this by sending a letter to the DEA or you can make a notation of “non-renewal due to retirement” on your DEA renewal form (if the two events are occurring within a reasonable time of one another).

## Your Medical License and Retirement

Retiring Pennsylvania physicians have the daunting task of figuring out what they want to do with their license to practice. There are a few options available and each option has its own conditions and requirements.

**Keep your active license:** There may be many reasons why physicians choose this option. Some believe that they might return to practice at some point in time and don't want to go through the “hassle” of meeting the requirements to reactivate their license. Others, although technically “retired,” plan to (eventually) consult or moonlight at their convenience.

If you decide to keep your license active, you must meet **all** of the current licensure requirements:

- Complete the biennial application and pay required fee.
- Meet continuing medical education (CME) requirement (See PAMED's FAQs for MD and DO CME requirements at [www.pamedsoc.org/MDrequirements](http://www.pamedsoc.org/MDrequirements) and [www.pamedsoc.org/DOrequirements](http://www.pamedsoc.org/DOrequirements)).
- Fulfill mandatory child abuse recognition and reporting training, as a condition of license renewal. (Note: PAMED developed online training to meet this requirement and is awaiting approval from the state.)
- Maintain medical professional liability insurance, including participation in Mcare.

**Get an active-retired license:** With this license, physicians are only allowed to write prescriptions for them and immediate family members who live with them (spouse, children, parents, siblings). Physicians with an active-retired license are required to do all of the following:

- Complete the biennial application and submit the required fee.
- Fulfill the mandatory child abuse recognition and reporting training.

Active-retired physicians are not required to have medical professional liability insurance, participate in Mcare or meet the 100-credit CME requirements.

**Go to inactive status:** Ah! Total state of retirement relaxation! Do whatever you like...except practice medicine. When your Pennsylvania medical license is inactive status, you are no longer licensed to practice medicine in the state, which means:

- You **do not** have to complete the biennial application and pay required fee.
- You **do not** have to complete the CME requirements.
- You **do not** have to complete the mandatory child abuse recognition and reporting training.
- You **do not** have to maintain medical professional liability insurance or participate in Mcare.

### Medical Malpractice Insurance— Tail Coverage

Whether or not you maintain medical malpractice insurance depends on your license status. Pennsylvania, however, requires tail coverage for physicians who cancel their claims-made coverage. The tail covers losses and expenses occurring during a claims-made coverage period. The one-time fee paid for the tail coverage would protect the physician indefinitely for any claim made after the cancellation, termination, or non-renewal of the claims-made coverage in Pennsylvania.

The physician's malpractice carrier is required to offer tail coverage upon cancellation, termination, or non-renewal of claims-made coverage. Physicians must purchase tail coverage to be in compliance with state law; but, they are not required to purchase it from their current malpractice insurance provider. Physicians can shop around for alternative malpractice carriers.

### Medical Records

And, you thought your obligation to medicine was done once you retired. Not so fast. You may still have an obligation from the state and your medical malpractice carrier regarding your patient medical records.

State regulations require MDs to maintain medical records for at least seven years from the last date of service for adults. For minor patients, medical records must be kept at least seven years from the last date of service and one year after the patient turns 18, whichever is longer.

Regulations for DOs are almost identical, except that the extended period of time for minors is two years after the patient turns 18.

Again, when you are ready to turn your retirement plans into a concrete plan, these are just a few items you should consider. As always, if you have questions about any of the information please feel free to contact us at PAMED at (717) DOC-HELP (that's (717) 362-4357). ■

# H.I.P. Kids Are Healthier Kids

## *PAMED Grant Helps North Penn YMCA Program Address Childhood Obesity*

BY DEBRA MAZDA, CPT

**F**orty-eight pounds and 98 inches later, participants in the North Penn YMCA Healthy Initiative Program (H.I.P. Kids) are well on their way to a healthy way of living.

In an effort to combat childhood obesity, the Healthy Initiative Program (H.I.P.) is a 12-week program for kids who are currently or at risk of becoming overweight. A \$5,000 grant from the Pennsylvania Medical Society helped to bring the program to the Lansdale branch.

The program gave youth, ages 10 to 13, an opportunity to comprehend, visualize, taste and put into action the importance of good health practices. For 12 weeks, they worked with a registered dietician, physiologist and four personal trainers. While the program has a weight loss component, the bigger focus was on good health practices through good nutrition and fitness. The registered dietician showed them what good nutrition looks like. They participated in fitness classes ranging from yoga, spinning and weight lifting with the trainers, and also participated in a weekly roundtable discussion that addressed issues such as emotional eating, mindful eating, and self-esteem. This program taught the youth skills needed to make better choices in their lives.

While most the of the kids joined this program to lose weight, the staff emphasized that this was a time for them to learn and implement healthy habits and not just worry about how much they weighed. Staff taught the kids more about themselves and gave them opportunities to meet new friends and to understand what a healthier life could be. The program also addressed the stigma that society places on kids who are bigger, overweight or obese by teaching them social skills such as self-confidence, self-esteem and what a healthy body image is no matter the size. Each participant left the program thinking about changes he or she could make now and in the future to live healthier and happier lives beyond eating and exercise.

Each child had an initial interview with the wellness director and head trainer. Staff wanted to make sure that every child and parent understood that they would be held accountable from start to the finish. During the interview, each phase of the program was discussed with the participants and the parents. The parents listened week after week and did a great job supporting their children. During the final session, the children celebrated by bringing a snack that they made. The results were astounding.



In 12 weeks, the total weight loss was 48 pounds and 98 inches. More importantly, the participants learned that you can make positive changes even in times of challenge. The entire staff was so proud of them.

The program was so successful that H.I.P. Kids will return in the fall for 15 more kids who want the same kind of change. For more information contact Karen Rice, Branch Executive, Lansdale Area Family YMCA, (215) 368-1601, ext. 207. ■

# MCMS



## Happenings

### MCMS Physicians Needed to Serve as Delegates

– Here is your opportunity to shape policy within your profession. MCMS can send 11 delegates and alternates to the Oct. 23-25 PAMED Annual Business Meeting (House of Delegates) in Hershey. The meeting is free to members and offers free CME course. The MCMS delegation includes Frederic Becker MD, William Bothwell MD, Madeline Danny DO, James Goodyear MD, George Green MD, Walter Hofman MD, Mark Lopatin MD, Mark Pyfer MD, Nicole Davis Rogers MD and James Thomas MD. You can help fill the remaining slots. If interested, contact MCMS Executive Director Toyca Williams, (610) 878-9530 or e-mail [montmedsoc@verizon.net](mailto:montmedsoc@verizon.net). MCMS will reimburse for lodging and provide a stipend for each day of attendance.

### Registration Open for PAMED-ABIM

– The annual business meeting is open and free to all members. Register online at [www.pamedsoc.org/AEC](http://www.pamedsoc.org/AEC). There will be a number of educational seminars, up to 11 hours or free CME, to attend. During the meeting, two MCMS leaders will be recognized as officers of the Pennsylvania Medical Society. Scott E. Shapiro MD, Montgomery County cardiologist and MCMS board member, will be sworn in as president of the Pennsylvania Medical Society and Charles Cutler MD, Montgomery County internist and board member, will assume the role as president-elect. Come out to support the leaders of your county and state medical societies and network with colleagues from around the state.

**Calling All Resolutions** – The deadline to submit resolutions to PAMED is Sept. 18. If you want Montgomery County Medical Society's support of your resolutions, please submit by Friday, Aug. 28. The MCMS Board of Directors will review resolutions at their Sept. 1 meeting. Business may be introduced into the House through the presentation of resolutions by voting delegates. MCMS has 11 delegates attending the Oct. 23-25 meeting in Hershey. A resolution conveys to the House of Delegates a proposal from an individual, a component or specialty society, or a special section on a particular subject. For additional information on writing a resolution, contact

your MCMS office, [montmedsoc@verizon.net](mailto:montmedsoc@verizon.net).

### MCMS Members Welcome To Attend Board of Directors Meeting

– The next board of directors meeting is Tuesday, Sept. 1, 6 p.m., MCMS office, 491 Allendale Road, Ste. 323, King of Prussia. If you are interested in attending a board meeting, contact Toyca Williams, MCMS executive director, [montmedsoc@verizon.net](mailto:montmedsoc@verizon.net) or call (610) 878-9530. The MCMS Board of Directors represents you. For a list of board members, visit the MCMS web site, [www.montmedsoc.com](http://www.montmedsoc.com).

### A Hearty Thank You to the 2015 Annual Dinner Sponsors

– MCMS sincerely appreciates our corporate sponsors for supporting the June Annual Membership Dinner. Without their generosity, it would be difficult to plan such a memorable evening for all honorees and the general membership. Many thanks to the Platinum sponsor, Norcal Mutual; Silver sponsor, TD Bank; and Bronze sponsors, Allen Investment Group of Raymond James, Leise Wealth Management Group and Nixon Uniform Service and Medical Wear.

### Medical Legal Committee Open Invitation

– The MCMS Medical Legal Committee will hold the next meeting, Monday Sept. 28, 6 p.m., Broad Axe Tavern, 901 W. Butler Pike, Ambler. The MCMS-MBA Medical Legal Committee defines and promotes standards of conduct and fair dealing between physicians and attorneys. The committee meets several times during the year to discuss issues that affect your patients and their clients.

**Free CME Reimbursement** – Applications are being taken for the Howard F. Pyfer Fund. Though the fund, MCMS members under the age of 45 are awarded CME reimbursement up to \$500 per year. Visit MCMS web site, [www.montmedsoc.com](http://www.montmedsoc.com), for an application. Deadline to apply is Jan. 11.

**Fall Membership Seminar** – In continued efforts to provide value to all members, the MCMS Membership Services and Benefits Committee plans to host a number of free general education seminars and call-ins to

keep you updated on issues that affect your profession and your practice. Topics include issues dealing with work-life balance, stress in the workplace, financial pitfalls to avoid, maintenance of certification, grassroots advocacy and political involvement, risk management, reimbursement challenges, and navigating an ever-changing health care environment. If there is a topic you would like to hear more about, please send suggestions to George Green MD, MCMS board member and chairman of the membership committee, [montmedsoc@verizon.net](mailto:montmedsoc@verizon.net).

**A Bad Address Can Cost You** – Don't forget to update your address with your respective state licensing boards. To receive your portion of the historic \$200 million Mcare settlement, your address must be correct. To learn more about the settlement and the refund process, visit [www.mcarerefund.org](http://www.mcarerefund.org).

### Share Your Passion Outside Medicine

– The readers have missed hearing about your passions outside of medicine. We all have them, so open up and provide insight into your favorite pastime. You've read about our physician pilot who enjoys flying with his grandchildren, our ER doc who releases stress by coaching his dragon boat team in competitions all over the world or the determined young resident who scaled Mt. Everest and practiced medicine along the way. We want to hear more. *MCMS Physician* Editor Jay Rothkopf MD also encourages physicians to submit articles for the publication. For more information or to send articles or ideas, contact MCMS Executive Director Toyca Williams, at [montmedsoc@verizon.net](mailto:montmedsoc@verizon.net).

**Like Us on Facebook** – MCMS is using another platform to communicate with members. If social media is your favorite hang out, then like the Montgomery County Medical Society on Facebook.

**Save a Few Dollars** – Your membership can save you money on your next vacation. Visit [www.pamedsoc.org/abenity](http://www.pamedsoc.org/abenity) to learn more about member discounts including movie tickets, restaurants, hotel discounts, computers, entertainment attractions and more. ■

# Obtain CME While Addressing Childhood Obesity

Unfortunately, childhood obesity is a growing epidemic in this country. Approximately 12.7 million children and adolescents aged 2 -19 years are obese. Many organizations, including the PA Chapter of the American Academy of Pediatrics (PA AAP), have taken steps to address the problem with some innovative approaches.

PA AAP calls its program “EPIC® - Pediatric Obesity: Evaluation, Treatment and Prevention in Community Settings.” This interactive program, presented by a physician and a registered dietitian from your community using Power Point and helpful handouts, offers each site a free, 1-1.5 hour, CME/CEU program on pediatric obesity. Audiences might include physicians and the entire practice staff at pediatric and family medicine sites, residency groups, medical/nursing/dietetics students, grand rounds, Head Start staff, school nurses, school health education/physical education teachers, and other professionals.

Overweight and obesity are discussed within the framework of family wellness. Programs are tailored to audience needs. The program offers practical suggestions for working with your patients, family, and community in the context of short patient visits. Topics may include assessment of weight for size, comorbidities, prevention, and interventions you can start right away. Goals for families may involve food and beverages, physical activity and play, screen time, sleep, and mental health. Motivational interviewing techniques to collaborate with patients and families, coding, reimbursement, and community collaboration are discussed.

“EPIC® - Pediatric Obesity: Evaluation, Treatment and Prevention in Community Settings” is funded by the Pennsylvania Department of Health. For more information or to schedule programs, kindly contact PA AAP Program Assistant Megan Keen at [mkeen@paap.org](mailto:mkeen@paap.org) or call (484) 446-3038. ■

*Information submitted by the PA Chapter, AAP, a state level organization of approximately 2,200 pediatricians who are dedicated to promoting the health and wellbeing of children and the value of pediatric practice. It supports the national AAP agenda for children and work on children's initiatives that are specific to Pennsylvania.*



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*Continued on page 36*

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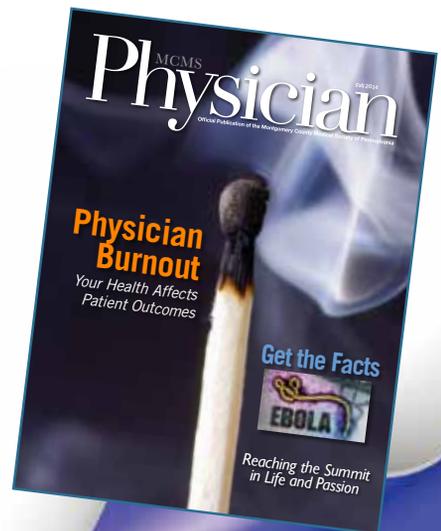
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# Welcome New Members...

To publish photos of new MCMS member physicians, please submit digital copies to [montmedsoc@verizon.net](mailto:montmedsoc@verizon.net)

*MCMS is pleased to welcome the following individuals who joined the Society in 2015:*

### April 2015

- Todd A. Burlingame, DO
- Kevin J. Cross, MD
- Steven A. Fassler, MD, FACS, FASCRS
- Samuel G. Leather, MD
- Steven T. Nguy, MD
- Andrew John Norton, MD
- Nina M. Poliak, MD

### May 2015

- Donna Bennett, Practice Admin.
- Lisa Cavallaro, Practice Admin.
- Rohan Prabhu, Student
- Niels Erik Snyder, DO
- Robert William Stewart, MD

### June 2015

- Tahmina H. Hassan, MD
- Colleen Cubbin Moran, Practice Admin.
- Mari Slater, Practice Admin.

### July 2015

- Johanna Lynn Beck, Student
- Kerry Ann Laughlin, Practice Admin.

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Looking to advance your career? Want to hone your team-building skills? PAMED, in collaboration with the American Association for Physician Leadership(AAPL), has training options for individuals and groups.

[www.pamedsoc.org/leadershipacademy](http://www.pamedsoc.org/leadershipacademy)

**Questions?**  
Contact Leslie Howell at (800) 228-7823, ext. 2624 or [lhowell@pamedsoc.org](mailto:lhowell@pamedsoc.org).

Pennsylvania MEDICAL SOCIETY

## Necrology Report

*MCMS regrets the loss of these society members since April 2015.*

- B. Mary Haythornthwaite, MD
- Lilia D. Mena, MD
- H. Tom Tamaki, MD

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*Leonard Marcus, PhD*

**Finding Purpose and Pleasure in Medicine: Better  
Patient Care and Improved Physician Well-Being**

*Bruce Bagley, MD*

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*Michael Fraser, PhD, CAE; Larry Light*

**Opioid Abuse: Addressing the Crisis**

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