

Philadelphia Medicine



Volume 103, No. 3

March 2007

Hospital and Healthsystem Assn. of PA responds to healthcare reform proposals

Currently, major revisions have been proposed for healthcare in Pennsylvania. The Governor has presented a plan that the Philadelphia County Medical Society will consider. The Hospital and Healthsystem Assn. of Pennsylvania [HAP] has presented its views. What follows is a synopsis: The full report appears on our website: www.philamedsoc.org.

HAP welcomes the opportunity to join with providers, health insurers, business, labor, patients, and elected officials to seek healthcare reform that incorporates the following tenets:

- The good health of all Pennsylvanians must be a priority.
- Individual patients must be the core focus of the healthcare system.
- The healthcare system must work for all Pennsylvanians.
- The best elements of our healthcare system must be preserved and enhanced.

HAP and its member hospitals and health systems are committed to reforms that improve access to cost-effective, quality healthcare, and want to work with others, including government, to find real and lasting solutions that incor-

porate the following essentials:

- ✓ must be centered on the patient and on the patient-healthcare professional relationship.
- ✓ must seek to ensure all that Pennsylvanians have access to adequate, affordable health insurance.
- ✓ must focus on disease prevention and wellness.
- ✓ must ensure that public financing of care for the elderly and poor is adequate to support the benefit obligations of these programs.
- ✓ must promote greater access to information for all parties.
- ✓ must promote medical innovation and progress, and advance the delivery of care.
- ✓ must promote the education of new healthcare providers and maximize the clinical expertise of all healthcare providers.
- ✓ must promote efficiencies in the delivery of care and use market forces to control costs.
- ✓ must be broadened and improve state licensing programs.
- ✓ must contain administrative costs.

PMS recommends steps for end-of-life care

1. Talk to your doctor.
2. Your doctor can help you understand important medical determinations that affect your rights. Your doctor can also explain the good and bad features of various medical measures and artificial life-support.
3. Decide who you want to make healthcare decision for you and the powers you want this person to have.
4. Decide your wishes regarding your end-of-life and other future care.
5. Write down your decisions and make an advance healthcare directive.
6. Make your wishes known. Keep an original copy of your advance healthcare directive in a safe place, but also ask your doctors to put a copy in your medical records. Also give a copy to your healthcare agent. And be sure to talk about your advance directive with family and friends who you expect to attend to your needs when you can't speak for yourself.

PCMS NEWS

DOCTOR'S DAY: Friday, March 30

Come Celebrate Doctor's Day, Friday, March 30, 2007, at PCMS Headquarters, 2100 Spring Garden Street, Philadelphia.

PCMS invites all members and their guests to enjoy music, dancing and libations 6:00 – 10:00 PM.

RSVP 215-563-5343, Ext. 113.

No charge. free parking.

New symposium covers cardiovascular disease

A new symposium covering a broad range of topics affecting the diagnosis and care of patients with cardiovascular disease is available on www.CMElectures.org/pcms.

This new series of accredited lectures is just one segment of more than 100 online educational seminars offered by the PCMS.

All lectures are timely, evidence-based and cover a broad spectrum of medical and surgical topics; PCMS members have unlimited access 24/7.

Check it out. Sample a lecture on cardiovascular disease or select one from any of the 18 other clinical topics. Simply point and click. www.CMElectures.org/pcms.

The PCMS Website accepts typical classified ads. We also advertise upcoming events such as CME programs and seminars. Phone 215-563-5343, Ext. 102 for more information.

Office Space Available

Up to 9,000 sq. ft. office space available. Parking included. Located in the attractive Art Museum area of Philadelphia.

Contact: 215-563-5343, Ext. 101.

Philadelphia Medicine

EDITORIAL BOARD

William S. Frankl, MD
Angelica L. Kloos, DO
Stephen L. Schwartz, MD
Paul D. Siegel, MD
David Woods, PhD

PHILADELPHIA COUNTY MEDICAL SOCIETY

President

Dell R. Burkey, MD

President-Elect

Shailendra S. Vaidya, MD

Secretary

Theodore Christopher, MD

Treasurer

William VanDecker, MD

Immediate Past President

Joyann Kroser, MD

Executive Director

John F. X. Trevi

Executive Offices

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

Philadelphia Medicine is an editorial project management service of Healthcare Media International, Inc. (HMI). HMI provides writing, editing, and contract publishing and medical communication consulting services.

No part of this publication may be reproduced in any medium without the publisher's written permission.
Copyright ©2007.

Publisher

David Woods, PhD

Senior Editor

Susan Keane Baker

Production Editor

Norman Kline

For more information about HMI's products and services call 215-351-5328

E-mail: HMI3000@comcast.net
or visit www.davidwoods.info

Editorial

Healthcare reform: the status quo is not acceptable

By Dell R. Burkey, MD



The Philadelphia County Medical Society applauds Governor Rendell for his leadership in addressing healthcare reform in Pennsylvania. We commit ourselves to working with his administration in developing proposals to improve quality, access, safety and affordability. No one can deny the need for reform. The status quo is not acceptable.

Some of what he has presented is laudable and should be adapted as rapidly as possible. Lack of details makes many proposals impossible to evaluate. Other ideas fill us with fear for the safety of our patients and the future of our profession.

We are again disappointed over the failure to recognize the need for tort reform and caps. Still, there should be no rush to judgment. We, as well as other stakeholders, must rationally and fairly study what the Governor has presented, participate aggressively in fleshing out proposals, listen to and learn from the debate, and articulate clearly our own position.

We also applaud President Bush for laying out a plan intended to make healthcare more affordable, give everyone who buys insurance the same tax break and give patients incentives to

be more cost-conscious about how they spend their healthcare dollars. Again, we will observe developments and express our view when appropriate.

Both the Governor's and the President's proposals must undergo substantial critique from the political,

Some of what he has presented is laudable and should be adapted as rapidly as possible. Lack of details makes many proposals impossible to evaluate.

healthcare and general communities. Most of them must then pass through both houses of the legislature. One can foresee a lengthy, and sometimes bitter, struggle before anything of substance is effected.

We commit ourselves to being players in these very important events. Once we have listened to all the voices and studied carefully all points of view, we have the ethical obligation to our patients and to our fellow physicians to support unequivocally those measures that we believe will result in a better health system.

Among the voices we must listen to is yours. We value your opinion. We value what each one of our members has to say. So say it. We need you to write to us now expressing your thoughts.

Dr. Burkey is president of the Philadelphia County Medical Society.

American College of Physicians releases sweeping primary care policy proposals

The ACP reports that few new physicians are going into primary care and many of those currently in practice are leaving the field or are planning to retire in the near future.

ACP proposes a patient-centered healthcare system that builds upon the relationship between patients and their primary and principal care physicians and provides:

- Access to longitudinal and comprehensive care by a personal physician who is responsible and accountable for managing the care of the whole patient, in partnership with the patient.
- Use of health information and other system improvements to enhance access to care, to provide access to evidence-based guidelines at the point of care, to support the ability of physicians to follow up on recommended treatments and patient self-management plans, and to measure and report on the quality of care being provided.

Medical records reproduction fee schedule for 2007

To determine your cost for copying and mailing medical records for a patient request under HIPAA, you should consider the following:

- Salary and benefits of the person who does the copying. Include all steps of the process, i.e., verifying validity of authorization, pulling the chart, reviewing the record, removing the records, copying, preparation for mailing, re-assembling the chart, and re-filing the chart.
- Cost of the supplies, i.e., paper, toner, envelopes, etc.
- Cost of equipment, i.e., prorated lease or depreciation expense.

In addition to the amounts listed, charges may also be assessed for the actual cost of postage, shipping and delivery of the requested records. Neither Act 26 nor HIPAA mandates that charges be assessed for copies of medical records.

It merely sets the maximum fees that can be charged.

If a district attorney requests a medical record for an action or proceeding, a flat fee of \$18.54 may be charged. No independent or executive agency of the Commonwealth is required to pay any costs associated to medical charts or records unless required by law.

Workers' Compensation (utilization review) and Auto (peer review) pay \$.12 per page, plus actual mailing costs (scope of release is limited to the treatment of the work related or auto injury). Attorney requests for Workers' Compensation and Auto treatment records are not subject to the \$.12 limitation.

If the medical record is requested for the purpose of supporting a claim or appeal under the Social Security Act, a flat fee of \$23.49 plus postage may be charged.

	Act 26 (2007)	HIPAA	Charge to Patient
Retrieval Fee	\$18.54	\$0	\$0
Pages 1-20	\$1.25/page	Cost of copying & mailing	Cost up to \$1.25/page
Pages 21-60	\$.93	Cost of copying & mailing	Cost up to \$.93/page
Pages 61 +	\$.31	Cost of copying & mailing	Cost up to \$.31/page

Clenbuterol suspected in contamination of heroin

The Philadelphia Department of Public Health (PDPH) and the Philadelphia Poison Control Center have learned of two cases of possible clenbuterol exposure among heroin users in Philadelphia.

Six additional suspect cases are currently being investigated in New Jersey. In 2004, clenbuterol-contaminated heroin caused 26 probable cases of intoxication in the region.

For additional recommendations for patient management or to report suspect cases, contact the Philadelphia Poison Control Center at 800-222-1222. For PDPH help with specimen testing, call the Division of Disease Control (DDC) at 215-685-6741 during business hours; after business hours call 215-686-1776 and ask for the on-call person for DDC.

More information on cases of clenbuterol contamination among heroin users can be found at www.cdc.gov/mmwr/preview/mmwrhtml/mm5432a1.htm

Workers' Compensation increases for 2007

The 2007 Workers' Compensation fee schedule is equal to 178.3826957% of the 1994 Medicare fee schedule, with the exception of some new codes.

Fees for Workers' Compensation Part B services performed on or after January 1, 2007, are calculated and paid in the following manner:

With the 2006 WC Part B Fee Schedule as your base multiplier, use the following formula:
2007 WC Fee Schedule = 2006 WC Fee Schedule X 1.046

Currently, the 2006 Part B Schedule is available on the Workers' Compensation website at: <http://www.dli.state.pa.us>.

Look for the "Workers' Compensation" link on the right hand side under "Quick Links." Use the formula above to calculate the 2007 rate. The Bureau's website will have the 2007 Part B Fee Schedule.

PA Dept. of Health revises Certificate of Death

The Pennsylvania Department of Health has implemented a revised Certificate of Death, (Form H105.143, Rev. 11/06) and Coroner's Certificate of Death (Form H105.143, Rev. 11/06).

The only change to the certificate is an entry in the bottom margin where the Disposition Permit Number will be entered by the funeral director or local registrar.

A supply of the new forms has been sent to data providers (funeral directors, coroners and medical examiners, hospital administrators and long term care administrators). Effective February 1, 2007, local registrars will only accept death certificates with the November, 2006 revision date.

If you have any questions, contact Margaret Matthews at 800-842-5040, Ext. 656-3310.

What happens if you're short on CME?

If a physician is audited by the State Board, and is found to have insufficient CME, is the physician given a chance to make it up and avoid a fine?

Jerry Smith, counsel to the State Board of Medicine, said if a physician is found to be short on CME, there would be disciplinary action against license, a civil penalty based on how short the physician is in hours, the physician would be required to make up the CME, and there would be the potential for fraud charges for lying on their renewal application.

Each penalty can go up to \$10,000. The disciplinary action on the license is probably the bigger concern to physicians as it becomes public information and is reported to the National Practitioner Database.

Change of address?

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

pcms people



Todd J. Albert, MD, a spine specialist, has been appointed as the James Edwards professor and chair of the Department of Orthopaedic Surgery at Jefferson Medical

College and Thomas Jefferson University Hospital.

He was previously vice chair of the department and is President of the Rothman Institute.



Richard Baron, MD, has been elected Chair Elect of the American Board of Internal Medicine.

Dr. Baron is the first community practicing general internist to be named Chair Elect of the American Board of Internal Medicine.

- PCMS Necrology 2006**
- Flora H. Biele, MD
 - Herbert C. Dodge, MD
 - Howard L. Elefant, MD
 - Mary Stuart Fisher, MD
 - Abraham Glick, MD
 - Herbert P. Harkins, MD
 - John Helwig, Jr., MD
 - George Hollander, MD
 - Morton M. Kligerman, MD
 - Louis Koolpe, MD
 - Leonard E. Lecks, MD
 - Edithe J. Levit, MD
 - Robert L. Mayock, MD
 - Howard Mazer, MD
 - Irving Rosenberg, MD
 - Irvin Singer, MD
 - Eugene B. Spitz, MD
 - Sumiko M. Sugiura, MD
 - Maurice C. Tepper, MD
 - Joseph J. Toland, III, MD
 - Lawrence B. Weiss, MD

Host your event at PCMS
 Host your next party or conference/seminar at PCMS headquarters. Ample free parking. Contact Louise Eder on 215-563-5343, Ext. 107 to schedule an appointment.

PCMS people wanted!
 Your colleagues would like to know what you're up to. Send news about academic or other appointments, achievements, awards, promotions, etc., to Philadelphia Medicine 2100 Spring Garden Street Philadelphia, PA 19130

Official Publication of the Philadelphia County Medical Society • www.philamedsoc.org

Presort
 First Class
 PAID
 Warmminster, PA
 Permit No. 225

Philadelphia Medicine
 2100 Spring Garden Street
 Philadelphia, PA 19130