

Philadelphia Medicine



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PCMS NEWS

Save the Date President's Ball and Awards Night

Shailendra S. Vaidya, MD, will be installed as the Society's 146th President on Friday evening, June 15, 2007, at the Ace Conference Center (formerly Eagle Lodge) in Lafayette Hill, PA. For more information, 215-563-5343, Ext. 113.

Health Commissioner addresses PCMS Board



PCMS President Dell Burkey, MD; Interim Health Commissioner Carmen Paris; and City Medical Director James Dean, MD; at PCMS Board Meeting

City of Philadelphia Interim Health Commissioner Carmen Paris and City Medical Director James Dean, MD, addressed the PCMS Board regarding Governor Rendell's healthcare reform proposals, activities of the Department of Health and next year's Health Department budget.

The Commissioner observed that the Governor's plan is very complex

and controversial. The City has hired a consultant to study the effects that the proposals would have on Philadelphia.

The City has 200 physicians and 100 nurses, full and part time, to staff eight District Health Centers; STD clinics; Division of Disease Control; Division of Maternal, Child & Family Health; Division of Chronic Disease Prevention; Environmental Health Services, and other services.

In addition, the City has onsite x-ray, onsite dentists and onsite pharmacy. The City treats 98,000 patients per year during 300,000 visits.

The Health Department is expected to have its City funding cut by 2½% in the next budget cycle. This will adversely affect outside grants for which the City will have fewer matching funds. Nondocumented immigrants are a major drain on resources.

Despite reduced funding, there is no plan to reduce the number of physicians.

Continued on page 3

Medical Assistance funding in Governor's budget

For several years, we have sought physician reimbursement increases under the Medical Assistance Program, including increased funding for the Commonwealth's 2007-08 budget.

In a recent letter to Governor Rendell, PMS requested a 15% increase for physicians, for a total of \$35.7 million in state funds, which was supported by a majority of specialty organizations.

In meetings with physician leaders, Secretary of Welfare Estelle Richman acknowledged that physicians have not received overall increases in payments for over 20 years, while other providers have routinely received increases.

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.

Mayoral candidates discuss healthcare at program hosted by PCMS Public Health Committee



President Elect Shailendra Vaidya, MD, and Congressman Chaka Fattah

The PCMS Public Health Committee, under the chairmanship of Herbert Kean, MD, hosted a program for the candidates for Mayor to hear healthcare concerns from almost 100 of the City's Block Captains.

US Congressman Chaka Fattah, City Councilman Michael Nutter and

Mr. Al Taubenberger appeared in-person. Pennsylvania Senator Dwight Evans and Mr. Thomas Knox sent representatives.

Block Captains are people selected by residents on a block to act as liaison between them and various departments of the City government. PCMS meets with Block Captains regularly to educate them on healthcare.

The Captains are responsible for conveying the information to others on their blocks and returning to PCMS with grassroots responses.

They expressed to the candidates concerns over losing their physicians as the number of those leaving the city and state grows, closing of obstetrics depart-



City Councilman Michael Nutter and Mr. Al Taubenberger respond to Block Captains.

ments, longer waiting lines at District Health Centers, childhood obesity, the epidemic of violence in the community and other public health issues.

Candidates and representatives responded with insights on how their administrations would deal with these issues.

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Editorial

Medical care should be number one priority for Philadelphia city government

By Dell R. Burkey, MD



The City of Philadelphia is preparing its budget for the fiscal year July 1, 2007, to June 30, 2008. It is clear from remarks made by Mayor Street and others that funding for many City departments will be reduced. The Department of Health anticipates a cut of 2½%.

Such a reduction has a greater adverse effect when one considers that less City funding will result in fewer outside matching grants.

The City charter mandates a balanced budget, so it is understandable that cuts need to be made somewhere. This is especially so as State and Federal monies for the City decline. These are hard times.

We have met recently with the candidates for Mayor and with the City Health Commissioner to discuss healthcare and the budget. We are studying Governor Rendell's plans for healthcare reform. We are a part of the City task force that is preparing a universal healthcare plan for Philadelphia as required by the amended City home rule charter.

We commend everyone involved for their commitment to more accessible, affordable and quality healthcare, but we foresee no immediate solution.

All City functions are important and valued by citizens. Nevertheless, some appear to be more important than others. As a medical society, we obviously rank health as most important. This is not because we are a society of physicians who have a self interest in promoting health. It is simply because other functions are useless should one not be alive or have the good health to benefit from them.

Recreation centers and swimming pools are desirable and every community should have them. However, no matter how good and desirable they are, they are of no value if one cannot use them because of poor health. No one can

argue against better schools and libraries, but they serve no purpose to the one who is home, not because of truancy, but because of ill health, and especially chronic ill health.

And certainly they are of no value to the one who has died because of an illness which was first neglected and then progressed beyond medical treatment.

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However, no matter how good and desirable they are, they are of no value if one cannot use them because of poor health.

The same argument could be made about many other worthy City functions. The most important right for any citizen is to be kept alive and in good enough health to benefit from all other services.

It is imperative that the City maintain viable District Health Centers. It is imperative that the City excel in its programs for STD control; AIDS; Immunization; Maternal, Child & Family Health; Lead Poisoning Prevention; Air Management; Tobacco Control; Tuberculosis Control; Emergency and Disaster Preparedness and many other programs.

We intend to fight to keep medical care as the number one priority. We will continue to write to and testify before City leaders. As always, we appreciate any support or advice you can give.

Dr. Burkey is President of PCMS.

Change of address?

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

Governor Rendell's healthcare reforms: what we like and what we don't



The Governor's proposed healthcare reform plan has been introduced as House Bill 700. Nothing is likely to happen on this until the fall. It appears that it will be a long process. Public hearings have now been scheduled. The current schedule expires at the end of May. It is likely that more will be scheduled. The Republicans themselves will have their own hearings—and possible healthcare reform proposal.

The House of Representatives is controlled by the Democrats by one vote. The Senate is controlled by the Republicans with new leadership. House Bill 700 may be declared unconstitutional because it covers more than just insurance. Governor Rendell first spoke about 47 separate bills.

Your medical societies have submitted many drafts for amendments. It appears that the Hospital Association, Blue Cross, the Insurance Federation of Insurers, the National Federation of Independent Businesses and the Chamber of Commerce all have problems with House Bill 700.

In summary, we can state the following as what we favor and what we do not favor: We support, in general, increased accessibility to affordable health insur-

ance for those currently insured or uninsured; establishment of a center for health careers to study/find solutions for healthcare workforce issues; broad smoking restrictions in public areas and the workplace; and expanded efforts to eliminate hospital acquired infections.

We support, in general, increased accessibility to affordable health insurance for those currently insured or uninsured; establishment of a center for health careers to study/find solutions for healthcare workforce issues.

However, your medical societies oppose changes in collaborative agreements with allied health professionals; provisions that would expand the practice scope for allied health professionals particularly for certified registered nurse anesthetists; proposed provider payment levels under Cover All Pennsylvanians (CAP) that would potentially lower physician payment to near Medicaid HMO payment; the requirement making e-prescribing a condition of physician licensure; and language prohibiting any oral orders for medication or treatment except in an emergency situation when no alternatives are available.

Pay-for-performance facing problems

Medicare's march toward physician pay-for-performance may run into a brick wall when federal officials try to determine which doctors should be rewarded when things go well, according to a study published in the *New England Journal of Medicine*.

A Center for Studying Health System Change analysis of Medicare claims from 2000 to 2002 for roughly 1.8 million beneficiaries to "assign" each patient to individual doctors concluded that this process would not be easy for Medicare, as the typical beneficiary during the course of a year saw two primary care physicians and five specialists working in four different practices, while about one-

third of the seniors changed their main doctor from one year to another.

Seniors with certain chronic diseases or multiple conditions had longer lists of physicians, with typical beneficiaries in some categories seeing ten or more doctors in a given year.

Such "care dispersion" means that even primary care physicians would be held responsible for the care of fewer than 40% of their Medicare patients if the program retrospectively assigns each beneficiary to a doctor for pay-for-performance, while the typical specialist provides more costly care but would be judged based on only about 12% of their Medicare patients,

Health Commissioner, continued

The City needs internists, family practitioners, pediatricians, ob-gyns, and infectious disease specialists. Except for the Medical Director and Medical Examiner, physicians need not live in Philadelphia. Physicians may volunteer in the clinics but must have their own professional liability insurance.

PCMS President Dell R. Burkey, MD, said that PCMS would testify at City Council urging more financial support for the Health Department. Commissioner Paris thanked PCMS for its support and cited its role as a leader in medical care.

Form 1500 acceptance extended

CMS has extended the acceptance period of the Form CMS-1500 (12-90) version beyond the original April 1, 2007, deadline.

The following will help you to properly identify which form is which: The old version of the form contains "Approved OMB-0938-0008 FORM CMS-1500 (12-90)" on the bottom of the form (typically on the lower right corner) signifying the version is the December 1990 version. The revised version contains "Approved OMB-0938-0999 Form CMS-1500 (08-05)" on the bottom of the form signifying the version is the August 2005 version.

The best way to discern if your CMS-1500 (08-05) version forms are correct is by looking at the upper right hand corner of the form. On properly formatted claim forms, there will be approximately a quarter-inch gap between the tip of the red arrow above the vertically stacked word "CARRIER" and the top edge of the paper. If the tip of the red arrow is touching or close to touching the top edge of the paper, then the form is not printed to specifications.

It is important to note that this issue involves the implementation of the new Form CMS-1500 (08-05) only and does not affect the May 23, 2007, implementation date of the NPI.

Questions may be directed to Brian Reitz at Brian.Reitz@cms.hhs.gov.

pcms people



PCMS President Dell Burkey, MD, and Ed Jasper, MD, who presented an update on the City's Medical Reserve Corps at Board of Directors meeting



William Weiss, MD, died on March 8, 2007. Dr. Weiss was the editor of *Philadelphia Medicine* from 1976 to 1999. A prominent and respected pulmonologist and epidemiologist, he won the PCMS Strittmatter Award in 1991.

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

Doctor's Day

PCMS hosted a celebration of Doctor's Day on Friday evening, March 30, at PCMS headquarters. Members and their guests enjoyed music, food and libations.

Details and pictures will appear in the June edition of *Philadelphia Medicine*.

Erratum

In the April issue, a photo caption wrongly stated that Mrugesh Patel, MD, appeared with Dr. Seth. It should have read:

Appearing with Rajendra Seth, MD, Chair of the PCMS IMG Section is guest speaker Alan Epstein, MD, Clinical Associate Professor of Medicine, University of Pennsylvania School of Medicine; immediate Past President of the Philadelphia Rheumatism Society.

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.

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