

Philadelphia Medicine



Volume 102, No. 3

March 2006

PCMS NEWS

Upcoming PCMS Events

All members are invited. Call to reserve.

- Wednesday, March 8, 2006 4:00 PM
Joyann Kroser, MD, PCMS President, invites all members and medical students to the Wednesday, March 8, 2006, PCMS Board of Directors meeting.
(215) 563-5343, Ext. 102

Speakers:

- Andrew Wigglesworth, President, The Delaware Valley Healthcare Council, will present results of a study of physician reimbursement in the Greater Philadelphia area.
- C. Richard Schott, MD, Second District Trustee, will present results of a study of physician reimbursement in Pennsylvania.
- Esther Chernak, MD, Division of Disease Control, City of Philadelphia Department of Public Health, will present the concept of volunteers for a medical reserve corps in the event of a natural or terrorism disaster.
- Mark A. Piasio, MD, President, The Pennsylvania Medical Society: Meet and greet the current President of The Pennsylvania Medical Society.

- Wednesday, March 15, and Thursday, March 16, 2006
8:00 AM to 5:00 PM
Conferences on tort reform, practice management and reimbursement
Radisson Valley Forge
(215) 563-5343, Ext. 102
- Thursday, March 30
Doctors Day celebration
(215) 563-5343, Ext. 113

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.

It's time to change a failed vaccine distribution system

By Mark A. Piasio, MD

According to the Centers for Disease Control (CDC), during 2005, flu activity continued to increase. Patient visits to providers for flu-like illness were above the national baseline. During the last week of 2005, of all deaths reported by the vital statistics offices of 122 US cities, 6.8 percent were due to influenza or pneumonia.

This information from the CDC shows that Pennsylvanians are not immune from the flu. Moreover, within the high-risk patient population, there is considerable mortality associated with influenza.

According to the American Medical Association in late December, many physicians were still waiting for their supply of influenza vaccines even after many supermarkets and other retail stores had obtained doses. The most vulnerable patients can't wait in line at the grocery store. Many are homebound or bed-stricken elderly patients at the highest risk of complications.

But while supplies were sent to these outlets, small operations such as private practice physician offices had difficulty receiving full orders. We are now in the middle of flu season. And with the threat of Avian flu looming in the background, we believe that the US system of distributing flu vaccines deserves change. Proper distribution channels should be developed and universally applied as future public health hazards may be much more dangerous.

This season the U.S. had essentially two major firms distributing 73 million doses; in 1999-2000, four major producers distributed 50 million doses.

This year, it appears that while adequate supplies should have been available, the distribution system clearly demonstrated flaws in reaching high-risk populations. Distribution appears to have favored big purchasers including large, public promotional vaccination events instead of high-risk populations and the physicians who serve them.

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The Pennsylvania Medical Society supports legislative and regulatory efforts to reform the vaccine production and distribution system. We propose that the federal government be allowed to control the system to the extent necessary to produce sufficient levels and distribution that assures that those at highest risk become the first priority. The Medical Society also supports legal protection for manufacturers of vaccine that follow proper manufacturing practices and for healthcare personnel who provide or withhold vaccinations in accordance with CDC guidelines.

Dr. Piasio is president of the Pennsylvania Medical Society. This article is excerpted from his testimony to the Pennsylvania House of Representatives Republican Policy Committee.

Philadelphia Medicine

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Editorial

March: In like a lion ...

By Joyann Kroser, MD



It's hard to believe that more than half of my term as your president has passed. But March promises to be a very exciting and busy month, and I would like to invite you to take part in all our activities.

As I mentioned to you in my installation address in June, it is time that we take advantage of our status as one of the largest urban county medical societies in the country. To this end, I have appointed an ad hoc committee on Academic Medicine and plan a meeting with the deans of our medical schools. Our student chapters are active and strong and we must encourage our future colleagues to stay active in organized medicine.

I also mentioned closer ties with the city's Department of Public Health. We will be helping the department publicize its Medical Reserve Corps (MRC) program. The purpose of the MRC program is to strengthen communities by providing a structure for volunteers to offer their expertise in times of community need.

The MRC is a local volunteer unit that supplements existing community emergency response systems during large-scale emergencies. The Philadelphia MRC was established in October 2005. I hope all of you will look over information about the MRC that will be available on our website in the next few months and I urge you to consider joining this worthwhile organization.

As usual, our Block Captain Program has been having an excellent year under the direction of Herbert Kean, MD. In fact, our staff recently met with physicians visiting from Chicago who want to initiate a similar program in their own community. If you have not had an opportunity to attend one of the Block Captain Programs, you are missing out on a great community networking event.

Collegiality and professionalism are also important themes for this

year. We hosted a program with the Philadelphia Chapter of the Pennsylvania Society of Professional Engineers on March 2. The forum centered on some exciting technological advances that highlight the collaborative efforts between our two professions. Ari Brooks, MD, and Gary Friedman, PhD, discussed their current research using nanotechnology in surgical stents. This was followed by a panel discussion and much audience participation.

Dr. Mark Piasio, PMS president, will be attending our Board meeting on Wednesday, March 8, 2006, at 4 PM at PCMS headquarters. As our members are always welcome to attend these meetings, I hope to see as many of you there as possible.

Rounding out the month will be a joint program conducted with the local

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county medical societies, specialty societies and practice administrator groups. This two-day event on March 15-16 will focus on advocacy and clinical practice issues. More information will be forthcoming.

Finally, March 30 is Doctors Day. Come celebrate our profession at a social event that's now being planned.

Remember, the Society's value to you depends in large part on the commitment you are willing to make as a member. Whether you are a student, resident, young physician, not-so-young physician or even retired, I charge you to make 2006 the year you attend at least one event, bring in at least one new member and communicate with at least one Board member.

Please do not hesitate to contact me personally about any issues or suggestions. Together we can improve the conditions in which we practice in Philadelphia and improve the health of our patients. Unlike the month of March, we physicians must not go "out like a lamb."
Dr. Kroser is president of PCMS.

Medical liability issues: proposed corrective changes

Physicians across the state have registered considerable concern regarding the administration of aspects of Act 13 by the Pennsylvania Bureau of Professional and Occupational Affairs deriving from the requirement for physicians to self report being named in any medical liability claim.

The Bureau and its prosecutorial staff have pursued these reports in an excessive fashion. Of particular concern is the Bureau's prosecutorial zeal in cases in which a bad outcome was unrelated to any deficiency in physician performance. The Bureau has refused to adopt the requirement for expert witnesses (board specialization, certification and active practice) as listed in Act 13 for medical liability action. In addition, at this time, findings of the Bureau are permitted to be introduced as binding evidence in medical liability court cases (collateral estopples) creating a barrier to the unbiased hearing of the case by a jury.

To remedy these problems, The Pennsylvania Medical Society Board of Trustees voted to continue to seek changes in the physician licensing correc-

tive action process as mandated by Act 13, especially the following:

(1) to seek Medical Board notifications of existing criteria for prosecuting cases so that the focus is not on single acts of negligence but on doctors who consistently fail to meet acceptable standards of care;

(2) to seek Medical Board action that creates an independent medical review committee and requires that all substandard care prosecution be authorized by that committee;

(3) to seek a requirement that all medical experts used by the prosecutors and the defense meet Act 13 requirements;

(4) to file an amicus curiae brief if the issue of the collateral estopples effect of a negligence finding of the Medical Board is presented to a Pennsylvania court at any level;

(5) to support change in Department of State policy to permit a consent agreement without admission of violation by the physician; and

(6) to communicate such efforts to the membership.

Healthcare spending growth slows

Spending on health care grew at a rate of 7.9% in 2004, the lowest overall increase since 2000 largely because of a shift by many people to cheaper generic drugs.

According to a study from the Centers for Medicare and Medicaid Services, the growth in retail drug sales slowed to 8.2% in 2004, compared to 10.2% the year earlier and 14% in 2002, while overall spending on health care in the U.S. came to \$1.9 trillion, or about \$6,820 a person, reported the Associated Press.

Healthcare spending increased by 7.6% among private payers, compared to 8.2% among participants in Medicare and Medicaid, while payments for physicians grew by 9%, a slightly higher rate than the year before, and hospital spending grew by 8.6%, also slightly higher than the year before.

Dearth of primary care physicians predicted

The primary care system could fall apart without immediate reforms, according to a report by the American College of Physicians (ACP), which found that more primary care doctors are retiring than are graduating from medical school.

Thirty-five percent of all physicians nationwide are over the age of 55 and will soon retire, and only 27% of third-year internal medicine residents in 2003 actually planned to practice internal medicine.

The ACP is calling on federal policymakers to approve new ways of paying doctors that would put primary care doctors in charge of organizing a patient's care and give patients more responsibility for monitoring their own health and scheduling regular visits.

The group also called for innovations such as using e-mail to consult on minor and routine matters, freeing up expensive office-visit time for when it is needed, and compensating physicians for an e-mail consultation.

Physical examinations required for schools

Pennsylvania law requires that students attending school in the Commonwealth be immunized and receive periodic medical and dental examinations at stated intervals. A physical examination is required of all students in the following grades: upon school entry (kindergarten or first grade) and in grades 6 and 9.

Participation in sports also requires an examination.

Dental exams are required upon school entry and in grades 3 and 7.

The rate of return of the required physical examination forms is not what it should be. The School District of Philadelphia has requested that the Philadelphia County Medical Society make the required physical examination and dental forms available to our members so that they have direct access to them as parents bring students in for physical examinations.

Our assistance in making these forms available can increase the return rate and help address students' health needs appropriately.

Please feel free to contact Louise Bonilla at (215) 400-6068 or at LMBonilla@phila.k12.pa.us.

You may access the forms directly at:

www.phila.k12.pa.us/forms/MEH-1.pdf Report of Physical Examination

www.phila.k12.pa.us/forms/MEH-155.pdf Report of Private Dental Examination.

You may also access the forms through the PCMS website:

www.philamedsoc.org under "Required Physical Examinations for School District of Philadelphia."

pcms people



Philadelphia Business Journal listed PCMS member **Vijay Rao, MD**, as one of its Women of Distinction for her significant contributions to healthcare.

After attaining her MD degree in her native India, she completed her internship and residency in Philadelphia ... eventually becoming chair of Jefferson Medical College's radiology department in 2002, the first woman to head a clinical department at Jefferson.

As chair, she oversees some 400 faculty and staff and presides over an annual budget of over \$100 million... The author of more than 200 articles, she is a fellow of the American College of Radiology ... and was named five times as one of *Philadelphia Magazine's* 'Top Doctors' in radiology.



PCMS member and professor of cardiology at Temple University **Michael Barrett, MD**, has pioneered the use of iPods to discern subtle heart murmurs. Studies show that medical students have difficulty identifying heart murmurs accurately. A solution, says Barrett, is to play an audio

tape of different murmurs repeatedly ... and tests with students showed a remarkable increase in their ability to differentiate heart sounds.



Temple University orthopedic surgeon **Easwaran Balasubramanian, MD**, and his wife, Hahnemann pathologist Manju Balasubramanian, MD, pooled their professional

resources last year to provide a month's medical help to tsunami victims in their native India. More recently, they returned to their home town of Chennai to provide care ... something they plan to do on a several months a year basis when they retire.

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
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Note of Thanks

The family of the late Dr. Lila Stein Kroser extends our heartfelt gratitude for the outpouring of messages of condolence and generous donations made in Lila's memory at the time of our loss.

The Kroser family:

Dr. Al, Marla & Evan

Dr. Joyann & Jason

Dr. Jonathan &
grandchildren

Change of address?

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