

Philadelphia Medicine



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PMS expresses concern about licensure-board corrective action processes

by Stephen L. Schwartz, MD



The physician licensing boards have increased their scrutiny of the quality of care provided by physicians, largely as the result of licensing reforms

adopted in Act 13.

Physicians now must self-report certain events to their licensing board, including when they receive notice of a complaint against them in a medical liability action. The boards are required to develop criteria and standards for review of complaints based upon the frequency and severity of the complaints.

Although Act 13 reviews have resulted in only a few prosecutions for substandard care to date, the number of those prosecutions may increase in the future as more cases work their way through the system.

PMS has supported appropriate measures to improve the quality of care oversight by the physician licensing boards. Although the overwhelming majority of physicians provide quality care, a small minority require corrective action. Moreover, lax oversight by

the boards aids the efforts of plaintiffs' attorneys to divert attention from needed medical liability reform measures by blaming the crisis on "bad" physicians. However, the Society has some concerns about the current physician licensure board corrective action investigation and prosecution process. The Board of Trustees has adopted an extensive action plan to deal with these concerns.

The Society will be closely monitoring corrective action investigations and prosecutions so that we can advocate for our members if there is abuse, overreaching, or unnecessary hassle. In particular, the Society will be working to assure that:

- the boards are appropriately focusing their resources on those physicians who truly require corrective action
- investigated physicians are provided an adequate opportunity to defend their actions before a decision to prosecute
- decisions to prosecute are made with appropriate physician input

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Evidence-based regulation?

In January, the PMS Board of Trustees approved a plan to challenge the Department of Health (DOH) pronouncement prohibiting laparoscopic procedures involving thoracic or peritoneal cavities in ambulatory surgery facilities (ASFs) and the process by which the DOH reached its conclusion. The Society's board authorized litigation, should it become necessary. The underlying issue is whether the ASFs can perform the procedures safely. Because the DOH appears to have no real evidence on the quality issue at this time, the Society will urge the DOH to allow time to gather and review such information.

PCMS News

Doctors Day Celebration

The PCMS Annual Doctors Day Celebration will be held on Wednesday, March 30, 2005 at the Franklin Institute Museum. Museum visit - 3:00 p.m. – 5:00 p.m.; Private Show in the Planetarium, "Infinity Express" – 5:00 p.m.; Buffet Dinner at 6:00 p.m. No charge for physicians, residents/fellows, medical students and their guests. For more information and to RSVP call 215-563-5343, Ext. 113.

Fit Fest

PCMS is seeking volunteers to participate in the Annual Fit Fest on Saturday and Sunday, April 9 and 10, 2005, at the Pennsylvania Convention Center. For more information, call 215-563-5343, Ext. 113.

Docs on Call

PCMS is seeking volunteers to participate in the Annual Docs on Call Program on Thursday, April 7, 2005, at WCAU-TV headquarters. For more information, call 215-563-5343, Ext. 113.

Watch your mail!

Philadelphia Medicine will be conducting a mail survey of our readers. Look for a postage-paid card with five questions about your newsletter and a space for your comments. The last time we conducted such a survey, we received a 20% response and more than a 90% favorable rating.

Many classified advertisements are placed on the PCMS Website. These may help you in your practice of medicine.

We encourage you to visit www.philamedsoc.org and click on "Classified Ads."

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Guest Editorial

Electronic prescribing can save time and reduce medication errors

By Divan Da've

Electronic Prescribing reveals how clinical automation can assure quality while improving workflow and reducing medication errors. E-Prescribing simplifies the entire prescription writing process, increasing accuracy and eliminating physical coordination.

It allows providers to write prescriptions directly from their PDA (Pocket PC or Palm) or Desktop PC, selecting the appropriate medication and correct dosage, confirming that the medication is included on the patient's health plan formulary and sending the prescription via fax or electronically to the pharmacy.

At the same time, these healthcare professionals receive the critical Drug Utilization Review (DUR) information, including drug-drug and drug-allergy

Prescriptions can be created right from the PDA, which stores a comprehensive drug database, patient list for the day and list of favored prescriptions.

interactions, providing instant decision-making tools.

Easy-to-create prescription systems obviate illegible prescriptions, which can lead to medication errors. Prescriptions can be created right from the PDA, which stores a comprehensive drug database, patient list for the day and list of favored prescriptions.

Creating prescriptions at the point of care eliminates the potential for inaccuracy while making the process simpler.

Each day the average physician writes 20 to 30 prescriptions. Response time is critical in a point-of-service system that also stores pre-filled favorite drug prescriptions and default selections of a patient's previous prescriptions. About 40% of traditional prescriptions require pharmacists to contact doctors' offices to clarify formulary coverage, potential drug interactions, illegible handwriting, incorrect

dosage, etc. Providers can simply fax saved prescriptions to the pharmacy or print them at their office using Bluetooth or infrared printers.

The system has an inbuilt workflow and alert system for intelligent drug utilization review (DUR) that alerts physicians to potential problems before filling specific prescriptions.

It automatically checks allergies and drug interactions against the patient's list of previously prescribed drugs and known medication allergies that allow the physicians to dispense safe medication. It can eliminate up to 95% of adverse drug events.

Finally, prescription refills become simpler, since with a simple click one can issue refills and automatically fax them to the pharmacy. This eliminates the need to re-enter redundant information, thereby reducing the instances of human error.

Divan Da've is the CEO and Founder of OmniMD, a developer of HIPAA compliant Internet-based enterprise clinical solutions, located in Tarrytown, NY.

Licensure from page 1

- prosecuted physicians are provided adequate notice of the charges
- the physician's defense of the medical liability action is not unfairly jeopardized by the physician licensing proceeding

The action plan also includes measures to aid physicians who are the subject of the physician licensing investigation or prosecution. The Society is developing an educational pamphlet on the corrective action process and a list of attorneys experienced in defending physicians who are the subject of licensure board investigations and prosecutions.

For more information, contact the Society's Department of Regulatory Affairs on 800-228-7823.

Dr. Schwartz is PMS First District Trustee and a past president of PCMS.

Influential federal advisory panel votes to recommend 2.7% increase to physicians

The Medicare Payment Advisory Commission voted to recommend a 2.7% increase in Medicare payments to doctors, which is less than the expected increase in doctors' costs, but substantially more than doctors would get under current law, under which payments would be cut 5% next year if Congress takes no action.

Under the new Medicare law, hospitals were entitled to a 3.2% increase in 2006 Medicare payments for inpatient and outpatient hospital services, but the commission said Congress should reduce the update to 2.8%, saving Medicare as much as \$800 million in 2006 and \$6 billion over five years, while the panel said its proposed freeze in Medicare payments to nursing homes would save \$1 billion to \$5 billion over five years, and freezing payments for home care services would save a similar amount.

The commission expressed concern about the proliferation of imaging equipment and services in doctors' offices, and urged Congress to direct the secretary of health and human services to set national standards for doctors who perform or interpret diagnostic imaging studies billed to Medicare—a move which would alter the historical role of states and medical

specialty boards in physician licensing and certification.

The standards would cover the training and education of doctors who bill Medicare for X-rays, CAT scans, PET scans, magnetic resonance imaging, ultrasound, echocardiography and other imaging. The panel maintained

The panel also recommended an 18-month extension of a law that generally prohibits doctors from referring Medicare patients to new specialty hospitals in which the doctors have financial interests...

that poor quality diagnostic imaging can lead to repeat tests, misdiagnoses and improper treatment. The panel also recommended an 18-month extension of a law that generally prohibits doctors from referring Medicare patients to new specialty hospitals in which the doctors have financial interests—continuing the ban to January 1, 2007.

The commission said that doctors who invested in such hospitals had a potential conflict of interest that could affect their clinical decisions, and that the hospitals tend to specialize in profitable services and cater to people whose condition is less severe than that of a typical patient treated for the same illness in a community hospital.

Leavitt wants to give states greater flexibility in shaping their medicaid programs

Michael Leavitt, Secretary of Health and Human Services, told a Senate committee reviewing his nomination that states could provide health insurance to more people at no additional cost if they had greater flexibility to reshape the Medicaid program and trim benefits, reported the *New York Times*.

As governor of Utah, Leavitt devised a limited benefit Medicaid plan that could be a model for other states to study, which did not include hospitalization or specialty care but had the state negotiate an arrangement under which hospitals voluntarily provided free care to the people who gained coverage, the *Times* noted.

Medicaid spending has shot up 63% in the last five years, with combined federal and state outlays now totaling more than \$300 billion a year, while Medicaid was likely to be a focus of budget-cutting efforts this year, the *Times* added.

The PCMS website accepts typical classified ads. We also advertise upcoming events, such as CME programs and seminars.

Call 215-563-5343, ext. 102 for more information.

Crash Course: Auto accident reimbursement

Part 3 of a 3-part series

Complaint process

Dealing with insurance companies on any level can be a hassle; the key is knowing the physician's rights. Before submitting this complaint to the Department of Insurance the physician must first attempt to resolve the issue in writing with the auto insurance carrier. Mail the complaint certified mail receipt requested to the insurance carrier. If the insurance carrier does not reply to the physician's written complaint, the certified mail receipt provides proof of mailing and the lack of a reply by the carrier. The insurance company has 30 days to respond to the complaint. After the 30 days, many unresolved complaints or a non-response from the insurer allows the physician to file a complaint with the Department.

To file a complaint with the Department of Insurance, a physician must supply the following information: name of insured, information regarding the physician of medical services, information on the insurance carrier, contact names and telephone numbers, as well as a copy of the original claim submitted to the insurance carrier, the complaint from the physician to the carrier, the explanation of benefits (EOB) from the carrier, the certified mail receipt, and a written explanation of why the physician disagrees with the carrier's decision not to pay.

When the Department receives the complaint, they take the following steps:

1. Send an acknowledgment letter to the physician providing the name and telephone number of the investigator assigned to the case.
2. Review the complaint to determine if the required information is complete.
3. Send a copy of the complaint to the insurance company with a request for a complete explanation and documentation supporting their action.
4. Review the insurance company's response and supporting documentation to determine if their action

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complies with applicable statutes and regulation.

5. Take the necessary action based on the findings.
6. prepare a written response to the physician.

The law does not stipulate a time frame for the Department to resolve the complaint. However, filing a complaint brings the auto insurance carrier's actions to the attention of the Department and may result in further investigations of the carrier.

Quick tip

Many auto insurance carriers require the Application of Benefits to be completed and sent back to them before they will pay many medical treatment bills. Have the patient bring in the Application of Benefits from the insurance carrier and then complete the form in the office.

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.



Philadelphia Medicine publisher **David Woods**, PhD, has been elected as a Fellow of the College of Physicians of Philadelphia.

Dell R. Burkey, MD, current Secretary and former Director at large on the PCMS Board, has been elected Chairman of the Pennsylvania Medical Society Political Action Committee (PAMPAC).

Your access to tort-reform information

We encourage you to visit these Websites for instant updates on tort reform efforts:

- Philadelphia County Medical Society www.philamedsoc.org
- Pennsylvania Medical Society www.pamedsoc.org

In addition, PCMS sends out e-mails regularly. Do we have your e-mail address? If you have not been receiving the PCMS e-newsletter, e-mail us at stat@philamedsoc.org.

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