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Ophthalmologist Melissa Brown vows to represent physicians' interests in Congress—you can help

By David Woods



If physicians want to increase their political clout, they'll need more than the eight representatives of the profession currently sitting in Congress.

And ophthalmologist Melissa Brown wants to be part of that increase. Running as the Republican candidate for Montgomery County and Northeast Philadelphia, she says she's doing it "because I don't intend to sit back and watch our health system crumble."

Dr. Brown believes that healthcare is already in crisis—and existing legislators don't realize it. Much of the problem stems from the liability issue, she says, and "my opponent voted against tort reform." She adds that while she intends to represent doctors and patients, her Democrat rival has the support of trial lawyers.

Dr. Brown, a petite and feisty medical practitioner who holds masters degrees in nursing and business administration, is an adjunct professor at the University of Pennsylvania's medical school and a senior fellow at Wharton's Leonard Davis Institute of Health Economics. She practices in Flourtown and at Wills Eye Hospital, and is the co-author, with her ophthalmologist husband, Gary, of "Evidence-based Eye Care," and is director of the Center for Value-based Medicine. The couple have three children, ages 27, 25, and 18.

The race for Pennsylvania's 13th district is shaping up as one of the closest in the November election. Brown has already shown her competitive spirit by beating off businessman Al Tauberger and State Representative

Ellen Bard for the GOP nomination, and Republican State Committee of Pennsylvania spokesman Josh Wilson says of the candidate, "She's dynamic, she has good name recognition. We're optimistic."

Noting that in the 2002 election she came within less than four percentage points of winning, Brown says "I'm changing my life to ensure an

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equitable health system." Her first move when elected to Congress, she says, will be to co-sponsor a bill limiting practice liability.

But she will need the help of her fellow physicians. The Philadelphia County Medical Society has endorsed her, as have City of Philadelphia police groups, but if doctors want representation by a committed and able peer in the corridors of power, they can help Dr. Brown by contributing money and time. "The trial lawyers are writing thousand-dollar checks at the drop of a hat," she says. "We need doctors to contribute."

Beyond individual donations, though, the Brown campaign needs fundraisers, and physicians as a group to rally their colleagues and involve their community and specialty organizations—and to help get the vote out on election day. You can reach Dr. Brown at www.MelissaBrownforCongress.org.

David Woods, PhD, is president of Healthcare Media International, Inc. (dwoods@healthpublishing.com).

PCMS News

PCMS Medical/Legal Committee

PCMS is seeking physicians to serve on a Medical/Legal Committee. The Committee will work with the Philadelphia Bar Association on revising its existing Professional Code of Medical Ethics. Please call 215-563-5343, Ext. 101 if you are interested in serving on this Committee.

"Rx - Walk with the Docs"

PCMS is seeking physician volunteers to participate in "Rx - Walk with the Docs." The US Department of Health and Human Services, Philadelphia Department of Public Health, and PCMS are cosponsoring this event on Sunday, April 17, 2005 (raindate: Sunday, May 1, 2005).

The walk will take place on West River Drive. The walk will encourage participants to take an active role in learning about disease prevention, health management, good nutrition and physical activity. For more information call 215-563-5343, Ext. 113.

Physicians continue to buy more medical practices than do hospitals.

According to the 2004 edition of the Goodwill Registry, a national database managed by The Health Care Group, Inc., hospitals purchased 4% of medical practices sold, while solo physicians purchased 83% of practices, and group practices made purchases totaling 11%.

Five years ago, hospitals purchased 19% of medical practices sold, solo physicians purchased 67%, and group practices purchased 10%. In most practice sales, intangible assets—"goodwill"—account for the largest portion of the purchase price.

—The Health Care Group, July, 2004

Don't Forget to Vote!

We remind you to exercise your right to vote on Election Day, Tuesday, November 2, 2004. Last day for voter registration is Monday, October 4, 2004. You may call 1-800-552-VOTE to request a voter registration form. You may also register on line at www.dos.state.pa.us.

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Editorial

Excerpts from Installation speech of 143rd PCMS President, Enrique Hernandez, MD



When people ask why I went into medicine, the answer is simple: because my mother told me to. But she did it in a subtle way. Every Christmas I got one of those doctors' kits,

with the yellow plastic doctor's bag, the stethoscope, reflex hammer, and other assorted plastic medical equipment.

When I was growing up, I watched a number of TV shows about doctors such as Drs. Kildare, Ben Casey and Marcus Welby. They were society's heroes. I revered the surgeon who, when I was seven years old, fixed a transected tendon from my right thumb and a few years later repaired a hernia.

But doctors are no longer society's heroes. We are no longer on the top of the list of respected professions. This change in how society sees our profession is in part of our own making. We have to regain society's respect and trust. We need to be involved in our community. We need to be involved politically. We need to strive to make a difference. We are proud of our profession and we have to show it.

American medicine can still be considered as the best on earth. But that will not continue to be so if society doesn't make a commitment to keep it that way. Yes, we have a national problem with uninsured and an even larger problem with underinsured.

However, I'm afraid that we will end up with another severely underfunded health system, as the cost of delivering healthcare continues to grow. That includes skyrocketing medical liability premiums, while the reimbursement continues to drop or doesn't grow at the same rate as delivering the care.

Ultimately, the quality of medical care suffers. In Philadelphia, we have seen a significant drop in the total number of hospital beds. We have seen

many physicians retire early or leave the state. Some will say that this is just market adjustment. In the meantime the hospitals that are still open are working beyond capacity. It's not uncommon to have patients wait in the ER for hours before they can be admitted.

At any given time in Philadelphia there are more mothers in labor than there are labor and delivery beds. I'm told that it is not uncommon to have prospective mothers go into labor in the hallways of our best hospitals. So when we are looking at providing universal

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healthcare coverage, we should be looking at providing universal quality healthcare. To achieve this, society needs to see healthcare as a priority and be willing to pay the price.

People in government, healthcare administration, and other positions of influence need to work with physicians to find a way to provide quality health care to all citizens. While we recognize that we need to keep the costs down, we still need to pay for what it costs to deliver the care and furthermore allow for a margin that will let us continue to fund improvements for the future.

We don't want American medicine to become stagnant; we want it to continue to improve. We want all Americans to continue to receive the best possible medical care.

Our main thrust must be to control the skyrocketing cost of medical liability premiums. Our goal is to control other costs while still providing adequate reimbursement for the service. It is a daunting task, but one that I'm certain we can achieve together.

Dr. Hernandez is the president of PCMS.

Pennsylvania Medical Society's plans to continue liability reform campaign

Suggested next steps in the Medical Society's 2004 medical liability reform campaign:

1. Seek legislation or abatements beyond 2004 by continuing to utilize the cigarette tax to pay MCare Fund obligations.
2. As the continuation of the MCare Fund phase-out is to be considered in 2005 (per Act 13), work closely with the Hospital Association and the Pennsylvania Insurance Department in the development of the financial and marketplace analysis that will be utilized in making the next phase-out decision.
3. Work with legislative champions and leaders, as well as the coalition with the Hospital Association and the PA Chamber, to assess what next steps should be taken to keep the constitutional amendment for caps process moving forward.
4. Actively promote the use of arbitration across the state, utilizing the Medical Society's arbitration kit and working with the Hospital Association to jointly promote arbitration. Also meet with the Insurance Department, MCare Fund and commercial insurers to encourage the acceptance of arbitration decisions.
5. Seek legislation to establish a sliding scale on lawyer contingency fees, and seek action by the Civil Procedural Rules Committee of the Supreme Court to approve a rule on limits on lawyer contingency fees. The sliding scale should be patterned after the legislation in California. Work in support of Senator Piccola's legislation, SB 806, which amends the Unfair Trade Practices and Consumer Protection Law to prohibit excessive contingency fees in any consumer contract.
6. Develop a political action plan to determine opportunities that PAMPAC should pursue in election campaigns, both in the primaries and the general elections. This plan will include a PAMPAC list of high priority races.
7. Work actively with the Joint State Government Commission, Common Good and others promoting alternative system proposals, including the following plans developed by the Medical Society: a) a proposal to stabilize medical liability premiums at a fair level of responsibility; b) a demonstration pilot in Pennsylvania for a no-fault system; and c) limited tort option. The Society will continue to study and monitor efforts of Common Good and others in proposing a separate statewide court for medical liability cases.
8. Seek passage of the Medical Society's whistleblower legislation incorporating statewide peer review in the legislation or developing a peer review alternative acceptable to the Society and the Hospital Association. (Discussions with HAP discussed later in this action report.)
9. Develop legislative options to reduce or eliminate the liability insurance mandate in Pennsylvania.
10. Expand and promote the Society's program to fight frivolous lawsuits by assisting members in countersuing lawyers who file meritless claims.
11. Continue to support legislative action on joint and several liability.
12. Meet with the Governor's Office to determine what elements of the Governor's liability reform agenda (which was announced last year) they are still committed to moving forward.
13. Aggressively continue our public education campaign on the negative impact of the liability crisis and reimbursement problems on the healthcare delivery system in Pennsylvania. There is growing evidence that our campaign is influencing the consciousness and decisions of juries around the state.
14. Continue to fully implement the Patient Action Network (PAN) and use it actively in the public and grass roots education campaign.
15. Expand efforts to bring more young physicians, resident physicians and medical students into our grass roots campaign. More events should be planned similar to the lobby day in Harrisburg planned by the Medical Society for residents and medical students in September. (Lobby day currently scheduled for Sept. 28.)
16. Develop and activate an aggressive campaign to improve physician-patient communication, promoting an offensive communication strategy focusing on patient care, quality care and patient safety. Explore the feasibility of coordinating this strategy with the new contractual partnership between Penn State University and AMA Solutions, Inc., entitled "Enhancing Your Practice Through Improved Physician-Patient Communication."
17. Other campaign elements:
 - a. Continue efforts to defend re-mittitur cases through the use of the Society's economic database, as appropriate.
 - b. Seek further tort reform improvements, such as statute of repose legislation and the addition of pre-trial screening panels in Pennsylvania.
 - c. Continue to actively assist Society members in the processing of applications for the MCare abatement program.
 - d. Continue to expand the research activities of the Society, including the physician manpower studies, and studies to refute the arguments from the trial lawyers and their fronting groups.
 - e. Continue to update information for the membership as to their practice options if they are unable or unwilling to pay the increasing liability insurance/MCare costs.

pcms people
2004 President's Ball and Awards Night



Lila Stein Kroser, MD, PCMS Past President and PMS Vice President, swears in Enrique Hernandez, MD, as the 143rd President of PCMS.



From left: Jitendra Desai, MD, PMS President; Edward R. Resnick, MD, PCMS Past President; Mrs. Carla Hernandez; Enrique Hernandez, MD, PCMS President; Samir Mehta, MD, PCMS Board member

In Memoriam
 James B. "Scotty" Donaldson, MD
 Deceased July 11, 2004
 PCMS President 1975
 AMA and PMS delegate



State Senator Connie Williams



State Rep. Melissa Murphy Weber and Enrique Hernandez, MD

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