

Philadelphia Medicine



Volume 102, No. 8

October 2006

PCMS NEWS

New rules announced for electronic prescribing and records

Health and Human Services (HHS) Secretary Mike Leavitt has announced final regulations establishing rules intended to support physician adoption of electronic prescribing and electronic health records.

The rules create two new exceptions in the Physician Self-Referral Law, also known as the Stark law, and two new safe harbors in the federal anti-kickback statute that protect certain arrangements involving the donation of some forms of

electronic health information technology and services to doctors and other designated healthcare providers.

The rules, which were published in the Federal Register on August 8, 2006, will go into effect 60 days from the date of publication. Basic information about the new exceptions and safe harbors is provided by Blank Rome LLP, PCMS legal counsel.

You may access the primer on the PCMS website at www.philamedsoc.org.

You can stop the scheduled Medicare payment cuts

In order to get Congress to take action to stop the drastic Medicare physician payment cuts that are scheduled to go into effect Jan. 1, 2007, your members of Congress need to hear from you—their constituents.

Call today! Use the American Medical Association's Patients' Action Network's toll-free hotline at (888)

Thomas Jefferson University plans to establish city's third school of pharmacy

The move is a response to the shortage of pharmacists, both locally and nationally, and part of the Center City medical school's push to emphasize teamwork as part of the training of healthcare workers. Jefferson's pharmacy school expects to welcome its first class of 75 students in the fall of 2008.

434-6200. Urge them to take action to stop the mandated 5% cut this year and replace Medicare's flawed payment formula with one that reflects increases in physician costs.

Remind them:

- An AMA survey discovered that 45% of doctors will stop accepting—or decrease the number of—new Medicare patients they accept.
- Over the next nine years Medicare is going to slash physician payments by almost 40%.
- These cuts will restrict patient access to care, which makes absolutely no sense as millions of Baby Boomers are about to retire.

These mandated cuts would have severe consequences on the doctors and healthcare system in Pennsylvania.

AMA seeks hosts for students

The AMA Alliance Physicians-In-Training Host Program is looking for a host for a student in Philadelphia on November 12 for a clinical skills test. While this is only one request, we will probably receive more for Philadelphia.

The AMA Alliance ideally would like an Alliance member to host the student, but if they cannot find an Alliance host, assistance from other sources is greatly appreciated, but at least within the medical family.

Philadelphia is an area where they have struggled to find a host. The focus is helping fourth-year med students during residency interviews, but they will assist with clinical skills exams where they can. For more information or to volunteer, visit www.amaalliance.org.

To attend the PMS Annual Meeting

PCMS may need additional physician members to represent Philadelphia physicians and patients at the Annual Meeting of the Pennsylvania Medical Society at the Hershey Lodge & Convention Center on Saturday, October 21, and Sunday, October 22, 2006. Expenses will be reimbursed.

This is an opportunity to have a voice in setting medical society policy. All physician members are welcome.

Contact: 215-563-5343, Ext. 102.

Change of address?

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

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

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 ©2006.

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

Opinion

Universal healthcare in Pennsylvania: We can't afford not to succeed

By Mark A. Piasio, MD, MBA

The Pennsylvania Medical Society [PMS] supports universal access to healthcare for all citizens of our commonwealth.

Our population is aging and healthcare demand is increasing. At the same time, the supply of healthcare professionals, particularly physicians and nurses, appears to be lagging. Healthcare costs are increasing at an unsustainable rate, as new technologies and medical treatments are developed and researched.

The issue of universal healthcare coverage in the United States has gained momentum since the Massachusetts legislature passed a bill this year requiring every resident to have health insurance or pay a penalty. That is different from the often cited Canadian model of healthcare coverage.

In Canada, government covers all citizens through taxes. In Massachusetts, the mandate is primarily paid through employers who provide health insurance for their employees.

While the Massachusetts model is intriguing, the state hasn't yet come up with total funding for the program. Plus, the model does not include quality measures or address cost drivers and cost containment. Any plan will require some tough decisions on the part of all stakeholders. And, that's why PMS is willing and ready to participate in this process.

We need to look at these questions:

Q Should Pennsylvania require all adults to maintain health insurance coverage?

A Eventually.

Q Should Pennsylvania develop a system to subsidize low-income residents?

A We support a move toward defined contribution.

Q Should employers bear some responsibility to provide such insurance coverage or bear some responsibility in the financing of coverage?

A Initially, yes.

Currently, PMS has an official policy supporting a free and competitive healthcare market that allows the development of alternative delivery

and financing systems and increased price consciousness among consumers and physicians, but that ensures optimal quality of care and access to care.

If universal healthcare coverage takes place in Pennsylvania, PMS believes that individuals should have some level of responsibility both financially and through healthy living.

If a universal healthcare program were developed in Pennsylvania, it should include a healthy living factor when determining how to finance the program.

Consumers do not realize the actual cost of care, without which some of them will not understand the expense involved in providing care.

As far as healthy living is concerned, certain individual choices such as being a smoker or being obese can lead to expensive healthcare bills.

If a universal healthcare program were developed in Pennsylvania, it should include a healthy living factor when determining how to finance the program.

Furthermore, PMS believes that any reform proposals should balance fairly the market power among payers and physicians, facilities, and patients.

A number of bills are in committees dealing with aspects of these issues, all without resolution. We can't afford to let discussion of universal access to healthcare go the same route. Further, we must address all aspects of the delivery and financing of care including professional liability reform such as mediation and health courts.

So far as universal health coverage is concerned, we can't afford not to try, and we certainly can't afford not to succeed. The future of healthcare is too important for all of us.

*Dr. Piasio is President
of the Pennsylvania Medical Society*

Patient access to medical records: What's the physician's role?

Physicians must provide patients with access to their medical records with limited exceptions. In particular, upon the request of the patient, the physician generally must allow the patient to inspect the original and provide a copy to the patient.

- Physicians may require requests to be in writing.
- Physicians may provide a summary of the medical record in lieu of a copy.
- HIPAA privacy rule includes a number of exceptions to a patient's right of access.
- When access is denied, the physician must provide the patient with a written notice, including:
 - The rationale
 - An explanation of any applicable appeal rights, and
- A summary of how to file a complaint.
- Physicians must respond to a request by providing the access (or a notice of denial) in a timely fashion. Under the HIPAA privacy rule, the standard generally is 30 days after receipt if the information is maintained on-site.
- Physicians are permitted one 30-day extension per request. The physician must notify the patient in writing of the reason for the delay and when the physician will comply (which must be within the 30-day extension limitation).
 - You may access an extensive review of medical records at www.pamedsoc.org.

JCAHO establishes infection control standard to address influenza vaccines for staff

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has approved an infection control standard that requires accredited organizations to offer influenza vaccinations to staff, which includes volunteers and licensed independent practitioners with close patient contact. The standard will become an accreditation requirement beginning January 1, 2007, for the Critical Access Hospital, Hospital and Long-Term-Care accreditation programs.

The Joint Commission developed the standard in response to recommendations by the Centers for Disease Control and Prevention (CDC) making the reduction of influenza transmission from healthcare professionals to patients a top priority in the United States. While the CDC has urged annual influenza vaccination for healthcare workers since 1981, the CDC's Morbidity and Mortality Weekly Report published earlier this year calls for stronger steps to increase influenza vaccination of healthcare workers. Despite the recommendations, the vaccination rates as measured by the CDC remain low.

Studies show that influenza causes 36,000 deaths and more than 200,000

hospitalizations on average in the United States annually. Furthermore, healthcare-associated transmission of influenza has been documented among many patient populations in a variety of clinical settings, and infections have been linked epidemiologically to unvaccinated healthcare workers. Typically, fewer than 40 percent of healthcare workers are immunized each year.

The new Joint Commission standard requires organizations to:

- Establish an annual influenza vaccination program that includes at least staff and licensed independent practitioners;
- Provide access to influenza vaccinations on site;
- Educate staff and licensed independent practitioners about flu vaccination; non-vaccine control measures (such as the use of appropriate precautions); and diagnosis, transmission, and potential impact of influenza;
- Annually evaluate vaccination rates and reasons for non-participation in the organization's immunization program; and
- Implement enhancements to the program to increase participation.

Primary care doctors: disappointed with income; satisfied with their careers

Fifty-three percent of primary care doctors say their salaries, which average \$150,000 a year, have let them down, with only 10.5% calling their compensation excellent, while 68% said they were either "very satisfied" or "somewhat satisfied" with their careers, with the remainder claiming they were "somewhat dissatisfied" or "very dissatisfied" with their profession.

Despite their satisfaction, only 37% said they would choose to enter primary care again if they could start their careers over, while 28.6% said they would not choose to go into medicine.

Feds give go-ahead for doctor-owned specialty hospitals

The latest major administrative barrier preventing new cardiac, orthopedic and surgical hospitals from opening their doors to Medicare patients expired when the Centers for Medicare and Medicaid Services released a congressionally mandated strategic plan for the future of the facilities.

In doing so, CMS ended a phase during which Congress had prohibited the agency from issuing Medicare provider numbers to new specialty hospitals whose owners also would refer beneficiaries to the facilities.

To address conflict of interest concerns, CMS will require specialty hospitals, and eventually all types of hospitals, to publicize any investment and compensation arrangements they have with physicians, or risk fines of up to \$10,000 per day.

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.

pcms people



Parviz Kambin, MD, who was recently honored by the Pennsylvania Medical Society and the Philadelphia County Medical Society for his 50 years of medical services, has published the second edition of his text entitled “Arthroscopic and Endoscopic Spinal Surgery, Text and Atlas” (Humana Press).

Dr. Kambin is a board certified orthopedic surgeon, a member of the American Academy of Orthopaedic Surgeons, and professor of orthopedic Surgery and endowed chair of spinal surgery at Drexel University College of Medicine.

Claude Elcock, MD, who treated patients from the MOVE bombing that burned 61 houses to the ground in 1985, has retired after 40 years’ service in the nearby Osage Avenue area of Philadelphia.



Norman Makous, MD, endured 11 long years as his wife struggled with chronic emphysema. It wasn’t the only battle Dr. Makous had to face in his life. In his new memoir, “The Road Taken: My Life and Times,”

Dr. Makous takes us on a dramatic journey through the Depression, WWII, and then his medical career during the middle of the 20th century, Dr. Makous is a former PCMS board member.

Angelica L. Kloos, DO, has been appointed to the PCMS editorial board. Dr. Kloos, a graduate of the Philadelphia College of Osteopathic Medicine, is a psychiatry resident at Thomas Jefferson University Hospital. She is the recipient of this year’s Daniel Lieberman Writing Award at Jefferson. She recently completed (with an A grade) a course in scientific writing at Jefferson’s College of Graduate Studies.

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

Permit No. 225
Warmminster, PA
PAID
First Class
Presort

Philadelphia Medicine
2100 Spring Garden Street
Philadelphia, PA 19130