

PENNSYLVANIA PHYSICIAN

THE QUARTERLY MAGAZINE OF THE PENNSYLVANIA MEDICAL SOCIETY

SUMMER 2016 • VOLUME 3, NUMBER 3



EDUCATION **EDGE**

Long a leader in education and training, Pennsylvania continues to deliver the cutting-edge curricula that attract students and produce doctors who can deliver quality care in a shifting practice environment.



30

PAIN RELIEF

PAMED addresses the issues that keep physicians up at night

34

OPIOID ACTION

PAMED takes the fight against opioid abuse to legislators

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FEATURES



20 COVER STORY

EDUCATION EDGE

Long a leader in education and training, Pennsylvania continues to deliver the cutting-edge curricula that attract students and produce doctors who can deliver quality care in a shifting practice environment.



PAIN RELIEF

PAMED is addressing the issues that keep Pennsylvania physicians up at night.



OPIOID ACTION

PAMED takes the fight against opioid abuse and addiction to legislators in the Capitol.

DEPARTMENTS

- 02 The President's Prescription**
Right at Home
- 04 From the EVP's Desk**
Where Doctors Learn
- 06 Physician Newsmakers**
Pennsylvania Physician to Lead AMA
- 10 The Section Scoop**
What Would Make You Leave Pennsylvania?
- 43 On Call**
Calendar of Events
- 44 Medicine Bag**
PAMED: Your Partner in Education, Leadership, and License Renewal
- 46 PAMED Pulse**
Putting CME into Practice Means More Than Just Checking a Box

COLUMNS

- 12 Op-Ed**
- 14 Medical Economics**
- 16 Legislative & Regulatory Update**
- 18 Legislative Spotlight**
- 38 Practice Made Perfect**
- 40 Physicians & Philanthropy**
- 42 Life after Medicine**
- 48 Strong Medicine**

RIGHT AT HOME

I've been fascinated by the practice of medicine ever since I was a seven-year-old boy. Born and reared in Bucks County, Pa., my most vivid memories include time spent with my grandfather in his family medicine, pediatric, and obstetrics practice in Philadelphia. I would try on his stethoscope and spin around on his exam-room chairs until I was dizzy. He was my role model, and so one of my proudest achievements was to graduate from Temple Medical School — his alma mater.

I never had to go far to obtain world-renowned education and medical training. Penn State Hershey Medical Center offered me distinguished residency opportunities, and Main Line Health provided me with a comprehensive fellowship program. I sought out other opportunities outside of the commonwealth, but ultimately decided to hang my shingle in Pennsylvania.

One of the main reasons I remain in the state is because of the depth of medical knowledge, talent, training, and opportunities offered by our medical community. We have some of the best minds and the best training facilities in the country, and we should be proud.

We have some of the best minds and the best training facilities in the country, and we should be proud.

The Pennsylvania Medical Society (PAMED) helps by strengthening the voice of physicians to ensure we create the communities that make practicing medicine as fantastic as learning about it can be. We not only offer important continuing education, but also advocate on members' behalf and provide you with time-saving, relevant tools. I hope you enjoy this issue, which explores the tradition of learning in our fair state.

If you're already a member, thank you for your support. If not, I invite you to become a member at JoinNow.pamedsoc.org. Let's keep Pennsylvania at the forefront of medical education together in the years to come. ♦



SCOTT E. SHAPIRO, MD, FACC, FCPP
President, PAMED



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THE QUARTERLY MAGAZINE OF THE PENNSYLVANIA
MEDICAL SOCIETY

SUMMER 2016 • VOLUME 3, NUMBER 3

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Published in partnership with:

The YGS Group

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York, PA 17404

Phone: (717) 505-9701

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Mission: To serve as a pathway for sharing, innovation, collaboration, and discussion among all Pennsylvania physicians, legislators, policymakers, and other health care stakeholders to improve and protect health care in Pennsylvania.

Subscriptions: For subscription information, call (800) 228-7823, Ext. 2653, or email PennsylvaniaPhysician@pamedsoc.org.

Postmaster: Send address changes to Pennsylvania Physician, PAMED, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

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Find Innovative Solutions • Meet Patient Safety Requirements • Sharpen Your Skills



Pennsylvania Medical Society (PAMED) members can access 50+ free and discounted CME credits at www.pamedsoc.org/cme2016

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Step 4: Organize your CME activity online at www.pamedsoc.org/tracker. Easily record all Category 1 and Category 2 activities in one location.



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WHERE DOCTORS LEARN

Pennsylvania is a pioneer in medicine with a history of hosting countless medical “firsts.” It’s no wonder that our state is considered a mecca for education and training. The article on page 20 offers impressive statistics about the state’s long and distinguished medical tradition, as well as information on what schools are doing now to stay relevant.

All physicians devote time, money, and energy to medical school, then move on to residencies, internships, fellowships, and other post-medical school training. Pennsylvania is home to many medical training and health care institutions and organizations that offer a broad array of options for those looking for urban, suburban, or rural settings where they can gain the specific skills that launch careers.

And the learning never ends. Most physicians I speak with thrive on that aspect of the profession. They appreciate the value that lifelong learning offers, and crave continuous learning. There is always something to discover, innovate, or improve in health care. Continuing education is not just required, but also appreciated when it is relevant to the practice of medicine.



Physicians instinctively appreciate the value that lifelong learning offers, and crave continuous learning. There is always something to discover, innovate, or improve.

PAMED works diligently to provide education on topics that are important to Pennsylvania physicians, such as combating the opioid abuse crisis in our state, enhancing leadership skills, and succeeding in the transition from volume- to value-based care delivery systems. PAMED members have access to more than 40 credits of free online CME — which is particularly valuable in a license renewal year like this one. Access these and other educational offerings at www.pamedsoc.org/CME.

Unavoidable in any profession are the more tedious challenges. “Pain Relief” on page 30 recognizes common physician hassles with issues such as prior authorization, credentialing, Meaningful Use, quality reporting requirements, and more.

These hurdles inhibit physicians from treating patients the way they want — the way they were trained to do — and practicing medicine without intrusion into the exam room. Find out what PAMED is doing to help alleviate the issues that keep Pennsylvania physicians up at night.

If you are a member, thank you for your membership. If you have not yet joined the strongest physician voice in the state, I encourage you to become a member at JoinNow.pamedsoc.org. ♦

A handwritten signature in dark ink that reads "Heather A. Wilson".

HEATHER A. WILSON, MSW, CFRE
Interim Executive Vice President, PAMED

Controlled Substance and Opioid Prescribing Educational Program

LifeGuard and Penn Medicine offer a comprehensive program that covers prescribing issues identified by state boards of medicine for physicians who want to become more comfortable with the guidelines. We also offer sessions for remediation when prescribing practices are called into question.

**OPIOIDS
FOR
PAIN**

- Be smart.
- Be safe.
- Be sure.**

A Public Health Advocacy Program from the Pennsylvania Medical Society

Dates: Oct. 10 & 11, 2016
Dec. 8 & 9, 2016
Other dates available upon request

Time: 7:30 am - 5:30 pm

Location: Penn Med Clinical Simulation Center
1800 Lombard St., 2nd Floor
Philadelphia, PA 19146m

Cost: \$3,200*

The 2-day program includes case-based discussions completed in a small group format, combined with skills training through the use of standardized patients.

**Discounts available for PAMED members.*

Call 717.909.2590 or visit LifeGuardprogram.com for additional information

"The LifeGuard approach is intended to go beyond passive education, identifying not only educational gaps but also practice-based variations, providing the physician with opportunities to recognize individual issues and make substantial improvements to their practice of controlled substance and opioid prescribing with the tools offered by this program."

- **Program Director Marcia A. Lammando, RN, BSN, MHSA**

"We have joined with LifeGuard to offer this comprehensive review of material physicians need to know about the opioid and controlled substance issues. We combine case-based education with real-world training using standardized patients, so that physicians who have taken this course are comfortable moving forward in their practice."

- **Michael Ashburn, MD, MPH, Professor of Anesthesiology and Critical Care Director, Pain Medicine Penn Pain Medicine Center**

Sessions include an overview of CDC and state guidelines. We will assess personal prescribing habits through chart review. Highlights include:

- ▲ INTERDISCIPLINARY PAIN CARE: Where do opioids fit in?
- ▲ OPIOID THERAPY: Does it work, and at what cost?
- ▲ TRANSITIONING chronic opioid therapy and ongoing monitoring.
- ▲ TREATMENT FAILURE: What to do when things go wrong.

Read a detailed description of the course syllabus on our website LifeGuardprogram.com.



Andrew W. Gurman, MD, an orthopedic hand surgeon from Hollidaysburg, Pa., was sworn in as the 171st president of the American Medical Association (AMA) on June 14, 2016. As a longtime member of PAMED, Dr. Gurman has represented Pennsylvania physicians at the AMA House of Delegates for nearly two decades and twice served as chair of its political action committee. “I am honored to serve as AMA president during this pivotal time and be a voice for physicians nationwide,” says Dr. Gurman. “It is my privilege to lead this organization to ensure physicians’ needs are met.”

PENNSYLVANIA SURGEON LEADS THE WAY IN TRANSORAL ROBOTIC SURGERY

David Goldenberg, MD, FACS, Baron Professor and Chief of Otolaryngology and Head and Neck Surgery at Penn State College of Medicine and Penn State Hershey Medical Center in Hershey, Pa., is now the second surgeon in the U.S. to perform operations using the Flex® Robotic System. The revolutionary system makes it possible to access locations in the body that were previously difficult or impossible to reach using minimally invasive techniques.

The development of robotics in the field of head and neck surgery has given surgeons the capability to access anatomic locations that were

previously only managed via open techniques. Prior to robotic surgery, the mandible, the floor of the mouth, and the neck would need to be split

open like a book to permit access to areas deep in the head and neck.

Dr. Goldenberg and his team have employed a dedicated Flex system to perform 16 operations to date,



Dr. Goldenberg and Dr. Ben Oberman operate with the Flex robotic system at Penn State Hershey Medical Center.

including a radical tonsillectomy, a pharyngectomy, a tongue base resection, a supraglottic laryngectomy, and even resections of masses from the nasopharynx — all without ever needing to split the palate.

Transoral robotic surgery (TORS) began in Pennsylvania in 2005 with the development of the Da Vinci® Surgical System by Drs. Gregory Weinstein and Bert O'Malley and their team at the University of Pennsylvania. The first operations performed using the Da Vinci system employed the natural orifice of the oral cavity as a surgical entrance point. The Penn group was instrumental in developing,

researching, disseminating, and educating head and neck surgeons in TORS in its early days, and until recently, the Da Vinci robot was the only platform in use.

The newest iteration of robotic surgical equipment is the Flex Robotic System from Medrobotics, a Raynham, Mass.-based supplier. Surgeons can steer the system's flexible robotic arm and camera around anatomical structures to see views that may not be revealed by other techniques in high definition.

The Flex Robotic System can navigate an almost 180-degree path to reach challenging surgical targets. Surgeons can

then use it to deploy 3 mm, articulating instruments to perform procedures. The system was approved for head and neck surgery by the FDA in October 2015, and the following month, Penn's Umamaheswar Duvvuri, MD, Ph.D., became the first American surgeon to use it in surgery.

Dr. Goldenberg, who helped develop the Flex system and its instrumentation, became the second American surgeon to operate with it in December 2015. Dr. Goldenberg says that the flexible robot represents the natural progression of TORS, and that doctors can expect more exciting developments in the near future.

PHYSICIAN NEWSMAKERS ARE PENNSYLVANIA NEWSMAKERS



PAMED President Scott Shapiro, MD, news anchor Pete Muntean, Secretary of Health Karen Murphy, and Secretary of Drug and Alcohol Programs Gary Tennis.

Some of PAMED's most prominent member physicians and officials often find themselves talking about medical issues on the commonwealth's top current affairs television talk show, *Pennsylvania Newsmakers*.

The show brings news directly from the Capitol in Harrisburg, Pa., and often features our doctors alongside state officials such as the Secretary of Health, Karen Murphy; Secretary of the Department of Drug and Alcohol Programs, Gary Tennis; and the Pennsylvania Physician General, Rachel Levine, MD. Recent PAMED

guests have included President Scott Shapiro, MD, President-Elect Charles Cutler, MD, and Past President Karen Rizzo, MD.

Hosted by G. Terry Madonna, director of the Center for Politics and Public Affairs at Franklin & Marshall College, *Pennsylvania Newsmakers* has covered medical topics such as opioid abuse, medical marijuana, and scope of practice with PAMED commentary over the last few years. In addition to hosting the show, Madonna is a well-known political commentator on media outlets throughout the Keystone State.

In the Harrisburg market, *Pennsylvania Newsmakers* is the most-watched Sunday talk and commentary program, ahead of national programs including *Face The Nation*, *This Week*, *Fox News Sunday*, *Face the State*, and *Meet The Press*.

"Other than the Capitol itself, there's no place you're more likely to find the top political decision-makers of the commonwealth gathered together to talk about the issues," says Susan Bowyer, producer of *Pennsylvania Newsmakers*. "Whether you're looking for top elected officials or private-sector leaders who help them shape the future, you'll find them on *Pennsylvania Newsmakers*."

Pennsylvania Newsmakers airs on several stations around the state, including WGAL-TV (Channel 8 in Harrisburg and Lancaster, Sundays at 11:30 a.m.); WBPH-TV (Channel 60 in Lehigh Valley and Philadelphia, Mondays at 8:30 p.m.); WKBS-TV (Channel 47 in Altoona, Saturdays at 9:30 a.m.); and WPCB-TV (Channel 40 in Pittsburgh, Saturdays at 9:30 a.m.).

For those who prefer to watch online at their convenience, all shows are available at www.newsmakerstv.com.

—Chuck Moran

DR. EDWARD DENCH RECEIVES MEDAL FOR HEROISM

Edward H. Dench Jr., MD, was recently awarded the Navy and Marine Corps Medal — the highest non-combat decoration awarded for heroism — for actions he took during peacetime in 1976. Commanding Officer Bruce Hay presented Dr. Dench with the medal at the Pacific Missile Range Facility, Barking Sands, in Kauai County, Hawaii, on April 14, according to the *Military Times* Hall of Valor.

“The President of the United States of America takes pleasure in presenting the Navy and Marine Corps Medal to Lieutenant Commander Edward H. Dench Jr., U.S. Navy, for heroism while serving at the Pacific Missile Range Facility, Hawaiian Area, Barking Sands, Hawaii, on 21 July 1976,” Hay read aloud.

“Lieutenant Commander Dench was the doctor on board a Sikorsky UH-3A helicopter during the successful rescue of a Marine Corporal who had fallen 200 feet down the cliffs of the Kalalau Valley

and was lodged under a dead tree stump on a ledge with a 70-degree slope,” Hay said. “With complete disregard for his own safety and fully aware of the personal dangers involved, Lieutenant Commander Dench unhesitatingly volunteered to be lowered onto the narrow ledge to aid the victim.”

Once on the ledge, Dr. Dench applied splints, intravenous fluids and basic first aid, and assisted the rescue crewman in strapping the survivor into a stokes litter basket and positioning it for pickup.

“Lieutenant Commander Dench’s courage and prompt actions in the face of great personal risk undoubtedly prevented the victim from dying due to exposure and blood loss, and were in keeping with the highest traditions of the U.S. Naval Service,” Hay said.

Dr. Dench’s wife, Valerie, and daughters, Erin and Lana, attended the ceremony. Several sailors from base security were also in attendance to

congratulate Dr. Dench. He remarked that the young sailors will carry on the Navy’s tradition of bravery and service to our nation.

PAMED extends its sincerest congratulations to Dr. Dench for this most prestigious honor. ♦ —*Kerry Royer*

Chuck Moran, MS, has more than 25 years of experience in media relations settings including higher education, finance, and health care. He currently serves as PAMED’s director of media relations and public affairs. In addition, he supports his profession as a member of the Pennsylvania Public Relations Society. Email him at cmoran@pamedsoc.org or follow him on Twitter at @ChuckMoran7.

Kerry Royer is editor-in-chief of Pennsylvania Physician and communications director of the Foundation of the Pennsylvania Medical Society.



Edward H. Dench Jr., MD, former PAMED president and practicing anesthesiologist at Clearfield Hospital, stands next to a helicopter like the one he selflessly helped engage in rescue operations in 1976. Dr. Dench also currently performs Federal Aviation Administration (FAA) medical exams on pilots from his office in State College, Pa.



Physicians' HEALTH Program

The Foundation of the Pennsylvania Medical Society
30 Years of Change – Transforming Lives

“ONE IN TEN
people suffer from addiction.
At any time, there could be
as many as 3,000 doctors in the state
whom we could be helping.”

Raymond Truex Jr., MD, FAANS, FACS

“Physicians, like the rest of the population, are vulnerable to chemical dependency, physical disability or breakdowns in mental health. Your support of the **30 Years of Change Campaign** will make sure the Physicians' Health Program will always be available to our fellow health care providers.”

*Raymond Truex Jr., MD, FAANS, FACS,
Honorary Chair of
2016 PHP 30 Years of Change Campaign*

WHY SHOULD I SUPPORT THE PHP?

- For 30 years the PHP has provided confidential support, monitoring and advocacy to those who may be struggling with addiction or physical or mental challenge.
- The PHP relies on contributions from physicians, hospitals and others so that the cost to the participant can be kept as low as possible during challenging times.
- Your gift TODAY is an investment in an established endowment ensuring that the PHP will have funding support in perpetuity.
- Your gift provides a transformational opportunity for your fellow health care providers who deserve a chance to live life in recovery and good health.

HOW CAN I HELP?

Please consider a gift to the PHP in honor of this anniversary to ensure that physicians will always have a place to go to when help is needed. Let's make the most of it! In celebration of this milestone, the campaign has received a \$30,000 challenge grant from an anonymous physician – by making your gift TODAY you will help us to take full advantage of this generous matching fund opportunity!

Go to www.foundationpamedsoc.org to see true stories of transformation and recovery.

If you want to learn more about how to make a contribution to the PHP Endowment, visit www.foundationpamedsoc.org. You can also contact Director of Philanthropy Margie Lamberson, CFRE, at mlamberson@pamedsoc.org or 717-558-7846.

PHP is a program of The Foundation of the Pennsylvania Medical Society – the charitable arm of PAMED. The program assists all physicians, physician assistants, medical students, dentists, dental hygienists, and expanded function dental assistants.

Contact the PHP at (717) 558-7819 or php-foundation@pamedsoc.org.

The official registration and financial information of the Foundation may be obtained from the Pennsylvania Department of State, Bureau of Charitable Organizations, by calling toll-free within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.



The Foundation
of the Pennsylvania Medical Society

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WHAT WOULD MAKE YOU LEAVE PENNSYLVANIA?

IN THE WINTER ISSUE OF *PENNSYLVANIA PHYSICIAN*, SECTION SCOOP ASKED WHAT KEEPS PAMED SECTION MEMBERS IN THE STATE. NOW THEY TELL US WHY THEY WOULD CONSIDER LEAVING PENNSYLVANIA, SO PAMED CAN FOCUS ITS EFFORTS ON IMPROVING THE MEDICAL LANDSCAPE.



INTERNATIONAL MEDICAL GRADUATE PERSPECTIVE



Vasu Singh, MD, MPH, practices family medicine at Greater Lehigh Family Medicine in Bethlehem, Pa. She is a member of PAMED and its International Medical Graduates (IMG) section.

I have been working in Bethlehem, Pa., since 2002. During my stay here, I have had the pleasure of working in various roles in the fields of public health, teaching, administration, leadership, and clinical medicine practice. Bethlehem's close proximity to big cities, great academic centers, and the Atlantic Ocean — plus the cozy feeling of living in the Lehigh Valley — are some of the points worth highlighting.

I have enjoyed every bit of my career as an international medical graduate so far, and have no regrets about choosing medicine as a profession. But the changing landscape of medicine definitely causes professional frustration and dissatisfaction, no matter where one practices medicine in the U.S.

The rising costs of health care, barriers to access, administrative

demands, difficulty in dealing with insurance companies, narrowing networks, shrinking reimbursements, growing hostility between the bigger health care systems, the difficulty small-sized practices face in surviving, the time-consuming process of getting prior authorization for prescription medicines and procedures, and loss of autonomy are some of the critical issues that are common across the country.

Health care IT systems have been introduced with great hope, and indeed, they have helped in some ways. But they have also caused more aggravation. Implementation of electronic medical records systems has forced doctors to put in a significant number of additional hours and led to an exorbitant financial expense to the health care industry. I find myself checking box after box in order to satisfy the government's Meaningful Use (MU) requirements. They are actually very *meaningless* to most of us, and I am glad to see their demise. They have forced so many great clinicians to retire prematurely, as they were not tech-savvy.

Lastly, recertification and Maintenance of Certification (MOC) requirements do not make things easy for us. Given that the entire medical community faces so many issues today, I don't think I would move out of Pennsylvania for these reasons, but I certainly may consider other avenues of practicing medicine, or move to a state in which the National Board of Physicians and Surgeons (*nbpas.org*) is gaining acceptance. This will be one less headache in a physician's recertification process.

Editor's Note: PAMED continues to advocate on behalf of physicians on issues such as meaningful tort reform and MOC reform. Learn more about our advocacy efforts at www.pamedsoc.org/advocacy.

YOUNG PHYSICIAN PERSPECTIVE



Aaron George, DO, practices family medicine at Summit Primary Care in Chambersburg, Pa. He is a member of PAMED and its Young Physicians Section (YPS).

Physicians tend to leave Pennsylvania for the same reasons that they come to our state — family. Beyond this, I have found so many who have left the state because of the fickle weather. While many Pennsylvanians adore our four full seasons, some physicians leave in search of higher, snow-covered mountains for skiing in the North, or milder Southern winters.

Interestingly, a 2015 Medscape report listed Pennsylvania among the 10 lowest-paying states for physicians, and a further 2015 analysis of malpractice found Pennsylvania to be among the five worst in terms of per capita malpractice payouts. Coupling these two circumstances suggests that physicians may stand to receive more competitive offers outside the Keystone State. Certainly, choice of practice springs from a weighing of all the pros and cons. However, if a compensation package does not truly overcome the fickle weather, it is that much easier to move south and live close to Grandma.

RESIDENT PERSPECTIVE



Namath Hussain, MD, is a PAMED member and serves as chair of its Residents and Fellows Section (RFS). He is a seventh-year neurosurgery resident at Penn State Hershey Medical Center in Hershey, Pa.

I have had a wonderful time practicing medicine in Pennsylvania. We have pleasant communities with good people. Physician access is good, and there is excellent availability of primary care physicians and specialists, along with hospital services. Even here in Central Pennsylvania, there is sufficient population density to support practice growth. Pennsylvania has a small uninsured population compared to other states, at only 10 percent. There is also ample physician society support from PAMED.

According to data gathered by the Census Bureau, the Bureau of Labor Statistics, and the Department of Health and Human Services, Pennsylvania is ranked No. 34 in a recent list of the best and worst states to practice. This low ranking is largely attributed to the highest malpractice award payouts in the country — an average of \$310,000, or 35 times higher than North Dakota. This disparity must be fixed if we are going to attract the best and brightest physicians to the state and keep them here. ♦

WHAT ARE PAMED'S SECTIONS?

Rapid, radical change faces the medical profession, but the younger generation — young physicians, medical students, and residents — have the opportunity to shape their own futures. Similarly, the International Medical Graduates section brings together physicians with diverse backgrounds to share their concerns and experiences.

PAMED's sections for these diverse groups serve as their voices across the state. Members of the sections are engaged and involved in PAMED initiatives and policymaking. To get involved in one of the sections, contact:

International Medical Graduates Section (IMG), Medical Students Section (MSS), and Residents and Fellows Section (RFS): Eric Walsh at ewalsh@pamedsoc.org or (717) 558-7828

Young Physicians Section (YPS): Michael Siget at msiget@pamedsoc.org or (717) 558-7829

CPD: A PHYSICIAN'S COMMITMENT TO PATIENTS, COLLEAGUES, AND THE HEALTH CARE COMMUNITY

BY LESLIE HOWELL

With lives at stake, we want physicians to always be up-to-date on the latest research and practical applications of medicine. A big part of that has been to encourage continuing professional development (CPD), and within that general description of lifelong learning, continuing medical education (CME) has long been seen as the primary platform for physicians to pursue new knowledge and hone their existing skills.

In recent years, the profession has placed greater emphasis and value on focused learning specific to each physician's actual practice environment — a contrast to the more casual

Most physicians still believe in and support the overarching goal of MOC, however, which is to protect patient care by ensuring that physicians continue to learn and improve throughout their health care careers. "When a person commits to being a physician, they are buying in to a lifelong educational process," says PAMED member Jeffrey Levine, DO. "Medicine is an ever-changing profession. One needs CPD to stay current with the changes from science to administration to business to politics."

If we agree that CPD is necessary and meaningful, how can physicians

of medicine, maintaining a standard level of competence, and applying the cumulative experience of patient care to improve daily practice and patient outcomes. Respondents also suggested that the community and health care teams should be involved with CPD.

That makes sense: If medicine is team-based, wouldn't patient care benefit if CPD was team-based, as well? And maybe when we talk about CPD for physicians, perhaps we should be talking about more than just continuing *professional* development. We should also look at the bigger picture in health care, and focus on figuring out how to do a better job of integrating continuing *personal* development (or work/life balance), so that when we speak of lifelong learning, we are talking about enriching the minds of physicians, and their hearts.

And what about continuing *patient* development or patient engagement? Surely if physicians, other health care team members, and patients were able to learn together, the experience would be more fulfilling for all parties and improve patient outcomes.

I'll leave you with a straightforward, succinct description of CPD from one of our members that really resonated with me: "Constant learning with the goal of continuous improvement." I think that this may be my new mantra for professional development, and for life in general. ♦

Leslie B. Howell, CHCP, is the director of CME, Training, and Physician Leadership Programs at PAMED. You can email your comments or questions to her at lhowell@pamedsoc.org.

"When a person commits to being a physician, they are buying in to a lifelong educational process."

Jeffrey Levine, DO

approach of more general, "interesting" topics that were the staple of CME for several decades. The spotlight is now on performance improvement and self-assessment exercises, touted as the next iteration of CME for CPD.

Enter the American Board of Medical Specialties' Maintenance of Certification (MOC) process, which, in theory, aligns with CPD research and promotes ongoing education in the subject matter related to a physician's specialty or subspecialty area of medical practice. Unfortunately, the framework of MOC is under scrutiny, since some unpopular practices have tarnished its image. PAMED continues to advocate on physicians' behalf to improve the MOC process; you can learn more at www.pamedsoc.org/MOC.

best define their learning needs and engage in CPD? Perhaps it will be as a community. "I have always considered CPD to be something that I do for myself, all by myself," says PAMED member Donald Hess, MD. "That attitude is very constricting. I have grown as a physician through one-to-one mentoring relationships with other physicians. And I have also greatly benefited by engaging with groups of physicians and other health care providers."

In a recent member opinion poll, PAMED asked a panel of physicians to comment on what CPD means to them. A variety of themes emerged from the survey, including staying current with best practices and clinical knowledge, keeping up with legislation that affects patient care and the business



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Chand Rohatgi, MD



SURVIVAL OF THE INDEPENDENT PHYSICIAN IN A VALUE-BASED WORLD

BY SAFA FARZIN, MD, AND DENNIS OLMSTEAD



Safa Farzin, MD



Dennis Olmstead

Physician engagement must occur at a granular level. Physician-created initiatives, with input and buy-in from the entire network, and resulting in better overall coordination, is a cornerstone of success.

We're past the tipping point and are proceeding headlong into new market-driven accountability for quality, cost, and value. As employers and/or payers demand proven, value-based health care, and the market shifts from rewarding volume to rewarding value, physicians must be able to demonstrate the highest standard of care to effectively remain competitive for the foreseeable future. It's not something we should do — it's something we must do.

Information from the Centers for Medicare and Medicaid Services (CMS), the state of Pennsylvania, and commercial payers indicates this value shift will account for a significant portion of physician reimbursement within just a few short years. As a result, many independent physicians are joining together to seek opportunities for higher levels of success amid these changes.

As one example, hundreds of Central Pennsylvania physicians have come together for just that reason. The newly created Medical Group of Pennsylvania (MGP), an Independent Physicians Association (IPA), is working to ensure that independent physicians can deliver proven quality outcomes, lower cost, and efficiency at a network level.

The vast majority of MGP physicians are in small, independent practices, and according to CMS, the downside risk for future value-based reimbursement will disproportionately affect solo or small physician groups. By participating in an aggregated, larger network while maintaining practice autonomy, physicians are given every opportunity to succeed in the new value-based world.

PAMED is working with physicians to ensure that IPAs develop as physician-owned and physician-led organizations;

hence, the approach is physician-driven. Physicians are not only "at the table," but are creating and implementing the local approach collectively. The more physicians understand the value of physician-driven networks, the more successful and sustainable they will be as health care leaders. It will also increase professional satisfaction — a very important part of who physicians are, and something that has recently been at an all-time low.

The ultimate goal of IPAs will be to create clinically integrated physician networks or accountable care networks that can serve as the high-performing, local catalysts for greater value for the health care dollar, while rewarding participating physicians. These organizations will then have the opportunity to become the preferred networks of choice.

Many ask if this model is applicable in their own markets. PAMED is in the process of analyzing the health care delivery markets of Pennsylvania to help physicians determine the feasibility of success in the development of IPAs. We plan to advance these networks by providing physicians with the knowledge, tools, and confidence that patients are receiving the best, most appropriate care possible throughout the entire continuum of care provided.

This means physician engagement must occur at a granular level. Physician-created initiatives, with input and buy-in from the entire network, and resulting in better overall coordination, is a cornerstone of success. This will allow physicians to directly affect health outcomes for large populations of patients while also being able to bend the cost curve, as the market so desperately needs.

Organizations like MGP and PAMED must and will support physicians during this transition. PAMED is looking to engage Pennsylvania physicians; provide the necessary education, clinical tools and data; and offer hands-on practice support to assure successful transitions. This is the value of becoming part of an IPA and a clinically integrated network, and of being a PAMED member.

This change is significant and absolutely necessary. As payment models quickly change, employers and payers are demanding greater accountability. Independent physicians are in a unique position to work together to co-create meaningful solutions that result in the highest quality patient care available and the appropriate rewards for its delivery.

If you would like additional information about PAMED's efforts, email Dennis Olmstead, PAMED's senior advisor of health policy and economics, at dolmstead@pamedsoc.org. For more information about MGP's efforts, email Heather Gahres, office manager at MGP, at Hgahres@mgp-physicians.com. Please note there are networks forming in other Pennsylvania markets that may be of interest to you; MGP is just one example.

If you haven't already, check out PAMED's online, on-demand CME series — "Addressing Physician Uncertainty about Payment Reform: Skills for Success in Value-Based Delivery Systems." Free to PAMED members, this series is facilitated by Ray Fabius, MD, a PAMED member and a

nationally respected expert in the field of population health. It covers a variety of important topics, including practical health informatics, using a data toolbox in your practice, quality management, process improvement, lessons learned from the managed care era, and population health. Access the CME at www.pamedsoc.org/valuebasedcare. ♦

Safa Farzin, MD, is a practicing critical care specialist in Dauphin County, Pa. He is a founding member and CEO of the Medical Group of Pennsylvania, a recently formed, 350-member Independent Physician Association. Email him at sfarzin@mgp-physicians.com. Dennis Olmstead, MPA, is senior advisor of health policy and economics at PAMED. Email him at dolmstead@pamedsoc.org.

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PENNSYLVANIA DOH TAKES REPORTING OF DEATH RECORDS ELECTRONIC

BY MICHAEL SIGET

In May, the Pennsylvania Department of Health (DOH) announced its statewide rollout of the Electronic Death Registration System (EDRS). The EDRS supports the Centers for Disease Control and Prevention/National Center for Health Statistics' (NCHS) goal of improving the timeliness of mortality data through a network of state-based electronic death registration systems.

The EDRS is a free, web-based application that links all stakeholders involved with completing death records electronically in reporting data to DOH. Instead of using paper forms to register deaths, stakeholders will use the web application after they have been trained to use the system. The information collected through EDRS will be the same information as collected on the current paper forms. Information obtained through EDRS will be reported to the NCHS, providing near real-time surveillance to improve public health preparedness.

DOH notes that the benefits of using an electronic system will result in more accurate reporting of deaths, the ability to use this system at home or work, and a reduction in data-related errors that may occur by allowing entry of amendments and corrections more easily. Upon completion of the implementation plan, DOH will accept only electronic death registrations filed through EDRS, with the exception of fetal deaths.

DOH conducted a pilot study in Cumberland, Dauphin, and York counties in early 2016, determining that it will implement the EDRS system in two phrases through the remainder of 2016.



The first phase will begin in the third quarter of 2016, and include funeral directors, coroners, medical examiners, and local registrars. The second phase will consist of the remaining medical certifiers and licensed health care facilities, with training beginning in late 2016 and concluding in the spring of 2017. Once training is complete, users will be required to report their information through EDRS.

Users of EDRS will be required to sign a user agreement and confidentiality policy at the conclusion of training.

These documents acknowledge receipt of training and provide the user with terms for system use. Once DOH receives the signed document, the user will be given access to EDRS.

Those with questions can contact Frank Caniglia, director of the DOH's Division of Statistical Registries, by telephone at (717) 547-3696. ♦

Michael D. I. Siget, JD, MPA, is legislative and regulatory counsel for PAMED. Email him at msiget@pamedsoc.org.



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April 7, 2017 – Crucial Conversations: Establishing Accountability, Expectations, and Consequences

June 2, 2017 – Navigating Physician Relationships: Employed vs. Independent Physicians

Aug. 4, 2017 – Two Hats, One Team: Challenges Associated with the Dual Roles of Administrator and Clinician

This series is accredited for CME. For course descriptions and facilitators go to www.pamedsoc.org/CMOLeadership.

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Photo courtesy of State Rep. Gene DiGirolamo's office

Q&A WITH STATE REP. GENE DIGIROLAMO

THE WINNER OF THE 2016 NATHAN DAVIS AWARD TALKS ABOUT HIS CAREER AND LEADERSHIP ON HEALTH CARE AND PUBLIC HEALTH ISSUES IN PENNSYLVANIA.

BY HANNAH WALSH

The American Medical Association (AMA) awarded state Rep. Gene DiGirolamo (R-18th) with a 2016 Nathan Davis Award for Outstanding Government Service in February during its National Advocacy Conference in Washington, D.C. Named after the founding father of the AMA, the award recognizes elected and career officials in federal, state, or local government whose contributions have promoted the art and science of medicine and the betterment of public health.

Rep. DiGirolamo was among eight government officials recognized this year, including former U.S. House Speaker John Boehner (R-Ohio), U.S. House Minority Leader Nancy Pelosi (D-Calif.), and West Virginia State Sen. Ron Stollings, MD (R-7th), along with the former Surgeon General of the U.S. Air Force and a former director with the Food and Drug Administration.

Rep. DiGirolamo was first elected to the state House in 1994 and is serving his 11th term in office. He represents the 18th district, which includes Bensalem Township in Bucks County,

Pa., and he serves as chairman of the House Human Services Committee. *Pennsylvania Physician* caught up with Rep. DiGirolamo recently while he was in Harrisburg to talk about the award, his career in public service, and his advocacy on current health care issues.

Pennsylvania Physician: First, congratulations on receiving the highest award for elected officials and government employees from the nation's largest physician organization! Who nominated you?

Gene DiGirolamo: Melanie Brown, whom I met upon my arrival in Harrisburg back in 1994, nominated me. She was the staff director of the Health and Human Services Committee back then. She is currently the director of the Human Services Committee, which I have chaired for the past three-and-a-half years. Melanie has been on the House staff since 1987, so she is keenly aware of the advancement of health and human service policies and possesses a wealth of institutional knowledge that has made me a better chairman. She is,

without a doubt, the go-to person in our chamber on these important issues.

PP: Drug abuse is a major public health crisis in Pennsylvania and the rest of nation. You seem to have a real passion for this issue. What led you to be such a strong advocate on issues related to drug abuse treatment and prevention?

GD: It is no secret that my own son had issues with addiction, and I think that may have opened my eyes to just how detrimental this issue can be — not just for the addict, but also for the family who so desperately wants to help them. A young girl in my district overdosed very early in my political career, and I think the realization that the help she needed was not accessible to her, and that her death could have been prevented, motivated me to take a closer look. Since that time, I have focused my efforts on increasing funding for treatment and recognition of addiction as the public health crisis it is.

Fighting addiction from a policy standpoint is multifaceted. We first established a separate Cabinet-level agency, the Department of Drug and Alcohol Programs (DDAP), to give more executive-level accessibility, rather than making it part of a larger agency where it might get lost. While always seeking to increase financial resources

for treatment and education, we created a prescription drug monitoring database to help people get the treatment they need, rather than making it solely a law enforcement function.

The next steps included making Narcan more readily available to first responders and loved ones of those at risk, and a Good Samaritan law to help ensure that people who see a drug overdose in progress can report it without fear of criminal prosecution. To date, thousands of lives have been saved with the last two laws, but that just emphasizes the need for more treatment. Some people have been saved with Narcan multiple times.

PP: In 2014, the state legislature passed the law that created a statewide prescription drug monitoring program. I think we could all agree that the database is only part of the solution. What other actions would you like to see the legislature take to address the current drug epidemic?

GD: Now that we have some policies in place to get a better handle on the issue by better identifying those with addiction and perhaps getting those at risk help before it's too late, we need to ensure we have the financial resources in place. I introduced an amendment to the state budget for the 2016-17 fiscal year to invest \$10 million in emergency detoxification and treatment. I believe we need to be ready to help people when they need it.

Editor's Note: The enacted state budget for 2016-2017 included \$15 million to address the heroin and opioid abuse crisis.

PP: You were first elected to the House in 1994, but your career as an elected official started some time before that. What led you to choose a career in public service?

GD: My family owned a farm in Bensalem that later became a roadside store, and eventually a farmer's market, where most

of the community came to shop and interact. Working on a farm and running that small business most of my life, I knew I had the work ethic and practical experience to make positive changes. I began as an auditor in Bensalem Township, and when the opportunity to run for state representative arose, I knew I was ready for the challenge.

PP: What advice do you have for physicians as it relates to legislative advocacy?

GD: Physicians can partner with their legislators by offering help and advice for policy issues affecting their profession. Your state representative should be someone with whom you have a relationship, so that you can both benefit. I would advise them to be part of a professional organization's Advocacy Day*, whether it is at your own state capital or in Washington, D.C. Those

events are unique opportunities to bring together like-minded professionals who are engaged in the process.

PP: Lastly, a get-to-know-you question: What do you like to do in your spare time?

GD: I pride myself on my enthusiastic, approachable, accessible public service. I enjoy being a part of the many community functions that go on in my district every day. When I am not in Harrisburg, I am at my Bensalem office every morning by 7 a.m. In my free time, I am an avid runner and love to be outside exercising or gardening.

*PAMED's Advocacy Day is scheduled for Sept. 26, 2016. For information, visit www.pamedsoc.org/AdvocacyDay. ♦

Hannah Walsh is PAMED's associate director of legislative affairs. Email her at hwahsh@pamedsoc.org.

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EDUCATION **EDGE**

Long a leader in education and training, Pennsylvania continues to deliver the cutting-edge curricula that attract students and produce doctors who can deliver quality care in a shifting practice environment.

BY CLAUDIA M. CARUANA AND IAN P. MURPHY



When it comes to medical education and training, Pennsylvania wields an outsized influence on the nation. The state graduated 1,252 students from its medical schools in 2015 alone, according to the Association of American Medical Colleges (AAMC), more than any other states except for New York and Texas, whose populations dwarf Pennsylvania's, and well ahead of California and Illinois.

Pennsylvania ranks fourth among the 50 states for undergraduate MD and DO student enrollment, with 63.5 students enrolled per 100,000 population for the 2014–15 academic year, AAMC noted in another report. And in graduate education, Pennsylvania's number of residents and fellows in Accreditation Council for Graduate Medical Education (ACGME) programs was 61.6 per 100,000 at the end of 2014 — fifth in the nation and more than twice the national median of 27.3.

And those numbers have only ballooned over the last 10 years — that's 45.2 percent more undergrads and 13.2 percent more residents and fellows than were enrolled in the state in 2004. Pennsylvania is clearly doing something right when it comes to attracting future physicians. And not only has it reached a critical mass to be recognized as a center of medical education and innovation, but the state is also forging ahead with new strategies that can keep its schools, students, and the doctors it graduates on top of the nation's radically rearranged health care delivery system.

“Throughout the history of this state, there has been a focus on education,” says Stephen R. Permut, MD, a family physician in private practice and chair of the Department of Family and Community Medicine at Temple University's School of Medicine in Philadelphia. “And taking care of our citizens has been a priority. We see it daily with innovative medical treatments, many of which have been developed here.”



Stephen R. Permut, MD



MAKING MEDICINE YOUR BUSINESS

PAMED member students, residents, and early-career physicians agree that the need for education about the business of medicine and health care is emerging as a necessary skill for all physicians. However, they have gaps in knowledge and often express fears that they are inadequately prepared for practice management.

With demanding schedules in their medical studies, rotations, and work, it's challenging for current and future physicians to incorporate business and health care education into their lives. But in the evolving health care marketplace, such education is increasingly critical.

In recognition of the need for business curricula, medical schools and institutions are finding ways to help students and residents learn more about the business of medicine. Lake Erie College of Osteopathic Medicine (LECOM), Thomas Jefferson University's Sidney Kimmel Medical College, and the Lewis Katz School of Medicine at Temple University, for example, offer workshops that encourage students to contemplate the design and scope of a practice. Students at Jefferson report that the experience helps them grasp the complexity of the business of medicine. LECOM also offers students and residents a master's degree program in health care administration that coincides with regular studies.

HOW PAMED CAN HELP

PAMED is also helping Pennsylvania physicians get the education in the business of medicine that many say they didn't get in medical school and residency.

Leadership training. PAMED's Year-Round Leadership Academy runs Sept. 1, 2016–June 30, 2017, and includes eight

online courses and three daylong live sessions. Participants in the Fall 2016 learning group will be able to earn 60.5 CME credits, and credit toward Certified Physician Executive (CPE) certification if they complete the full complement of courses. Topics include communication, negotiation, conflict resolution; quality; productivity; team leadership; finance; and strategic thinking, planning, and decision-making. Learn more and register at www.pamedsoc.org/YRA. Find out more about PAMED's wealth of leadership offerings at www.pamedsoc.org/LeadershipAcademy.

Succeeding in the transition from volume to value. Physicians — regardless of practice type, setting, specialty, or geographic location — are filled with uncertainty with a multitude of changes to the health care delivery system. It will take an investment of time, energy, money, and skills development to be successful in value-based delivery. A six-part, online CME series from PAMED, facilitated by member Ray Fabius, MD, covers a variety of topics, such as health informatics, using a data toolbox in your practice, quality management, process improvement, lessons learned from the managed care era, and population health. Learn more and access the courses at www.pamedsoc.org/valuebasedcare.

Contracts. PAMED provides resources to help physicians ensure they understand their contracts and don't leave money lying on the table. This includes online, on-demand education, as well as a contract review service. Learn more about these resources at www.pamedsoc.org/contracts. —Eric Walsh, MA

A LONGTIME LEADER

Permut chuckles when he tells newcomers about Temple's owl mascot. People refer to it as the "Night Owl," thanks in part to Temple's beginnings in 1884 as a school for the working man who was unable to study full-time. Among those early part-time scholars were medical students.

Medical education was unregulated prior to the 20th century, however, and numerous "proprietary," for-profit medical schools of varying quality were operating across the country with few licensing requirements. Then, the scathing 1910 Flexner Report from the Carnegie Foundation helped launch a push toward standardized medical education, making it the purview of accredited, university-based medical schools. Temple quickly converted to a four-year institution and built a first-class medical school.

The state's eminence in medical education goes back even further, however, to the days when it was one of the original 13 colonies. The first hospital in what would become the U.S. was built in 1751 in Philadelphia, with the support of Dr. Thomas Bond and Benjamin Franklin. Dr. William

Shippen led the first lectures on anatomy in North America in Philadelphia in 1762, and by 1765, America's first medical school was established at the University of Pennsylvania.

By the early 1800s, the Philadelphia Hospital invited students, doctors, and casual onlookers to sit in the balcony of its amphitheater to watch surgeons remove tumors, saw off limbs, and perform other procedures. Conditions were still primitive, though — patients were typically anesthetized with alcohol or a blow to the head, and surgery had to be performed mostly during the daylight hours.

RISING TO THE TOP

In time, medical knowledge and practice improved, and Pennsylvania became home to the first women's medical school, now part of Drexel University, and the first children's hospital, the Children's Hospital of Philadelphia (CHOP). Pennsylvania's dominance in health care education also brought the nation its first dental, nursing, and pharmacy schools.

By the 20th century, Pennsylvania schools were attracting the finest minds in medicine. Physician and biochemist Otto Fritz Meyerhoff, who won a Nobel Prize in 1922 for discovering the relationship between the oxygen consumption and the metabolism of lactic acid in muscle tissue, for example, escaped Nazi Germany in the 1930s and took a professorship at Penn.

Other Nobel Prize winners began their careers at Pennsylvania medical schools. The winner of the 1985 award in Physiology and Medicine, Michael Stuart Brown, and the 1997 recipient, Stanley B. Prusiner, earned their MDs at Penn. Dr. Brown earned his Nobel Prize for discoveries concerning the metabolism of cholesterol, while Dr. Prusiner was the first to isolate prions — the infectious agents behind transmissible spongiform encephalopathies.

The region continues to have a significant impact on the country's health care system today. One estimate says that 5 percent of all physicians practicing in America graduated from the postgraduate medical education programs in the Philadelphia area — Penn, Temple, Jefferson, and Drexel — alone. "We have one of the largest concentrations of medical and health care expertise in the world," says Andrew Wigglesworth, former president of the Philadelphia metro area's Delaware Valley Healthcare Council, part of the Hospital & Healthsystem Association of Pennsylvania (HAP).

CREATING NEW CURRICULA

Pennsylvania's list of firsts goes on, and it continues to lead medical education to meet the demands of an evolving health care landscape. Many health care professionals go so far as to say that the state's schools are revolutionizing the ways in which medical students learn to care for patients.



Photo courtesy of Curious Expeditions via Flickr

The nation's first surgical amphitheater opened in 1804 at Pennsylvania Hospital in Philadelphia, only to become known as "the dreaded circular room."



COACHING PHYSICIANS TOWARD BETTER CARE

Physician coaching is a newly developed career opportunity in the world of health care that trains doctors in communication, behavior, and perception to impact their patient interactions. Learning the best ways to communicate with others is an important skill set in today's society, and effective bedside communication can make all the difference in clinical outcomes.

An up-and-coming support role known as the physician coach is helping improve physicians' insights into patient perspectives. Coaches help physicians relate to patients on an emotional level while performing their clinical roles. Hospitals and other facilities are conducting empathy and communication training to provide physicians with feedback on their bedside communication.

What is a physician coach, and how does he or she help improve patient care and physician-patient interactions? Physician coach is a unique occupation — one doesn't necessarily need a clinical background to perform the requirements of the position. Most are based upon the needs and process improvement methodologies of the hospital, system, or health care company employing coaches.

"A physician coach works with physicians at all levels and specialties to promote excellence in patient care by working with them through coaching, educational training, best communication practice techniques, and bedside rounding and validation," says Esther Thoman, manager of physician education and training at PinnacleHealth System in Harrisburg, Pa. "With help and collaboration from identified physician leaders and champions, the focus on

effective communication methods is designed to improve the patient experience in order to have strong and positive clinical outcomes."

When Chief Medical Officer Nirmal Joshi, MD, introduced physician coaches a few years ago at PinnacleHealth, the position was, at times, misunderstood. Some physicians believed it wasn't necessary for an individual to follow them around as they entered patient rooms. Other physicians thought it could be awkward for a person to shadow them while they interacted and communicated with patients, their family members, and friends. As time went on, however, the role of physician coach became embedded in the culture throughout the system.

The purpose of coaching within a health care system is to develop a professional relationship with physicians to identify their strengths, skills, abilities, and areas needing improvement. Physician coaching assesses physicians on their communication skills and styles, and supports their efforts to improve them. In an effort to improve physician-to-patient communication, it allows physicians to provide their own input on how they might improve bedside communication.

Physician coaching is a challenging, but highly rewarding, profession. It is not only a key component in improving patient satisfaction, but it also allows physicians to discuss ways to improve their own satisfaction in the coaching process openly. And evidence-based studies show that when physician satisfaction is higher, it, too, leads to improved patient outcomes. —*Stacia M. Pearce*

The American Medical Association (AMA) has named two of Pennsylvania's premier medical schools, Penn State and Sidney Kimmel Medical College, to its Accelerating Change in Medical Education (ACME) Consortium. The invite-only consortium launched in 2013 with the goal of challenging American medical schools to develop new and innovative curricula that make physician training more responsive to patient needs in the new care environment — or as AMA says, “create the medical school of the future.”

As one of the first 11 schools invited to participate, Penn State won a \$1 million grant from the AMA to build a program that turns its first-year students into patient navigators. Students in the program regularly visit patients in their homes to educate them on all of the factors that can come into play with patient health.

Performing field work inside local health care systems like this can not only enhance understanding and empathy, Penn State says, it can better prepare students for the realities of practice upon graduation. The school's new curriculum has drawn interest from medical schools such as Case Western Reserve University School of Medicine and Sophie Davis Biomedical Education/CUNY, which plan to develop similar programs.

Thomas Jefferson's Sidney Kimmel Medical College joined the AMA consortium at the beginning of 2016, after winning a \$75,000 grant to spearhead an initiative to integrate education about electronic health records (EHRs) into its curriculum. Medical educators see this as an important innovation; even though EHRs are a widespread reality (and source of consternation) in practice, medical schools don't often ask students to work with them in training, causing the vast majority of new physicians to have to get up to speed on the software systems after graduation.

STAYING IN-STATE

As *Pennsylvania Physician* reported in “Keeping Physicians in Pennsylvania” (Winter 2016), having 10 major medical schools is a big factor in getting future doctors to study and practice in the state. According to AAMC figures, almost two-thirds (66.3 percent) of undergraduate MD students matriculated from Pennsylvania in the 2014-2015 academic year, and more than half (57.5 percent) of recent graduates of undergraduate and graduate medical education programs stay in-state to practice.



Winifred Wolfe

Winifred Wolfe received a bachelor's degree in biology with a chemistry minor from Rosemont College in Rosemont, Pa., and is now in her third year of medical school — the final year in a seven-year BA/BS/MD accelerated program offered through Drexel

University's College of Medicine and numerous affiliated undergraduate schools.

Wolfe decided to start her studies at nearby Rosemont since her father had recently been laid off. “Although there are other BA/MD programs to consider outside of Pennsylvania, my family ties to the area led to staying near home,” Wolfe says. “I also liked Drexel because of its connection with the former Women's Medical College of Pennsylvania — the first medical institution to train women for an MD.”

Wolfe says her medical education in Pennsylvania has been “awesome” so far, and adds that medical students in Pennsylvania are spoiled for choice. “The Philadelphia area has four great medical schools,” she says. “Central and Northeastern Pennsylvania have two great, rural-based medical schools, and Pittsburgh has Pitt — another great institution.”

INNOVATION ATTRACTS

Wolfe is now working on a research project with Virginia O'Hayer, Ph.D, and David Bennett, Ph.D, at Drexel's Center City Clinic for Behavioral Medicine that promises to empower HIV/AIDS patients through improved mental health. The clinic uses a third-wave cognitive behavioral therapy — Acceptance and Commitment Therapy (ACT) — to help patients cope with the cultural stigma and personal negative feelings related to

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For more info on how this settlement will offer future protections to Pennsylvania physicians, visit

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TO DO OR NOT TO DO?



John B. Bulger, DO

As medical educators and mentors, physicians are often asked for guidance from the next generation of doctors as to whether to pursue osteopathic or allopathic medicine. Is there a difference between a DO and an MD?

Michael Antoon, DO, an emergency and addiction medicine physician at Corry Memorial Hospital in Corry, Pa., says that an osteopathic degree has traditionally been geared toward those who aspire

to practice in family, general, and primary care, or as an OB/GYN. “Those who chose to concentrate on a specialty usually pursued an allopathic degree,” he says.

But that’s changed. “It depends more on the person rather than the degree, because now there is so much overlap in the education,” Dr. Antoon says.

He feels osteopathic training helped him personally become a better physician because it honed his listening skills so that he could get a patient’s whole story the first time.

Medical student Shenel A. Franklin, who attends the Philadelphia College of Osteopathic Medicine, says she chose to pursue a degree in osteopathic medicine because she values “the ability to learn another way I can help my future patients. Osteopathic manipulative medicine is a tool I can use to treat my patients in a non-pharmacologic way. I also value the emphasis placed on treating the whole patient.

“During my undergraduate education, working in different health care settings made me realize I wanted to become a physician,” she says. “The time doctors spent learning about the human body in every way allowed them to use an exponential amount of information to treat their patients with the best possible methods. By committing to be a physician, they were committing to a career of lifelong education that would continuously improve the life of others.”

John B. Bulger, DO, MBA, chief quality officer at Geisinger Health System in Danville, Pa., was appointed to the State Board of Osteopathic Medicine, which regulates the licensure and registration of doctors of osteopathic medicine, and confirmed by the state Senate in March. He is also the secretary of the Pennsylvania Patient Safety Authority.

He volunteered for the board because he enjoys the opportunity to serve the citizens of the commonwealth, in addition to his patients. “I’ve always been intrigued by public policy, and this gives me the chance to lead and make a difference on a population level,” he says.

When Dr. Bulger was a pre-med student, he tried to stay open-minded to the degree he chose to pursue, but eventually opted for a DO. “The core tenets of osteopathic philosophy appealed to me in the way of uniquely putting together the mind, body, and spirit to achieve health,” he says. —*Kerry Royer*

the disease. “ACT will not only give patients with HIV the tools to acknowledge their emotional distress, but allow them to continue to live healthy lives,” Wolfe says.



Ludwig Koeneke

Ludwig Koeneke moved from Morristown, N.J., to study in Pennsylvania. Now in his second year at Thomas Jefferson University’s (TJU) Sidney Kimmel Medical College, the vice-chair of PAMED’s Medical Students Section (MSS) is active in getting other students involved. “Organized medicine here in the state of Pennsylvania is incredible,” he says. “I’ve worked with students from all over the

state on drafting resolutions to create new programs to inspire future doctors to join organized medicine.”

Pennsylvania has risen to the forefront of medical innovation in the 21st century, Koeneke adds; he has participated in advanced initiatives such as the JeffSolves medical device development program at TJU. “There is no better place to be than in Pennsylvania,” he says. “I’ve spent the past five months working on developing my own medical device with a group of five other students and a research and development firm out of Brooklyn, N.Y. All of this was made possible by being a student at the first-ever medical university in the country with a design program.”

With such a concentration of schools and research hospitals, students in Pennsylvania often have the opportunity to participate in projects that promise to revolutionize care. Pitt’s medical school and the University of Pittsburgh Medical Center (UPMC), for example, are now collaborating on the Center for Medicine and the Microbiome to better understand how microorganisms affect health, and how they can be used to develop new therapies. Established in May 2016, the center has already launched what’s expected to be the largest study of human genetics and microbial communities ever, collecting about 3,500 saliva samples with help from Pitt’s School of Dental Medicine.

Pennsylvania leads in cutting-edge specialty curricula, as well. The Temple University School of Podiatric Medicine is one of only nine podiatric schools in the U.S., and admits just 100 students each year. Upon completing their coursework,

students move to a clinic that treats thousands of diabetics each year, and operates a gait study lab to test pressure points in an effort to alleviate the risk of damage to feet.

John A. Mattiacci, DPM, dean of the school, says that many innovations are happening in podiatric medicine, and the school is more than a couple of steps ahead in educating students.

This year, the school will launch a new



John Mattiacci, DPM

biomechanical curriculum in orthotics, allowing students to take advantage of a sophisticated software application to prescribe and construct quality orthotic appliances.

The program will expose students to a range of practice functions. “It’s an integration of the didactic and clinical components of this curriculum project,” Mattiacci says. “And being part of Temple, our students can gain important medical experience in other areas, such as trauma seen in an emergency room setting.”

Parag Parekh, MD, and his wife, Purvi Parekh, DO, met on a blind date as students, and continue to be cheerleaders of Pennsylvania’s medical education for its quality and curricula. Dr. Purvi Parekh graduated from the Philadelphia College of Osteopathic Medicine, and now specializes in adult primary care and internal medicine in Dubois, Pa., while Dr. Parag Parekh, an ophthalmologist, graduated from Penn’s Medical School.

“We chose our respective medical schools for the quality of the medical education — the excellent professors, cutting-edge technology, and the way the curriculum was designed,” Dr. Parag Parekh says. “To us, the quality of education was the driving force.”



Purvi Parekh, DO, and Parag Parekh, MD

ONGOING EDUCATION

Medical education needs to change with the times to help prepare tomorrow’s physicians to treat patients, says Barbara E. Barnes, MD, associate vice chancellor for continuing education and industry relations and the associate dean for continuing medical education (CME) at University of Pittsburgh Medical College.



SURVEYING OPIOID EDUCATION ON CAMPUS

PAMED and the Pennsylvania Department of Health (DOH) recently initiated a joint project to understand what medical students are learning about opioid prescribing, pain management, and prescription drug misuse at the 10 medical schools across the commonwealth. The goal is to turn the tide of the opioid and heroin overdose epidemic.

The first step is to survey students, report the aggregate data collected, and share it with all of the participating programs, without reporting individual school responses. The information collected will be used by the task force to guide statewide efforts aimed at improving physician education related to these topics. PAMED and DOH will meet with Gov. Tom Wolf and the medical school deans to discuss its findings.

“The opioid crisis, which includes prescription drug abuse, heroin abuse, and overdoses, is the largest public health issue in Pennsylvania and in the nation,” Pennsylvania Physician General Rachel Levine, MD, says. “The cause of this epidemic is the perfect storm of factors. They include the emphasis of regulatory agencies on assessing and treating pain over the last two decades; the development of powerful, long-acting, and addictive opioid pain medication; and the influx of cheap, plentiful, and powerful heroin from Central and South America.”

Dr. Levine adds that it is important to not waste time assessing blame. “There is certainly enough responsibility to go around, including for physicians,” she says. “As health care leaders, we play an important role in stemming and reversing this crisis. Addiction is a disease; it is a medical condition, not a moral failing. As physicians, we have to act in the education, prevention, and treatment of patients with the disease of addiction. In that context, it is imperative to educate our future physicians about the importance of pain management, judicious opiate prescribing, and addiction medicine.”

PAMED and DOH agree it is crucial that students learn, early in their careers, the significant role that they’ll play as physicians in the prevention and treatment of substance use disorders.

Check out PAMED’s online CME series on the opioid prescribing guidelines, naloxone, referral to treatment, and the prescription drug monitoring program at www.pamedsoc.org/opioidscme. —KR



Deepak Mehrotra, MD

SEEKING PARITY WITH THEIR PEERS

Subject to stricter postgraduate requirements than students who graduate from medical schools in the U.S., PAMED's International Medical Graduates (IMGs) are pushing for parity with their peers.

Graduates of schools outside the U.S. and Canada must serve at least three years in residency in Pennsylvania before they can be licensed, while graduates of U.S. schools can serve just two. The rule is consistent for MDs and DOs alike; the State Board of Medicine and State Board of Osteopathic Medicine require three full years of residency from IMGs.

But there's a movement afoot to allow IMGs to serve as little as two years in residency like most other graduates, and get them into practice faster. PAMED passed a resolution supporting a change at its 2015 House of Delegates.

Based on AMA language and introduced by Deepak Mehrotra, MD, on behalf of the IMG Section, it calls upon PAMED "to adopt a policy supporting parity in the number of years of Graduate Medical Education (GME) training required for International Medical Graduates (IMGs) and U.S. Medical Graduates (USMGs) to obtain state medical licensure" — and "aggressively pursue" legislation supporting it.

"The imposition of additional GME training requirements for IMGs poses gratuitous hardship on IMGs in planning and starting a career after GME training," the resolution says. "This unnecessary delay does not serve our patient population well, and exacerbates patient access problems in the continuing physician workforce shortage in our country."

While such regulations were originally intended to ensure that foreign-educated doctors had training sufficient to enter practice, today's IMGs must pass a rigorous certification and testing program before ever entering residency. The Educational Commission for Foreign Medical Graduates (ECFMG) tests clinical knowledge, skills, and language proficiency, ensuring that IMGs' preparation is on a par with U.S.-educated students.

"Having to wait an extra year is seen as a penalty to IMG physicians who have already gone through a rigorous certification process before they can even get into a residency," says Leslie Howell, director of CME, Training, and Physician Leadership Programs at PAMED. "They learn the exact same things at the exact same times as everyone else in residency. Why shouldn't they be able to get their license at the end of two years, too?"

The only area in which IMGs sometimes face a steep learning curve is in understanding the structure of care delivery in the U.S. and its insurance, regulations, business practices, and other unique aspects. But that's a challenge that applies equally to all residents and new doctors.

Allowing IMGs to enter practice sooner could help alleviate physician shortages, and particularly in underserved areas. "Often, foreign-trained medical graduates will go to underserved areas, but if they can't get their licenses, they can't provide medical care without supervision," Howell says. "This is an enrichment to the medical system. IMGs bring cultural diversity to medicine." —*Ian P. Murphy*

"It's this personal connection to the community that makes medical education in Pennsylvania so special," Dr. Kauffman says. "It goes beyond a focus on the body to include the mind and spirit."



Barbara Barnes, MD

Emerging health care models will have more physicians employed by health care systems and hospitals, she says, and fewer stand-alone practices. "We also can expect to see more teams of medical professionals working together with physicians for ancillary services such as nutrition or physical therapy, and more opportunities to work with underserved populations," she says.

Western Pennsylvania's natural beauty encouraged the Parekhs to settle and raise a family, and the doctors were eager to give back to the community. "We love making a difference in a relatively medically underserved area like ours, where people are very reluctant to travel long distances for their care," Dr. Parag Parekh says.

New physicians need help dealing with challenges such as paying off loans, serving long residencies, and the business of medicine, Dr. Barnes adds, while seasoned practitioners must keep up with rapid advancements in technology and sudden shifts in the system that governs care. Fortunately, Pennsylvania offers plenty of support to practicing physicians needing to keep up with new developments.



Lawrence John, MD

"Being active or involved in regional medical societies helps physicians keep up with health care and other issues," says Lawrence John, MD, a family practitioner at UPMC St. Mary's Hospital, a professor at the University of Pittsburgh Medical College, and president of the Allegheny County Medical Society. "For example, physicians need to know more about pending or possible laws in the state that will affect how they treat patients."



Mark Kauffman, DO

A law enacted in neighboring New York has restricted physicians' ability to write prescriptions for patients, he notes, illustrating the need to stay on top of the issues. Such cumbersome pieces of legislation can be headed off by physicians educated in advocacy,

and strong CME programs can keep doctors abreast of new developments in clinical and practice issues alike.

MAKING CONNECTIONS

Mark Kauffman, DO, launched his education as part of the inaugural class at Lake Erie College of Osteopathic Medicine (LECOM) in Erie, Pa. "At that time, LECOM advised candidates of acceptance within a few weeks, so I scheduled other interviews after that period of time," Dr. Kauffman says. "As soon as I heard from LECOM — my first choice — I cancelled my other interviews."

Like Wolfe, he cites family ties as a big factor in pursuing education in-state. "All of my memories are from growing up in South Central Pennsylvania," he says. "To get my medical degree from LECOM in the state I grew up in and the state I wanted to practice in was my way of thanking everyone who helped me become the person I am. I always wanted to serve the people I grew up around."

LECOM itself was the answer to a growing need for medical education in Northwestern Pennsylvania. Drs. John and Silvia Ferretti and the other leaders of the small Millcreek Community Hospital wanted to boost the numbers of primary care providers in that part of the state, and founded the school in response in 1992. Just over 20 years later, LECOM is the largest medical school in the U.S., and Dr. Kauffman is the associate dean of students.

But being the biggest didn't distract from the purpose of the school: to improve the health of the community through its graduates. "It's this personal connection to the community that makes medical education in Pennsylvania so special," Dr. Kauffman says. "It goes beyond a focus on the body to include the mind and spirit."

"Medicine frequently is referred to as an art," Dr. Kauffman says. "To be art, medicine must be more than diagnosis, treatment, and prevention. It must be enveloped by empathy, respect, and professionalism. It is one thing to hear your patient; it is completely another to listen to what they are actually saying. This is what medical education in Pennsylvania has taught me, and that's what I try to teach my students." ♦

Claudia M. Caruana is a New York-based science and medical writer, and Ian P. Murphy is the senior editor of Pennsylvania Physician.



PAIN RELIEF

PAMED IS ADDRESSING THE ISSUES THAT KEEP
PENNSYLVANIA PHYSICIANS UP AT NIGHT.

RACHEL DAMRAUER

When physicians and practice administrators talk about what causes them headaches, frustration, and stress, we often hear about challenges with prior authorizations, credentialing, Meaningful Use (MU), and meeting the myriad quality reporting requirements needed to avoid penalties. There are also issues with insurers (payers) such as claim denials and audits.

In a *Philadelphia Inquirer* article published earlier this year, PAMED member Mark Lopatin, MD, a rheumatologist in Willow Grove, Pa., shared the following story about how the prior authorization process delayed treatment for his patient, and cost valuable time by making him jump through hoops to attempt to get a medication approved. He also discussed how PAMED's valuable advocacy helped rectify the situation immediately.



Mark Lopatin, MD

I had a patient who was diagnosed with polymyositis, an autoimmune disease. It is treated with high-dose steroids to reduce muscle inflammation, and with other medications and IV immunoglobulin to suppress the hyperactive immune system.

My patient had tried all of these treatments, but still suffered from such muscle weakness that she couldn't work. There was another medication we could try; however, my patient's insurer denied payment for it.

The first step to get the ruling reconsidered would be through a "peer-to-peer," when the treating physician speaks with a doctor from the insurance company. That sounds reasonable. But my peer-to-peer discussion was not with another rheumatologist, but with a pediatrician, who denied the drug because "it did not meet the insurer's guidelines."

The pediatrician advised me to appeal, which I did. Three weeks later, a representative from the insurer told me the appeal would take at least another month because there were so many appeals that had to be processed. This is all time that my patient was still suffering and unable to work.

I asked whether I could do a peer-to-peer with a rheumatologist, and was told no because I'd already had my peer-to-peer. I asked for an expedited appeal and was told "No — that's only if the illness is immediately life-threatening."

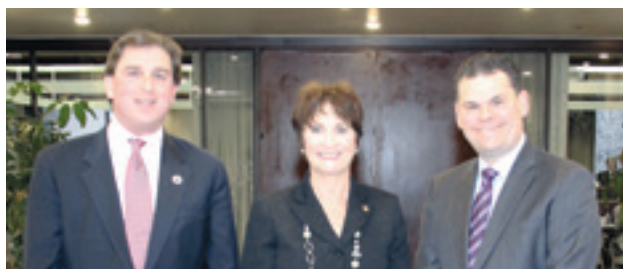
Overall, this process cost my patient weeks of delay in care and forced me to spend several hours on the phone, sometimes even inconveniencing other patients waiting to see me.

Ultimately, PAMED helped get me in touch with the insurer's senior director for medical health services for the Northeast region, who was extremely helpful. The medicine was approved within 24 hours.

Prior authorization reform is one of the many issues PAMED is advocating for on behalf of Pennsylvania physicians and patients. PAMED strongly supports HB 1657, which would standardize the prior authorization process and make it more transparent in Pennsylvania. This bill, introduced by State Rep. Marguerite Quinn (R-143rd), would increase transparency and consistency in prior authorization criteria; establish standards for, and reduce the overuse of, prior authorization; lessen manual processes and enhance the electronic exchange of information; develop a standard prior authorization form; and improve response times for prior authorization determinations. It also says that an appeal will be reviewed only by a physician who is:

- Board-certified in the same specialty as the health care provider who typically manages the medical condition or disease
- Currently in active practice in the same specialty as the health care provider who typically manages the medical condition or disease
- Knowledgeable and experienced in providing the health care services under appeal

Learn more about PAMED's advocacy efforts on this issue at www.pamedsociety.org/priorauth.



Andrew Waxler, MD, FACC, Pennsylvania Chapter of the American College of Cardiology representative on PAMED's Specialty Leadership Cabinet (SLC); Rep. Marguerite Quinn; and PAMED President Scott Shapiro, MD, FACC, FCPP, announce the introduction of HB 1657 during PAMED's SLC meeting in February 2015.

PAMED'S MULTI-TIERED ADVOCACY

PAMED advocates on behalf of Pennsylvania physicians and their patients in Harrisburg, Pa., and Washington, D.C., on a variety of topics, as well as on behalf of members with insurers and other organizations. The goals of these efforts are many, but include priorities such as reducing unnecessary physician hassles, protecting patient safety, and preserving the physician-patient relationship.

PAMED advocates at the state Capitol on issues such as strongly supporting credentialing and prior authorization reform. When legislators are in session, our in-house team of experienced lobbyists spends three or four days a week at the state Capitol advocating on behalf of Pennsylvania physicians and patients.



J. Philip Hall, MD

Another hassle we're hearing about from Pennsylvania physicians is that the credentialing process by insurers often takes too long, which gets in the way of patient care.

Pennsylvania Physician recently spoke with J. Philip Hall, MD, a retired family medicine physician from Altoona, Pa., about the

credentialing issues he experienced when working at the Glendale Area Medical Association, a small, nonprofit, federally qualified community health center (FQHC) in Coalport, Pa.

"For a small medical center of one to two physicians to have to recredential physicians every year is pretty burdensome," Dr. Hall says. "Each insurer has its own requirements — different forms, formats, etc. You find a lot of it is repetitive. For instance, [the insurer] always wants a copy of your medical school diploma — which is ridiculous, because it's something they would have received a few years prior, and something that doesn't change. It uses up a lot of time and resources, especially at a small doctor's office where you just have a few physicians. I know some larger medical practices that have a full-time person doing nothing but credentialing paperwork."

Dr. Hall said it would make the credentialing process easier and less onerous if there was a universal, standardized format.

PAMED is advocating strongly for HB 1663, introduced by State Rep. Matt Baker (R-68th), which aims to streamline the credentialing process and make it more uniform among all insurers in Pennsylvania. As part of this legislation, PAMED is also advocating that after an insurer has had a physician's credentialing application for a certain amount of time and no decision has been made, the physician be provisionally credentialed so that he or she can begin seeing patients. Once they are formally credentialed, the insurer would then pay the physician retroactively for care provided during the period they were provisionally credentialed.

PAMED also led discussions with the state Department of Human Services (DHS) on improving the physician credentialing process for Medicaid. As a result, on Jan. 1, 2016, DHS began imposing additional requirements on its Physical Health Managed Care Organizations (PH-MCOs) related to credentialing timeframes. PH-MCOs are now required to begin their credentialing process upon receipt of a provider's application. If the application contains all required information, the credentialing process must be completed within 60 days.

Learn more about PAMED's advocacy efforts on this issue at www.pamedsoc.org/credentialing.

PAMED engages in advocacy at the federal level on physician issues such as MU and quality reporting programs. In February 2016, two dozen PAMED and Alliance leaders and members of the PAMPAC Board attended the National Advocacy Conference (NAC) in Washington, D.C., led by PAMED President Scott Shapiro, MD, and PAMED Board Chair David Talenti, MD.

While at the NAC Conference, PAMED and PAMPAC leaders hosted a reception for members of the Pennsylvania Congressional Delegation, and met with their districts' members of Congress and key staff to advocate for recommendations on improving MU, strategies to combat opioid abuse, and the potential benefits of national telemedicine legislation. They also shared concerns about electronic health records (EHRs).

"The AMA National Advocacy Conference brings together physicians from across the country to meet with lawmakers and advocate for policies that will benefit patients and physicians," said attendee Alexis Smith, DO, a member of PAMED's Young Physicians Section and the PAMPAC Board. "This collective voice has brought about significant changes in the past such as the repeal of SGR, and is now being used to promote Meaningful Use reform and end the opioid crisis."

Pennsylvania has been hit hard by the opioid abuse crisis. PAMED is working collaboratively with Pennsylvania physicians, the state, and other stakeholders to address this growing epidemic. On May 17, 2016, PAMED physician leaders held Opioid Awareness Day at the state Capitol to launch the "Opioids for Pain: Be Smart. Be Safe. Be Sure." initiative and highlight the ways in which the physician community is working to prevent opioid abuse and still treat pain effectively. The same day, PAMED also held an Opioid Awareness Symposium on physician leadership and the opioid abuse crisis. Learn more about these efforts on page 34, and access tools such as prescribing guidelines and CME for physicians at www.pamedsoc.org/OpioidInfo.

On the state level, PAMED is also working to address barriers to telemedicine in Pennsylvania and bring clarity to its expanded use through legislation. Learn more at www.pamedsoc.org/telemedicine.

PAMED is also advocating with other organizations in the best interest of physicians. PAMED is nationally recognized as being THE state medical society championing the nationwide charge for Maintenance of Certification (MOC) reform directly with stakeholder testing organizations, the American Medical Association (AMA), and with state leaders who have attended the ongoing, PAMED-sponsored MOC strategic summit meetings.



Pennsylvania physicians attended the National Advocacy Conference in Washington, D.C., in February 2016 to advocate on issues such as Meaningful Use, opioid abuse, and telemedicine.

In June, PAMED issued a statement of no confidence in the American Board of Internal Medicine’s leadership, and soon after, convened a national discussion panel on the topic at the AMA’s Annual Meeting. The Pennsylvania Delegation to the AMA also co-authored a resolution, that — as adopted — calls for the immediate end of any mandatory, secured recertifying exams, among other resolves.

Learn more about PAMED’s efforts to achieve MOC reform at www.pamedsoc.org/MOC.

PAMED performs additional time-saving advocacy with which you may not be as familiar, including work that PAMED’s Practice Support Team does every day. This team of experienced, expert staff helps members survive and thrive amid the chaos generated by “inexplicable” claim denials, hundreds of payer audit requests, and changing quality reporting programs. Thanks to the Practice Support Team, members can get help in avoiding negative payment adjustments and getting — and staying — in compliance with the vast array of regulations.

The prior authorization story we shared at the beginning of this article from Dr. Lopatin is just one example. Joseph Grisafi, MD, a vascular surgeon in East Norriton, Pa., told us he became a member so he would have access to PAMED’s Practice Support Team and other PAMED resources. He started his practice from the ground up, and had many questions related to malpractice coverage, insurance plans and participation, coding and billing, compliance issues, and more.

“I would not have been able to start my own practice without the guidance I received from PAMED’s Practice Support Team,” Dr. Grisafi says. “PAMED is there to advance physicians in their practice of medicine, and every Pennsylvania physician should be a member.”

Lynne Snyder, a practice administrator at Muncy Family Practice in Muncy, Pa., recently called PAMED’s Practice Support Team because she had read conflicting information on billing for transitional care management. PAMED reached out to the Medicare carrier and got her a timely answer.

“PAMED’s Practice Support Team always provides us with timely and accurate information, which is needed to resolve problems or issues,” Snyder says.

These are just a few of the examples of the advocacy efforts PAMED provides to help relieve stress and resolve practice challenges so physicians can spend time on what really matters — taking care of patients and spending time with their families.

PAMED’s Practice Support Team spends approximately 90 hours a week — or nearly 5,000 hours a year — answering questions via phone and email, including research with insurers, the Centers for Medicare and Medicaid Services (CMS), and other organizations to ensure members get timely, accurate answers to their questions and the help they need to resolve problems.

What challenges are you facing? What’s keeping you up at night? What can PAMED do to help? Let us know! Call our Knowledge Center at 855-PAMED4U/855-726-3348, or email us at stat@pamedsoc.org. We’re here to help, and are only a phone call or email away.

To learn more about PAMED’s advocacy efforts on behalf of you and your patients, go to www.pamedsoc.org/advocacy. Stay up to date on PAMED’s advocacy efforts via our daily, all-member email and monthly print newsletter — the *Daily Dose* and *Physician Advocate*. PAMED’s new iPhone/Android mobile app also gives you the latest news and helps you connect with your legislators on important advocacy issues. Download it from your app store by searching “PAMED.”

If you’re a PAMED member, thank you for your support. If not, there is strength in numbers, and a united voice is a powerful one. Please join today at JoinNow.pamedsoc.org to add your voice and take advantage of exclusive, member-only benefits.

No matter your specialty or practice environment — primary care provider or specialist, employed or private practice physician — **PAMED is your voice, partner, and advocate**. We are the single most effective voice representing you and your physician colleagues across the state. ♦

Rachel Damrauer, MPA, is PAMED’s director of member communications. Email her at rdamrauer@pamedsoc.org.



PAMED LAUNCHES

'OPIOIDS FOR PAIN: BE SMART. BE SAFE. BE SURE.'



PAMED President Scott E. Shapiro, MD, announces the statewide Opioids for Pain: Be Smart. Be Safe. Be Sure. initiative at the state Capitol in Harrisburg with a cadre of state officials, legislators, and fellow members. The initiative will address Pennsylvania's opioid abuse epidemic through patient empowerment and physician education.

Photos courtesy of Jason Minick Photography LLC

INITIATIVE AIMS TO COMBAT OPIOID ABUSE IN PENNSYLVANIA THROUGH EMPOWERMENT AND EDUCATION

BY RACHEL DAMRAUER

On May 17, 2016, PAMED physician leaders held Opioid Awareness Day at the state Capitol in Harrisburg, Pa., to meet with legislators and the media and announce a statewide initiative — Opioids for Pain: Be Smart. Be Safe. Be Sure. The initiative addresses the growing opioid abuse epidemic in Pennsylvania through patient empowerment and physician education.

PAMED leaders then participated in an educational leadership symposium. During the symposium, they heard from experts on:

- Federal, state, and local responses to the opioid issue, as well as the response from county and specialty medical societies. Patrice Harris, MD, chair-elect of the AMA's Board of Trustees, talked about the national response from the perspective of the AMA.
- Alternative treatments from Ignacio Badiola, MD, assistant professor of anesthesiology and critical care at the University of Pennsylvania Perelman School of Medicine.
- Lessons learned from Ohio's prescription drug monitoring program (PDMP) from Reginald Fields, director of communications and external affairs at the Ohio State Medical Association (OSMA).
- An update and vision for Pennsylvania's PDMP from Lauren Hughes, MD, the Department of Health's deputy secretary for health innovation.
- Naloxone use, availability, and public access from Pennsylvania Physician General Rachel Levine, MD.
- Treatment resources and referral into treatment (a.k.a. the "warm hand-off") from state Secretary of Drug and Alcohol Programs Gary Tennis.



1 PAMED Board Chair David Talenti, MD, addresses the media at a press conference and announces the initiative's five-step physician call to action. **2** Patrice Harris, MD, chair-elect of the AMA's Board of Trustees, talks to the media about the national response to the opioid crisis. **3** David Simons, MD, an anesthesiologist from Lititz, Pa., speaks about opioid addiction from the perspective of a pain management specialist. **4** Physician leaders listen to expert speakers during PAMED's Symposium. **5** Reginald Fields, director of communications and external affairs at the Ohio State Medical Association (OSMA) talks to Symposium participants about the lessons learned from Ohio's prescription drug monitoring program and OSMA's response to opioid over-prescribing. **6** James Goodyear, MD, joins in the discussion during PAMED's Symposium. **7** Ignacio Badiola, MD, assistant professor of anesthesiology and critical care at the University of Pennsylvania Perelman School of Medicine, talks to Symposium participants about alternative treatment therapies.

Photos courtesy of Jason Minick Photography LLC

The Be Smart. Be Safe. Be Sure. initiative consists of two multipart components:

THE PHYSICIAN CALL TO ACTION. All Pennsylvania physicians should take these five steps:

- ✓ **Know the prescribing guidelines.** They are available on PAMED's website at www.pamedsoc.org/OpioidGuidelines. The first module in PAMED's online CME series — Addressing Pennsylvania's Opioid Crisis: What Health Care Teams Need to Know — focuses on the guidelines. Get the CME at www.pamedsoc.org/OpioidsCME.
- ✓ **Use the Prescription Drug Monitoring Program.** The fourth module in PAMED's online CME series addresses common physician questions regarding governance, user access, and provider and dispenser reporting requirements. Get the CME at www.pamedsoc.org/OpioidsCME.
- ✓ **Refer patients who have a substance use disorder to treatment.** Referral into treatment is covered in the third module in PAMED's online CME series. Get the CME at www.pamedsoc.org/OpioidsCME.
- ✓ **Discuss alternatives to opioids with patients.**
- ✓ **Ask patients to keep their pills safe,** and to properly dispose of a prescribed medication when they no longer need it. Get a list of drug take-back locations at apps.ddap.pa.gov/GetHelpNow/PillDrop.aspx.

PATIENT EMPOWERMENT. Patients should ask these seven questions when prescribed a pill for pain:

- 1 Is this prescription an opioid?
- 2 At what level of pain should I take this prescription?
- 3 Do I have to take every pill in the prescription?
- 4 Where can I safely dispose of remaining pills?
- 5 What can I do to avoid addiction?
- 6 What are possible warning signs of dependence or addiction?
- 7 What can I do if I believe that I might have developed a dependence on this drug?

Resources for physicians, patients, and lawmakers are available at www.pamedsoc.org/OpioidInfo.

"If physicians don't suit up for the battle, who will?" asks PAMED Board Chair David Talenti, MD. "Education is the silver bullet." ♦

"If physicians don't suit up for the battle, who will?" asks PAMED Board Chair David Talenti, MD. "Education is the silver bullet."

**OPIOIDS
FOR
PAIN**

- ✓ Be smart.
- ✓ Be safe.
- ✓ **Be sure.**

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THE ICD-10 FLEXIBILITY PERIOD ENDS OCT. 1. HERE'S WHAT YOU NEED TO KNOW

For thousands of physicians across the state, the transition to ICD-10 threatened to be a huge endeavor that required preparation, time, and acclimation. For many, last October is a distant memory, and — like Y2K and the unnecessary trepidation preceding it — the ICD-10 transition has gone relatively smoothly. Certainly there have been hiccups, but unprecedented cooperation from providers, hospitals, clearinghouses, payers, and vendors contributed to one of 2015's biggest accomplishments.

In July 2015, the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) announced efforts to assist physicians in preparing for the ICD-10 transition. CMS declared that for the 12 months after ICD-10 implementation, Medicare review contactors would not deny physician or other practitioner claims billed under the Part B physician fee schedule, through either automated

medical review or complex medical record review, based solely on the specificity of the ICD-10 diagnosis code, as long as the physician/practitioner used a valid code from the right family.

This flexibility period ends Oct. 1, 2016, however, and a valid ICD-10 code will be required on all claims. While many viewed this announcement as a "safety net," the guidance only applied to Medicare Fee-for-Service (FFS) claims from a physician, or other practitioner claims billed under the Medicare FFS Part B physician fee schedule.

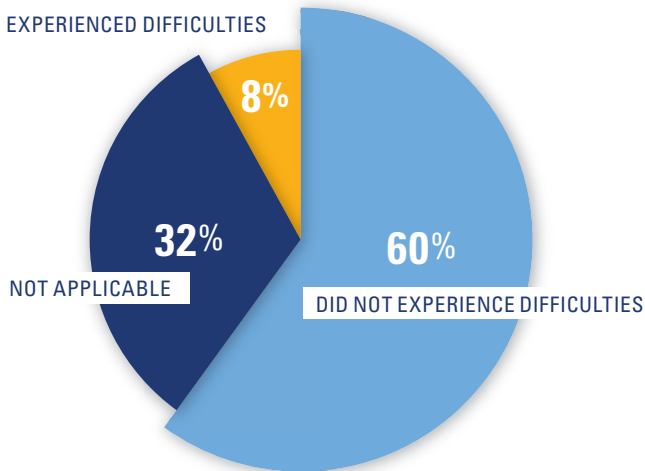
Commercial payers were not required to grant the same flexibility as CMS, and in some instances, offered no flexibility. In other cases, physicians were instructed to bill using non-specific codes, since payers were unable to load all 68,000 ICD-10 codes into their system. Regardless, the flexibility period granted by payers

is coming to an end completely, and the ultimate goal is to code diagnoses to the correct level of specificity on all claims on or before Oct. 1, as well.

A recent survey of nearly 100 PAMED members revealed that many have adjusted to ICD-10 without incident. When members were asked if they have been taking advantage of the ICD-10 flexibility period, 44 percent responded that they were not taking advantage of the flexibility, and were, in fact, already coding to the highest degree of specificity.

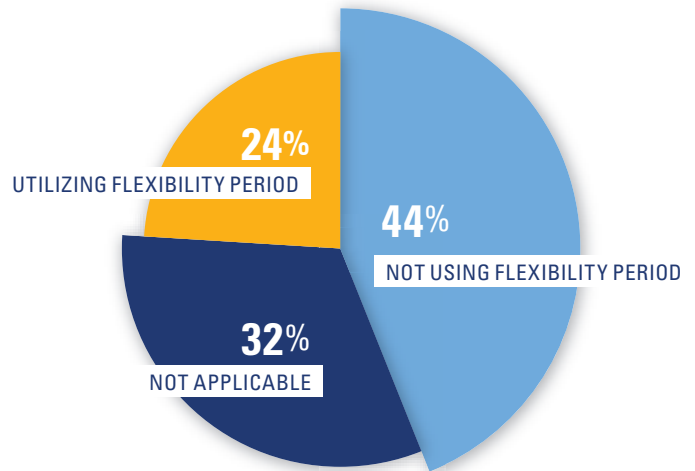
Nearly 60 percent of those surveyed reported that they have not experienced any difficulties with their EHRs' ability to code to the highest degree of specificity, or difficulty linking to the most specific code. When asked about claims submission and difficulties with payers, 8 percent noted that they have experienced complications submitting claims when the most specific code was not used.

DIFFICULTIES REPORTED WITH ICD-10 CODING



Source: Survey of PAMED's Member Advisory Panel, April 2016.

ICD-10 FLEXIBILITY USE



Source: Survey of PAMED's Member Advisory Panel, April 2016.

As health care providers prepare for the flexibility period to end, here's some advice on coding:

- Each encounter should be coded to the highest level of specificity known.
- When using a “crosswalk” or code-conversion system, remember that most codes do not cross one-to-one. Review all codes available and select the most specific.
- When using an EMR, make sure that the crosswalk includes mapping to specific codes, and not just mapping to unspecified codes.
- Unspecified codes are valid codes, and should be used when a more specific code is not supported by the medical record documentation.
- The seventh character should be used whenever applicable.
- Remember laterality (right, left, bilateral, or unspecified designations) when documenting and selecting ICD-10 codes to better identify the correct anatomic site.
- If a claim is denied, don't assume it is an isolated incident. Look for trends in claim denials and use your findings as an educational opportunity within the team.
- Codes are going to change. There have been more than 3,500 codes added, revised, or deleted thus far. ♦

For more information, contact PAMED's Knowledge Center at (855) PAMED4U/ (855) 726-3348.



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The Foundation
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Education. Wellness. Excellence. Always.

HELPING FINANCE PHYSICIAN EDUCATION

The Foundation of the Pennsylvania Medical Society, a nonprofit affiliate of PAMED, sustains the future of medicine in Pennsylvania by providing programs that support medical education, physician health, and excellence in practice. It has been helping finance physician education for more than 60 years.

“We recognize that medical students play a vital role in the future of medicine in Pennsylvania, so we proudly administer scholarships to deserving students across the commonwealth,” says Heather Wilson, the Foundation’s executive director.

Applications for several scholarships will be accepted July 1–Sept. 30, 2016.

Allegheny County Medical Society Medical Student Scholarship. Residents of

Allegheny County can apply for a \$4,000 award. Applicants must be enrolled full-time at a Pennsylvania medical school as third- or fourth-year students.

Blair County Medical Society Medical Student Scholarship. Blair County residents attending a U.S. medical school may apply for the \$1,000 award. Applicants must also be enrolled full-time as second-, third-, or fourth-year students.

Endowment for South Asian Students of Indian Descent Scholarship. Pennsylvania residents of South Asian Indian heritage may apply for this \$2,000 award. Additionally, applicants must be enrolled full-time as second-, third-, or fourth-year students at a Pennsylvania medical school.

Lehigh County Medical Auxiliary’s Scholarship and Education Fund Scholarship. Lehigh County residents attending a U.S. medical school full-time may apply for this \$2,500 award.

Lycoming County Medical Society Scholarship. Lycoming County residents attending a U.S. medical school full-time may apply for a \$3,000 award. Two recipients will be selected.

Montgomery County Medical Society Scholarship. Montgomery County residents attending a U.S. medical school as first-year students may apply for this \$1,000 award.

Myrtle Siegfried, MD, and Michael Vigilante, MD, Scholarship. Students residing in Lehigh, Berks, and Northampton counties and entering

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their first year at a U.S. medical school may apply for this \$1,000 award.

Additional scholarships are available each year with alternate deadlines:

Alliance Medical Education

Scholarship. Pennsylvania residents attending a Pennsylvania medical school as second- or third-year students may apply for a \$2,500 award. Multiple recipients will be selected. Postmark deadline: Feb. 28.

Scott A. Gunder, MD, DCMS

Presidential Scholarship. Second-year students at Penn State University College of Medicine who are Pennsylvania residents may apply for this \$1,500 award. Postmark deadline: April 15.

To find out more about scholarships, call the Foundation at (717) 558-7852, or visit the Student Financial Services web page at www.foundationpamedsoc.org.

Since 1948, more than \$19.6 million in loans and scholarships has been awarded to nearly 4,500 students.

Thank you to the generous contributors who have made these scholarships possible! If you would like to donate to the future of medical education through any of these designated funds, make your check payable to The Foundation of the Pennsylvania Medical Society, and indicate which scholarship you would like to support in the memo line. Mail your gift to the Foundation of the Pennsylvania Medical Society, 777 E. Park Drive, Harrisburg, PA 17105.

If you have questions regarding support of student scholarships, please contact Marjorie Lamberson, CFRE, via email at mlamberson@pamedsoc.org or by phone at (717) 558-7846. ♦

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A LIFETIME OF LEARNING

BY JEFF WIRICK

The cozy studio apartment in Scranton, Pa., where Gino Mori, MD, lives is crammed with memorabilia reflecting his passions. Dozens of colorful paintings and sculptural works fill the space — a wood carving of Italy, where Dr. Mori recently became a citizen, for example, and posters promoting a medical school scholarship he began through The Commonwealth Medical College (TCMC).

A thirst for knowledge drove Dr. Mori, now 83 and retired, to become a surgeon in the 1960s — and helped him continuously adapt to new surgical innovations and build a successful practice.

It's also what steered Dr. Mori toward the unusual way he is spending retirement. "I loved practicing medicine, and I was very busy," he says. "But the day I started back to school, I never missed it."

Since retiring in 2001, Dr. Mori has earned 201 credit hours from four Scranton-area colleges. The classes range from literature to art to history

to philosophy. He has also spent time at TCMC, observing how the next generation of students trains to become physicians.

Lifelong learning is an essential trait for any successful physician. The pressure to stay on top of the latest clinical advances can be intense. But few physicians show more joy in learning than Dr. Mori, says Kristine Kelley, MD, a former surgical partner of Dr. Mori's at Delta Medix in Scranton.

"He has this sparkle in his eye that says this is a wonderful gift we've been given — the chance to do good through medicine," she says. "He finds pleasure in learning from everything. He's just curious about everything."

Dr. Mori says he was always naturally curious. It's a trait he inherited from his father, Primo Mori, who had only a sixth-grade education when he immigrated from Italy to Old Forge, Pa., in the 1920s.

Primo Mori worked in the coal mines during the day, but at night taught himself English by reading piles

of books, the *New York Times*, and *National Geographic* magazine. Another influence on young Dr. Mori was a local physician who treated him after he sustained an eye injury as a child.

Dr. Mori earned his undergraduate degree from Penn State, and then worked a biochemistry fellowship on the weekends while attending Jefferson Medical College in Philadelphia.

He returned to Scranton in the early 1960s and eventually founded a large multispecialty practice with his brother — a urologist — and several other physicians. Dr. Mori also served as president of the Lackawanna County Medical Society.

Even after retirement, Dr. Mori continues to attend weekly grand rounds luncheons at two Scranton hospitals. In addition, he studied basic sciences for two years with the TCMC graduating class of 2017.

TCMC medical student Nelson Sofoluke struck up a friendship with Dr. Mori, who would occasionally show students around the historic sites of



Gino Mori, MD, shows off a few of his many treasures.

Scranton and talk medicine with them during lunches.

“He’s given a lot back his community,” Sofoluke said. “He’s definitely somebody I look up to.”

Dr. Mori marvels at how much medical knowledge has changed since he attended medical school in the 1950s. What impresses him even more was the method in which today’s students learn — from self-directed learning to how technology has given students more flexibility to digest the mountain of information they’re given.

It inspired him to create a scholarship through TCMC. To raise money for the scholarship, Dr. Mori asked friend and iconic New York graphic designer Milton Glaser to create a poster as a “thank you” gift to donors.

It’s one more way Dr. Mori combines his passions for learning, medicine, and art. ♦

Jeff Wirick, MS, serves as director of PAMED corporate communications. Email him at jwirick@pamedsoc.org.

ON CALL

Board of Trustees Meeting

OCT. 21, 2016

Hershey Lodge, Hershey, Pa.

CMO Leadership Series

AUG. 2016 – AUG. 2017

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Being the Team Leader When You’re Not the Subject Matter Expert: Best Practices in Managing Project Teams

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www.pamedsoc.org/CMOLeadership

2016-2017 Year-Round Leadership Academy

SEPT. 2016 – JUNE 2017

Eight online courses, plus the following in-person, daylong live sessions held at PAMED in Harrisburg, Pa.:

OCT. 14, 2016: Transforming Conflict, Restoring Productivity

APRIL 7, 2017: Physician in Management: Negotiation

JUNE 23, 2017: Building and Leading Effective Teams

www.pamedsoc.org/YRA

Advocacy Day

SEPT. 26, 2016

www.pamedsoc.org/AdvocacyDay

Making Sense of Your Quality & Resource Use Report (QRUR)

A hands-on opportunity to decipher your report and learn strategies used by top performers

OCT. 27, 2016

PAMED, Harrisburg, Pa.

www.pamedsoc.org/QRURWorkshop

2016 House of Delegates & Annual Education Conference

OCT. 21 – 23, 2016

Hershey Lodge, Hershey, Pa.

www.pamedsoc.org/hod

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PAMED: YOUR PARTNER IN EDUCATION, LEADERSHIP, AND LICENSE RENEWAL

SUCCEED, THRIVE, AND COMPLY WITH PAMED CME

PAMED is a trusted source of education for Pennsylvania physicians. Members know that they can count on PAMED not only for education to help them succeed, thrive, and comply in today's ever-changing health care environment, but also meet state licensing requirements with more than 40 credits of free online, on-demand CME.

The licensure renewal deadline will be here before you know it. Take advantage of PAMED CME opportunities, such as:

- **Annual Education Conference.** This conference, held Oct. 21–22 in Hershey, Pa., takes a deeper dive into topics such as managing patients with chronic pain; alternative payment models and value-based delivery systems; and innovation, practice change, and transformation skills physicians need to succeed in the future of health care. New this year: Medical students will debate hot topics in Pennsylvania health care. Get more information and register at www.pamedsoc.org/AEC.
- **Address the state's growing opioid abuse crisis.** This multi-part CME course includes sessions on Pennsylvania's voluntary prescribing guidelines, naloxone law, referral to treatment (a.k.a. the "warm hand-off"), and the prescription drug monitoring program. Access the CME at www.pamedsoc.org/opioidsme.
- **Meet the state's licensure requirement for child abuse recognition and reporting training.** This online course provides an overview of child abuse reporting requirements, plus case studies and information on the signs and symptoms of child abuse to help physicians and their staffs recognize it and understand their reporting

requirements as mandated reporters. Access the CME at www.pamedsoc.org/childabusecme.

- **Succeed and thrive in value-based delivery systems.** This six-part, online CME series, facilitated by PAMED member Ray Fabius, MD, covers a variety of topics, including practical health informatics, using the data toolbox in your practice, quality management, process improvement, lessons learned from the managed care era, and population health. Access the CME at www.pamedsoc.org/valuebasedcare.
- **Enhance your leadership skills.** Whether you're the CMO of a large hospital or health system, or the leader of a health care team in a small practice, PAMED's suite of resources are designed to help you strengthen your leadership skills.

The Year-Round Leadership Academy. This comprehensive leadership program, discounted for PAMED members, provides physicians and team leaders in practices, groups, hospitals, and health systems with broad, practical leadership training, facilitates networking and mentoring for participants, and helps resolve challenges. Scheduled for Sept. 1, 2016–June 30, 2017, it includes eight online courses and three live sessions. Topics include communication; transforming conflict; restoring productivity; effective physician leadership; meta-leadership (removing barriers and building bridges); finance, quality, negotiation; strategic thinking, planning, and decision-making; and building and leading effective teams. Participants in the Fall 2016 learning group will be

able to earn 60.5 CME credits, as well as credits toward Certified Physician Executive (CPE) certification if they complete all courses.

The CMO Leadership Program. This leadership series, discounted for PAMED members, is designed specifically for CMOs, medical directors, vice presidents of medical affairs, and chiefs of staff. It runs through August 2017, and includes several live courses. It is a unique opportunity to identify best practices and strategies that you can implement to resolve challenges related to team buy-in, managing expectations, engaging with patients and other providers, fostering effective relationships with both independent and employed physicians, the dual role of physician and administrator, and more.

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Whether you're the informal leader of a team or project, or hold a formal leadership title, learn more and take advantage of these opportunities to expand your leadership skills at www.pamedsoc.org/LeadershipAcademy.

Access these and other educational opportunities at www.pamedsoc.org/cme. ♦

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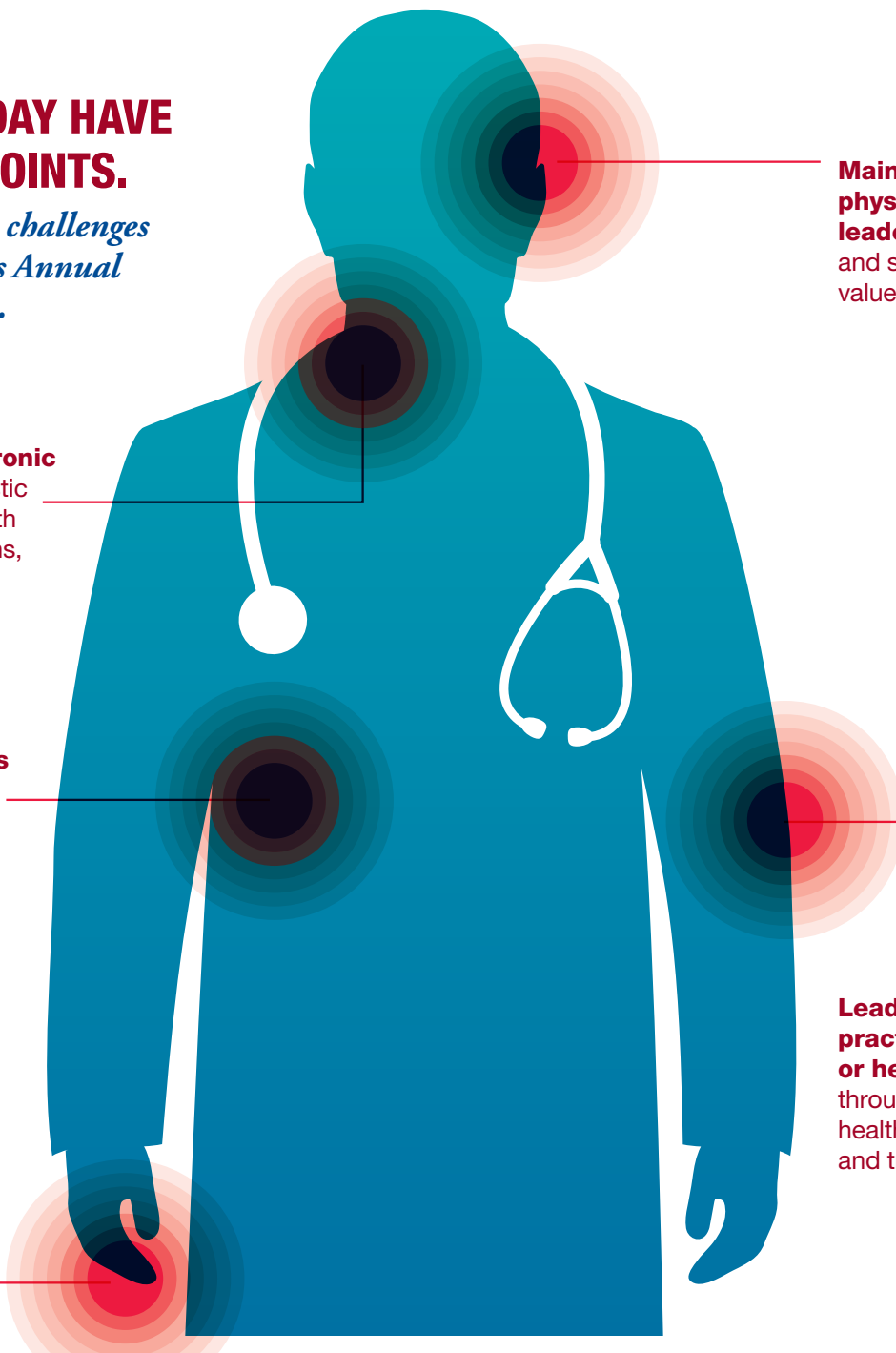
Helping patients with chronic pain, including setting realistic expectations, and talking with them about treatment options, and, if necessary, addiction.

Navigating the myriad of different payment models and choosing the path that works best for you, your practice, and your patients.

Earning CME credits toward your 100-hour requirement for license renewal (deadline is Oct. 31 for DOs and Dec. 31 for MDs), along with the million other things on your ever-growing to-do list.

Maintaining physician leadership and succeeding in value-based care.

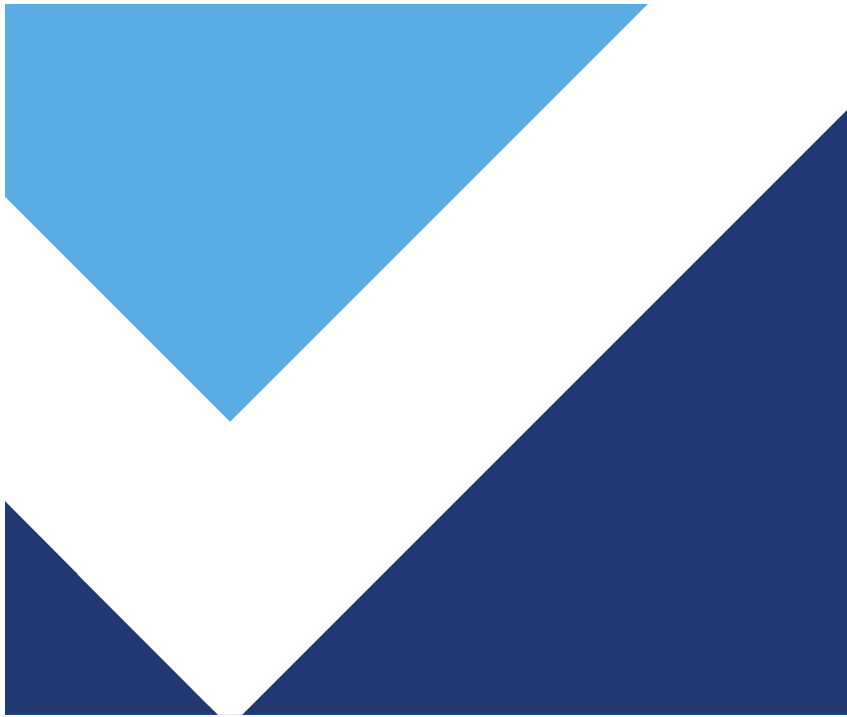
Leading your practice, hospital, or health system through the maze of health care reform and transformation.



Learn more and register today at www.pamedsoc.org/AEC. Questions?
Contact PAMED's Knowledge Center at **855-PAMED4U** (855-726-3348).

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PUTTING CME INTO PRACTICE MEANS MORE THAN JUST CHECKING A BOX

PAMED is dedicated to ensuring you have access to education that’s about more than simply “checking a box” on your license-renewal application to indicate that you’ve met a requirement. We design each course to enhance your daily practice of medicine.

PAMED members know they can count on PAMED CME to help them meet licensure needs. Physician members — MDs and DOs alike — who visit PAMED’s website at www.pamedsoc.org/cme will find education that will allow them to:

- Meet the requirement for 12 patient safety and risk management credits
- Get education that meets Pennsylvania’s licensure requirement for child abuse recognition and reporting training
- Access more than 40 credits of free online, on-demand CME

PAMED CME is about much more than meeting licensure requirements, though. Physicians are using education to better address their patients’ needs, improve their leadership skills, and find a path to success in an ever-changing health care environment.

Kimberly Stone, MD, a public health physician in Chester County, Pa., recently shared her thoughts on PAMED’s online opioid education, which includes a session on the opioid

overdose-reversal drug naloxone. “I have coordinated a multidisciplinary overdose prevention task force for Chester County charged with decreasing the impact of overdose and substance abuse in the community,” Dr. Stone says. “We are working to increase awareness of the opioid use epidemic and educate the community and health care providers regarding strategies for prevention of opioid abuse and overdose, of which naloxone is an important tertiary prevention strategy.

“Since Pennsylvania has implemented new legislation and guidelines surrounding naloxone, the Pennsylvania Medical Society’s CME ensured that I was up to date when providing education to fellow health care providers,” Dr. Stone adds.

Access this CME at www.pamedsoc.org/opioidscme.

PAMED’s online child abuse recognition and reporting training is another example of an activity that goes beyond simply helping physicians fulfill a requirement or check a box. With case studies that carefully examine a variety of scenarios — including situations that fall outside the practice setting, such as coaching a sport — this CME activity can help physicians gain a better understanding of their role as mandated reporters.

“This is a very important topic that, unfortunately, is not well-covered in medical training,” wrote one physician following completion of the child

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If not, join today at JoinNow.pamedsoc.org. Or, call our Knowledge Center at 855-PAMED4U/855-726-3348 to join or learn more about what PAMED membership can offer you. Most PAMED CME — including our Annual Education Conference — is available free of charge to PAMED members.

“By participating in the leadership program, I am learning to hone management of the practice and be a more effective communicator.”

— *Manav Segal, MD*

abuse reporting course. “I think this is a great learning tool for everyone.”

Access this CME at www.pamedsoc.org/childabusecme.

Physician members are also making good use of PAMED’s in-person educational opportunities. Every October, PAMED holds its Annual Education Conference, a two-day event with a wide variety of CME offerings. The 2015 event included sessions on building healthy teams, enhancing cultural competencies, and talking to legislators effectively as a physician advocate.

Patrick McSharry, MD, MBA, CHCQM, a family medicine physician from Harrisburg, Pa., attended a session at the 2015 conference in order to get the latest updates on the development of the commonwealth’s prescription drug monitoring program. He came away with a stronger understanding of how such a program would impact his practice and his patients.

“I have a high population of inherited patients who appear to require controlled substances for pain, anxiety, and other illnesses,” says Dr. McSharry. “The session on the Pennsylvania prescription drug monitoring program was very helpful in assisting me in my understanding of changes required.”

The 2016 Annual Education Conference will be held Oct. 21–22 in Hershey, Pa., and cover topics such as managing patients with chronic pain; alternative payment models and value-based delivery systems; and innovation, practice change, and transformation skills physicians need to succeed in the future of health care. Learn more and register at www.pamedsoc.org/AEC.

Another opportunity Pennsylvania physicians are using to enhance their skills is the PAMED Leadership Academy — a suite of leadership courses on topics such as transforming conflict into productivity and building and leading effective teams.

Manav Segal, MD, an allergy and immunology physician from Philadelphia, participated in the 2015–2016 session of the Year-Round Leadership Academy, an immersive series of live and online courses. He received one of several early-career physician scholarships to attend.

“As a medical school graduate, I have no formal business training. This includes the finances of medicine and the soft skills of leading an organization,” says

Dr. Segal. “By participating in the leadership program, I learned to hone management of the practice and be a more effective communicator.”

Thomas Bader, MD, OB/GYN and chief medical officer (CMO) of Crozer Keystone Health System in Delaware County, Pa., participated in another leadership education series designed specifically for CMOs. He found value in interacting with fellow CMOs and physician leaders, and appreciated their fresh points of view.

“The PAMED CMO leadership series provides an opportunity to gain a different perspective on the job or on the health care industry and network with other CMOs,” he says. “Each of us likely only knows his or her own world. For example, being an OB/GYN might be the same everywhere. But being a CMO is different in every institution.”

Learn more about PAMED’s suite of leadership offerings at www.pamedsoc.org/LeadershipAcademy.

Whether you’re looking for in-depth leadership education or online, on-demand courses that you can take any time, you can find what you need at PAMED. ♦

MORE ON MEDICAL MARIJUANA

Despite opposition from PAMED, on April 17, 2016, Gov. Tom Wolf signed SB 3 into law, legalizing medical marijuana in Pennsylvania. To help answer physician questions, as well as questions physicians might hear from their patients, PAMED prepared several *Quick Consult* fact sheets:

- **General Information Regarding Medical Marijuana**
- **Highlights of SB 3 — Medical Marijuana Legalization**
- **Physician Information for Medical Marijuana**
- **Upcoming Process for Medical Marijuana**
- **Safe Harbor Provision**

Access the fact sheets and additional information on PAMED’s website at www.pamedsoc.org/MedMarijuana.

ONGOING EDUCATION MAKES THE PHYSICIAN



GUS GERACI, MD, FFAFP, FAIHQ, CHCQM, CPE

The hazard of studying medicine is that what we learn may be contradicted completely in just a few years. The contraindicated becomes the indicated; the indicated becomes forbidden. What should be done becomes something you should never do — or only done when a complex series of other indicators is met.

In training, we used to learn mnemonic devices — tricks to help us recall difficult concepts. During my own schooling and residency, I stuffed my pockets with references and handbooks, grateful for a white coat with lots of pockets. In practice, I often carried cheat sheets with a few key learnings that somehow hadn't yet burned themselves into my brain.

Later on, an EHR system accommodated my reminders, and served up the clinical decision support I created and built into the templates.

Now, when confronted with a clinical question, I can turn to the external brain of the World Wide Web for the easier questions. It's never farther than my phone, which also contains a dozen medical apps.

The problem with the practice of family medicine is that there is little that isn't within our specialty. When I saw a new patient with a disease that was difficult or rare, it didn't take long to read all the available literature — we had done that in medical school. At more than one point, I could have been the world's premier expert on certain diseases, because I had read every single article ever published, and talked to the physicians who had published them. I relished the fact that I could discuss the rarest of the rare. For more difficult but more commonly occurring diseases, there were always local consultants who had experience dealing with them. Consults were never far, and I was always eager to learn.

Most physicians can find some satisfaction in keeping up with the latest and greatest research, though it often means reading all of the time. For me, taking a vacation without a medical journal in hand became nearly impossible. And not all physicians can keep up.

As a medical director for an insurer, I have declined payment for patient surgery because the indications the surgeon learned for certain procedures may have been correct when they trained many years ago, but have since evolved — and the surgeons in question must have missed that memo.

I find the requirements for testing and education increasingly onerous. But we are victims of the sins of the minority; those who do not keep up, those with no sensitivity for cultural nuance, those who did not keep up

with changes in their own specialties, and those who practice like nothing has changed since they trained many years ago commit errors, cause mayhem, kill people, and make the news. Too many of them must have missed the memo, too.

Someday — and I hope it's soon — we will develop better reporting. Physicians who receive denials for inappropriate surgeries will be reported and tracked, as will those with high error rates and those with worse outcomes. Those who haven't kept up will be identified, tracked, and offered the opportunity to improve. If they can't or won't, they will be gently forced out of the profession.

Most physicians can find some satisfaction in keeping up with the latest and greatest research.

Then, most of us will be able to breathe a sigh of relief. We will drop the mandatory CME and MOC requirements imposed on all of us, and overseers can focus on the people who are not keeping up, doing the right thing, and constantly learning. Leave the good physicians alone, and let us take care of patients. That is, after all, what we really want to do. ♦

Gus Geraci, MD, FFAFP, FAIHQ, CHCQM, CPE, is consulting clinical advisor for PAMED. Read his blog and other PAMED member guest bloggers, at www.pamedsoc.org/qualityblog. He is also vice president of medical affairs and chief medical officer at Molina Healthcare. He can be reached via email at ggeraci@drgeraci.com.

Combating Opioid Abuse in Pennsylvania

Opioids for Pain: Be Smart. Be Safe. Be Sure.

Opioids for Pain: Be Smart. Be Safe. Be Sure. —This PAMED initiative focuses on patient empowerment and physician education. Resources include a five-step physician call to action and seven questions patients should ask when prescribed an opioid.

www.pamedsoc.org/OpioidInfo.

Addressing Pennsylvania's Opioid Crisis: What Health Care Teams Need to Know—This multi-session CME series includes video interviews and scenario-based learning.

www.pamedsoc.org/OpioidsCME.

Current sessions include:

- **Opioid prescribing guidelines**—
Analyze your prescribing practices against new statewide guidelines and identify when and why to prescribe opioid medications.
- **Naloxone**—Address the use of naloxone as an opioid antidote, review regulatory requirements for prescribing naloxone to third-party first responders, and assess naloxone prescribing options.
- **Referral to treatment (also known as the warm hand-off)**—Address substance use disorders; explore screening and assessment tools; review intervention strategies; and assess best practices in referrals to specialists, rehabilitation services, and community resources.
- **PA's prescription drug monitoring program (PDMP)**—Get answers to common physician questions regarding governance, user access, and provider and dispenser reporting requirements.



A Public Health Advocacy Program from the Pennsylvania Medical Society

Visit PAMED's Opioid Abuse Resource Center for the latest news, education, and tools:

www.pamedsoc.org/OpioidResources



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