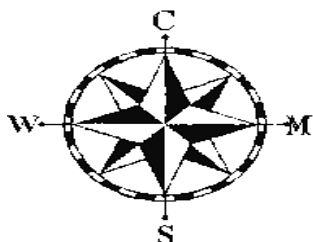


# Westmoreland County Medical Society

JANUARY, FEBRUARY, AND MARCH

FIRST QUARTER 2015



# Bulletin

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## PAMED: Your Partner in Navigating Practice, Business, and Life of Medicine Challenges

By Michael Fraser, PhD, CAE, PAMED Executive Vice President



In a recent survey, Pennsylvania physicians said their biggest challenges are keeping up with regulations and staying compliant, electronic health records (EHRs), meaningful use (MU), reimbursement issues, ICD-10, staying up to date with the latest information, and life of medicine issues such as burnout and work/life balance.

The Pennsylvania Medical Society (PAMED) is your partner to help you navigate these challenges.

### New Regulations/Rules and Staying Compliant

Our expert staff spends countless hours reading and analyzing new regulations that may impact you. This information is shared through our member communications, including the *Daily Dose* (PAMED's all-member daily email), *PAMED News* (our twice a month email recap and monthly printed newsletter), and website. We also boil down what you need to know, such as the new child abuse law changes that went into effect on Dec. 31, in our *Quick Consults*.

We're also there to help you stay compliant with regulations with analysis and education on things like HIPAA.

The new 2015 Medicare physician fee schedule final rule is more than 1,000 pages, and would take one practice staff person approximately a 40 hour work week to read and digest. Our expert staff has done this for you. Find out what you need to know about the changes that may affect your Medicare reimbursement in 2015, including the value-based payment modifier and Physician Quality Reporting System (PQRS), as well as new opportunities to get reimbursed for chronic care management services.

### EHRs, MU, Reimbursement Issues, and Other Practice Support

Our expert practice support staff is only a phone call away at (717) DOC-HELP. Have questions, such as a reimbursement issue you need our help navigating or a question regarding MU requirements or EHRs? Members can call our Helpline for personalized practice support assistance.

### ICD-10

The Oct. 1, 2015, ICD-10 implementation date will be here before you know it. PAMED has you covered with a variety of resources to help your practice make a smooth transition, such as specialty-specific crosswalks and online documentation training designed specifically for physicians.

(Continued on page 4)

# Westmoreland County Medical Society



The County Medical Society office can be reached at (724) 837-5050

Office Hours:  
Monday - Thursday  
9 am to 3:30 pm

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## HEALTH

## INSURANCE

For health insurance inquiries, please contact IntegrityFirst Corporation by calling 412-563-2106.

All changes to health insurance must be submitted in writing to Integrity First Corporation,

3633 Poplar Avenue,  
Pittsburgh, PA 15234

or you may fax them to 412-563-6109.

## NEW OFFICERS FOR THE WESTMORELAND COUNTY MEDICAL SOCIETY



January 1, 2015 started a new two-year term for the Officers and the Board of Directors of the Westmoreland County Medical Society. They were elected at the 2014 Fall General Membership Meeting at DeNunzio's Chophouse. Their term will end December 31, 2016. The new officers are:

President - V. Hema Kumar, MD  
Vice President - Steven W. Selip, MD  
Treasurer - Robert G. Tymoczko, MD  
Secretary - Wilma C. Light, MD  
Editor - David Wyszomierski, MD

## JOB OPPORTUNITY

Recruiting active, retired or semi-retired physician in any specialty to work with opioid dependent patients.

Excellent compensation, flexible hours, on-site physician training.

Great opportunity to make a positive difference in lives.

Interested physicians fax CV to 724-834-1889 or e-mail to [drdaniel@zoominternet.net](mailto:drdaniel@zoominternet.net).



## **WE'RE HERE FOR *YOU!***

As the endorsed health insurance administrator of the Westmoreland County Medical Society, our goal is to be your helpful partner in making important insurance decisions such as:

- **Questions on existing coverage or alternative options**
- **Ready to change over to Medicare**
- **Individual coverage for your child coming out of school**

INtegrity First Corporation can also assist members with other lines of insurance such as:

- **Professional Liability**
- **Life/Disability**
- **Bonds**

**“INtegrity First Corporation...Where the customer never comes in second.  
That’s Our Policy.”**

**Phone: 412-563-2106**

**Fax: 412-563-6109**

**Email: [info@integrityfirstins.biz](mailto:info@integrityfirstins.biz)**

Or visit our website ([www.integrityfirstins.biz](http://www.integrityfirstins.biz)) and click on to your WCMS page.

(Continued from page 1)

**Save the Date.** We'll also be holding an ICD-10 workshop on **March 19**. It will be held live in Harrisburg, with several regional video sites. Watch the *Daily Dose* and PAMED's other communications for more information.

### Staying Current

PAMED's *Daily Dose* email, as well as our other communications, are a great way to stay current with the latest news that could affect you, your practice, and/or your patients, along with the tools designed to help you face the latest challenges. Are you a member and not getting the Daily Dose? Let us know so we can figure out why and make sure you receive it.

### Life of a Physician

We continue to hear from many physicians that, while they are getting education on the business and practice sides of medicine, education on topics related to their life as a physician is much harder to find.

Not sure the difference between physician burnout and stress, or the best coping strategies? Want financial planning education relevant to your stage in life? Physicians have access to education on these issues from PAMED.

We've also heard that Pennsylvania physicians want more information on balancing life and work priorities. PAMED is working to put together education and tools on this important topic for physicians.

Is there something you need from us that you're not getting or do you have ideas for new products, services, and other tools and resources that would help you navigate the challenges you are facing? Please let us know at [pamedsoc.org](http://pamedsoc.org).

If you are a member, thank you for your membership. **If you haven't renewed, don't miss a day of membership, renew now.**

If you're not a member, please consider joining to add your voice to our efforts and take advantage of the many benefits membership in PAMED has to offer.

## OBITUARY - Ray G. Sarver , M.D.



Dr. Ray G. Sarver, 86, of Latrobe, passed away Friday, January 16, 2015. He was born March 10, 1928 in Greensburg, a son of the late John and Ethel (Fink) Sarver. Dr. Sarver completed his pre-medical education at St. Vincent College and received his medical degree from the University of Pennsylvania. He was a veteran of the United States Air Force attaining the rank of Major, and served in the Reserves as Chief of Pediatrics at the Amarillo Air Force Base Hospital in Amarillo, TX. Dr. Sarver opened his private practice on Lloyd Avenue in Latrobe in 1960 and served as Latrobe's first pediatrician. He received full pediatric privileges at the Latrobe Area Hospital where he also served as Associate Medical Director. His passion for excellence in pediatric medicine and his love of children was extended by serving on numerous boards, planning commissions, and quality assurance committees. Dr. Sarver retired in 2007 at the age of 79 after 47 years of medical practice in the Latrobe area. He was a member of

Trinity Evangelical Lutheran Church in Latrobe. He liked to play golf and was a member of the Latrobe Country Club. He also enjoyed music, playing trumpet for nearly 10 years in the Delmont Community Band. Gardening, planting flowers and landscaping were also among Dr. Sarver's favorite pastimes. He was often seen around Latrobe helping with fellow volunteers of the Latrobe Mini Gardens Committee planting bulbs and maintaining the numerous gardens throughout the city. In addition to his parents, Dr. Sarver was preceded in death by a grandson, Michael Sarver, Jr., his sister, Henrietta Fennell, his brother, Samuel Wayne Sarver, and his sister-in-law, Doris Sarver. He is survived by his loving wife of 62 years, Kathleen (Connolly) Sarver, five children: Jeffrey Sarver (Lynn) of Fort Myers, FL, Tina Kosentos (Gerry) of Wexford, Michael Sarver (Lori) of Blairsville, Amy Atwater (Chris) of Grand Rapids, MI, and David Sarver (Debra) of Kearneysville, WV; grandchildren: Casey and Nick Atwater, Maggi and Molly Sarver, and Jamie and Lance Holderman; great grandchildren: Bryan, Dylan, Caleb, and Tyler; and nephews: Tim, Chuck, and Paul Sarver, Don and Russ Scuvotti, and John Fennell. A memorial service was held on Wednesday, January 21<sup>st</sup>.

## OBITUARY - Donald W. Bortz, M.D.



Dr. Donald W. Bortz Sr., 100, of Greensburg, passed away Sunday, Feb. 1, 2015, at his home. The son of Dr. Walter M. and Catherine Robinson Bortz, he was born April 19, 1914, in Greensburg. Dr. Bortz attended Greensburg High School, Allegheny College and Jefferson Medical College. Upon graduating from Jefferson, he interned at Lankenau Hospital in Philadelphia where he met his future wife, Virginia A. Patton. They were married June 28, 1941, in Philadelphia. After completing a fellowship at the Cleveland Clinic, he served in the Navy during World War II. After the war, he returned to the staff of the Cleveland Clinic. In 1951, he returned to Greensburg to practice medicine with his father. In 1960, he and Dr. Henry Lewis formed Bortz Lewis Associates in Medicine. During his long medical career, Dr. Bortz served on the staffs of the Westmoreland and Jeannette Hospitals and served as governor of the American College of Physicians for Western Pennsylvania. He and his wife, Virginia, were devoted members of the First Reformed United Church of Christ where he served as an elder for many years. Dr. Bortz was preceded in death by his wife; his brother, Adam F. Bortz II; and sister, Helen F. Bortz Millar. He is survived by three sons, Donald W. Bortz Jr. (Emily), of Bluffton, SC, Walter M. Bortz III

### UPCOMING MEMBER BIRTHDAYS

MARCH	MARCH	APRIL	APRIL	MAY	MAY
Mark Zolkovic, MD	Theodore Schultz, MD	David Beyer, MD	Howard Brumber, MD	Robert Lafontant, MD	Thomas Tomci, MD
Nawaf Nseir, MD	Edward Johnson, MD	Tiffany Helman, MD	Steven Wodzinski, MD	Alberto Gauna, MD	Stacy Gillespie, DO
Ravinder Boorgula, MD	Molly Castille, MD	Saro Sarkisian, MD	Theodore Stem, MD	Thomas Ward, MD	J. Frank Viverette, MD
Anna Gasparyan, MD	Richard Payha, MD	Lawrence Blackburn, MD	Jeffrey Wolff, MD	Clark Kerr, MD	Bruce Williams, DO
Joseph Slezak, MD	Sarfraz Ahmed, MD	Karen Lang, MD	Robert Davoli, MD	Lee Sung, MD	Donald Brown, MD
Lawrence Freedberg, MD	Fred Hamaty, MD	Wylie Overly, MD	Dean Watzman, MD	Lorenzo Bucci, MD	Anupam Verma, MD
Laura Mejia, MD	Arshad Khan, MD	Jawdat Nikoula, MD	Diana Denning, MD	Lloyd Plummer, MD	James Lim, MD
William Lundie, MD	Michael Szwerc, MD	Guy Leone, MD	Morgan McCoy, MD	Charles Defrancesco, MD	Rabelais Tatchum-Talom, MD
Murat Bankaci, MD	William Shope, MD	Hai Wang, MD	Mark Kielbowski, MD	Steven E. Mills, MD	Rahul Naidu, MD
Brian Wiczorek, MD	Mehdi Javan, MD	Efren L. Leonida, MD	Matthew Wetzal, MD	Peter McConnell, MD	Frank McGrogan, MD
Frederick Schultz, MD	David Anto, MD	George Gavin, MD	Mati Friebling, MD	Geoffrey Monsour, MD	Marjorie Tavoularis, MD
Govindaraj Mohan, MD		Juan Chahin, MD	Carol Fox, MD	Joy Boone, MD	Andrew Polakovsky, MD
Christopher Rihn, MD		Erin Malley, MD	Patrick Lally, MD	Alan Rosenbloom, MD	Aster Assefa, MD
Lisa Hildenbrand, MD		John Parker, MD	Neil Baum, MD	Robert Donley, DO	Randall Cook, MD
Robert Smith, MD		Edward Williamson, MD		Robert Urban, MD	

# MEDICAL STUDENT EDUCATIONAL LOANS

The Westmoreland County Medical Society is sponsoring its annual Medical Student Educational Loan Program which offers loans to eligible medical students.

To be considered for the program, students must be attending an accredited school of medicine and they must be present or past residents of Westmoreland County.

The loan program was initiated with proceeds from a fund established by the Westmoreland County Medical Society with receipts from a polio immunization drive in 1964.

Over the years, the Fund has been supplemented by donations from the Westmoreland County Medical Society, interest income, charitable organizations, doctors and other individuals.

Applications for the loan fund are available through the Westmoreland County Medical Society Office, 231 South Main Street, Suite 207, Greensburg, PA 15601 or on our website at [www.wcmspa.org](http://www.wcmspa.org).

**Deadline for applications is May 8, 2015.**



Medical Student  
Educational Loan Funds  
available again this year.

## ICD-10: PRACTICE PREPAREDNESS AND PITFALLS

**Start Date:** 3/19/2015 9:00:00 AM **End Date:** 3/19/2015 11:30:00 AM

**Location:** Attend at the live broadcast site in Harrisburg, view our streaming webcast with colleagues at one of our regional hubs sponsored by county medical societies across the state, watch the streaming webcast online from your own location.

The Oct. 1 2015 ICD-10 implementation date is just months away. Are you and your staff ready for the transition? It's not too late to prepare. PAMED can ensure that you avoid the common mistakes that will take a bite out of your staff time and your budget.

This course is designed to stand apart from other ICD-10 courses you may have attended. While you will have the opportunity to review specific coding case studies, you'll also learn about the issues they don't talk about in traditional ICD-10 courses. It will prepare you to address and mitigate the challenges you'll face as you transition to ICD-10. You'll know what questions to ask and be able to solve problems as they arise.

What are the things they don't tell you at a typical coding session? It's not enough to simply have the technology in place. You will need practical solutions to address issues that may occur as you begin implementation. PAMED can provide the guidance you need.

- See more at: <http://pennsylvaniamedicalsociety.com/Homepage-Events/ICD-10-workshop.html#sthash.EfjR3NL1.dpuf>

## **Health Insurance Rates Decrease For Most Members!**

### **WCMS Health Insurance Renewal Rates For 2015**

Highmark delivered the 2015-2016 health insurance renewal rates to the WCMS Board on Tuesday, February 10, 2015. Eight of the ten health insurance plans obtained a premium reduction ranging from approximately 2% to 14%. Welcome news for the Program! The two "Traditional" Plans (BC/BS/MM), unfortunately, have a premium increase ranging from 12% to 83%. INtegrity First Corporation will be contacting everyone in these two plans to review the options and assist them in changing to a comprehensive plan which is more competitively priced. Insureds wishing to remain in this coverage are welcome to do so.

The WCMS sponsored program consists of a HSA qualified High Deductible Plan, a High Deductible Value Plan (Not HSA qualified), a PPO Split Co-Pay Plan and the PPO Enhanced Plan. In addition, the program consists of these same plans in the Community Blue format. Members have their choice of the plans. We urge all members to review their coverage at this time and make changes that may be a better fit for their health care needs. Open enrollment for the WCMS, the time period insureds can make changes to their coverage, is from April 1st thru June 30th. Members should be cognizant of the Highmark/UPMC changes that became effective January 1, 2015. UPMC hospitals, facilities and physicians are considered out-of-network in the Highmark Health Insurance Programs. There are some exceptions and insureds should speak with their physician to determine if that physician/hospital/facility is in or out-of-network for Highmark. Out-of-network services will cost the insured more in out-of-pocket expenses.

Decreases in health insurance premiums are rare in these times and we are happy to see that most of our plans did realize a reduction. The WCMS Board and INtegrity First Corporation is committed to assisting you with your health insurance needs. If that means changing from one plan to another, remaining with your current coverage or seeking an alternative option from another carrier, INtegrity First Corporation will be able to help. Please contact INtegrity First Corporation at 412-563-2106.

# Renewal Rates For Westmoreland County Medical Society

## Monthly Rates

**April 1, 2015 to March 31, 2016**

(The rates below include an administrative fee)

### Traditional Blue Cross Blue Shield Major Medical Group 51474-00

	Individual	Parent/Child	Parent/Children	Employee & Spouse	Family
Blue Cross	\$822.79	\$1810.15	\$1,810.15	\$2,682.32	\$2,682.32
Blue Shield	\$92.02	\$220.86	\$276.08	\$220.86	\$276.08
Major Medical	\$84.57	\$228.33	\$228.33	\$228.33	\$228.33
<b>Total</b>	<b>\$999.39</b>	<b>\$2,259.34</b>	<b>\$2,314.56</b>	<b>\$3,131.51</b>	<b>\$3,186.72</b>

### Group 51474-01

	Individual	Parent/Child	Parent/Children	Employee & Spouse	Family
Blue Cross	\$825.05	\$1,815.12	\$1,815.12	\$2,689.68	\$2,689.68
Blue Shield	\$92.02	\$220.86	\$276.08	\$220.86	\$276.08
Major Medical	\$84.57	\$228.33	\$228.33	\$228.33	\$228.33
Drug	\$765.74	\$2105.79	\$2,105.79	\$2,105.79	\$2,105.79
<b>Total</b>	<b>\$1,767.39</b>	<b>\$4,370.10</b>	<b>\$4,425.32</b>	<b>\$5,244.66</b>	<b>\$5,299.87</b>

### PPO High Deductible Health Plan Group 013818-00

	Individual	Parent/Child	Parent/Children	Employee & Spouse	Family
Medical/ Surgical/Rx	<b>\$781.88</b>	<b>\$1,881.20</b>	<b>\$1,881.20</b>	<b>\$2,106.37</b>	<b>\$2,419.13</b>

### PPO Blue High Deductible Value Plan Group 013819-00

	Individual	Parent/Child	Parent/Children	Employee & Spouse	Family
Medical/ Surgical/Rx	<b>\$789.74</b>	<b>\$1,900.10</b>	<b>\$1,900.10</b>	<b>\$2,127.55</b>	<b>\$2,443.45</b>

### PPO Split Co-Pay Group 013820-00

	Individual	Parent/Child	Parent/Children	Employee & Spouse	Family
Medical/ Surgical/Rx	<b>\$869.75</b>	<b>\$2,092.61</b>	<b>\$2,092.61</b>	<b>\$2,343.11</b>	<b>\$2,691.01</b>



**WCMS Rates (cont'd)**  
**Page 2**

**PPO Enhanced**  
**Group 013821-00**

	<b>Individual</b>	<b>Parent/Child</b>	<b>Parent/Children</b>	<b>Employee &amp; Spouse</b>	<b>Family</b>
Medical/ Surgical/Rx	\$913.29	\$2,197.39	\$2,197.39	\$2,460.42	\$2,825.75

**Vision Enhanced**  
**Group 80963-01**

<b>Individual</b>	<b>Parent/Child</b>	<b>Parent/Children</b>	<b>Employee &amp; Spouse</b>	<b>Family</b>
\$8.55	\$17.09	\$25.64	\$17.09	\$25.64

**Vision Basic**  
**Group 80963-00**

<b>Individual</b>	<b>Parent/Child</b>	<b>Parent/Children</b>	<b>Employee &amp; Spouse</b>	<b>Family</b>
\$7.63	\$15.26	\$22.87	\$15.26	\$22.87

**United Concordia Dental**  
**Enhanced Program**  
**Group 847466-001**

<b>Individual</b>	<b>Parent/Child</b>	<b>Parent/Children</b>	<b>Employee &amp; Spouse</b>	<b>Family</b>
\$41.15	\$128.08	\$128.08	\$128.08	\$128.08

**Please Note:**      **Medical rates are valid for one year. Vision rates are valid for two years. Dental rates are valid for two years.**

## Goals and Timeline for Transitioning Medicare Reimbursement from Volume to Value

For the first time in the history of the Medicare program, on Jan. 26, 2015, the U.S. Department of Health and Human Services announced goals and a timeline to shift Medicare reimbursement toward paying providers based on quality of the care they give their patients, rather than quantity.

The goals include tying:

- 30 percent of traditional (fee-for-service) Medicare reimbursement to quality/value through alternative payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements by the end of 2016, and 50 percent through 2018.
- 85 percent of all traditional Medicare payments to quality/value by 2016, and 90 percent by 2018, through programs such as the Hospital Value Based Purchasing and the Hospital Readmission Reduction Programs.

“Are the goals realistic? Time will tell,” said Dennis Olmstead, chief strategy officer and medical economist for the Pennsylvania Medical Society (PAMED).

He also said the provider community is supportive of these things, but it’s important to put “realistic” expectations on these reforms, given all the other mandates providers are facing today.

“People have to understand that many of these skills that providers and physicians will need in the future aren’t things they may have been trained in,” he said. “They are learning how to look at risk, obtaining the necessary information technology structure that you need and gaining analytical skills. It all takes money and time while they are trying to see patients, operate their practice and keep up with clinical changes in medicine.”

In the release, HHS Secretary Sylvia Burwell also announced the creation of a Health Care Payment Learning and Action Network, through which HHS will work with private payers, employers, consumers, providers, states and state Medicaid programs, and other partners to expand alternative payment models into their programs.

PAMED is working on developing an educational series on the transition from volume to volume. PAMED will have more information in the future.

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### **Attest by Feb. 28 for Medicare Meaningful Use to Avoid 2 Percent Penalty**

Eligible professionals participating in the Medicare Meaningful Use (MU) program must submit their 2014 attestation by Feb. 28, 2015, to avoid a payment adjustment in 2016.

For those eligible professionals participating in the Medicaid MU program, the deadline to submit the attestation is March 31, 2015.

Medicare eligible professionals that did not successfully meet MU requirements in 2014 and did not receive a hardship exemption for 2016 will start to receive a 2 percent payment adjustment beginning Jan. 1, 2016.

In order to avoid a payment adjustment, a Provider must participate in either the Medicare or Medicaid Electronic Health Record (EHR) Incentive Program if eligible to do so.

If a provider is only eligible to participate in the Medicaid EHR Program, the payment adjustments do not apply; however, it is very important to remember any Medicaid eligible professional who submits claims to Medicare are subject to the Medicare EHR payment adjustments for non-participation in the MU program.

For more information on the Medicare or Medicaid EHR Incentive Programs, visit the Centers for Medicare and Medicaid Services’ website.

## **Recommendations for Providers in Response to Multi-State Measles Outbreak**

On Jan. 26, the Pennsylvania Department of Health (DOH) forwarded a Centers for Disease Control and Prevention (CDC) alert on the U.S. multi-state measles outbreak to Pennsylvania physicians subscribed to receive alerts through its Pennsylvania Health Alert Network (PA-HAN).

The CDC and several state health departments are investigating a multi-state measles outbreak associated with travel to Disneyland Resort Theme Parks, which includes Disneyland and Disney California Adventure.

The purpose of the alert was to notify public health departments and health care facilities about the outbreak and provide guidance to health care providers. The alert said that providers should:

- Ensure all patients are up to date on the MMR vaccine and other vaccines.
  - ◊ Children one through 12 years of age may receive MMRV vaccine for protection against measles, mumps, rubella, and varicella.
  - ◊ Infants who receive a dose of MMR vaccine before their first birthday should receive two more doses of the MMR vaccine, the first of which should be administered when the child is 12 through 15 months of age and the second at least 28 days later.
- For those who travel abroad, the CDC recommends that all U.S. residents older than six months be protected from measles and receive the MMR vaccine, if needed, prior to departure.
  - ◊ Infants six through 11 months old should receive one dose of the MMR vaccine before departure.
  - ◊ Children 12 months of age or older should have documentation of two doses of the MMR vaccine, separated by at least 28 days.
  - ◊ Teenagers and adults without evidence of measles immunity should have documentation of two appropriately spaced doses of the MMR vaccine. One of the following is considered evidence of measles immunity for international travelers: 1) birth before 1957, 2) documented administration of two doses of the live measles virus vaccine (MMR, MMRV, or measles vaccines), 3) laboratory (serologic) proof of immunity or laboratory confirmation of disease.
- Consider measles as a diagnosis in anyone with a febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) who has recently traveled abroad or who has had contact with someone with a febrile rash illness. Immunocompromised patients may not exhibit rash or may exhibit an atypical rash. The incubation period for measles from exposure to fever is usually about 10 days (range, seven to 12 days) and from exposure to rash onset is usually 14 days (range, seven to 21 days).
- Isolate suspect measles case-patients and immediately report cases to local health departments to ensure a prompt public health response.
- Obtain specimens for testing, including viral specimens for confirmation and genotyping. Contact the local health department for assistance with submitting specimens for testing.

## **Flu Stats Down, Public Education Working**

Knowing that the flu vaccine was not as effective this year as it has been in past years, physicians knew that the best preventive measure was to continue to educate the public on simple things they could do to protect themselves, such as getting vaccinated and washing your hands.

“There were clear indicators that the flu season was going to get worse, particularly when the virus mutated and made this year’s flu vaccine less effective,” said Karen Rizzo, MD, president of the Pennsylvania Medical Society (PAMED), in a news release.

Typically, the flu vaccine is 70-80 percent effective, but this year that number is only 23 percent according to recent reports from the Centers for Disease Control and Prevention (CDC).

“That essentially meant we needed to educate the public on the situation, and provide some simple things they could do to protect themselves in addition to getting the flu shot,” said Dr. Rizzo. PAMED held a media-call in on Dec. 22 to help educate the public, and Dr. Rizzo was one of the panelists.

*(Continued from page 11)*

The increased education could be one reason for the drop in reported flu cases. According to statistics from the Pennsylvania Department of Health, reported flu cases in Pennsylvania decreased for a second week in a row after peaking between the Christmas and New Year holidays.

But, despite the good news, Dr. Rizzo encourages everyone to continue to practice simple preventive measures.

So, how can people protect themselves from the flu? Teaming up with the Pennsylvania Academy of Emergency Physicians, the Pennsylvania Chapter of the American Academy of pediatrics, and infectious disease and family medicine specialists, PAMED's panel of health care professionals recommend patients:

- Continue to get the flu shot as some protection is better than none, and even if you do get the flu, it is likely to be less severe if you've gotten the shot.
- Wash your hands regularly.
- Stay home. Don't go to work if you are sick and keep your children home from school if they show signs of being sick.
- Avoid shaking hands when possible.
- Consider using a flu mask if you are caring for someone who is sick. Masks can be purchased at pharmacies or through medical equipment stores.

"Even though we've had a couple of weeks of declining reports, we may not be out of the woods," said Dr. Rizzo. "The flu season isn't over yet, and all of us need to continue to protect ourselves and our communities."

## **Hundreds of health care bills anticipated during new legislative session, says Pennsylvania Health News Service Project**

(Harrisburg, Pa. – 1/26/15) If Pennsylvania's 2015-'16 legislative session proves to be like the last one, medical organizations believe hundreds of health care bills will be introduced over the course of the next two years.

"During the last legislative session, around 350 bills were introduced in either the State Senate or House of Representatives, and there's no reason to believe that that number will decrease as we make our way through the new session," says Karen Rizzo, MD, president of the Pennsylvania Medical Society.

A round-up report from the Pennsylvania Health News Service, a collaborative project of 20 Pennsylvania-based health care associations and societies, suggests some of the top issues that could be anticipated to make headlines.

### **Medical Marijuana**

Turning marijuana into usable medicines may have been the hottest health care issue during the 2013-'14 Pennsylvania legislative session that did not get passed by both chambers. Most of the debate on medical marijuana centered on whether or not to legislate its use based upon anecdotal evidence and some international studies.

Outside of legislation, there was some movement on the issue when the governor's office announced its decision to allow a research-based pilot of medical marijuana to treat children with severe seizures.

Moving into the 2015-'16 legislative session, two state senators have promised the issue will resurface.

During a media call-in last January sponsored by the Pennsylvania Medical Society, physician opinion on legislating medical marijuana varied; however, no one disagreed that more research on the issue would be helpful.

"Physicians are trained to help those suffering from illnesses and diseases though evidence-based science," says Dr. Rizzo. "So the physician mindset is one that wants to help, but also wants to make sure they're making the correct decisions based upon solid research."

According to Kenneth Certa, MD, of the Pennsylvania Psychiatric Society, marijuana is not without its problems. "The potential for abuse is quite high, and abuse can lead to significant functional impairment. There is a clear risk of the development of psychosis in at-risk individuals," the Philadelphia psychiatrist says.

Dr. Rizzo says anecdotal evidence on medical marijuana is a good starting point. However, she points to two surveys

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of parents of children with severe seizure disorders that were recently presented at the American Epilepsy Society (AES) annual meeting. As reported in the December 11, 2014, edition of *Neurology Advisor*, “despite patients’ and parents’ perception of marijuana as an effective treatment for epilepsy, there is little evidence that proves this is not a placebo effect.”

Within the studies, researchers carefully stated that no firm conclusions could be reached until better trials are conducted; thus leaving the door open that medical marijuana may or may not be helpful. The article reported that such studies should be launching soon, but also noted a possible dangerous side effect.

Dr. Rizzo says this is why it’s best to advocate for controlled research at this early stage.

“There may very well be some element of medical marijuana that could be scientifically proven to help patients with specific illnesses under specific conditions, but at the moment, we lack that knowledge,” she says.

### **Practice of Medicine, Patient Safety, and Patient-Centered Health Teams**

Exactly what defines the practice of medicine, and who can legally practice such skills? Also, how do we ensure the highest level of patient safety and quality of care? For the lack of a better word, “scope” of practice issues always raises these types of questions for those involved in the health politics of Harrisburg.

And, now with developing health care reforms, how does the patient-centered medical home come into the mix?

Possibly, one of the loudest scope debates will come from the nurse practitioners PR machine as they look to challenge family physicians, pediatricians, and internal medicine specialists over primary care.

At the center of the debate will be a state law that requires a nurse practitioner to have a collaborative agreement with a physician. Nurse practitioner lobbyists say it’s not necessary. They’d like to practice independent of physicians.

This comes just as health care reform is encouraging a team approach through patient-centered models.

“Physicians have always worked in collaboration with other healthcare professionals,” says Anthony Maniglia, MD, a general internist in a 50-person multi-specialty group in Altoona and an active member of the Pennsylvania Chapter of the American College of Physicians. “The PCMH is an extension of this collaboration and helps to formalize and organize what’s being done to and with the patients. The PCMH is a nice concept that helps to add upon this collaboration.”

Pediatricians say the patient-centered medical home is important to the state’s youngest patients.

“The medical home has always been the focus of pediatrics,” says Susan Kressly, MD, president of the Pennsylvania Chapter, American Academy of Pediatrics, and a practicing pediatrician from Warrington. “Working collaboratively as a physician-lead team, using evidence-based guidelines, and being family-centered, provides the best framework for delivering high quality, cost-effective care.”

A July 2014 report from Kaiser Health News citing data from the American Association of Nurse Practitioners indicated 31 states define some form of the physician-nurse practitioner working relationship. Specifically, 19 states require nurse practitioners to have a collaborative arrangement throughout their careers, while another 12 require supervision or team management with a physician, with those nurses prescribing through the doctors. Collaborative agreements, the report says, vary widely.

According to the KHN story, only 19 states and the District of Columbia allow nurse practitioners to practice independently of a physician; however six of those states - Connecticut, Minnesota, Vermont, Nevada, Maine and Colorado - allow independent prescribing rights only after gaining experience through an arrangement with a physician.

Within the debate, questions will be raised about education and training as well as health care demand with both sides pointing to evidence supporting their claims.

The Pennsylvania Medical Society supports collaboration between health care professionals. “Nurse practitioners are an important member of the team,” says PAMED’s Dr. Rizzo. “This debate really centers around a smaller number of nurse practitioners wanting to build their own practices, not the likely majority who want to work collaboratively. Certainly care is enhanced when consulting a physician in an office setting is necessary, plus it’s more convenient and cost-effective for the patient.”

Scope of practice will be debated in other areas as well.

For the Pennsylvania Academy of Ophthalmology (PAO), defining ophthalmic surgery during the 2015-’16 legislative

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session is a top priority. The debate centers around the desire of optometrists, who are not medically trained, to perform surgical procedures. Several states have already enacted legislation or promulgated regulations that allow non-physician optometrists to perform laser and other types of eye surgery.

"Given the gravity of the procedures as well as the absolute necessity of excellent outcomes for the patients, ophthalmic surgery is, and always has been, the practice of medicine and all practitioners who perform this surgery answer to the Board of Medicine," says Drew Stoken, MD, president of the PAO and a practicing ophthalmologist from Carlisle. "Since there have been dramatic developments in the technology of ophthalmic surgery (lasers), the traditional definition of surgery using only scalpels is no longer sufficient and this bill would act to define modern ophthalmic surgery in the Medical Practice Act. The bill would act to prevent harm to patients by preventing improperly trained practitioners from promulgating regulations for the right to practice ophthalmic surgery without the requirement of answering to the Board of Medicine."

### **Insurance Issues – Healthy PA, Credentialing**

Since the invention of health insurance, has there ever been a legislative session in which it hasn't been an issue for debate? With so many moving parts, our state politicians can't ever avoid this issue in one form or another.

"It almost goes without saying that health insurance will be an issue," says Dr. Rizzo. "I really can't recall a year in which it wasn't in some form or another. Health care is often considered the three-headed monster at the Capitol – consumers, providers, and insurance companies – and finding the right balance so that all are happy is never easy."

According to Dr. Rizzo, consumer issues should be anticipated, particularly around former Governor Corbett's Healthy PA program.

"Governor Wolf has clearly indicated that he'd like to go in a different direction," she says.

For physicians, while future uncertainty of insurance products within Healthy PA is significant and will cause office headaches, another looming insurance issue is also pressing the business side of medicine, and quietly hurting patient care. Physicians call it "prompt credentialing."

Physicians, especially new physicians, find themselves unable to treat privately insured patients until they are fully credentialed by insurance companies—a lengthy and oftentimes frustrating process that creates administrative hassles and delays patient care.

"There are plenty of stories from new Pennsylvania physicians that it took them more than 90 days to finally be credentialed by an insurance company," says Dr. Rizzo. "It's not fair to physicians looking to practice their trade and it slows down access to care for patients, particularly those in rural locations."

Dr. Rizzo says the Pennsylvania Medical Society and other medical associations would like to see credentialing completed in a more timely manner. They anticipate supporting bills that would do so.

### **Psychiatric Bed Shortages and Tracking**

Demand for behavioral health services on an acute basis has been skyrocketing at the same time as funding for community resources such as long-term behavioral health facilities has been shrinking.

It's so problematic, says representatives of the Pennsylvania Psychiatric Society and the Pennsylvania College of Emergency Physicians, that often it causes patients to sit in emergency departments for hours before a bed can be found.

One solution, the two groups say, is a tracking system to help emergency medicine specialists find open psychiatric beds throughout a region.

"Every day, hundreds of patients in need of psychiatric care visit the commonwealth's emergency departments," says Michael Bohm, MD, president of the Pennsylvania College of Emergency Physicians who practices in York. "Despite this common situation, too often it's a challenge finding an appropriate available psychiatric bed."

The Pennsylvania Psychiatric Society believes that it is a complicated issue.

"Just like any other health issue, the emergency department can be an appropriate first step in receiving care for acute mental illness. If hospitalization is required, specialty units are necessary, and it is these resources that are in short supply in much of the state," says Dr. Certa.

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“Delaying our patients’ care and having them wait for hours in an emergency room is not appropriate treatment, and can be disruptive to the emergency room milieu,” continues Dr. Certa. “Development of a bed tracking system can help document the problem, and aid in getting these patients more timely care.”

### **Stronger Enforcement of Tanning Laws**

During the last legislative session, significant progress was made to address issues related to the dangers of tanning beds. With multiple national and international groups raising concerns about skin cancer, Pennsylvania embraced the Indoor Tanning Regulation Act, also known as Act 41, as a way to educate the public and protect teens. Minors under 17 years in age are prohibited from using tanning facilities while those who are 17 year old must have parental consent. Another key provision of the act requires tanning bed businesses to register with the Department of Health.

The only problem now, according to the Pennsylvania Academy of Dermatology and Dermatologic Surgery (PAD), is whether or not everyone in the tanning bed industry is following the rules, particularly registering with the state. The dermatologists say registering tanning bed businesses is necessary so that the state can appropriately monitor the industry and thus fully protect Pennsylvanians.

“Since the registration fees paid by tanning salons are used to fund the enforcement of Act 41, we need to ensure that all tanning facilities are complying with the law and registering with the Department of Health,” says Christine Cabell, MD, president of the PAD and a practicing dermatologist from Wilkes Barre. “While as dermatologists, we believe that no one should expose themselves to the risk of indoor tanning, if you choose to do so, make sure the salon you patronize is registered. This ensures that they are meeting basic safety requirements and comply with the restrictions on minor children utilizing their facilities.”

## **State Resources Help Physicians and Public Understand New Naloxone Law**

On Nov. 29, 2014, a new law (Act 139) took effect that expands access to naloxone, a life-saving opioid-reversal drug, and provides Good Samaritan protections for bystanders acting in the event of an overdose. Individuals, such as friends or family members in a position to assist a person at risk of experiencing an opioid-related overdose, also may receive a prescription for naloxone.

Gary Tennis, Secretary of the Department of Drug and Alcohol Programs, told the Pennsylvania Medical Society in mid-January that many physicians are not yet aware that this new law allows them to write third-party prescriptions for naloxone.

The state Department of Drug and Alcohol Programs has provided a number of online resources to help educate providers and the public, including information on the new law, FAQs, toolkits, sample documents, and is circulating the following letter to health care providers.

“It is my hope that Act 139 will make a considerable difference in saving lives and reversing overdose deaths, Secretary Tennis said.

The new law permits a law enforcement agency, fire department, or fire company to enter into written agreements with emergency medical services agencies, with the consent of that agency's medical director or a physician, to obtain a supply of naloxone and authorize a law enforcement officer or firefighter who has completed required training, and to administer naloxone to an individual undergoing or believed to be undergoing an opioid-related drug overdose.

Physicians may now dispense, prescribe, or distribute naloxone directly or by standing order to an authorized law enforcement officer or firefighter in accordance with the agreement, or to a person at risk of experiencing an opioid-related overdose, or a family member, friend, or other person in a position to assist someone at risk of experiencing an overdose.

Importantly, a licensed health care professional who, acting in good faith, prescribes or dispenses naloxone is not subject to any criminal or civil liability or any professional disciplinary action for such prescribing or dispensing, or for any outcomes resulting from the eventual administration of naloxone.

Capital BlueCross announced in December that it is providing funding to enable municipal police departments in its service area to purchase and carry naloxone.