



Established 1852

Lehigh County Medical Society

The mission of the Lehigh County Medical Society is to encourage physicians and healthcare professionals to have the highest moral and ethical standards; to counsel and censure them when necessary; to serve as a strong and united voice for our Lehigh County physicians, our patients and our community; to promote healthful living and well-being and to advance the highest standards of healthcare and service in our region through education, service and advocacy.

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The DR Bulletin

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FROM YOUR 2013 PRESIDENT, Eric J. Gertner, M.D.



Obesity

Earlier this year, the American Medical Association declared obesity to be a disease. According to the House of Delegates, there is now enough evidence that there are sufficient signs, symptoms, and other co-morbidities associated with obesity for it to qualify as its own disease.

So what? Was this a reflection of a somewhat light schedule at the House of Delegates this year, or was this recognition by the nation's largest group of physicians a meaningful next step in our nation's battle against obesity and the various other diseases associated with it?

Affirming that obesity, a condition where patients are unable to maintain a body mass index less than 30 kg/m², is a disease and not a behavioral choice has already begun a process to bring new resources to patients and their physicians to help with this condition. According to the Centers for Disease Con-

trol and Prevention, currently more than a third of all Americans are considered to be obese by this definition. In Lehigh County, this figure stands at 29%, about average for Pennsylvania, according to recent data from the Robert Wood Johnson Foundation. The direct and indirect costs of obesity are nearly \$450 billion annually, according to data from the CDC, and obese Medicare beneficiaries cost almost \$2000 more annually. Also concerning, 17% of youth ages 2 through 19 nationally are considered obese, and if this trend isn't addressed, it will likely lead to a rapid increase in health care costs and utilization by at least 2030.

As physicians, we have an opportunity to speak out for policy changes that can impact obesity, especially for children in our community. That's why our collaborative effort with the Allentown School district and the Allentown Health Bureau has been so meaningful. Through our health careers club at the Raub Middle School, we have been able to raise awareness among the participants about the dangers and consequences of obesity, and hopefully these students will pass that along to their classmates. As we expand the program this year into another middle school in the Allentown School District, we will carry that same message for students, that maintaining a healthy weight can lead to less risk of diabetes, cardiovascular disease, and other problems later in life.

What else can we do to impact the obesity epidemic among our patients, friends and neighbors? How about providing patients with better resources at every visit, and coaching patients on how best to develop a plan and set goals around weight control. How much extra time would it take for our medical assistants, nurses, and oth-

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Manuscripts offered for publication and other correspondence should be sent to 1620 W Highland St, Allentown, PA.

The DR Bulletin is published six times a year bi-monthly, beginning in January, by the Lehigh County Medical Society.

The editorial board reserves the right to reject and/or alter submitted material before publication. All manuscripts and letters should be typed double-spaced on 8 1/2" x 11" stationary.

Preserve Your County Medical Society - The Grassroots of Organized Medicine

er members of our staff to address weight management with patients, help them take the first steps toward better diet and exercise, and provide them with available resources within our community? Should the Lehigh County Medical Society provide members with contact information for dietitians, weight management programs, and other resources to share with patients, as well as more Continuing Medical Education regarding different diets, nutrition, and exercise programs?

Aside from our ability to impact our individual patient populations, the declaration by the American Medical Association opens the door for physicians to advocate for policy changes that can have a true impact on obesity. On a local level, raised awareness of obesity as a disease could be utilized to explore school district policies toward physical education and school lunch programs. Unfortunately, we've seen a decline in required daily physical education, and fewer students walk to school. School lunch programs are somewhat regulated, but districts have the opportunity to add healthier, lower calorie choices to their menus. And hopefully there are no soda machines in operation, at least during regular school hours, anywhere within Lehigh County. As physicians, we can even promote better sidewalks and running trails accessible to all patients, if it helps to impact on obesity.

Advocacy for obesity policies can extend beyond the limits of Lehigh County. Currently, there is at least one bill before both the US House and Senate addressing this issue. The Treat and Reduce Obesity Act of 2013 (HR 2415) would extend behavioral counseling and medical management options for Medicare beneficiaries with obesity. It has the potential to improve access to weight-loss counseling and new prescriptions for chronic weight management, decreasing cost as one of the barriers for patients motivated to lose weight. It also would require the Department of Health and Human Services to develop and implement more research and program aimed at reducing obesity.

If we believe that reducing obesity in our community is an important goal as physicians, then we can advocate for local changes now. We can find ways to have meaningful conversations with patients regarding obesity when they are in our offices, either with us or with our trained staff. We can advocate with our members of Congress for HR 2415 and its equivalent in the Senate. We can ask our commercial insurers to consider expanding their coverage for these services as well, following the example discussed in HR 2415. We can look for ways that the Lehigh County Medical Society can partner with other community-based organizations to have a meaningful, important voice in our community related to obesity prevention. And perhaps most importantly, we ourselves can act as role models, by increasing our own physical activity and improving our own diets to live healthier lives. Kudos to the American Medical Association for adding its voice to this important conversation. Now it's our turn to act, for ourselves and our community.

REMEMBER

If you change your business or home address and/or phone or fax number, please notify the Lehigh County Medical Society. Call: 610-437-2288

Mark Your Calendar!

Lehigh County Medical Society
2013 Symposium
Anatomy of the Medical Malpractice Lawsuit
Saturday, October 12, 2013

Topics covered, include:

- Tort reform and medical malpractice trends
- ACA/Evolving healthcare environment
 - Deposition preparation
 - Electronic medical records
 - Mock deposition

This event will be held at: Lehigh Valley Hospital
Campus Main Auditorium
Cedar Crest & I-78, Allentown, PA
Registration and Continental Breakfast 7 AM
Symposium 8 AM

For more information, visit: www.lcmedsoc.org

Also

The Annual Social for 2014 will be held on April 12th

ATTENTION

Lehigh County Medical Society MEMBERS

Does your Physician Group have a Website?

*Contact the Lehigh County Medical Society
and have your Website linked onto the
Lehigh County Medical Society Website.*

www.lcmedsoc.org

Call: 610-437-2288

Observation Status Rule Could Help Patients but Burden Physicians

When a recently proposed rule is finalized, Medicare patients would automatically be considered inpatient (admitted) after spending at least two midnights in the hospital, meaning their care would be covered by Medicare Part A.

This could ease some patient confusion and angst with being placed under "observation status," when they are being treated at the hospital but not actually admitted.

But it also could result in an added administrative burden for physicians.

"While we understand the Centers for Medicare and Medicaid Services' desire to provide greater clarity regarding what constitutes an inpatient stay, we think that the proposed two midnight stay threshold would prove overly complicated, and would unduly extend beyond the current benchmark of 24 hours," said the American Medical Association (AMA) in a letter to CMS.

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In its letter, the AMA outlined several recommendations to help alleviate some of the hassles associated with observation care, including:

- Eliminating the three-day inpatient stay requirement for coverage of skilled nursing facility care, or at least allowing outpatient observation care to count toward the three-day requirement
- Bringing together physicians, patients, and hospitals to discuss common-sense, comprehensive solutions
- Requiring the concurrence of the admitting or treating physician
- Precluding Medicare contractors from recouping money from physicians associated with inappropriate admissions or discrepancies between hospital and physician's site of service
- Making sure physicians have meaningful input into the development of claims editing software

The Pennsylvania Medical Society (PAMED) continues to work with legislators, insurers, hospitals, and others to raise awareness of the urgent need to find solutions for Pennsylvania patients and physicians.

Scope of Practice Bills to Be Considered By House Committee *BY: Scot Chadwick*

The House Professional Licensure Committee has scheduled a meeting on June 5 to vote on two bills that would expand the scope of practice of non-physician providers, both of which have negative patient safety ramifications.

The first, which I posted about just last week, is House Bill 776, legislation that would permit pharmacists to administer injectable immunizations to children seven years of age and older. The bill requires a pharmacist to notify the individual's primary care provider, "if known," within 72 hours of administration.

The PAMED board discussed the bill this week, and the reaction was overwhelmingly negative. Children do have adverse reactions to immunizations, and the prospect of a severe reaction occurring in a department store pharmacy is pretty disturbing. Further, some adverse reactions are delayed, raising the very real prospect that a pediatrician could get an urgent call in the middle of the night from a frantic parent about an immunization the physician didn't even know had been administered.

But that's not all. Allowing pharmacists to administer childhood immunizations independently is contrary to the concept of the medical home and the team-based approach to care. A couple years ago PAMED agreed to legislation allowing pharmacists to manage medication levels for patients with chronic conditions pursuant to a written collaborative agreement with a physician. That bill was a good example of the way a team-based model can improve access to care. In contrast, HB 776 is a step toward the fragmentation of health care delivery, which serves no one's best interests.

The second bill on the committee's agenda is House Bill 612, which would provide for the licensure of naturopaths and grant them a liberal scope of practice. Among the acts naturopathic doctors would be permitted to perform under the bill are: performing physical and laboratory examinations, order-

ing diagnostic imaging studies, prescribing (non-controlled) medications, and engaging in behavioral medicine. They would be able to order durable medical equipment, and to utilize oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous and intramuscular routes of administration.

Naturopaths favor a holistic approach to patient care with non-invasive treatment, and encourage minimal use of surgery and drugs. By their own credo they seek to restore and maintain optimum health in their patients by emphasizing nature's inherent self-healing process. It seems to me that much of what they are seeking in this bill is antithetical to their own philosophy, but the real concern is patient safety. A naturopath who is concerned enough about a patient to order a CAT scan should be referring that patient directly to a physician, pronto.

PAMED strongly opposes both of these bills, and we'll be visiting with committee members between now and June 5 to express our concerns. Stay tuned.

Lehigh County Medical Society Welcomes the following New Members

Justin Abbateamarco (Student)

Rachel Appelbaum (Student)

Kanchi Batra (Student)

Jennifer Chevinsky (Student)

Ya-Yu D. Lee, MD (END)
2663 Schoenersville Rd
Bethlehem, PA 18017

Ian Mark (Student)

Ian Osburn (Student)

Shawn Palmeri (Student)

Cameron Paterson (Student)

Alexandra Printz (Student)

Emma Qureshey (Student)

Jonathon Schnaufer (Student)

Aleksandra Yakhkind (Student)

Phillip Zegelbone (Student)

NOTE

Members of the Lehigh County Medical Society can now view the membership roster (Physician Directory) at our website: www.lcmedsoc.org or request a Membership Roster by calling the Lehigh County Medical Society at: 610-437-2288.

The mission of the Lehigh County Medical Society is to encourage physicians and healthcare professionals to have the highest moral and ethical standards; to counsel and censure them when necessary; to serve as a strong and united voice for our Lehigh County physicians, our patients and our community; to promote healthful living and well-being and to advance the highest standards of healthcare and service in our region through education, service and advocacy.

The vision of the Lehigh County Medical Society is to be a relevant and influential leader in the Pennsylvania Medical Society; to unite our physicians and to empower them to deliver compassionate, ethical and evidence based healthcare of the highest quality and value to our community.

The Lehigh County Medical Society will accomplish its mission and its vision by the following:

Legislative Advocacy within our State Medical Society and our Government
Community Education within the Public Health Arena
Member Education, Collaborative Relationships and Collegiality
Service Activities for our members and our community

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