



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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Physicians and Pharmacists: Working Together to Improve Patient Outcomes

Lori Schildroth, PharmD

PGY1 Community Pharmacy Practice Resident
Hartzell's Pharmacy/Wilkes University

Over the last year, I have been working with primary care physicians (PCPs) in the Lehigh Valley to complete my resident research project. The project aimed to determine PCPs' perspectives on accepting recommendations from community pharmacists for changes to high risk medications (HRM) that cause an increased fall risk in patients 65 years and older. This quality measure is one that appears in multiple locations throughout the Centers for Medicare and Medicaid Services (CMS) star measures. There are lists available as prevention tools such as the STOPP criteria (used in hospitals), Beer's list (used in outpatient care), and NCQA

HEDIS list (used by CMS). The current model that CMS uses to rank providers is with star ratings. This system ranks quality measure outcomes from different categories on a scale of one to five stars for each measure. An overall star rating is then assigned and allows patients to evaluate the quality of the provider.

The trends in my ongoing research are showing that the majority of PCPs: 1. evaluate the necessity of a HRM upon first primary care visits after the discharge of a patient from a hospital, 2. will accept interventions (including HRM interventions) from a community pharmacist, and 3. rely on a pharmacist to identify HRM. PCPs preferred contact from community pharmacists about HRM via phone or fax. No PCP reported using the STOPP criteria, 80% use the Beer's criteria and 20% use NCQA to identify HRM. Both Beer's and NCQA are appropriate for the community setting.

Pharmacists can be used as a partner-check to evaluate the appropriateness of medication therapies and help prescribers meet and improve star measure ratings by helping our patients meet therapy standards and outcomes. The results of my research indicate that PCPs are trying to perform HRM reconciliations, but still want and need help from their pharmacy partners. Pharmacists should continue to reach out to PCPs by phone or fax. Physicians should use their community pharmacist partners to help evaluate medication therapy.

Editorial Comments

Robert D. Barraco, MD, MPH

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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.

The opinions expressed in these pages are those of the individual authors and not necessarily those of the Lehigh County Medical Society.

The ad material is for the information and consideration of the reader. It does not necessarily represent an endorsement or recommendation by the Lehigh County Medical Society.

Preserve Your County Medical Society - The Grassroots of Organized Medicine

Dr. Schildroth's research is very timely. Inappropriate medications in the elderly are responsible for 30 % of hospital admissions and 177,000 emergency department visits. Overall human and economic consequences of medication-related problems vastly exceed the findings of the Institute of Medicine (IOM) report on deaths from medical errors. The Beers criteria, named for Dr. M.H. Beers, principal author of the original 1991 criteria, are criteria for safe medication use in those age 65 and over. The list can be found on the American Geriatrics Society and the National Guideline Clearinghouse websites. Pharmacists can be a valuable resource for determining alternatives to medications inappropriate for use in the elderly. If there is no alternative, dosing may need to be changed to limit unwanted side effects such as delirium, gait disturbance and postural hypotension. These effects can be serious medical problems in themselves and can also lead to trauma.

Physicians must not be reluctant to reach out to interdisciplinary healthcare partners to help in the care of patients, especially the elderly. In fact, according to the American Geriatrics Society Position Statement in 2006,

- (1) Interdisciplinary care meets the complex needs of older adults with complex comorbidities
- (2) Interdisciplinary care improves healthcare processes and outcomes for geriatric syndromes.
- (3) Interdisciplinary care benefits the healthcare system and the caregivers.
- (4) Interdisciplinary training and education effectively prepares healthcare providers to care for older adults.

This was updated in 2014 in the Position Statement on Interdisciplinary Team Training in Geriatrics: An Essential Component of Quality Health Care for Older Adults. To quote the John A. Hartford Foundation with reference to the team approach, "Studies show that complex patients manage better when their doctors, nurses, gerontologists, pharmacists—every health professional involved in their care (including the patient!)-work together as a team to develop a smart plan of care." Our patient's outcomes depend on it.

Overwhelming majority of Pennsylvanians say keep the care team together and "no" to nurse practitioners working without physician collaboration

A poll of 700 Pennsylvanians overwhelmingly indicates the state's residents do not support current legislative efforts in Harrisburg to allow nurse practitioners to work without physician collaboration, suggesting such efforts are out of touch with most Pennsylvanian residents.

The Patient Poll, conducted March 6-12, 2015, by Susquehanna Polling and Research and commissioned by the Pennsylvania Medical Society, indicates only 15 percent of those

polled believe nurse practitioners should be allowed to practice independent of physicians. The poll has a margin of error of 3.7 percent.

Pennsylvania law currently requires nurse practitioners to care for patients as part of a physician-led health care team. Last year, in further support of "team-based care," the general assembly unanimously approved Act 198 that promotes integration and teamwork among all health care providers.

"A small cadre of activist nurse practitioners have been lobbying our state senators and representatives hard to remove physicians from health care teams. Clearly the public does not support those efforts," says Karen Rizzo, MD, president of the Pennsylvania Medical Society. "Nor do all nurse practitioners, many of which see physician collaboration as key to providing quality care statewide."

Nurse practitioners are misleading legislators by describing their current ability to see patients as "handcuffed" by existing law. Despite claims that patient safeguards prohibit them from "full practice authority," nurse practitioners can diagnose, treat, and even prescribe medications just as physicians do, a privilege not seen in many other states.

Nurse practitioners also claim that they are more likely to practice in rural areas and provide care to underserved Pennsylvania communities. Geomapping studies of nurse practitioner practice patterns indicate that is not the case: they are more likely to practice in urban areas. Expanding care to underserved areas involves expanding access to telemedicine, training more physicians, and incentivizing them to work in underserved areas, not fragment the care team.

"Quality medical care for Pennsylvania involves providing access to the most highly educated and best trained medical providers, which are physicians, and working together with other health care providers to effectively treat patients," says Dr. Rizzo. "There is a reason, a very good reason, why it takes a primary care physician 11 years of education and 12,000 hours of supervised clinical training before Pennsylvania law grants them the authority to practice independently."

"I can't imagine why our legislature would want to fragment the care team and grant independent medical practice authority to any professional with less training than a physician," Dr. Rizzo added. In comparison, becoming a CRNP can take as little as 2 to 4 years of post-graduate study and only 500 clinical hours of training. As the Patient Poll suggests, Pennsylvanians want the assurance that a physician is involved in decisions regarding their healthcare. Why would we consider anything less?"

Lehigh County Medical Society Education Fund

The Lehigh County Medical Society (LCMS) established an area-of-interest fund at LVCF through a generous donation from Dr. & Mrs. Howard Hudson. The fund provides grants to support the health education programs of the Society, such as the expansion or establishment of Health Careers Clubs at schools in the Allentown School District.

A 2012 grant from the Pennsylvania Medical Society first helped LCMS to partner with Raub Middle School on this effort. LCMS has grown the Health Careers Club program from eight meetings to twenty meetings through the school year. Meetings include hospital tours, CPR training, Cedar Beach fitness walks, and demonstrations from local physicians.

For the 2014-15 school year, the Society was glad to add a Health Careers Club to William Allen High School.

LCMS is not a registered 501(c)(3) public charity, so it was important for the continuation of the Society's health education program to partner with LVCF as a place for donors to give their charitable dollars in support of the program. LVCF provides donors with a tax deduction while ensuring that their dollars are being used in support of the programs for which the donors are so passionate.

Gifts to the Fund can be made by submitting a check, payable to the Lehigh County Medical Society Education Fund, to the Lehigh Valley Community Foundation, 840 W. Hamilton Street, Suite 310, Allentown, PA 18101. Or by going to this website; <http://www.lehighvalleyfoundation.org/giving/existing-funds/Lehigh-County-Medical-Society>

A PayPal account is not required to make an online gift to the Fund.

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

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

Lehigh County Medical Society Welcomes the following New Members

Satyam Arora, DO (NEP)
701 Ostrum St, Ste 602
Fountain Hill, PA 18015

Swomya Bal, MD (NEP)
701 Ostrum St, Ste 602
Fountain Hill, PA 18015

JoAnn Burke, DO (FM), 5848 Old Bethlehem Pike Ste
101, Center Valley, PA 18034

Maria Cristina Erazo, MD (IM-NEP)
451 Chew St., Ste 404
Allentown, PA 18102

Amy Lindmark, DO (PD)
Cedar Crest & I-78
Allentown, PA 18105

John Lindmark DO (PD)
Cedar Crest & I-78
Allentown, PA 18105

George A. Persin, DO (CD)
2649 Schoenersville Rd, Ste 301
Bethlehem, PA 18017

Steven Solga, MD (GE)
701 Ostrum St, Ste 604
Fountain Hill, PA 18015

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 Member-
ship Roster by calling the Lehigh County Medical
Society at: 610-437-2288.

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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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