



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 2014 PRESIDENT, Robert D. Barraco, M.D.



Advocacy: You Can Do It!

Rob Schneider and Adam Sandler made this line famous in many of their movies together. But in the world of healthcare legislation, it is physicians who have the chance to use this line. Physicians and their organizations such as PA Med are exercising their voices in ways that are making legislators take notice. There are many regulations passed or pending that are of concern to physicians. Two recent examples are the Two Midnight Rule and the Sustainable Growth Rate formula of Medicare. As a result, in part, of recent advocacy by physicians and groups such as PA Med, these regulations have been delayed.

The Two Midnight Rule was not only a cause of concern for health care providers and systems but for our patients and

their loved ones. Patients were to be considered "admitted" to the hospital only after a "two midnight" hospital stay. Less than that would be considered "observation". Medicare has made it clear to patients that they will pay more for "observation" as it is under Medicare Part B and subject to co-pay. Hospitals get paid less as well. There is increased pressure for physicians to document, especially if patients who are expected to stay two midnights in fact do not. The pressure has even come from patients. Already, patients are begging providers not to be placed in observation status. Is this what we really want? Patients worried and afraid, and it is not even related to their disease process. To me, this is appalling. Patients are supposed to be comforted in their time of need, not made to feel more vulnerable and exposed.

To make matters worse, the observation stay will not count towards the consecutive three-day hospital admission requirement for coverage of short-term rehabilitation services in a skilled nursing facility. And, if hospital or Medicare auditors decide later that criteria for inpatient admission were not met, payment may be denied. And this is for stays as long as 47 hours for a hospital stay that begins at just after midnight and ends "two days" later just before midnight. But it is not two midnights...yet a two midnight stay could be as short as a little over 26 hours.

Physicians, hospitals and patient ad-

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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.

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Preserve Your County Medical Society - The Grassroots of Organized Medicine

vocacy groups have begun to fight back. Since last September and the introduction of the rule, significant concerns have been expressed by these groups. And WE DID IT! CMS recently delayed the enforcement of the rule till after September 2014 due to these concerns. PA Med has also introduced a resolution adopted by the AMA calling for patients to be subject to the same cost-sharing requirements whether inpatient or observation. These are a few of the measures being taken to address this rule.

The Sustainable Growth Rate was designed to control Medicare spending. It attempts to ensure that the yearly increase in expense per Medicare beneficiary does not exceed the growth in GDP. If the expenditures exceed the target in a particular year, the SGR formula is used to decrease physician payments for the next year. Each year, Congress can vote to "patch" or fix the SGR for 12 months. But this is only temporary. One such temporary fix was approved by Congress again this year with the help of advocacy efforts. WE DID IT AGAIN! The reduction in payments would have been a startling 24%. The patch will cost \$20 billion and be paid for through a combination of cuts and programmatic changes. The legislation also delays the implementation of ICD 10. A permanent fix for the SGR is being sought by physician groups like the AMA and PA Med. And WE CAN DO IT!

But we need to and are doing more. We need to help find solutions to the problems that face healthcare in the US. We can't just turn back legislation, though at times misguided, that try to address the ills in our system. The healthcare system is broken. The 40-year mandate has not been answered. Physicians need to take the lead in finding the answers that will make our system more efficient and responsive to the needs of our patients and our healthcare workers and at the same time accountable. And, like Rob Schneider says, WE CAN DO IT!

President Signs Temporary SGR Patch Legislation with ICD-10 and Two-Midnight Rule Delay

Despite strong advocacy for permanent repeal from many in the medical community, including the Pennsylvania Medical Society (PAMED), Congress passed yet another temporary patch to avert the 24.1 percent cut that physicians were facing as a result of the flawed Sustainable Growth Rate (SGR) Medicare payment formula.

The "Protecting Access to Medicare Act of 2014" (H.R. 4302), which passed the U.S. Senate on March 31 and the U.S. House on March 27, was signed into law by President Obama on April 1.

In addition to the twelve-month SGR patch, the bill also:

- Prohibits the Centers for Medicare and Medicaid Services

(CMS) from implementing ICD-10 prior to Oct. 1, 2015.

- Delays enforcement of the two-midnight rule until March 31, 2015. The two-midnight rule says that Medicare patients are automatically considered inpatient (admitted) after spending at least two midnights in the hospital.

- Continues the 0.5 percent update to Medicare physician payments through Dec. 31, 2014, and freezes those payments from Jan. 1-March 31, 2015.

- Establishes new Medicare policies for clinical diagnostic laboratory tests.

- Puts in place "appropriate use" criteria for certain imaging services, and requires prior authorization for certain ordering providers identified as "outliers."

- Creates a new process for identifying "misvalued codes" in the Medicare Physician Fee Schedule.

How does the patch affect Medicare claims?

Medicare claims for dates of service on or before March 31 will be processed and paid under normal procedures. The Centers for Medicare and Medicaid Services (CMS) also has instructed Medicare Administrative Contractors (MACs) to hold Medicare claims through April 14. This ten-day hold should have minimal impact on provider cash flow as CMS doesn't pay electronic claims until 14 calendar days after the date of receipt (29 days for paper claims).

How should my practice prepare for ICD-10 given another delay?

The ICD-10 delay has gotten a mixed reaction among providers. Some are happy to have additional time to prepare. Others feel like they have spent the time preparing and now it's another game of hurry up, get ready, and wait. Even with the new delay, *physicians should continue to prepare for ICD-10*. Early preparation will allow for more robust testing and additional time to improve clinical documentation practices.

Both the American Medical Association (AMA) and PAMED opposed the bill on the basis that another temporary patch for the long lingering SGR formula was not in the best interest of Medicare patients and advocated for a bipartisan solution that would provide stability to the Medicare program and protect access to health care for seniors.

On March 31, Sen. Pat Toomey voted against H.R. 4302 and Senator Bob Casey voted for the bill. Pennsylvania physicians are urged to contact Sen. Toomey and thank him for his vote against H.R. 4302.

PAMED will continue to advocate for permanent SGR repeal and at the same time help prepare practices for ICD-10.

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 or Call: 610-437-2288

Patient-Centered, Physician-Led, Team-Based Care a Priority for Pennsylvania Physicians

When patients are sick and need care, they trust their physicians and their team of health care professionals. “The team” not only includes the physician, but other vital health care providers such as physician assistants (PAs) and certified registered nurse professionals (CRNPs).

“We work as a team, said Michael McGarey, MD, a neurologist practicing in Philadelphia. “I rely on them to do what they are experts at doing, and they rely on me to do what only a physician can do.”

But, right now, Pennsylvanians have a good reason to be concerned about the future of their health care as the changing health care marketplace drives changes in the roles of physicians and other providers within the medical practice. They see changes everywhere they turn, and worry that:

They won't be able to keep their relationship with their trusted physician

Access to care will be harder as demand increases

Their communities won't be able to keep the young physicians they need because massive medical school debt drives them elsewhere.

Strong teams are multi-professional; collaborate with each other, the patient, and the patient's family; and share a common goal — to achieve coordinated, high quality, patient-centered care. In a strong health care team, all team members perform to the full extent of their training and skills; share data, patient records, and other information about the patient's care and treatment on a regular basis' and use protocols and physician consultations to avoid unnecessary tests or referrals.

Pennsylvanians look to their physicians to lead in times of change and transition. They also look to their legislators to make the right decisions to protect the future efficiency, safety, and quality of their health care. Urge Pennsylvania legislators to enact measures that support team-based care.

With millions more Pennsylvanians gaining health insurance as the ACA goes into effect, the Pennsylvania Medical Society (PAMED) wants to be sure that care is physician-led and team-based.

Two new laws (Act 100 for MDs and Act 101 for DOs), which went into effect Jan. 26, 2014, allow a physician the option of relaxing current physician assistant (PA) counter-signature requirements. The passage of these bills is a great example of how physician-led, team-based health care can be streamlined, increasing productivity and access to care, while at the same time preserving patient safety.

As a long-time proponent of patient-centered, team-based care, PAMED strongly supports two bills that propose a Patient-Centered Medical Home Advisory Council. These proposals, introduced by Sen. Judy Schwank (D-Berks) and Rep. Matt Baker (R-Tioga), provide unique opportunities for Pennsylvania to build a stronger framework for our health care teams, which will in turn help nurture the development of patient-centered care.

“We're very concerned that we need to strengthen, not abandon, the health care team,” said Bruce MacLeod, MD, presi-

dent of PAMED. “Our policymakers face a crossroads right now, and it's important that they get the facts.”

Fact: 76 percent of patients said that they prefer a physician to lead and coordinate their own and their family's health care.

Fact: The skills of physicians and other providers, such as nurse practitioners, physician assistants, and pharmacists are complementary. Studies have proven that when they work effectively together, care improves.

“It comes down to feeling comfortable and confident within the scope of practice and looking to see how they work together for the benefit of our patients,” said Melissa Brown, MD, a former RN. “I don't think it's so much changing nursing practice — it's about working together.”

PAMED applauds Gov. Tom Corbett's Healthy PA plan because it supports and encourages strong health care teams as a key to protecting health care quality, efficiency, and safety. We are working with the governor to enact critical elements of this plan, including preventing fragmentation of the health care team, improving access to care for the uninsured and underserved, and retaining and recruiting the physician workforce, especially student debt forgiveness and expanded residency slots.

Lehigh County Medical Society Welcomes the following New Members

Nicholas J. Avallone, MD (ORS)
801 Ostrum St.
Bethlehem, PA 18015

Denise DiCicco, DO (AN)
4319 Westbury Dr
Center Valley, PA 18034

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

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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