



Established 1852

Lehigh County Medical Society

Mission Statement:

The purpose of this society shall be to unite physicians to speak with one voice at the local, state and national level to influence health policy, thereby achieving the highest standard of health care for our community.

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The DR Bulletin

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FROM YOUR 2012 PRESIDENT, George A. Arangio, M.D.



Greetings and “may you live in interesting times”. In 1990, Medicare was 24 years old and cost \$107 billion dollars, nine times the estimate from President Johnson in 1966. In 2012 President Obama’s Healthcare Law is adding more than 90 billion dollars per year to Medicare and Medicaid. The cost of Medicare and Medicaid is projected to be 1.0 Trillion dollars in 2012 and 1.4 Trillion by 2018.

The 2010 Healthcare Act creates the Independent Payment Advisory Board (IPAB). The IPAB is a fifteen-member Government Agency and 3 officials representing the Department of Health and Human Services. The IPAB members were appointed by the President Obama and are highly compensated positions in the Executive Branch. The IPAB must slow the growth and save money in National Healthcare. It may not “ration health care,” raise costs to beneficiaries, restrict benefits, or modify eligibility.” The IPAB board may cut payments for physicians. 10 billion dollars are the projected savings in 2012 or 1.7% of Medicare Expenditures for 2012. The Office of Management and Budget calls this

“budget dust”. The Healthcare Act is being judged by the US Supreme Court and the Independent Advisory Board is being challenged by H.R. 5 in the Congress.

A second provision of the 2010 Law establishes State Health Insurance Exchanges. Governor Corbett has accepted 33 million dollars of Federal subsidies to create an Insurance Exchange to help implement the 2010 Healthcare Law. Most physicians and 26 states object to State Exchanges because the States will become brokers for the Law and it will stress State budgets.

Patients want Value and Quality care for less money spent. Experts report that a Common Billing Form would save 30 billion dollars and Tort Reform would save another 20 billion in 2012. United physicians with and “without walls” who share expense would, through economies of scale and decreased duplication of service, save 70 billion dollars. 12% reduction in drug use would save 20 billion dollars. These savings would amount to 25% of the estimated Medicare costs in 2012 and would save of 1.4 trillion dollars in National Health Care Expenses over 10 years. Your LCMS members are co-operating with hospitals, businesses and insurance companies to add Value in healthcare.

The Federal and State Governments, private insurance companies, hospitals and lawyers are collecting healthcare data. PAMED and the LCMS are collaborating on an assessment tool to assist physicians in selecting Electronic Medical Record Systems (EMR). PAMED has provided members of the LCMS a tool to measure Patient Satisfaction. Physicians collect and collate data on “clinical care and patient experience” and are improving our medical practices. Visit www.lcmedsoc.org for updates. Let us know, what’s on your mind. Contact us at lcmedsoc@rcn.com

Physicians are shifting healthcare dollars to prevention and “Healthful Living”. The “Clinical

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

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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

Effectiveness of Preventive Care and Healthy Living” is a national research study of high priority. Private insurance companies are beginning to reward patients for healthful behavior and physicians are being reimbursed for preventive care. With One Voice LCMS and PAMED physicians can provide “Best Evidence Based Medicine and Surgery for our patients for the Best Value” and direct healthcare expenditures to prevention. Physicians of the LCMS are putting words into action with our Childhood Obesity and “Smartphones” Community Outreach Projects. Your LCMS will encourage children to eat more healthful food, limit soda and drink more water and exercise regularly. We will teach them to use the smartphone technology smartly, safely and productively.

The LCMS, other Medical Societies and communications by physicians generated more than 500,000 email and phone contacts to Congress. This united effort “put off” for another 10 months a 27 percent cut in Medicare payments to physicians. There is power in large numbers and PAMED is our large “Grass Roots Voice” that helps physicians prove and communicate our Value to legislators and payers.

Patients will determine which physicians, which hospitals and which Insurers provide Value and patients will choose the final model of healthcare delivery in the USA. In the future, more physicians and nurses and less Government will create more competition. Competition and less government will create Value. Patients will “shop around” for valuable physicians, hospitals and insurance plans. Our patients expect and deserve the Best Evidence Based Medical and Surgical integrated Care at a fair price. The LCMS and PAMED is helping physicians to fulfill that expectation.

The LCMS is our regional, unbiased patient and physician advocate and the LCMS needs your help. It is worth \$2.00 a day to have a large voice. Renew your membership and call a colleague who is not a member and have him join now. Forward the membership form that is found with this mailing to him or her.

Included with your DR Bulletin is a LCMS/PAMED “Patient Satisfaction Survey” for your office.

Physicians Should Take Advantage of ICD-10 Delay

The U.S. Department of Health and Human Services (HHS) has announced its intent to delay the ICD-10 deadline, which originally was October 2013. The details of the delay have yet to be revealed but industry experts are speculating that a one- or two-year delay is possible.

The HHS announcement leaves many physician practices wondering if they should continue to prepare for the transition, revise plans based on speculation about a new timeline, or completely put everything on hold.

The Pennsylvania Medical Society (PAMED) recommends that physicians continue to prepare for ICD-10. The delay is a strategic advantage for physicians. Some of these opportunities include:

Stretching ICD-10 implementation expenses over a longer period of time, which should cause less disruption in cash flow.

Time that will allow for better evaluation and selection of electronic health records (EHRs) and other computer-assisted coding technologies. There will

be more time for training, implementation, and getting EHRs up and running smoothly.

Additional time to improve physician documentation practices and the associated training and education that comes with it.

The AMA wrote an open letter to the House of Representatives urging a stop to ICD-10 all together. However, there are also advocates for implementing ICD-10 who suggest that any delay in the implementation of ICD-10 could result in additional costs to providers.

HHS should announce the duration of the delay within the next few weeks. But, by using this time to your advantage and continuing to do your due diligence in preparing for ICD-10, implementation can be a smoother process with less headaches and frustration. Courtesy of www.pamedsociety.org.

Physicians Concerned about Sunshine Act

Numerous physician groups have told the Centers for Medicare and Medicaid Services (CMS) that they believe proposed rules under the Physician Sunshine Act, which require drug and medical device manufacturers to publicly report gifts and payments made to physicians, could unfairly harm physicians' careers, as well as add financial and administrative burdens to physicians.

In a letter to CMS, more than 90 physician organizations, including the Pennsylvania Medical Society (PAMED), urged several changes to the rules proposed last December, including:

- Delay reporting of gifts and payments to physicians by drug and device manufacturers until a final rule has been issued to ensure that physicians have adequate notice of final transparency reporting requirements
- Eliminate the proposed 45-day accuracy-review period and permit physicians and manufacturers to correct published data in real time
- Flag disputed information on the public website and provide a comment section that allows physicians to include a rebuttal in narrative form
- Exclude certified CME from reporting requirements

“While we support the underlying goal of enhancing transparency, we believe the proposed rule, if implemented without significant modifications, will result in the publication of misleading information and impose costly and burdensome paperwork requirements on physicians,” said the physicians groups in the letter to CMS.

The Physician Sunshine Act, a section of the Affordable Care Act, is aimed at discouraging inappropriate financial relationships between manufacturers and physicians. Courtesy of www.pamedsociety.org.

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

House Passes Bill to Repeal Controversial IPAB and Enact Liability Reforms

On March 22, 2012, the U.S. House of Representatives passed a bill by a vote of 223-181 that would repeal the controversial Independent Payment Advisory Board (IPAB) and enact meaningful medical liability reforms, such as a \$250,000 cap on noneconomic damages.

The IPAB, the cost-cutting board created by the Affordable Care Act, would have devastating effects on patient care, especially at a time when millions of baby boomers are newly enrolling in Medicare. That's why the Pennsylvania Medical Society (PAMED) and the American Medical Association (AMA) are supporting this legislation to repeal the IPAB.

Several additional amendments of interest to physicians also were approved, which would:

Restore the application of antitrust laws to the business of health insurance
 Extend liability coverage to on-call and emergency room physicians (amendment sponsored by Congressman Charlie Dent (R-Allentown))
 Grant limited civil liability protection to health care professionals who volunteer at federally designated disaster sites
 Marilyn Heine, MD, president of PAMED, said that the legislation passed by the House is "essential to protect access to care for patients and access to care to jobs at risk for nearly 170,000 health care employees in Pennsylvania physicians' offices."

For the past decade, we've watched Congress scramble year after year to avert substantial Medicare cuts due to the flawed Sustainable Growth Rate (SGR) physician payment formula. The IPAB could add more formula-driven cuts to physician reimbursement.

"The IPAB is simply the wrong solution for addressing Medicare budgetary challenges," said Dr. Heine. "We need a workable alternative that adequately reimburses physicians and ensures that patients will have timely access to quality care."

"The IPAB's broad authority, the lack of flexibility in its mandate, and its reliance on physician payment cuts to reduce Medicare spending are among the most glaring problems," said Dr. Heine. "The IPAB would effectively subject physicians to double-jeopardy for cuts so long as the SGR formula remains in place."

Originally introduced as the "Medicare Decisions Accountability Act," (HR 452), the IPAB repeal legislation was combined with the PAMED-supported "Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act (HR 5) and renamed the "Preserving Access to the Healthcare Act." The legislation is now being referred to as HR 5. Courtesy of www.pamedsoc.org.

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.

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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

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