

ACP

AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

PENNSLVANIA CHAPTER

PENNSYLVANIA COLLEGE OF INTERNAL MEDICINE

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UPDATE FROM PCIM

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Editor's Note: This mailing is a periodic communication with the members of PCIM. Your comments and suggestions are welcome and should be sent to pcim.hq@verizon.net.

Southeast Region Hosts Successful Regional Meeting

Dr. Paul Epstein, Governor for the Southeastern Region, hosted PCIM's first 2003 regional meeting. The evening was devoted to advocacy and economical issues facing the internist. Physicians were treated to four outstanding speakers, starting with **Senator Connie Williams**. She spoke candidly of her expectations for Harrisburg for this year. **Stephen Foreman**, economist for the Pennsylvania Medical Society, offered an eye-opening slide show of the disappointing reimbursement trends facing internists in southeastern Pennsylvania.

Dr. Marc Rabinowitz, an internist practicing primary care medicine in northeast Philly and also a Regional Director of the PAPA, the Politically Active Physicians Association, discussed methods he uses daily to make patients aware of the crisis facing physicians. He also shared some of the positive responses he received.

In the clean-up position, **Bob Doherty**, ACP's Sr. VP for Government Affairs and Public Policy, gave the group a complete wrap-up of the national legislative picture, including a special focus on recent ACP successes.

The topics addressed included state and national tort reform, local reimbursement trends, and the Medicare payment structure and proposed modifications. The two-hour weeknight meeting provided the attendees with the realities, economic and political, facing physicians. *(Continued on Page 3)*

**Save the dates - Oct.
24-26, 2003**

This year, don't you think it's time to join your colleagues at the PCIM 2003 Annual Meeting at the Hilton Hotel in Harrisburg, PA? It promises value.

Guaranteed Take Home Value for PCPs

- ▶ *Coding for Optimal Reimbursement*
- ▶ *Common Dermatology Diagnoses*
- ▶ *Shoulder and Knee – Common Orthopedics Diagnoses, When to Get Consults*
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- ▶ *Audience Response Participation System*
- ▶ *Receptions, Luncheon, and Awards*

Money-back guarantee if you are unable to make positive coding changes in your office in 30 days!

New Council Members Installed

At the March 2, 2003 Council Meeting, President Ralph Schmeltz welcomed seven new Council members:

J. Wolfe Blotzer, MD, York
Douglas Clough, MD, FACP, Pittsburgh
Charles Cutler, MD, FACP, Norristown
Peter Decker, MD, FACP, Wilkes-Barre
Diane Dietzen, MD, FACP, Abington
David George, MD, FACP, Reading
Cory Krueger, MD, Lansdale

President's Letter

Ralph Schmeltz Governor, Western Region

Medicine has been on the front page more than ever before. This time it is not for the advances in science, the unique operation, the state of the art technology or the new breakthrough drug, but about the travails of the house of medicine. We have always had the respect of our patients and the community as a whole but even that is being called into question. The billboards and TV ads promote the malpractice attorney as the guardian of patient safety; the regulators decry the absence of physician accountability, the breakdowns in the system are published nationwide. We hear of the ongoing crisis in medical liability insurance arena where there are only two companies writing insurance in Pennsylvania and then only in a limited fashion. Pittsburgh and Philadelphia rank in the lowest quartile in physician reimbursement among the 25 largest metropolitan service areas in the country. Not only are physicians in high-risk specialties leaving the state but also the greater crisis is the inability of all of us to recruit physicians in any specialty to come to Pennsylvania. The word on the street particularly among young physicians is "stay away from Pennsylvania".

The issues have caused many of us to reexamine our need to act. While patient need continues foremost in our minds, we recognize that unless we assure that the reimbursement and liability systems are made functional and realistic, there will be few physicians available to care for them. The laws and regulations that govern medicine on a state and national level affect patient outcomes every bit as much as the treatments and medicines we prescribe. Our frustrations with the inability of the system to make the necessary reforms have led some to take the extreme step of withholding services. While ACP nationally speaks against such stoppages in its ethics manual, this is a decision that each of us must make based on our own practice situation.

We **must**, however, overcome our traditional reluctance to enter the political and legislative arena and forcefully place our issues on the societal agenda. The PCIM has its own lobbyists in Harrisburg to speak for you and the ACP-ASIM has its Washington office to promote the message nationally. Neither of these is effective, however, without support from the grassroots... **THAT MEANS YOU!**

How can you become involved? It's not all that difficult.

- Check our state website at <http://www.acponline.org>
- Find out who your state representative and senator are.
- Find out who your congressman (or woman) is.
- Get their email and fax numbers. (Traditional mail is slow and given the current situation, delivery is delayed.) Tell them your story. What you feel. How it is affecting your patients and your practice.
- Contact the PCIM executive director at pcim.hq@verizon.net if you need talking points or data to support your position.
- Join our Health and Public Policy or Medical Services Committees to help formulate our policies. Each meets monthly via conference call.

**IF YOU DON'T DO IT, WHO WILL?
IF NOT NOW, WHEN?**

Ralph

Regional Meeting Highlights, continued...

Each speaker noted that although there is no shortage of challenges, change is possible. **Senator Williams** encouraged physicians to voice to their concerns, but try to speak with one united voice if they want changes made. She concluded by reminding the group to be prepared to negotiate.

Reimbursements Trends Facing IMs

Dr. Steve Foreman presented slides which shed a critical light on market and demographic trends affecting the practice of medicine in Pennsylvania. He illustrated the growth in \$1M medical liability settlements; the delayed premium impact for new "claims made" insurance policies; and most telling, the aging of Pennsylvania physicians. Pennsylvania is neither attracting nor retaining physicians under 35 years of age, and currently ranks 41st nationally. Although Pennsylvania has 30 medical residency programs, young physicians depart the state after training.

Explaining the Facts of Life to Patients

Dr. Marc Rabinowitz, a general internist in a seven person group, told the audience how he and his partners speak to their patients honestly and openly about the physician exodus and its causes. Their waiting rooms and exam rooms are filled with current information about the situation. Patients are encouraged to write letters to their legislators. Enterprising patients have collected signatures for both national and local petitions. Many of his patients understand the dual challenges physicians face with weak reimbursements and skyrocketing insurance premiums. He shared three goals PAPA and other medical organizations support: declaration of a state of emergency, a \$250k cap on non-economic damages, and the elimination of the Mcare Fund. He concluded that only a public outcry will bring the needed focus and changes to fix the problems.

What's Happening in Washington

Bob Doherty offered a wealth of data, including the downward trend of physicians entering internal medicine; the decline in most reimbursements; the growth in administrative costs to see and bill patients or their carriers; the growth in non-productive, time wasting activities required by many carriers; the departure of physicians who will see Medicare and Medicaid patients; the impact of increases among the

uninsured, particularly among the middle class; and the disastrous impact of fewer insurance companies writing medical liability coverage both nationally and in Pennsylvania. He concluded by telling the group that health insurance is now unaffordable to many workers. A crisis now faces the Bush administration.

After the presentations, the speakers responded to 40 minutes of questions. Moderator **John Nikoloff**, PCIM's advisor for government activities, noted the questions and comments reflected the anxieties of physicians devoted to their patients. Many are frustrated with the current economic situation. He thanked the meeting organizers for providing a needed forum for this timely and helpful discussion of the issues facing internists in Pennsylvania.

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HERBERT S. WAXMAN VOLUNTARY FACULTY TEACHING AWARD

PCIM was saddened to learn of the recent death of Herbert Waxman, MD, FACP, Senior Vice President for Medical Knowledge and Education for the ACP-ASIM. Earlier in his career he served as chairman of the Department of Medicine at Albert Einstein Medical Center in Philadelphia.

Dr. Waxman was president of the Association of Program Directors in Internal Medicine and chairman of the Federated Council for Internal Medicine, both from 1993 to 1994. He was a member of the National Board of Medical Examiners and many other professional medical organizations, such as the American Society of Hematology and the Pennsylvania Society of Hematology/Oncology.

An active member of the Pennsylvania Society of Internal Medicine and the American College of Physicians for many years, Dr. Waxman worked to create the Pennsylvania Coalition of Internal Medicine (PSIM, ACP, APDIM, and APM) that resulted in their successful merger in Pennsylvania.

In his honor, The Pennsylvania College of Internal Medicine announces **The Herbert S. Waxman Voluntary Faculty Teaching Award**. This award recognizes an effective and committed internist who distinguishes himself or herself as a member of the voluntary faculty at a teaching hospital or medical

school in Pennsylvania. Nominations must be forwarded to the PCIM office by May 23, 2003, and should include the nominee's name, contact information and a brief explanation why this individual should be recognized.

To be eligible for the award, nominees must meet the following criteria:

1. Be a board-certified internal medicine physician;
2. Be active in teaching as a voluntary faculty member for 5 consecutive years or for 8 of 10 years; and
3. Be nominated by an internal medicine department chairman or residency program director at the institution where he or she teaches, or by a medical student clerkship director at such an institution.

Submissions and requests for additional information should be sent to the PCIM state office.

Laureate and Pressman Award Nominees Sought

The Laureate Award honors those Fellows or Masters of the College who have demonstrated an abiding commitment to excellence in medical care, education, or research, and in service to their community, their Chapter, and the ACP-ASIM.

Nominees should be Fellows or Masters of long-standing, with acknowledged excellence and peer approval in the field of internal medicine. In addition, the awardees should have served with distinction.

The Pressman Award for Distinguished Service to Internal Medicine is given annually PCIM to that Pennsylvania internist who best demonstrates commitment to his patients and his community as a practicing physician, as a leader within organized medicine, and for extraordinary dedication to the specialty of internal medicine.

The Pressman Award is named for Robert S. Pressman, MD, FACP, of Philadelphia, who served as president of the PSIM, president of the Philadelphia County Medical Society and a trustee of the American Society of Internal Medicine. He was president of the American College of Physicians of Philadelphia, and chairman of the Board of the Pennsylvania Medical Society.

Dr. Pressman set a standard for all physicians by serving his patients and his profession with the greatest distinction. Dr. Pressman received the American Society of Internal Medicine's top honor, the

Distinguished Internist of the Year Award in 1983. The Laureate and Pressman Awards are presented at the PCIM Annual Meeting. Nominees for either award may be submitted by any member of the Chapter. The nomination must document the attributes and accomplishments of the nominee.

New Governors Announced

John Fitzgibbons, MD, FACP

Elected Governor for Eastern Region

Dr. John Fitzgibbons is a (AOA) graduate of State University of New York, Upstate Medical Center. Further training includes: two years in internal medicine on the V and VI Public Health Services at the Boston City Hospital, two years as a research associate in the Department of Epidemiology of the Mayo Clinic, two years of medicine training at the University of California at San Francisco, and a Clinical and Research Fellowship in Nephrology at Tufts New England Medical Center.

Dr. Fitzgibbons currently is chair of the Department of Medicine at Lehigh Valley Hospital in Allentown, and serves as associate program director of the Internal Medicine Residency Program. He is a professor of medicine at Penn State University School of Medicine and the associate chair of the Department of Medicine at the University.

He also serves as chair of the Public Policy Committee for the Association of Program Directors in Internal Medicine, and is president-elect of that organization.

Herb Diamond, MD, FACP

Governor-Elect -Western Region

Dr. Herbert Diamond received his medical degree from the S.U.N.Y. Downstate. He completed his residency in internal medicine at Kings County Hospital, and was a Fellow in Arthritis at S.U.N.Y. Downstate. He is currently chairman of the Department of Medicine, Western Pennsylvania Hospital, Pittsburgh. He is also professor of medicine at Temple University School of Medicine.

His past ACP appointments include: president, Queens Chapter, New York State; chairman, PCIM Research Committee; chair, PCIM Finance Committee; PCIM treasurer; and he received the 1999 Laureate Award. Dr. Diamond has also been active in the Association of

Program Directors in Internal Medicine, where he has been a council member, chairman of the International Medical Graduate Subcommittee and president, Pennsylvania-Delaware Interest Group.

Dr. Diamond's areas of professional interest and expertise are internal medicine education, rheumatology, quality improvement in health care, and medical ethics.

CAPITAL UPDATE by John Nikoloff

Governor Rendell proposed a lean, mean state budget on March 4, but never expected the reception the budget received. Saying, "I hate this budget," he proposed major cuts across the board as a first step to release his overall plans for programs in two successive addresses to the General Assembly.

House and Senate Republican leadership immediately said they would pass the budget with minor changes, much to the surprise of many observers, and putting the Democrats on the defensive, opposing their own governor's budget. At the same time, the tactical move by the GOP put the governor in a position to possibly veto his own request in order to maintain leverage. The budget provides no tax increases, but makes major cuts in state spending across the board, including the elimination of 1,500 current vacancies, and a salary freeze for all collective bargaining units working with the state.

The budget would also make cuts in a broad range of health care initiatives, including behavioral health (\$48 million), patient services under Medicaid (\$35 million), medical education, disproportionate share payments, and health services development totaling about \$150 million.

Among the cuts: 5% across the board cuts for medical education at Penn State, Pitt, Temple and Drexel, 10% cuts in medical education at Philadelphia Health and Education Corporation and Thomas Jefferson, and a 23% cut for the Philadelphia College of Osteopathy.

On March 25, Governor Rendell introduced a second budget that calls for increased state revenues. His education program and property tax reduction were front and center, along with economic development initiatives. To fund these programs and reductions, Rendell proposed a series of revenue "enhancements,"

including an increase in the personal income tax from 2.8% to 3.75%, closing of various corporate tax "loopholes," increased taxes on beer, a \$50 fee tacked onto speeding tickets and a \$500 fee on DUI arrests, and revenues from slot machines at race tracks.

No health care initiatives were included in his plan for Pennsylvania proposals, but various interest groups are already pushing for increases in funding for various health care programs at the state level.

MED MAL UPDATE

PCIM continues to work with the Governor's Office and the General Assembly in Harrisburg to seek a solution to the med mal crisis. Governor Rendell embraced a series of short term steps in late December, and a long range report from his task force is expected in a few weeks. Word from the task force is that there will be no concrete recommendations.

State House Republicans have called on the governor to declare a state of emergency and are seeking a special session of the legislature to address med mal. The House GOP has put forth a series of proposals to deal with the medical malpractice crisis. Meanwhile Senate leadership has repeatedly said they would prefer to see the net effect of legislation and court rules which were changed in the past year. A majority of the House of Representatives appears ready to pass legislation for a Constitutional Amendment to cap non-economic damages, but support in the Senate is considerably weaker.

PCIM's legislative activities have focused on the broad range issues, and more specifically, on preventing "solutions" for high risk specialties by creating additional burdens for internists and primary care physicians.

PCIM Council discussed the many proposals on med mal reform at its quarterly meeting March 3, including possible work slowdowns or "stoppages" to demonstrate the plight of physicians. After much discussion, the Council did not take an organizational position on whether members should actively engage in any form of work stoppage. Council felt these decisions should be left to the conscience of each individual member physician.

The Council did support the suggestion that members help educate their patients to the critical need of access to quality primary health care that could be jeopardized without additional government action to reform the tort system.

Council also supported an “**emergency declaration**” that would allow a faster constitutional vote on caps here in Pennsylvania.

Among the proposed solutions supported by Governor Rendell, and the PCIM positions:

1. MCare premium. Governor Rendell has called for elimination of the 2003 MCare premium for high-risk specialties and for a 50 % reduction in the 2003 MCare premium for all other Pennsylvania physicians. The estimated cost of this proposal - less than \$220 million – would be covered by a one-time emergency assessment on surpluses held by all companies writing health insurance in Pennsylvania, including all four Blue Cross plans. In late February, the governor again renewed his pledge to secure this funding source. **PCIM supports this legislation and opposes legislation that offers forgiveness only to high-risk specialties.**

2. Trauma Centers. Legislation has been introduced to subsidize trauma centers throughout the state, compensating them for the higher costs of trauma care (including medical malpractice), and preventing their closure as has occurred at Abington Hospital in the Philadelphia suburbs and at Community Medical Center in Scranton. The estimated \$18 to \$22 million cost will be borne in the first instance by the state's general fund, although the state will seek federal reimbursement for all or part of these costs. **PCIM supports this legislation.**

3. Certificate of Merit. Governor Rendell called for adoption of a rule of civil procedure requiring the inclusion of a certificate of merit by an independent physician with every medical malpractice suit in Pennsylvania. Tort reform experts predict, based on the experience in other states, that this type of procedural rule could cut the number of medical malpractice claims by more than 25%. PCIM supported this concept, and it has become part of the Court’s rules.

4. Reimbursement Rates. Governor Rendell has called on insurance carriers (in the commercial sector and other Blue Cross plans) to increase reimbursement rates for physicians. He also promised to work with Congress to roll back cuts in Medicare and Medicaid.

MED MAL PENDING LEGISLATION

HR 39 calls for the PA Congressional Delegation to support the President's call for legal reform. **PCIM SUPPORTS**

HB 3 (Flick): This would propose a constitutional amendment that would remove the language which currently blocks legislation on caps. **PCIM SUPPORTS**