



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | Doctors for Adults

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PENNSYLVANIA CHAPTER

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

Annual Meeting Addresses Tough Issues and Practical Topics

Pennsylvania internists and residents enjoyed a variety of topics and events at the Annual Meeting held in Harrisburg October 24-26. Many thanks to Program Chair Noel Ballentine, MD of Penn State College of Medicine, Hershey Medical Center.

The Program Committee provided an interactive learning experience for this year's participants. Strategy Solutions, Inc. of Erie, PA, provided each audience member with a keypad to respond to speakers' questions. Armed with almost instant feedback, speakers could correct misunderstandings or congratulate our fast learners and continue the presentation.

A session on Mastering the Art of Coding offered participants solutions to common coding pitfalls. Attendees agreed they received immediate "take home value," and would make profitable changes when back in the office. Other highlights included Rediscovering Insulin for the Treatment of Diabetes, Dermatology for the Primary Care Physician, Office Diagnosis of Common Knee and Shoulder Orthopaedic Problems, and Nontraditional Cardiac Risk Factors.

Participants also benefited from stimulating presentations on the medical, legal and ethical aspects of advanced pain management, and medical futility.

**A CAPITAL VIEW -
GRASS ROOTS EFFORTS PAY OFF
MCARE ABATEMENT PASSES**

The promise of Mcare fund abatements was finally answered on December 23 when Governor Rendell signed HB 44 into law. The abatements will be funded by 25 cents per pack in new taxes on cigarette sales.

By now, you should be well aware of this short term relief package, which came after months of intense grass roots pressure and lobbying. PCIM was deeply involved in the politics of this effort, both in the Capitol and via its members' letters, emails and phone calls.

As a result of the legislation, most internists will receive a 50% abatement on Mcare payments. Rural internists who serve as OB/Gyns will receive a 100% abatement. While PCIM sought 100% abatement for all physicians, the funding problem made this a political impossibility. However, we were successful in blocking any means testing or requirements that you must accept Medicare and Medicaid patients to qualify.

The bill allows physicians who already paid the 2003 surcharge that was due December 31, 2003 to receive a refund. The key to these abatements, however, is that you must sign an agreement to remain in practice in the Commonwealth for a full calendar year. If you have a renewal date of January 1, 2004, you must remain in practice in PA through 2004 to receive the abatement. If your renewal date is May 1, 2004, you must agree to remain in practice from May 2004 through April 2005. Mcare will have an on-line application form for qualifying for the abatements by January 2, 2004. The request for abatement must be submitted using this electronic form no later than February 15. (More inside)

A CAPITAL VIEW - *continued*

The legislative lobbying and your efforts did pay off in forestalling “solutions” that could have been disastrous for internists. We were successful in beating back a third attempt to collapse the JUA rating system, which would have produced even more cost-shifting onto the backs of internists. Dr. Ralph Schmeltz, the PCIM President, was at the hearing to testify on behalf of PCIM members as part of a primary care coalition. This alliance of primary care physicians has been very successful this year in making your voices heard - and when combined, the PCIM, PA Academy of Family Physicians and the PA Chapter of the American Academy of Pediatrics boast a combined membership of 13,000 physicians.

CAPS VOTE COMING IN THE SENATE?

In the end, we were also successful in getting a promise from the Senate leadership to schedule a public hearing and a committee meeting in early 2004 to get a vote on a bill that will permit a Constitutional amendment for caps for non-economic damages. It’s likely that the Senate will include an exception for catastrophic cases, which will force another vote on caps in the House of Representatives. The House passed HB 1326 in June after a major grass roots and lobbying effort, but the Senate has not yet taken up this legislation. Even if passed in 2004, the House and Senate will have to again pass the same resolution in 2005 and voters would have to pass a statewide referendum before caps legislation could be passed into law.

OTHER MED-MAL ISSUES UNRESOLVED

Beyond the continuing possibility of a rate collapsing scheme, other potential legislative solutions that are still on the table include a reduction in the amount of mandated professional liability coverage to \$500,000 and experience rating for premiums. We have also been assured that the Supreme Court will consider establishing a sliding scale for contingency fees for attorneys. But the Court may also rule that the Fair Share Act, which eliminates joint and several liability in many cases, is unconstitutional due to the process by which it was passed, not due to the provisions themselves. And if so, that legislation will again have to pass the House and Senate. Internists need to keep up the pressure on their own Senators, House members and legislative leadership to underscore the need for these actions by the General Assembly.

TIME TO SAY THANK YOU, AND MORE

Beyond the immediate situation with the need for tort reform, physicians are in a continuing series of legislative and regulatory battles with trial lawyers, insurance companies, other health care providers, and sometimes the government. Your involvement can help PCIM address these issues and problems as they arise. As a result, it is critically important that each of you re-contact the legislators you have been emailing, faxing and calling to say THANK YOU for passing the abatement program. This is an opportunity to re-emphasize that their action does help in the short term, but that without real action to address the long term problems, the med-mal crisis will worsen for ALL physicians, not just the high risk specialties. As more doctors leave the state and young doctors refuse to practice here, this crisis threatens access to quality care for all Pennsylvanians. The easiest way to be heard is to get on the web, and use PCIM's Voter Voice software and website, where we already have a draft thank you note posted. Last year PCIM members sent 4,300 emails to state and national legislators, Governor Rendell and President Bush. Way to go!!!

It’s been an incredibly frustrating, but largely successful year for PCIM on the hill. Next year promises to be no different. Your grass roots involvement can be a key to successes in the future. Keep up the pressure, now, and establish your relationships with elected officials so that they listen when those other issues arise.

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ASSOCIATES’ ABSTRACTS PROGRAM

PCIM received 115 entries in this year’s Residents’ Abstracts Competition, chaired by **Stasia Miaskiewicz, MD**, and **Geetika Sood, MD**. Of these, 73 were selected for presentation as posters to be judged at the Annual Meeting. Twelve winners were selected: from Albert Einstein Medical Center: **Kathryn Chan, MD**; **Kamran Darabi, MD**; **Richard Sacks, MD**; and **Jacobo Vazquez, MD**; from University of Pittsburgh Medical Center, McKeesport: **Shahid Babar, MD**, and **Anwaar Randhawa, MD**; from Easton Hospital: **Shantan Reddy, MD**, and **Saima Shafi, MD**; from Geisinger Medical Center, **Shanmugam Santhi, MD**; from York Hospital: **Vijaya Tummala, MD**; from Reading Hospital: **Mandeep Dhawan, MD**; and from Abington Memorial Hospital: **Yasser Moussa Aleech, MD**.

GOVERNOR'S LETTER

We have been through a difficult few months. The issues surrounding Professional Liability Insurance Reform, the abatement for the Mcare fund and the proposed reduction in Medicare reimbursement have mobilized physicians in an unprecedented way. While most of the publicity has gone to the high-risk specialties, we too have been significantly affected. I am hearing more and more of internists who can no longer afford the increases in insurance premiums, who are limiting their practices and who are unable to recruit associates because they are unable to offer them a competitive reimbursement package. We have been active on your behalf, monitoring the legislative machinations and working with our sister organizations to assure that our voice is heard. (Go to our website at www.acponline.org/chapters/pa to see testimony we have provided and for additional background material.) Among our successes is the reversal of the Medicare fee reduction into a 1.5% increase, achieving a 50% abatement of the Mcare fund surcharge and preventing the effort to collapse the professional liability insurance rate categories that had the potential of further raising our premiums. **REMEMBER YOU MUST APPLY FOR THE MCARE FUND REBATE BY FEBRUARY 15, 2004. IT IS NOT AUTOMATIC.** Feel free to contact John Derrickson at our state office if you have any questions.

We recognize that the reduction of the Mcare surcharge is only a band-aid and begs the larger issues in Professional Liability Insurance Reform. The ultimate answers lie in limitations on non-economic damages and perhaps limitations on legal fees in addition to the reforms already enacted. We are still actively lobbying for passage of legislation that will allow the statewide referendum and amendment to Pennsylvania's constitution necessary to allow this to occur.

We have established excellent working relationships with our sister societies. The recent reorganization of the Pennsylvania Medical Society Board of Trustees provides a designated seat for Internal Medicine as well as seats representing medical subspecialties. Monthly conference calls with the leadership of Pennsylvania's family practitioners and pediatricians has resulted in a potent alliance representing some 13,000 physicians in the state which has spoken with one voice on appropriate issues. Together we have entered into discussions with the Department of Welfare, looking at ways to improve reimbursements for the Medicaid population.

Working with the Pittsburgh Regional Healthcare Initiative, we have taken the lead in developing a local outpatient patient safety program. Three members of our Western Pennsylvania Chapter will receive training in seven outpatient based patient safety areas and will be available to meet with your practice or hospital staff to alert you to ways to reduce the risk of inadvertent errors in your day-to-day operations. We may be able to provide CME credit for these interactions. Let us know if you and/or your colleagues are interested in participating.

We need your input in all of these areas if we are to effectively represent you. Become a Key Contact for your legislator! We will show you how and provide you with appropriate materiel. All we need is your willingness to make a few phone calls, write an occasional letter, and perhaps meet with your legislator or his health care aide.

Ralph Schmeltz, MD
Governor, Western Pennsylvania

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DID YOU KNOW:

Three of the abstracts submitted to the Annual Meeting competition were selected for oral presentation to the Annual Meeting general session.

- **Laveena Chhatwani, MD**, from St Luke's Hospital, presented "Myocardial Ischemia Secondary to Anomalous Coronary Circulation."

- **Ali Yazdanyar, DO**, from Reading Hospital, presented "Increased Case-Fatality of Strokes in Patients with Rheumatoid Arthritis."

- **Debra Zimmerman, DO**, also from Reading Hospital, presented "Antibiotic Resistance of Group B Streptococcus and Intrapartum Management." Much hard work led to stimulating presentations.

Congratulations to all Residents!

Welcome to Our New Council Members

PCIM is pleased to announce the new Council Members: **Benjamin Lloyd, MD**, Reading Hospital; **Kofi Clarke, MD**, Western PA Hospital; **George Gleeson, MD**, University of Pittsburgh Medical Center; **Louis Leff, MD**, University of Pittsburgh Medical Center; **Anthony Maniglia, MD**, Altoona Hospital.

Medical Jeopardy Tournament

The team from Geisinger Medical Center in Danville won this year's Medical Jeopardy Tournament, one of the most popular events at the PCIM Annual Meeting. Congratulations to team members **Chandra Pemmasani, MBBS**, **Sanjay Sarin, MD**, and **Hamid Mukhtar, MBBS**. The Geisinger team will go on to compete in the nationals at the ACP 2004 Annual Session in New Orleans.

If you are not receiving important news and announcements from PCIM by email, perhaps we do not have your current email address. Please send it to the state office: pcim.hq@verizon.net. Thanks!

PCIM Award Recipients

This year's Annual Meeting concluded with the presentation of eight awards. Laureate Awards were presented to **Jack Ende, MD**, University of Pennsylvania-Presbyterian Medical Center; **Daniel B. Kimball, Jr., MD**, Reading Hospital and Medical Center; **Barbara E. Barnes, MD**, University of Pittsburgh Health Systems; and **Louis E. Leff, MD**, University of Pittsburgh Medical Center. Clinical Practice Awards were presented to **Bennett Lorber, MD**, Temple University School of Medicine; and **William L. Bressler, MD**, JC Blair Memorial Hospital, Huntingdon; The Pressman Award was presented to **Ralph Schmeltz, MD**, University of Pittsburgh Medical Center. The first Herbert S. Waxman Voluntary Faculty Teaching Award was presented to **Wilbur W. Oaks, MD**, of Hahnemann Medical College, Philadelphia.

The Waxman Award was established in memory of **Herbert S. Waxman, MD**, who served as Senior Vice President for Medical Knowledge and Education for the American College of Physicians-American Society of Internal Medicine. He was actively involved with the Pennsylvania Society of Internal Medicine and the ACP for many years.