

the Stethoscope

Quarterly Newsletter of the Erie County Medical Society • September 2019 Issue



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A Message From Your President-Elect

The Times They are a Changin' —Bob Dylan, 1963

by Jeffrey McGovern, MD, FCCP, FAASM

The times are indeed changing for the physicians practicing in the US. In the last essay, I detailed the recommendations for coding the new and established patient proposed by AMA/RVS Update Committee (RUC) and confirmed by the CPT Panel. Last June, Centers for Medicare and Medicaid Services (CMS) proposed to collapse payments for office visits, making a two-tiered structure for new and established payments. This radical proposal led the RUC to form a special committee which included the input of over 170 national medical specialty societies. This led to a unique proposal in April 2019 for a new structure which generally increased wRVU's for most levels of office visit, reflecting the very real and ever-present burden of electronic health records (HER). Recently, CMS told the AMA House of Delegates that the June proposal was never intended to be the end of the discussion, but a sincere commitment to reducing burdens for physicians.



On July 29, CMS proposed updates of payment policies, payment rates and quality provisions for services furnished under the Medicare Physician Fee Schedule (PFS) on or after January 1, 2020.

The details of the CMS proposals are as follows (CMS.gov):

- 1.) The proposed CY 2020 PFS conversion factor is \$36.09, a slight increase above the CY 2019 PFS factor of \$36.04. This reflects the budget neutrality adjustment to account for changes in wRVU in the new proposal.
- 2.) New "G" codes added to the list of telehealth service for bundled episode of care for treatment of opioid abuse disorders.
- 3.) The CPT coding changes retain 5 levels of coding for established office patients and reduces the number of levels to 4 for new office patients. The CPT changes also revise coding based on time (actual day of service) and medical decision making. This change requires the performance of a history and physical only as medically appropriate.
- 4.) CMS proposes consolidating the Medicare-specific add-on for primary

Continued on page 2

The Times They are a Changin'

Continued from page 1

care and nonprocedural specialty care into a single code describing the work associated with visits that are part of ongoing, comprehensive care, or a patient's single, serious, or complex chronic medical condition.

- 5.) CMS did not accept AMA RUC-recommended changes to global surgery codes.
- 6.) CMS proposes modifying regulation on physician supervision of PA's to give PA's more flexibility to practice more broadly in the current health system in accordance with state law and state scope of practice.
- 7.) CMS proposes broad modifications to the documentation policy so that physicians, clinical nurse specialist, CRNP's and PA's could verify and review (sign and date) rather than redocumenting notes made in the medical record by other physicians, residents, nurses, students or other members of the medical team.
- 8.) CMS proposes to increase payment for Transitional Care Management (TCM) provided to beneficiaries after discharge from an inpatient or certain outpatient stays.
- 9.) CMS proposes a set of Medicare-developed HCPCS "G" codes for certain Chronic Care Management services. They also proposed replacing a number of the critical care codes to allow incremental billing to reflect additional time and resources.
- 10.) CMS is seeking comment on aligning the Medicare Shared Savings Program with the Merit-based Incentive Payment System (MIPS).

There are other proposals which are imbedded in the tome of over 1500 pages. The Pennsylvania Medical Society (PAMED), AMA and multiple other societies are combing through the pages. Admittedly, the societies are identifying proposals more germane to their own constituents.

There are some interesting comments at first blush which warrant mention. By proposing to adopt the RUC work recommendations for office visit codes, the work value increase represents \$3 billion in redistributed spending, resulting in a 3% reduction in the conversion factor. By proposing to adopt the RUC physician time recommendations, these changes lead to an additional \$2 billion in redistributed spending, resulting in an additional 2% across-the-board reduction. As it did last year, CMS would implement an add-on payment which would redistribute an additional \$2 billion, resulting in a 2% reduction to the Medicare conversion factor. Finally, despite participation in the RUC survey, CMS proposes not to apply the office visit increases to the global surgery packages.

Additional comments from specific societies and other constituents will soon fill our email portals. It is otherwise at this time rash to make any other comments or recommendations. I would encourage the members of the Erie County Medical Society to place close attention to the comments of the CMS (CMS.gov) in response to a plethora of complaints and criticisms from the body of providers and their representatives. It is safe to say that our practice pattern will indeed change should these proposals carry the day. The structure of the EHR may indeed change as well in response to these proposals. That in itself is a reason to follow closely and express your opinion in the remaining 4 months of CY 2019. At the end of the day we still remain the lifeline to our patients and their families. That essential feature of our daily practice, thank goodness, will never change.



3 Erie Physician Wins Statewide “Everyday Hero” Award



Paul Malaspina, MD, a general and trauma surgeon with UPMC Hamot in Erie, Pa., has been named June’s Everyday Hero by the Pennsylvania Medical Society (PAMED).

PAMED’s Everyday Hero Award is designed to showcase talented

physicians who probably don’t view themselves as heroes, but to patients and colleagues they are. The award is a monthly member honor.

Dr. Malaspina’s dedication to helping others started early in his career when he worked as an emergency medical technician (EMT). It continues to this day in his role as a physician and outspoken advocate for the “Stop the Bleed” initiative to educate the public on bleeding control techniques.

Dr. Malaspina didn’t go to medical school until age 35. At that point, he already gained experience in emergency and trauma care through several career roles – first as an EMT, then a paramedic, and finally as a surgical physician assistant.

Once he made the choice to attend medical school, he says, becoming a trauma surgeon was a natural progression for him.

Dr. Malaspina graduated from Temple University School of Medicine in Philadelphia and came to Erie 20 years ago to work for Hamot Medical Center, now UPMC Hamot. He and his wife Debbie have been married for 35 years and have two children, Ryan and Angela.

Dr. Malaspina gives back to his community by offering education on Stop the Bleed, a program which teaches bleeding control techniques proven to save lives during emergencies.

He first became involved with Stop the Bleed when he served as governor of the American College of Surgeons (ACS). Surgeons and caregivers involved in the Sandy Hook school shooting created the concept, which was then further developed by ACS in conjunction with partners like the White House and the U.S. Department of Defense.

“Dr. Malaspina is dedicated to the safety of our community and will go above and beyond the call of duty to help all patients,” said colleague Timothy Pelkowski, MD, who nominated Dr. Malaspina for the award. “Paul has focused on educating as many as possible on the ‘Stop the Bleed’ campaign in our area.”

Dr. Malaspina is also a member of the Erie County Medical Society Board of Trustees.

Dr. Malaspina was presented the Everyday Hero Award during a brief ceremony at the UPMC Hamot on June 12.

Patients and medical colleagues can nominate PAMED member physicians for this award at www.pamedsoc.org/EverydayHero.com

About Pennsylvania Medical Society
The Pennsylvania Medical Society helps its 21,000 physician and medical student members return to the art of medicine through advocacy and education. To learn more, visit www.pamedsoc.org or follow us on Twitter at @PAMEDSociety.



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New

Gregory A. Andrews, MD
Robert Archbold
Patrick Michael Bowers, DO
Scott Matthew Dakan, DO
Beau Kalmes, DO
Ines Kananda, DO
Zachary Kwasnicka, DO
Daniel Lan, MD
Jennifer Elizabeth Leap, DO
Timothy Dennis McCall, DO

Yusaf Muhammad Hussain, DO
Jalla Tarak Mustafa, DO
Kevin Phi Nguyen
John Park, DO
Riaz Riza Rahman, MD
Parth Rajyaguru, MD
Juliann Tonks, DO
Amanda Victoria Wright, DO
Christina Yang, MD

Reinstated

Jeffrey A. Tseng

Upcoming Events

Annual Dinner and Business Meeting Thursday, November 21, 2019

Watch for details!

Join your fellow ECMS Members for our Annual Dinner and Business Meeting and for the Inauguration of Jeffrey McGovern, MD, FCCP, FAASM as ECMS President.



The banner features a central logo for the 10th Annual EHEALTH Expo. The word "EHEALTH" is in large, bold, grey letters, with "10th Annual" in a blue circle to the left and "Expo" in a large, blue, stylized font below it. To the right of the main text is the logo for the Erie County Medical Society, which includes a caduceus and the text "ERIE COUNTY MEDICAL SOCIETY" and "ESTABLISHED NOVEMBER 5, 1828". Below the main text, it says "FREE & OPEN TO THE PUBLIC" and "SATURDAY, OCTOBER 12, 2019". At the bottom, it lists the time "11:00 AM - 2:00 PM" and the location "MACY'S CONCOURSE • MILLCREEK MALL". The banner is decorated with four circular icons: a heart with a pulse line, a flask with red liquid, a syringe, and a red first aid kit with a white cross.

Sponsorship details can be found here: <http://www.cvent.com/d/ybqhx3>

September 16, 2019

With summer drawing to a close, lawmakers across the Commonwealth will soon be “back in the saddle” and ready to pick-up where they left off when they broke for their summer recess at the end of June. The fall legislative schedule is lighter than usual with only 24 session days scheduled for the House of Representatives and a few less in the State Senate. Despite the limited number of “legislative days,” the agenda is robust. Among the many issues that will be debated this fall, healthcare is sure to be front and center as proposals addressing CRNP independent practice, opioids, Medical Assisted Treatment (MAT) for opioid use disorder, prior authorization, and health insurance credentialing are all on the potential short list.

CRNPs continue to push legislators to grant them the same autonomous clinical authority as physicians. Senate Bill 25, having passed the Senate for the second straight session, currently awaits consideration by the House Professional Licensure Committee. House Bill 100, a companion bill to Senate Bill 25 is on the same docket. PAMED has, over the past several months, urged physicians to voice their concerns to lawmakers...especially those who sit on this key committee. While PAMED recognizes the valuable contributions CRNPs provide to health care teams, our policy remains firm—CRNPs are not equipped to practice without the benefit of a physician’s immediate availability through a collaborative agreement. CRNPs are aggressively lobbying legislators...physicians must do the same if we are to preserve a collaborative system that is the model in 28 other states across the country.

PAMED, along with a number of other stakeholders, including patient advocacy organizations, are seeking to reform the current prior authorization process. House Bill 1194, expected to be introduced in the coming weeks by Representative Steven Mentzer of Lancaster County, seeks to improve patient care and relieve physicians of the many frustrating hurdles that health insurers require physicians to navigate. As one could expect, health insurers are pushing back hard...even before the legislation is formally introduced. This issue has also attracted the interest of freshman State Senator Kristin Phillips-Hill of York County who recently announced her interest in introducing a similar bill in the Senate. It is quickly becoming clear to both lawmakers and patients that prior authorization needs reformed as more and more patients are facing denials for services recommended by their physician. Positive change will largely be driven by patient and physician engagement on this issue since overcoming the political influence of the state’s health insurance industry will be challenging.

Opioid awareness is ubiquitous throughout the physician community and remains a top priority in the legislature. First on the agenda this fall are two opioid bills that PAMED continues to focus on—Senate Bills 566 and 675. The first would take existing opioid prescribing guidelines developed by PAMED, in cooperation with the Department of Health, and codify them in regulations. While the intention of the legislation is to ensure that

physicians adhere to the guidelines, PAMED feels strongly that guidelines should not be mandated and must, by their very nature, be flexible given the uniqueness of each and every patient. In addition, treatment protocols change often and placing guidelines into the regulatory process would likely result in physicians being caught between new treatment protocols and outdated regulations - potentially denying patients the most up-to-date care.

The second bill, Senate Bill 675, seeks to restrict the use of medically assisted treatment (MAT) for patients suffering from opioid use disorder. Drugs like buprenorphine have been proven to be the most effective treatment for patients who suffer from addiction. Currently, the bill also requires patients to seek behavioral therapy to qualify for buprenorphine treatment. While it is considered best practices to receive counseling in addition to MAT, PAMED opposes the language mandating therapy. PAMED is part of a broad-based coalition, strongly oppose this legislation.

For several legislative sessions, PAMED has been seeking a legislative remedy that would speed up the health insurance credentialing process for physicians. PAMED is pleased that House Bill 53, legislation to address this issue, is beginning to get some traction in the General Assembly. Newly licensed physicians, or physicians moving into a different insurance market, often experience lengthy delays in getting credentialed by insurers. During that process these individuals are unable to treat patients often denying patients access to care. House Bill 533 seeks to limit the amount of time insurers can take to approve, or deny, credential applications to 45-days and standardizes the process by requiring the use of CAQH application forms. Several organizations, including the Hospital Association, have joined with PAMED to see this measure cross the finish line. There are several other important issues either pending before the state legislature or “waiting in the wings.” These include, but are by no means limited to, the following:

- Out of Network Billing—new legislative language seeking to address this issue is expected to be considered shortly after the legislature’s summer recess.
- PAMED is seeking to amend or repeal Act 112 that was approved last year. The Act requires physicians who interpret imaging studies that show a “significant abnormality” must notify patients that the studies have been read and that follow-up with the referring physician is recommended.
- PAMED is working with the Department of Health to clarify provisions found in Act 96 that would allow physicians to be exempt from the requirement to e-prescribe all controlled substances, Schedules II-V.

For more information about any of the bills mentioned above, please visit the Advocacy Section of PAMED’s web site at www.pamedsoc.org.



Members of the Erie County Medical Society, and their families, came together at the Sheraton Bayfront Erie on August 24th for the ECMS 2019 Social Event. ECMS President, Narendra Bhagwandien, MD, and other members of the ECMS board addressed the group as they mixed, mingled, and networked over snacks. After the social hour, the attendees headed out to spend the day on their own at Tall Ships Erie, a festival showcasing several tall ships, deck tours, day sails, live music and entertainment, children’s activities, a festival marketplace, food vendors, a beer garden and much more. Although the event is over, you can see more information on Tall Ships Erie at tallshipserie.org.

In past years, our members have come together for some great networking events at locations throughout Erie County including:

- **Voodoo Brewery**
- **Erie Seawolves Game**
- **Millcreek Brewery**
- **Brewerie at Union Station**

ECMS is always looking for ways to come together for social and networking opportunities, and to provide value to our members. If you have a suggestion for an event that your colleagues may be interested in attending, please send us an email at eriecms@pamedsoc.org.

ECMS board addressed the group as they mixed, mingled, and networked over snacks.

Were you unable to attend the ECMS social hour before TallShips Erie last month? Don't miss November's Annual Meeting, where we will be thanking Dr. Bhagwandien for his ECMS Presidency and welcoming Jeffrey McGovern, MD, FCCP, FAASM into the role. Registration will open soon, but save the date for the November 21st event!



Meet Your Team!



Rebecca Doctrow

ECMS is excited to announce that Rebecca Doctrow has been promoted to the role of Executive Director. Rebecca has spent the last 20 months as the Deputy Executive Director, assisting Susan Neville with special projects and communications, including producing The Stethoscope each quarter! She is looking forward to continuing to serve you in this new capacity and hopefully meeting many of you at the Annual Meeting and Dinner in November.



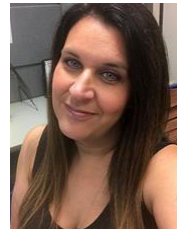
Brendan Leahy

In her place, we hired Brendan Leahy, to fill the role of Deputy Executive Director. He is excited to jump in and start working on ECMS member communications. He comes from a background in promotions for a local radio station and we hope his fresh ideas make the ECMS staff team even stronger than it was before.



Lauren Newmaster

Lauren Newmaster remains on the team as the Meeting Manager, continuing to plan your social events, Annual Meeting and Dinner, and Health Expo.



Cindy Warren

Cindy Warren, ECMS' Member Services Specialist, also remains on the team as your point of contact for membership needs.

To reach the team, email ericcms@pamedsoc.org or call 814-866-6820

Congratulations to our members who were included on PAMED's Top Physicians Under 40 for 2019!



Leah Campbell, DO, Erie

Dr. Campbell is a family physician with Millcreek Family Practice, part of Allegheny Health Network. She is becoming known in her community as an exemplary primary care doctor who places her patient's needs first. Colleagues view her as a role model and a thoughtful, compassionate physician.



Jay Deimel, MD, Erie

Dr. Deimel is an orthopedic surgeon with Allegheny Health Network's Saint Vincent Orthopaedic Institute. He serves as director of sports medicine at Saint Vincent Hospital. Dr. Deimel is also a clinical instructor in at Lake Erie College of Osteopathic Medicine's Orthopedic Surgery Residency Program, where is a role model to residents and fellows. He is seen by colleagues as a physician who places patients first.



Peter Din, DO, Erie

A resident with the Saint Vincent Family Practice Residency Program, Dr. Din has become a leader in his community during his short time in Erie. He has taken on leadership roles in his residency program and will begin serving as chief resident. Dr. Din is recognized by colleagues for his dedication to patient care.



Hitesh Gidwani, MD, Erie

Dr. Gidwani is a pulmonologist with Chest Diseases Hillside, part of Allegheny Health Network. He is involved with educating residents at Saint Vincent Hospital on the topic of ICU care, helping to ensure the next generation of physicians have the skills to care for critically ill patients. Dr. Gidwani makes himself available to medical staff and is always willing to offer his perspective as an intensivist.



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