York County Medical Society
PO Box 7346
York, PA 17404

THE YORK COUNTY MEDICAL SOCIETY

INVITES YOU TO MEET WITH

CONGRESSMAN SCOTT PERRY

WHEN: THURSDAY, OCTOBER 19, 2017

WHERE: ARTHUR J. GLATFELTER LECTURE HALL

MEDICAL EDUCATION PAVILION

YORK HOSPITAL, 1001 S. GEORGE ST., YORK, PA. 17403

TIME: 7:30 A.M. – 9:00 A.M.

CONTINENTAL BREAKFAST WILL BE SERVED BEGINNING AT 7:00 A.M.

TOPICS: NATIONAL HEALTH CARE & THE OPIOID CRISIS FACING OUR COUNTRY

QUESTION AND ANSWER PERIOD TO FOLLOW

PLEASE RSVP TO LIZ TORRES AT LizYCMS@comcast.net or via phone 717-843-6744 NO LATER THAN OCTOBER 13, 2017.

The Bulletin

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From the Presidents Desk

It is hard to believe that the summer has passed. The kids are back to school. Football season has kicked off, and we, as a county medical society, are well into a pivotal year of transition.

As many know, the long time executive director of our York County Medical Society, Rhonda Renninger, retired this past summer after many years of service. With that, we have welcomed Liz Torres as our next executive director, and we are working through our first budget cycle with a focus to balance our budget to ensure firm financial footing for the foreseeable future.

But these transitions of leadership and budgeting are only some of the transitions that our medical society is facing. In addition, your officers and board are working to re-engage and increase membership, improve our communications to members and the community, and become more engaged with improving the health of our community as a medical society.

As I said in my installation as President of the YCMS, I am aware that to achieve our goal of growing membership in the medical society, we need to show value in membership.

With that in mind, our advocacy efforts are front and center. We continue to fight to maintain physician-led, team-based care that emphasizes coordination over provider autonomy and opposing S.B. 25 (CRNP Independent Practice). In addition, we will continue to advocate for other pieces of legislation, such as H.B 125 (Insurer Credentialing for Physicians) and H.B. 1293 (Prior Authorization), that would help to streamline physician credentialing and improve transparency and reduce delays in the current prior authorization process, respectively.

You can learn more and help us to advocate for these important issues by joining us on the morning of November 13th as we welcome our state legislators to our state legislative forum to discuss these bills, and more. In addition, we will be welcoming Congressman Scott Perry on October 19th to discuss federal legislative matters.

We also hope to show value in membership by increasing the opportunities to learn, network and interact through education offerings, social events, and informal gatherings. We will soon be sharing sponsor-funded social hours that will offer a forum to interact with your colleagues in settings in the community. It is our hope that opportunities like these will help improve connections amongst members and welcome new physicians that come into the community. We also hope to increase opportunities for mentorship and professional development in the future…more to come.

Lastly, I am excited to announce that the York County Medical Society just signed on to participate in the South Central PA Opioid Awareness Coalition and is working with others to offer help for patients and families suffering with substance abuse disorders.

As you can tell, there is a lot going on. If you'd like to hear more about any of these initiatives or become involved in a committee or leadership position in the medical society, please reach out to me at ekochert@gmail.com. In the next newsletter, I'll provide updates on the county goals as well as news from the PAMED House of Delegates.

Happy fall!

Legislative Forum Sponsored by The York County Medical Society

Monday, September 19, 2017
7:30 to 9:00 AM
(Buffet Breakfast available at 7:15)

Location: Arthur J. Gladfelter Lecture Hall, Medical Education Pavilion
York Hospital, 1001 S. George St., York, PA 17403

All Physicians Invited to Attend!

Please RSVP by phone to Liz Torres at the York County Medical Society: 717-843-6744 or by email at LizYCMS@comcast.net. Your response will allow accurate counts for attendance and breakfast. Thank you.

Don't miss this opportunity to hear updates from Pennsylvania legislators on topics such as Senate Bill 655 (Opioid prescribing guidelines); House Bill 353 (Electronic prescription ordering to patient's pharmacy); House Bill 1293 (Prior Authorizations); HB 100 (Health Care Practitioner Credentialing Act) and hear updates on the Credentialing process.

QUESTION AND ANSWER PERIOD TO FOLLOW

Which Health Care Regulations Are on the Governor's Regulatory Agenda?

In the latest issue of the Pennsylvania Bulletin (Vol. 47, No. 33), Governor Wolf's office released its regulatory agenda for the second half of 2017. All agencies under the jurisdiction of the Governor are required semi-annually to publish an agenda of regulations under development or consideration.

A few of the items on the Governor's agenda, which are particularly relevant to Pennsylvania physicians, are discussed below.

Photo ID Badge Regulations (Department of Health): The Department of Health (DOH) is to promulgate regulations corresponding to the Health Care Facilities Act's requirement that persons working in health care facilities and physician practices to wear photo identification badges that contain information including the person's name, title, and name of the health care facility. These regulations are slated to be promulgated by November of this year.

Medical Marijuana Temporary Regulations (Department of Health): Additionally, DOH anticipates proposing additional temporary medical marijuana regulations for patients, caregivers, and academic clinical research centers periodically through the end of 2017.

Health Facilities and Hospitals/Long Term Care Facilities Updates (Department of Health): DOH also plans to update regulations regarding hospitals and long-term care facilities. These updates will reflect the recommendations of two Secretary of Health commissioned task forces to review regulations governing the aforementioned facilities. Updates to the health facilities and hospital regulations are scheduled for November 2017, updates to the long-term care facility regulations are slated for January 2018.

Compounding Practices Regulations (State Board of Pharmacy): The State Board of Pharmacy has published proposed regulations on pharmacy compounding. These regulations were available for public comment earlier this year. PAMED commented and sought clarification on these regulations on behalf of PAMED members. The Pharmacy Board is currently considering changes to the regulations in response to comments received. Revised regulations are expected by the end of 2017.

Prescribing Rules (State Board of Osteopathic Medicine): The State Board of Osteopathic Medicine plans to propose rules setting forth the minimum acceptable standards of practice that an osteopathic physician or physician assistant licensed by the Board must follow when prescribing, administering, or dispensing drugs.

A full listing of the Governor's regulatory agenda, including agency contacts, can be found here. Agency contacts can be contacted for more information regarding regulations and the procedure for submitting comments.

For a comprehensive list of regulatory items that PAMED is tracking, please visit PAMED's Regulatory Update. PAMED will continue to monitor the promulgation of new regulations, comment on proposed rules and regulations on behalf of PAMED members, and share updates with PAMED members.

The Practitioner Registry for Pa.'s Medical Marijuana Program: Here Are 5 Key Details

Pennsylvania's medical marijuana law mandates the creation of a practitioner registry for physicians who wish to participate in the Medical Marijuana Program and certify patients for medical marijuana eligibility. A practitioner registry is now available online for physicians to submit their names to be considered for the Program.
As a reminder, physician participation in the Medical Marijuana Program is voluntary.
Here are 5 quick details on the registry and what physicians need to do to qualify to issue certifications to patients to use medical marijuana:

1. Practitioner Registry—Physicians who wish to participate must apply via this online Practitioner Registry application. Although a physician will be required to provide details such as date of birth and email address when registering, only the physician's name, business address, and medical credentials will be made publicly available in the practitioner registry.

2. Training Requirements—To become recommending practitioners, physicians must complete a four-hour training course
approved by the Pennsylvania Department of Health (DOH). Physicians can submit their registry application first and then work to complete the training requirement.

3. Medical Marijuana Training Providers—DOH offers a list of educational providers it has approved to provide medical marijuana training here. Once a physician has completed an approved course, the Office of Medical Marijuana will receive notification of course completion directly from the training provider selected by the physician during their registration.

4. More on the Practitioner Registration Process—Once a physician has registered and completes the required four-hour training course, the Office of Medical Marijuana anticipates notifying the registered physician of their status within 5-10 days. The physician will be notified using the contact information provided by the physician via the registry, most likely via the email address supplied by the physician. Physician who need assistance with the registration process can contact the Medical Marijuana Program's Helpdesk at 888-733-5595

5. Practitioner Registry Data—The Office of Medical Marijuana has reported that over 100 physicians have registered within the first 10 days of the registry becoming available, and anticipates providing periodic updates as they become available.

Additional Resources
PAMED breaks down what physicians need to know about the Medical Marijuana Program, including temporary regulations for physicians and practitioners as well as detailed information about the medical marijuana law and its provisions.
Find out more at www.pamedsoc.org/medmarijuana.

Pa. Supreme Court Ruling Impacts How Physicians Obtain Informed Consent

By: The Pennsylvania Medical Society

In a June 20, 2017, decision regarding the Medical Care Availability and Reduction of Error (Mcare) Act's informed consent requirement, the Pennsylvania Supreme Court ruled that a physician may not delegate to others his or her obligation to provide sufficient information in order to obtain informed consent—the duty to obtain a patient's informed consent is a non-delegable duty owed by the physician conducting the surgery or treatment.

In Shinal v. Toms, a patient alleged that her surgeon failed to provide information required to obtain informed consent prior to the removal of a non-malignant brain tumor. The trial court provided instructions to the jury, permitting them to consider information provided by the surgeon's physican assistant as part of the informed consent process. The trial court subsequently found in favor of the surgeon.

The patient later appealed to the Superior Court, challenging the trial court's instruction. The Superior Court agreed with the trial court's instruction and held that information provided by a surgeon's qualified staff could be considered part of the informed consent process.

The Pennsylvania Medical Society (PAMED) – with support from the American Medical Association (AMA) – filed an amicus brief of the Superior Court's holding that information provided by a physician assistant or other qualified assistant can be used to obtain a patient's informed consent for surgery.

Following arguments before the Pennsylvania Supreme Court in November 2016, the Court issued its decision in the matter on June 20, 2017. The Pennsylvania Supreme Court reversed the Superior Court's order affirming the trial court's jury instruction.

The duty to obtain a patient's informed consent is a non-delegable duty, the Pennsylvania Supreme Court ruled, belonging solely to the physician conducting the surgery or treatment. The Court found no provisions in the Mcare Act allowing for information given by a physician's subordinates to satisfy the physician's burden to obtain informed consent.

Furthermore, the Court held that a physician cannot be confident that a patient comprehends the risks of and alternatives to treatment without direct dialogue. The physician personally satisfying the duty of disclosure ensures that the patient's consent is truly informed.

Reversing the trial court and Superior Court's judgment in favor of the defendant surgeon, the Supreme Court has remanded the case for a new trial.

The decision in Shinal v. Toms could have significant ramifications for Pennsylvania physicians. With this decision, the Pennsylvania Supreme Court holds that physicians alone have the duty to provide patients with the sufficient information required to obtain informed consent. Thus, Pennsylvania physicians can seemingly no longer rely upon the aid of their qualified staff in the informed consent process.

PAMED members can access member-only resources at www.pamedsoc.org/informedconsent, including a Quick Consult fact sheet and brief video that summarize a physician's obligations under Pa.'s informed consent law, discuss potential legal risk, provide recommendations. Not yet a member of PAMED and York County Medical Society? You can join online at www.pamedsoc.org/join or by calling PAMED's Knowledge Center at 855-PAMED4U (855-726-3348).

Insurance Prior Auth Delays Harm Patients – Doctors Must Be Part of the Solution!

By Jeff Wirick, Pennsylvania Medical Society

Insurance companies say they use prior authorization to prevent physicians from prescribing too much medication or ordering too many tests. But physicians say the use of prior auth has grown out of control – and few stories illustrate it better than that of Joe Stanziano.

Stanziano, who currently resides in Montgomery County (Pa.), owned a bakery in New Jersey. Ten years of carrying heavy bags of flour and working 18-hour days took a toll on his back.

Stanziano had just undergone his fourth back surgery in five years and was taking pain medication to help with his recovery. Things were progressing well enough for Stanziano to begin taking a smaller dose of the pain medication – a process known as tapering that could eventually allow him to wean off the medication altogether.

The problem is, Stanziano's insurance company denied payment of the lower dosage that his neurologist prescribed. Hours turned into days and Stanziano continued to wait for his insurance company's approval.

When his current allotment of pain medicine ran out, the withdrawal symptoms began.

"Cold sweats. Shaking. You don't have control," Stanziano described.

This wasn't a one-time mistake by his insurance company.

Stanziano's neurologist prescribed a lower dose of pain medication five times. It was denied five times for up to a week before it was approved.

As the delays grew longer and withdrawals continued, Stanziano opted to buy the medication out of own pocket. Each pill cost $60.

"One could imagine a reason for (denying it) if we're increasing the medication, but in Joe's case we were gradually decreasing the medication," said Daniel Skubick, MD, Stanziano's neurologist. "In spite of the fact that we were doing the right thing (by lowering his dosage) – getting him off opioids – pre-certs would still be coming."

Stanziano said he was never given a clear answer as to why his medication decrease required a prior authorization.

"You could talk to two different people (at the insurance company) in the same day and get two different answers," he said. "Explain to me the logic – why are you denying it when we were trying to reduce (the medication)? Does it make sense to you?"

"Are you trying to cut costs, or are you trying to cut lives?" Stanziano continued. "I can understand trying to cut costs, but put them in my situation. Let them be on the medication for a certain period of time, and not be able to refill it, and have to go through what I went through."

Prior Auths On The Rise

Physicians have seen a dramatic rise in prior authorizations over the past few years for a variety of treatments and medications:

- 86 percent of respondents to a Medical Group Management Association survey said that they experienced an increase in the number of prior authorizations over the past year.
- Medical practices average 37 prior authorizations per week, per physician (taking up an average of 16 hours per physician), according to a survey from the American Medical Association.

A few years ago, "if a narcotic that we're prescribing was thought to be at a very high dose, you might have a pre-cert," Dr. Skubick said. "But the prior auth would last 6-12 months and it might occur occasionally. Now, over the last few years or so, fueled by the opioid crisis, we're running into pre-certs whenever a change is made to the medication."

The delays are proving costly to patients. Here are just two more examples:

Pittsburgh's Jeff Duncan waited eight months for approval on an in-lab sleep study that he needed in order to receive treatment for his severe sleep disorder.

"What if I would have died with this?" he said. "Personally, I'm just irritated that the insurance companies have so much power over doctors trying to get their patients what they need."

Pittsburgh's Kristen O'Toole experienced delays in getting an MRI for her back pain. The weeks' long wait allowed her undiagnosed multiple sclerosis to progress, and she is now in a wheelchair.

"If I had gotten the MRI earlier and started on the infusions, I really believe it could have kept some of these symptoms at bay," O'Toole said. "Maybe I would have never ended up in a wheel chair."

"The doctor knows there's a problem here," O'Toole added. "There's something going on. And how is he going to know before he gets the data from the MRI?"

Dr. Skubick said his biggest frustration with the rise of prior authorizations is that it takes the clinical decision-making out of the hands of physicians.

"I think it is incredible that the insurance company would think that a person who has practiced neurology for 35, 40 years doesn't know more than somebody on the other end without seeing the patient," he said. "I've never had a pre-cert denied for any diagnostic study when I'm able to talk to a colleague that is a neurologist.

"But I'm talking to people (at the insurance companies) who are not even doctors some of the time. And sometimes when you do get a doctor, you're getting an internist or a gynecologist – what do they know about neurology? What do they know about the subtleties about whether an MRI is necessary?"

Physicians Must Be Part of the Solution

Oncologist Rick Boulay, MD, wrote a recent blog for KevinMD: "Most patients are unaware of this, but your physician is likely your biggest advocate when it comes to getting your care covered" from prior auth.

Similarly, physicians need to step up to support new legislation in Pennsylvania that aims to decrease patient wait times from prior auth.

House Bill 1293, introduced by Rep. Marguerite Quinn (R-Bucks), would:

- Increasing transparency and consistency in prior authorization criteria
- Establishing standards for and reducing the overuse of prior authorization
- Lessen manual processes and enhance the electronic exchange of information
- Developing a standard prior authorization form

The Pennsylvania Medical Society and its coalition of 50+ physician and patient advocacy organizations support HB 1293. But this legislation will only move with a strong grassroots effort from physicians, medical office personnel, and patients.

See how you can get involved by going to the PAMED website, www.pamedsoc.org/PriorAuth