

Keystone Surgeon



keystone chapter
american college of surgeons

Summer 2007 Edition

OFFICIAL PUBLICATION OF THE KEYSTONE CHAPTER, AMERICAN COLLEGE OF SURGEONS

President's Message

by Anthony D. Dippolito, MD, FACS



As current president of the Keystone Chapter American College of Surgeons, I want to tell you that all is well. Yes, all is well! Commitment to our mission is strong, our mission to provide quality surgical care to all our patients. With this we strive to keep up with ever changing technologies and strive toward practicing evidence based patient care.

This is not to say that the pressures facing our profession are easy. They are not. Throughout the history of our profession, improvement in surgical patient care did not come without a cost. Change is difficult. It was not easy then and is not easy now.

Besides all of this, we face other pressures; the financial pressures of decreasing reimbursement and the financial pressures of increasing malpractice premium costs. We have seen our colleagues retire early or leave the state of Pennsylvania because of escalating costs financially and emotionally. We have been forced to work longer hours seeing more patients in order to maintain a financially sound practice. In the face of all this, we still work tirelessly to provide the best surgical care to our patients.

So as a surgeon in Pennsylvania, the Keystone Chapter is our advocate. It interfaces with the College and other organizations, like the Pennsylvania Medical Society, on important surgical and political issues. The Chapter is our point of unity where we may speak and act with one voice as a surgical entity on the state level. This is the podium from which we wave our banner. Our Chapter also has a commitment to education. We are busy planning our annual educational seminar which is to be held at State College in the fall. I invite all of our surgical colleagues to attend this excellent educational forum. This is an economical and very worthwhile venue to pursue CME credits as well as credits on patient safety. Furthermore, it is an excellent avenue for exchange of ideas and venue to engage in fellowship with our surgical brethren. ●

2007 Annual Scientific Meeting

Friday, November 9, 2007

Mount Nittany Medical Center, State College, PA

See page 6.

College Supports Medicare Physician Payment Reform Legislation

Excerpted with permission from the July 13, 2007 issue of ACS NewsScope, American College of Surgeons

On Thursday, July 12, Rep. Pete Sessions (R-TX) introduced the Medicare Physician Payment Reform Act of 2007, which would repeal the sustainable growth rate (SGR) formula used to calculate the Medicare fee schedule conversion factor update. As the College and the American Osteopathic Association have advocated, the legislation would replace the SGR with the “service category growth rate” (SCGR). Unlike the SGR, the SCGR would recognize the different types of services that physicians provide and establish separate categories for determining Medicare reimbursement. In this way, the SCGR would provide incentives for the continued provision of preventive and chronic care services to Medicare patients without penalizing other service categories, such as major surgical procedures, that have experienced little or no growth in volume.

One of the SGR’s many flaws is that it sets a target on the growth of Medicare spending on physician services. Whenever spending on physician services exceeds the SGR target in one year, the surfeit spending must be recouped in future years, leading to across-the-board cuts in physician reimbursement rates. These reductions occur regardless of whether the spending for particular types of services has stayed within the spending limits imposed by the SGR. For example, over the last several years, the growth in spending on major surgical procedures has remained consistently below spending in other service categories, yet surgeons have continued to experience the same threats of payment reductions.

The College’s letter of support for Representative Sessions’ bill can be obtained at <http://www.facs.org/ahp/views/mppra2007.html>. ●

Insurance Department Doesn’t Increase Malpractice Limits

Number of cases decreases, but size of awards and coverage by RRGs are rising

Reprinted with permission, Pennsylvania Medical Society

The Insurance Department on July 20, 2007, elected not to increase the cap on medical liability insurance, saving physicians from a possible hike in premium rates. The department is required by Act 13 of 2002 to make this decision every two years.

The Pennsylvania Medical Society expressed concerns about increasing the limits, pointing out that it could result in an overall 18 to 20 percent rise in premiums.

Deputy Insurance Commissioner Randy Rohrbaugh said the market cannot support an increase in medical liability insurance limits from \$500,000 to \$750,000. Rohrbaugh said that the market has improved but not enough to justify the increase.

While the frequency of malpractice cases has decreased 38 percent statewide since 2002, the size of awards has risen even more rapidly than the national average.

Rohrbaugh said coverage by Risk Retention Groups (RRGs) also has increased. These RRGs are less well-capitalized, exposing physicians to greater credit risk.

Pennsylvania physicians are required to carry \$1 million in medical liability insurance—half from a commercial insurance company and half from the Mcare Fund.

According to state law, the limit on the amount of insurance that needs to be purchased from a commercial company can be increased if the Insurance Commissioner finds the market has additional coverage capacity. ●

Looking for Volunteer Opportunities? Visit Operation Giving Back

Excerpted with permission from the July 20, 2007 issue of ACS NewsScope, American College of Surgeons

Mission Cataract USA works with ophthalmologists throughout the US and Puerto Rico to coordinate donated cataract surgery procedures within local communities for patients who cannot afford necessary care. For more information on this and other surgical volunteerism opportunities, visit Operation Giving Back at www.operationgivingback.facs.org. Be sure to register for a “My Giving Back” account when you visit the site and take a few minutes to explore the various resources available to those who are interested in surgical volunteerism. ●

Class Action Suit Settled with Blue Cross Blue Shield Plans

Excerpted with permission from the August 17, 2007 issue of ACS NewsScope, American College of Surgeons

As part of the ongoing class action suit against the major managed care companies in the United States, more than 90 percent of Blue Cross Blue Shield plans recently agreed to a settlement. Not only will plan business practices be improved and reformed as a result of the settlement, but a cash payment of \$128 million to class members—that is, physicians—will be provided. Claim forms were mailed out to physicians who may be eligible to participate in the proposed settlement, and surgeons who received these forms are encouraged to complete them soon. All claim forms must be submitted by October 19, 2007. More information on the settlement, as well as access to claim forms and instructions, may be found at <http://www.hmosettlements.com/pages/bluecross.html>. ●

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ASC and Hospital Outpatient Department Rules Released

Excerpted with permission from the July 20, 2007 issue of ACS NewsScope, American College of Surgeons

On July 16, the Centers for Medicare & Medicaid Services (CMS) released a final rule on the ambulatory surgical center (ASC) payment system. That same day, CMS issued a proposed rule on quality of care and bundled payments in hospital outpatient departments, which also contains estimated payment rates for ASCs.

The final rule on ASCs calls for basing the payment system on the ambulatory payment classification (APC) system that is used to pay hospital outpatient departments. Final payment rates will be announced later this year, but, in general, payments are expected to be about 67 percent of the hospital outpatient amounts. Under the new regulation, 3,300 procedures performed in ASCs will qualify for reimbursement, up from the current 2,500. All provisions are effective January 1, 2008.

In the proposed rule, CMS calls for hospital outpatient departments to measure and report on quality of care in order to receive a 2 percent update. Two of the 10 measures that CMS is proposing for 2008 relate to perioperative care: timing of antibiotic prophylaxis and selection of prophylactic antibiotic. CMS also proposes to package payment for all ancillary imaging, intraoperative, and observation services into a bundled payment for the primary diagnostic and treatment procedures with which they are performed.

To access the ASC rule, go to http://www.cms.hhs.gov/ASCPayment/04_CMS-1517-F.asp. To access the hospital outpatient department proposal, go to [http://www.cms.hhs.gov/ASCPayment/05_CMS-1392P\(ASC\).asp](http://www.cms.hhs.gov/ASCPayment/05_CMS-1392P(ASC).asp). ●

Dr. Buyske Named ABS Associate Executive Director

Excerpted with permission from the July 27, 2007 issue of ACS NewsScope, American College of Surgeons

The American Board of Surgery (ABS) has named Jo Buyske, MD, FACS, associate executive director, making this post one of the highest executive positions in American surgery to be held by a woman and an indication of the growing presence of women in surgery. Dr. Buyske replaces Robert S. Rhodes, MD, FACS, who is retiring from the position after more than 10 years of service.

Dr. Buyske is chief of surgery and director of minimally invasive surgery at Penn Presbyterian Medical Center in Philadelphia, and associate professor of clinical surgery at the University of Pennsylvania School of Medicine. She specializes in applications of minimally invasive surgery to all areas of general and gastrointestinal surgery.

In accepting the associate director position, Dr. Buyske assumes a leading role in the American surgical community. In her new position she will be in charge of evaluation

methodology at the ABS, and specifically will be responsible for the development and oversight of ABS examinations in general surgery and the surgical subspecialties. In addition, she will work directly with ABS executive director Frank R. Lewis, Jr., MD, FACS, in formulating policy and guiding the overall direction of the ABS. Dr. Buyske is a current director of the ABS, representing the Society of American Gastrointestinal Endoscopic Surgeons (SAGES); she is also vice-president of SAGES. She has previously served as an ABS examination consultant and as an associate examiner for the ABS oral examinations in surgery.

Dr. Buyske will be based in the ABS offices in Philadelphia as of January 2008. She and Dr. Rhodes will work together until his retirement from the position in June 2008. For more information, visit <http://home.absurgery.org/default.jsp?newsdrbuyske>. ●

Scope of Practice Debate Moves to Regulatory Process

Reprinted with permission, Pennsylvania Medical Society

With a package of bills approved by the General Assembly and signed by the governor, it may seem like the end of the road for changes to the scope of practice of certified registered nurse practitioners (CRNPs).

But the journey is far from over, and the Pennsylvania Medical Society is concerned about where proposed changes could go during the regulatory process.

After intense negotiations, the State Society and CRNPs reached a compromise making relatively modest changes in the scope of practice of these health care providers and, most importantly, not authorizing independent practice models. The law retains physician oversight through collaborative agreements with CRNPs, meaning a physician's working relationship with and responsibilities toward CRNPs would essentially remain the same.

All parties in the negotiations—the governor, physicians, and CRNPs—said they were satisfied that the measures protected patient safety while improving access to health care.

The CRNPs agreed to the compromises because they added specific services to the list of those they could perform within their collaborative agreements.

However, the State Board of Nursing is drafting regulations removing the ratios of physicians to CRNPs and expanding a CRNP's authority to prescribe scheduled drugs.

While acknowledging the valuable, integral role that CRNPs play in the health care team, the State Society is concerned about changes that remove, water down, and gloss over existing provisions pertaining to collaboration or physician oversight.

The draft regulations lack an appropriate physician to CRNP ratio protection and appropriate safeguards on CRNP prescribing of controlled substances.

The Society will be addressing these concerns through comments to the regulatory review agencies, the attorney general, and legislative committees during the regulatory review process. The Society also will be working with concerned specialty organizations and other groups to gather research and information.

Once the regulations are published, the Society will inform physicians about the comment process. ●

Medical Assistance Reimbursement Increases

Reprinted with permission, Pennsylvania Medical Society

Physicians will see an overall 5 percent increase in Medical Assistance (MA) reimbursement during the 2007-2008 fiscal year.

The state added \$11.8 million in MA reimbursement funding to this year's budget. A similar boost in federal funds brought the total increase to \$24 million—the largest for any provider group in the MA program this year. Increased payments will be applied to some evaluation and management codes, pay-for-performance initiatives, and other select codes.

MA fees paid to Pennsylvania physicians are some the lowest in the country and

about half that of Medicare reimbursement levels. The program had gone without a comprehensive fee increase to physicians since the 1980s.

The State Society lobbied for this increase in its effort to get MA reimbursements at or near Medicare levels.

“This is an encouraging first step toward the Society's goal, but it will take reimbursement increases over at least the next three years to reach Medicare levels,” said Mark A. Piasio, MD, MBA, president of the State Society.

The Society is developing a strategy to lobby for increases in next year's budget and will be calling on physicians for support. ●

Keystone Chapter, American College of Surgeons

2007 Annual Scientific Meeting

Mark Your Calendars and Plan to Join Us!

Friday, November 9, 2007 • Mount Nittany Medical Center, State College, PA

Program Agenda

7:00 – 8:00 am

Continental/Visit Exhibits

8:00 – 8:15 am

Welcome and Introductions

Collin L. Myers, MD, FACS

8:15 – 9:00 am

Maxillofacial Trauma

Greg Kewitt, DMD, MD

9:00 – 9:45 am

**Laparoscopic Treatment
of Colon/Rectal Cancer**

John Marks, MD, FACS

9:45 – 10:30 am

Head & Neck Cancer

Stephen L. Engroff, DDS, MD

10:30 – 11:00 am

Break and View Exhibits

11:00 – 11:45 am

Complex Surgical Wounds

Geoffrey C. Hallock, MD, FACS

11:45 am – 12:45 pm

Resident Papers

12:45 – 2:15 pm

Lunch with speaker on

Governor's health care plan

(Pennsylvania Medical Society Lobbyist)

2:15 – 3:15 pm

Resident Papers

3:15 – 4:00 pm

**The Role of Biologic
Materials in Managing
Complex Hernia Repairs**

Karl LeBlanc, MD

4:00 – 4:30 pm

Break/View Exhibits

4:30 – 5:15 pm

NSQIP

Barbara Lee Bass, MD, FACS

5:15 – 5:25 pm

Resident Awards

5:30 pm

Adjournment

Faculty

Stephen L. Engroff, DDS, MD

Tri-County Oral-Facial Surgeons, PC

Geoffrey C. Hallock, MD, FACS

Associate Chief, Division of Plastic Surgery
Lehigh Valley Hospital and Health Network

Greg Kewitt, DMD, MD, FACS

Owner, Centre Oral & Facial Surgery, PC

Karl A. LeBlanc, MD, MBA, FACS

Director, Minimally Invasive
Surgery Institute, LLC

John H. Marks, MD, FACS, FASCRS

Marks Colorectal Surgical Associates

Watch Your Mail for the Registration Brochure!

Registration form and additional information
are also available online at www.keystonesurgeons.org.

Directions to Meeting at Mount Nittany Medical Center

1800 East Park Avenue, State College, PA 16803 • (814) 231-7000

From Philadelphia

I 76 West (PA Turnpike)
I 283 North
I 83 North to U.S. 322 West (toward Lewistown)
U.S. 322 Bypass (toward Philipsburg)
To the 4th Exit (Penn State University)
Turn LEFT at the 2nd light
(Medical Center entrance)

From Harrisburg

U.S. 322 West (toward Lewistown)
Follow U.S. 322 West Bypass
(toward Philipsburg)
4th exit (Penn State University)
Bear RIGHT onto Park Avenue
Turn LEFT at 2nd light
(Medical Center entrance)

From Pittsburgh

Route 22 East (to Duncansville)
I-99/Route 220 North to U.S. 322 East
(to State College)
Exit (Penn State University)
Bear RIGHT onto Park Avenue
Turn LEFT at 2nd light
(Medical Center entrance)

From the West

I 80 East to Exit 161 (Bellefonte)
Route 26 South to Route 220
toward State College
Exit 74
Stay in left lane
Turn LEFT at 3rd light
(Medical Center entrance)

From Williamsport, PA

Route 220 South
I 80 West to Exit 161 (Bellefonte)
Route 26 South to Route 200
toward State College
Exit 74
Stay in left lane
Turn LEFT at 3rd light
(Medical Center entrance)

Hotel Accommodations

The Nittany Lion Inn
200 West Park Avenue
State College, PA 16803-3598

A block of guest rooms has been reserved at The Nittany Lion Inn. For reservations call (800) 233-7505 and ask for the Keystone Surgeons room block to receive our discounted conference rate of \$107 per night plus tax for a Standard Guest Room or \$117 per night plus tax for a Double. The reservation deadline is October 23, 2007. Check-in time is 3:00 pm. Check-out time is 12:00 pm.

Any no show or cancellations occurring less than 72 hours prior to arrival will be charged the room rate as reserved by the individual guest for the entire reserved period.





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