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The Berks County Medical Record

Volume 100, Number 4 November 1, 2009

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The Berks County Medical Record

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Do We Make a Difference?

A few years ago, a favorite patient – a wonderful husband, father, and successful businessman – lay dying. As his family gathered around his bedside assuring him of how much he was loved, and of what a good life he had lived, he surprised them by asking, “Yes, but did I make a difference?”

As physicians, we are fortunate that our work has positive tangible benefits. And yet at some point I suspect each of us reflects on this same question: “Do I really make a difference?” When I graduated from medical school nearly 30 years ago, many of my friends thought we would not only cure disease but also change the medical world. Things have certainly changed, but one can speculate how much of that change has been for the better.

In this issue of the Medical Record, there is a report describing the results of the recent physician survey conducted by the BCMS. Our county Medical Society, reputedly the second oldest in the United States after Philadelphia’s, has a long and venerable heritage and is recognized as one of the most active and respected local chapters within the Pennsylvania Medical Society. However, in spite of the past success of the BCMS, it is appropriate and necessary that at this time we question our role and indeed ask the question: “Do we make a difference?”

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The report written by our consultant, Sharon Danks, indicates that our physicians are generally positive regarding the image and work of the BCMS. It further describes the areas of greatest concern for members and provides direction for moving forward to meet the needs of physicians and patients in Berks County.

Although it became apparent in junior high wood shop that I am not much of a craftsman, I did learn an important lesson about planning and balance. While my three-legged stool took months to complete (and was no work of art), I found that three was an ideal number of legs and that each one must be proportional to the others if my effort was to be a success.

Within our Society, our “three-legged stool” reflects the primary interests of our members: 1) Physician Advocacy, 2) Patient Advocacy, and 3) Professional Support. Not surprisingly, physician advocacy ranks at the top of most surveys of physician concerns. And why not? In these challenging times, who knows better and who is more committed to physician needs than physician groups themselves? The BCMS and the PMS have a proven track record of representing physician interests, from battling insurance companies for improved reimbursement and simplified credentialing processes (a current priority for the BCMS) to pressing legislators and government bureaucracy regarding health care funding and medical liability reforms. No group in Pennsylvania does more for the general interests of physicians than does our Medical Society.

Patient Advocacy has been a greater focus of the BCMS since our Executive Council passed a resolution that everyone in Berks County should have access to affordable quality health care. Since then, we have been a leader with other advocacy groups in our region in developing new approaches to improve and expand health care throughout our community. Support for these efforts has given credibility to all else that we do, since our knowledge and skills do little good if large numbers of patients cannot access them.
Do We Make A Difference
continued from page 4

Professional Support is another area of growing interest and need. Whether sponsoring medical education activities and research opportunities for our residents in training at our annual research symposia or providing practice management programs and resources to physician staff, the BCMS has embraced this educational role. As a result of the survey responses, new ideas have been brought forth which will further enhance the role of the BCMS in addressing the continuing medical education needs of our physicians. In addition, the Medical Society has always accepted its unique position as a foremost advocate for the highest standards of quality and ethical care in our community. This must, of course, remain a high priority.

As one reviews the results of our recent survey, it is my hope that each of us asks the following questions: Is the BCMS relevant to our needs as physicians? And does the BCMS make a difference? I believe the answer is an unequivocal “yes”. Of course, we can do more. Together, as members of our Medical Society, we can meet the daunting challenges ahead much better than as individuals. We know where we have been but, more importantly, we have a direction for where we must go.

We’re proud to manage the endowments of many non-profit organizations here in Berks who work tirelessly to make our community a better place. When these groups are able to make the most of their funding, they’re able to do even more, for even more people. As volunteers and board members ourselves, it’s rewarding to see first-hand the good that comes from giving back.

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Reflections on Being a Physician

By Dr. Ward Becker

Jeanne C. was seven years old when I admitted her to the hospital in hemorrhagic crisis due to leukemia. My foreknowledge that her crisis had presented with epistaxis, melanic stools, and abdominal, right knee, and right ear pain, did little to ameliorate my ensuing emotional distress as I performed her history and physical examination. As I entered her room, the odor of an upper GI bleed was readily apparent, and I saw a frightened child in acute distress who would not talk to me or the nurse. My examination revealed jaundice, a regular tachycardia, splinting tachypnea, a right hemotympanum, and dried blood around the nares. Her abdomen was distended, with diffuse tenderness and hepatosplenomegaly. Her right knee was moderately swollen with a joint effusion and was exquisitely tender to palpation and passive range of motion.

While I was presenting her case to the hematologist, Dr. Jack Lusch, I remarked that I had been emotionally shaken by her condition and was having great difficulty reconciling my existing views of life’s meaning and purpose with this innocent little girl’s suffering. He gently told me that, while my emotional feelings and philosophical views were important and should be given the proper attention throughout my medical career (I was an intern at the time), our roles as physicians required that our primary responsibilities were to provide the best medical care possible to our patient. While Jeanne did recover sufficiently from her acute medical problems to return home, she sadly died six months later from the complications of her leukemia.

In the 34 years since her death, I have often revisited my days as Jeanne’s physician, Dr. Lusch’s sage advice, and my philosophical position on what it means to be a physician. My core views concerning the practice of the art and science of medicine evolved from these reflections and are as follows. First, the physician-patient relationship is a fiducial covenant which requires the physician to continuously attempt to relieve and prevent human suffering. Second, under the guidance of the principles of “first do no harm” and beneficence, physicians must combine science, compassion, and responsibility as we provide daily care to those who call us doctor. Third, physicians must acknowledge that many societal, economic, regulatory, and political issues impact positively and negatively upon the practice of medicine. Fourth, physicians need to acknowledge that the delivery of health care can have salutatory and harmful impacts on society (1). Fifth, each patient’s medical plan of care (POC) should be unique, fluid, and formulated via the following orderly process. After a history and physical examination appropriate for the situation and the relevant interdisciplinary input, the physician creates the ideal medical POC for the patient. Then, in concert with the patient or durable power of attorney for health care, the physician modifies, if necessary and attainable, the medical POC to accommodate the patient’s wishes and the extent ethical, legal, regulatory, and economic constraints.

An inherent tension exists between the very private domain of the physician-patient covenant (principles one and two above) and the public domain of society (principles three and four above). Two additional tensions that exist are the physician’s personal professional goals and, as a member of society, the physician’s attempt to effectuate changes in extant law and regulatory guidelines, including health care. With two caveats, I believe principle five significantly ameliorates these tensions and reasonably accommodates the goals of both domains. The caveats are as follows.

First, physicians may not unilaterally use their role in the physician-patient covenant for private and/or professional gain. For example, a physician does not afford patients adequate time for the proper evaluation on rounds or in the office because the physician needs to see “x” number of patients per day to cover medical practice expenses and/or to maintain the lifestyle to which the physician has grown accustomed. Thus, the POC has been unilaterally constricted to accommodate the physician’s needs without the patient’s knowledge or input. Second, physicians may not unilaterally use their role in the physician-patient covenant to be a conduit for governmental or health care organizations (including insurance and hospital oligarchies) to effectuate societal, economic, and political changes. For example, a physician unilaterally decides against ordering a test, medication, or spending extra time providing care for the patient because it either creates too much hassle for the physician due to the need for prior authorization or because the physician’s employer feels the physician needs to be more financially productive. Again, the POC has been unilaterally constricted to accommodate the physician’s needs without the patient’s knowledge or input.

Time constraints, hassles with insurance companies, pressures from regulatory agencies, personal economic concerns, and the demands of employers are very real concerns, but they should never be rectified through the unilateral use of the physician-patient covenant. As a result of my experiences as an attending and covering physician (2, 3, 4), I fully concede that the fulfillment of this position is difficult and places considerable stress upon the physician; however, failure to do so carries the unacceptable risks of viewing Jeanne C. and her medical care through the lens of a Resource Value Unit and of allowing the running of our medical practices to harm our practice of medicine.

Lastly, I did continue my philosophical pursuits, and I have come to believe that pain and suffering will always be part of life, that life’s meaning and purpose is to live it, that the best way to live life is with awe, exuberance, and a commitment to helping others, and that the practice of medicine contains great inherent beauty.

Being a physician affords me daily opportunities to experience awe, to be exuberant, to help others, and to honor a little girl and a wise physician who helped me. I am indeed fortunate.

REFERENCES
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Leadership in Health Care

By Joy J. Sweeney, R.N., Nurse Coordinator/Manager, Spine and Brain Neurosurgery Center, West Reading

When you first meet Wayne H. Booz, you instantly become aware of his engaging personality and genuine interest in people. But behind that gentle persona lies a savvy businessman whose finger lies on the daily pulse of a Berks County medical facility.

For the past 15 years, this gentleman, raised in a blue-collar Delaware County environment, has been the business keystone at Spine and Brain Neurosurgery Center in West Reading, Pennsylvania. As the practice administrator, his responsibilities are endless, ranging from negotiating contracts to replacing the trash cans.

Sitting comfortably in his neat and organized office, Wayne’s distinguished white hair and clear blue eyes convey his positive Christian philosophy of daily life and work. “There is no skill more important to acquire and continually improve than the ability to communicate,” states Wayne. “Without it, intelligent and educated individuals will struggle to achieve in their given professions. With it, one could be quite successful, even though they may be less gifted.”

Chief of Neurosurgery at the Reading Hospital and Medical Center and president of Spine and Brain Neurosurgery Center, Craig H. Johnson, M.D., F.A.C.S., states, “The ‘practice of medicine’ has become increasingly dependent upon the ‘business of medicine.’ The business of medicine detracts from a physician’s ability to concentrate on his number one responsibility, the practice of medicine, i.e., patient care.”

Johnson continues, “Wayne and I have enjoyed a close working relationship that has allowed us to meet the ever-increasing challenges that face the practice of medicine today.”

Wayne’s post high school education was interrupted by his service to our country in the U.S. Army. A continual student, Wayne received his M.B.A. from Alvernia College (now University) in 2004. He is a devoted husband of 38 years and is the proud father of four children (one deceased) and 12 grandchildren. Wayne attributes his achievements and sincere interest in people to his humble upbringing, a blessed family, and dedicated Christian values.

Maybe that is why this excellent leader has had a minimal turnover rate in his office staff. This work force of 23 women and two men describe themselves as contented, dynamic, self-motivated, and reliable, with a great support system.

“Wayne and I have gone through numerous professional experiences together,” states 10-year employee and front desk supervisor, Donna L. Reed. “We’ve had our challenges and our celebrations. I must value his flexibility to my schedule with my ever-changing personal needs. He has allowed me to have the best of both worlds—professionally and personally.”

Reed adds, “He has recognized some of my strengths before I did. He has been encouraging and supportive of my growth and decision making throughout my employment. He will frequently reiterate his confidence in me concerning a certain situation.”

“He is always willing to lend advice,” continues Reed. “I admire his ‘open door’ policy and appreciate his accessibility to the staff. He is also very conscientious on the subject of employee benefits and plans that he could provide for the staff.”

Wayne began his management career in 1970 as the manager of a health spa in Wilmington, Delaware, and has remained dedicated to well-being through excellent fitness. It was at this exercise center that he began his path to health care management, and 39 years later, he remains a progressive and vibrant force in this ever-changing field.

Wayne is a charter member of a unique organization, NERVES, an acronym for Neurosurgery Executives’ Resource Values and Educational Society, a national organization to coordinate the business and medical components of this exclusive specialty.

Again, this is a testament to his high standards that are the foundation of the quality he has brought to this neurosurgical medical group.

As Wayne discusses the future of health care, he states, “It is essential that we have skilled and knowledgeable clinicians delivering health care; however, that alone will not suffice. To completely meet the needs of every patient the caregiver must communicate empathy and compassion.”

Dressed in a suit and tie, this 63-year-old affable man walks around the large bright office, warmly greeting each staff member by name. The team members will often stop to introduce him to their patients in the hallway or engage him in a social conversation. These warm cooperative efforts are evident when you walk in the front door.

Wayne has specific ideas on leadership. “Employees will respond to a leader only to the degree the leader displays true integrity and character,” he says. “There must be an atmosphere within the organization that promotes unity and goodwill. All employees have value, regardless of their position or status.”

“Understanding and promoting this attitude will unite a group of individuals to reach a common goal,” states Wayne. “An effective leader will always consider the needs of the employee above their own self interests.”

To further define some of the fine attributes of a true leader, Kendra Wickizer, surgical scheduling supervisor, shares her familiarity with this gentleman, stating, “I have known Wayne professionally for 25 years. He is a businessman with integrity and a family man with a solid sense of religious being.”

Wickizer adds, “I feel that he does his utmost to maintain a professional, pleasing atmosphere not only for our patients, but physicians and staff alike. In his present position, his strong character and business knowledge allow him to face the daily challenges of health care with a great sense of balance.”

According to his staff, Wayne is a creative thinker who welcomes challenging the status quo for the greater good. He is an outstanding example of a health care visionary.

“Over the last 15 years, Wayne has craftfully guided Spine and Brain Neurosurgery Center through the ever-changing challenges of the business of medicine,” adds Dr. Johnson. “This has allowed my partners and I to be able to better fulfill our goal of providing quality patient care.”

Authenticity, strong core values, and faithfulness have made Wayne H. Booz a true leader in the dynamic field of health care.

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A Look at Health Care Reform

By Andrew R. Waxler, MD, FACC

Just like everyone else in Berks County (and around the nation), I too am very concerned about the ongoing health care situation. We, as a country, spend an incredible amount of money on health care, and I have been told by many national experts that this trend is literally "unsustainable."

However, while we all agree that there is a problem, few agree on any particular solution. As our national leaders try to push through some type of plan, which is very polarizing to our citizens, we need to remember that "the devil is in the details."

There are clearly a variety of problems in the system, but I personally find it irresponsible that President Obama has twice made inflammatory statements in the past few weeks, suggesting that some doctors (ENT surgeons removing tonsils, and vascular surgeons amputating gangrenous diabetic feet) perform procedures only for the money. (Additionally, the erroneous physician reimbursement figure that he quoted for foot amputation is apparently thirtyfold higher than reality!). These are disparaging, offensive, and inaccurate statements. I certainly can't speak for all doctors across the country, but I am personally not aware of any doctor performing any invasive risky procedure on a patient without clear-cut indication for such. All the physicians that I know are honest, hardworking people who truly do their best for the patients. Most work intense 10-12 hour days (plus weekends/nights/holidays), and a large number quietly carry school debt that would rival mortgages. Why would any smart college student choose to go into medicine these days? Doctors are NOT the enemy in health care, and I personally resent such an implication.

Here in Berks County, my partners (Berks Cardiologists) and I provide cutting-edge cardiology care regardless of insurance and/or ability to pay. This includes both uninsured and underinsured (many "welfare" insurances pay us so little we essentially lose money seeing those patients). As a group we have made a conscious decision to provide cardiology services to patients without discriminating among the different insurance plans. We enjoy seeing these patients and want to continue to be able to offer them the quality cardiology care that they deserve. In an era where "access to care" is the buzzword, we can proudly say that we already provide all Berks County residents with access to optimal cardiology care.

Yet, sadly, there is no guarantee we will be able to continue this service to Berks County forever. It was recently announced by Washington that sweeping reimbursement cuts will potentially decrease cardiology revenue by 30-40 percent! Additionally, there are bills in both Washington and Harrisburg that propose terminating cardiologists' ability to do imaging studies in their offices. The imaging bill in Washington was recently withdrawn – fortunately – but the one in Harrisburg is still being discussed. If the revenue cuts (and/or imaging legislation) go through, cardiologists across the country – but particularly in Pennsylvania – will have no choice but to make drastic changes which will ultimately affect you, the patient, in many ways.

At Berks Cardiologists, we take pride in providing our patients with both excellent care and personalized service, and part of our ability to do so is through our fantastic support staff. If major revenue cuts take place, we may be forced to lay off some employees; this move would create two major problems: 1) Several wonderful people (and their families) will be deprived of salary and benefits (and may thus become part of the public payroll), and 2) The patients will get less service. Our doctors would still provide quality medical care, but our office may not be able to continue to provide great service: your calls may go to voicemail rather than to a person, prescription refills may take days (rather than hours), and scheduling may be more challenging. We have already begun advising our patients of these potential changes.

Furthermore, we would have to critically re-examine each of the insurance plans and may be forced to make some difficult decisions.

Many have long described the concept of "defensive medicine," and there is no doubt that a major percentage of diagnostic tests are undertaken because the doctor simply cannot take the risk of missing a diagnosis, even if it is a long shot. Doctors are expected to have the 100 percent perfection of an air traffic controller with regard to each individual patient, but are simultaneously asked to minimize diagnostic tests in order to decrease society's health care costs. With the legal climate in which we live, this simply will not happen. Sadly, President Obama has yet to emphasize real tort reform as an essential part of the health care changes.

Finally, President Obama recently announced that he believes that his plan will be able to account for more patients (about 30-35 million more) but will not cost more money! He reports that the extra money to cover these new patients will somehow be saved by improving the efficiency of Medicare. While clearly there are problems with Medicare, I don't think that hundreds of millions of dollars will magically appear.

Rather, this money will only materialize if taken from somewhere/someone else...that, of course, would be the doctors who all stand to suffer a 20-40 percent across-the-board revenue cut next year. This revenue cut will lead to a resultant decrease in service (as our employees are laid off) and thus ultimately the patients – including senior citizens who have been promised that their Medicare service will not change – will suffer. Hence, in my opinion, President Obama has been somewhat disingenuous with the American people.

In short, we all agree that the system needs reform. However, let's think carefully about this before we move too quickly. Let's try to think three or four steps ahead and understand how some of the proposed changes will have major implications – negative implications – right here in Berks County.
Fall CME at SJMC

The following programs will be held in the Franciscan Room of St. Joseph Medical Center.

**November 13** 8:00 a.m. – 9:00 a.m.
Pain Management: An Overview of Opioids
Jillian N. Baer, PharmD, CGP, BCPS,
Senior Manager, Client/Patient Education
exelleRx, Inc., an Omnicare company

**November 13** 12:00 p.m. – 1:00 p.m.
(t1PA lunch will be provided)
Warqaa Majeed, MD, St. Joseph Medical Center

**November 20** 8:00 a.m. – 9:00 a.m.
CTP/CTA in the Acute Stroke Patient
Paul Kalapos, MD, & Raymond Reichwein, MD
Penn State University College of Medicine
Hershey Medical Center

**December 18** 12:00 p.m. – 1:00 p.m.
Hereditary Breast & Ovarian Cancer
Leah Cream, MD
Assistant Professor of Medicine
Penn State Hershey Cancer Institute

If you would like to discuss these or any other CME programs, please call 610-378-2482.
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The BCMS Executive Council Meeting was called to order at 6:00 p.m. with the following officers in attendance: Doctors Alfano, Atwell, Brown, Cairns, Dietrich, Driben, Ganas, Jones, Marcus, Schlechter, Truex, Tuke, Wilkins and Xu. Dr. Chris Beetel, Ms. Sharon Danks of Tweed Weber, as well as Ms. Ostermiller and Mr. Weidman, BCMS staff, were also in attendance.

Dr. Schlechter introduced Ms. Danks, who proceeded to give a synopsis of the results of the BCMS Perceptions Survey.

Reading and Approval of Minutes – Dr. Truex asked for a motion to approve the minutes from the September 10, 2009, Executive Council Meeting.

A motion was made, seconded, and carried to approve the minutes as presented.

Dr. Truex extended a happy birthday wish to Dr. Jones.

REPORTS OF OFFICERS

President’s Report

In the absence of Dr. Baxter, Dr. Schlechter gave the following report:

BCMS Membership – Dr. Schlechter reported the current total of full active members is 425 as compared to 393 at this time last year. This is an increase of 32 full active members.

Dr. Wilkins added that a social event for residents is in the planning stages, to be held at “The Works.”

Access To Care Initiatives – Dr. Schlechter reported the Access To Care Steering Committee met at BCCF on Wednesday, September 30, 2009. He stated Scott Wolfe and John Morahan attended this meeting and agreed to be a part of the Access To Care Initiatives; however, an economic commitment was not made at this time.

Mr. Weidman stated that BCCF agreed to budget $120,000 over the next two years as seed money for the initiatives. Drexel had a start-up proposal for a county health department and for “Project Access,” and will do a “needs assessment” for the FQHC.

Re-entry Prescription Notification Program – Dr. Schlechter discussed the “Berks County Re-entry Court Prescription Notification Form” for the Committee’s review.

Dr. Schlechter stated that a form will be distributed to physicians as an FYI. It was also stated that a possible CME program will be created on this topic.

Berks County Pandemic Advisory Council – Dr. Schlechter reported the Berks County Pandemic Advisory Council met on September 15, 2009 to discuss pandemic preparedness. Dr. Schlechter stated BCMS will continue to communicate with BCMS members’ offices with information on the H1N1 virus, as well as how the medical offices need to prepare for a pandemic.

All information we receive will be put on our Web site for members to access.

Memorial Lecture – Dr. Schlechter stated that a committee is being established to begin talking about the annual Memorial Lecture. He also noted that fundraising would also be an important aspect of this series.

Dr. Ganas suggested that the Residents’ Day Poster Presentations be a part of the Memorial Lecture. Dr. Brown stated that this would be a great venue for the donation of memorial contributions honoring physicians who have passed away.

Dr. Atwell stated that there was a wonderful speaker, a medical futurist, who spoke at the recent meeting of the PMS Trustees in Philadelphia.

Mr. Weidman agreed to look into this as a possibility for our Memorial Lecture.

A motion was made, seconded, and carried to accept the President’s Report as presented.

Secretary’s Report

Dr. Ganas reviewed the following correspondence:

• Commonwealth of PA Physician Vacancies
• October 10th Alzheimer’s Memory Walk–Kutztown University
• Dr. Gurski’s note about the Alzheimer’s Walk
• 2010 Dr. Nathan Davis Awards for Outstanding Service
• Announcement that Dr. Dan Kimball is running for governor of the Eastern PA Chapter of the American College of Physicians

A motion was made, seconded, and carried to accept the Secretary’s Report as presented.

Treasurer’s Report

August 2009 Financial Report

In the absence of Dr. Finneran, Ms. Ostermiller reviewed the August 2009 Financial Report as follows:

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<tr>
<td>Educational Trust</td>
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<tr>
<td>Fulton Investments</td>
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<tr>
<td>Total cash</td>
<td>$385,750</td>
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</table>

A motion was made, seconded, and carried to accept the Treasurer’s Report for audit.

Update of PMS Activities – Dr. Atwell stated that all talk is still centered around Mcare and the state budget.

REPORTS OF COMMITTEES

Grievance – Dr. Brown stated that she is currently reviewing two grievances.

Physician Advocacy – Dr. Schlechter discussed the September 8th meeting with Sam Marshall, president of the PA Insurance Federation, concerning House Bill 1912.

Dr. Schlechter also discussed the state budget and its impact on the Mcare Fund.

Dr. Schlechter added that the Pennsylvania governor’s race is beginning to heat up.

continued on page 16
Berks County Medical Society
Announces a newly endorsed
Collection Service from I.C. System, Inc.

Learn more about
I.C. System and
Get a FREE Guide of
Collection Tips!

The guide known as “Nice People Can Collect Bad Debt” has been developed over many years by collection experts at I.C. System.

Start collecting more of your past due accounts!
Contact I.C. System at 1-800-279-3511 or visit www.icsystem.com/bcms
Executive Director’s Report

Fall Outing – Mr. Weidman reported this year’s 20th BCMS Fall Outing was a success, and 64 physicians played golf and we had 16 sponsors. Mr. Weidman anticipated income over expense to be $4,900.

A motion was made, seconded, and carried to deposit the profits from this event into the Educational Trust Fund.

Dr. Atwell stated that she would like to see the Outing return to its former format with a formal dinner & meeting following golf.

The Administrative Committee will discuss Dr. Atwell’s suggestion.

Dr. Marcus’s Resolution to PMS HOD – Dr. Marcus discussed his resolution to the PMS HOD. He stated the reason he is submitting this resolution is because just 17 percent (includes residents, medical students and retired) of U.S. physicians are members of the AMA, and thus the AMA does not have the authority to speak for and represent physicians.

October 10th Delegation to Review the ORB – The meeting to review the Official Record Book will be held on October 10th at PMS headquarters in Harrisburg.

To date, Doctors Atwell, Marcus and Truex will attend.

October 23rd-25th PMS House of Delegates – Mr. Weidman reviewed the schedules and details for the upcoming PMS House of Delegates.

As there was no additional business to be discussed, the meeting was adjourned at 7:40 p.m. The next meeting of the Executive Council will be held on Thursday, November 5, at 6:30 p.m. in BVNA Auditorium One.

Respectfully submitted,

Christie L. Ganas
Secretary
Berks County Medical Society

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**2010 PROPOSED BUDGET**

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<td>Dues</td>
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<td>Fall Outing</td>
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**EXPENSES:**

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<td>Overage to Contingency</td>
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<tr>
<td>TOTAL EXPENSES</td>
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</tbody>
</table>
Happy Fall to everyone from the Alliance! The members kicked off the year with our annual new member coffee, where we hosted several new physician spouses. Our Alliance is very fortunate that we are one of the strongest Alliances in the state of Pennsylvania. We have been organized since 1925 and have not “recycled” a president since 1932! For most Alliances, that is truly an accomplishment. I’m sure that life, as well as the Alliance, has changed a lot since then, but what haven’t changed are the needs of our community. The Alliance provides thousands of dollars to various organizations throughout Berks County, including Opportunity House, Breast Cancer Support Services, and the Children’s Home of Reading, just to name a few. We provide scholarships to local students and even provide drivers for Meals on Wheels every Monday. The question is … are we a service organization or a social group? Members actually contemplate this very thing. I, personally, think we are a little of both.

Regarding the social side … we are looking forward to a lecture on “Medical Marriages” at our Fall Luncheon and will be painting ceramic bowls for the Opportunity House fundraiser “Souper Bowl” at our Fall meeting. While we do enjoy conversation and laughs, we take time to collect donations of backpacks and school supplies for the Reading School District. The Alliance offers members a little bit of everything, as well as a great opportunity for networking and camaraderie with others in a familiar environment.

We would like to thank all the Berks County physicians who have supported our annual holiday card over the years and ask you to once again consider donating so we can continue to provide scholarships and funding for various charities, as well as promote our Annual Health Project. This year, under the direction of member Dr. Beverly Pattillo, our topic will be “Prevention of Sports Injuries in Children.”

As always, we welcome all physician spouses any time they would like to learn more about the Alliance and are not already a member. Simply contact Teresa Weaver at 610-678-6546. Thank you to all the physicians for all you do in the community and have a wonderful Fall season!
Providing Emergency Care in Ethiopia

By Charles F. Barbera, MD

This summer I was fortunate to spend two weeks in a Mission Hospital in Addis Ababa, Ethiopia. Ethiopia is one of the poorest countries in the world and has no public health system. I was asked to work in Myungsung Christian Medical Center, a Korean Presbyterian hospital, which had recently begun to open their Emergency Department 24 hours a day. It was the first hospital in this country to do so.

I was part of a team of international physicians and nurses who opened the first and only Trauma Center in the country, and one of the only such centers on the entire continent. As I had some experience in this type of project, I was excited at the opportunity.

I arrived on a Saturday evening at Bole International Airport in the capital city of Addis Ababa. Having been to other third world countries, I thought I was prepared for what I might see. I was not. Poverty is pervasive. Homes were made of scrapped tin; people were soliciting everywhere. Roads were made of dirt, and there were no traffic patterns. I was driven to the hospital by the hospital general manager (equivalent to a U.S. hospital president, but he did the job of all administrators). The hospital was located in a compound, and all employees and volunteers lived there. The physicians had apartments, which were homey; the nurses and other staff lived in metal huts. This arrangement was coveted in Ethiopia, as the hospital provided for employees, both room and board for people who worked in the compound.

Electricity was intermittent, although the hospital’s generator could usually cover the ER, OR, or ICU. The hospital had about 100 beds, and most patients were in rooms with four other patients. The ICU was a room within the OR where the hospital’s three ventilators were housed. During my stay, the hospital downsized to two ventilators for economic reasons. Their utilization was purely on a first come – first served basis.

The ED was a room with eight beds and a trauma room. All patients were required to pay the fee to see the physician prior to services rendered, about five U.S. dollars. Most would need to have family beg or sell personal items to raise this money; others chose to just go home.

After I would evaluate patients, I would order studies or medications. Unbelievably, after I used an advanced Physician Order Management-like system to enter my requests, an invoice would come up on the screen. The patient needed to pay for the tests, radiographs, and medications before they were done or administered. I often bargained with patients regarding their work-ups. It really made me think about the things I order. Each test was ordered separately, so I never ordered an H & H, just an H. A chloride cost $0.70, so I never ordered one. I once ordered a portable chest X-ray. After an hour, I was told that no one had realized, but the portable machine that sat in the ER didn’t work.

I will say that X-rays were only available Monday – Friday, 9 to 5, and weekend mornings anyway. Fortunately for me, I was not tormented by the temptation to order a CT scan, as there was none available. Most patients who visited the ED had means to pay for the needed services. If someone required admission to the hospital, a down payment was necessary. Once a child who had stopped breathing was intubated in the ED. The staff got him stabilized, but the ICU would not accept the child, as the family had no money. A call to the general manager was required to reverse that decision. I later learned that before intubating a patient in the ER, I had to first call the ICU to make sure one of the two allotted ventilators was available.

Ethiopia, like many African countries, has no infrastructure for health care. Health care is a privilege provided only to those who can afford it and have the wherewithall to know they need it. The average life expectancy is in the mid-forties.

Only foreigners have heart disease, as people’s poor diets and short lives don’t allow coronary disease to develop. There is no cardiac catheterization lab in the entire country. People who need this service are taken to Cairo, if they can afford it. The majority of citizens on Ethiopian Airlines are leaving the country for health care.

I was asked to teach the two-day course of ACLS when I was at one hospital. After the first day of class, in which it was impossible for me to engage the non-English-speaking audience at all, a nurse came to me and said, “Doctor Charles, the only ACLS drug we have in this country is...”
adrenaline. We would rather learn how to read EKGs.” As it turns out, EKG interpretation is not a competence taught in Ethiopian medical education.

I’ll end this long tale with the story about the clinic we set up at the United Nations’ refugee camp for Ethiopians expelled from Eritrea. We arrived in a van with two mobile exam rooms to a crowd of about 400 patients waiting for “the doctor”; that was me. We quickly realized the space was not adequate (a similarity to health care in the U.S.) and moved to a barn. I was told I had 90 seconds per patient. For many patients, it didn’t matter if I had 90 or 9,000 seconds; I wasn’t going to cure cancer, blindness, thyroid disease, and malnutrition.

I could help, however, with malaria, typhus, conjunctivitis, AIDS, and other infections. I could offer some advice for chronic joint pain. I could repair wounds, and remove foreign bodies from nares and ears, which actually made me like a miracle worker to many people who had dealt with these alien bodies for a long time. Having foreign medical professionals in Africa does much more than treat individual patients; it enables this health system to gain insight into more developed systems. Our medical team was able to provide physicians with training, support, and motivation.

I certainly gained much more from my trip than I was able to offer. I learned how much I take for granted, how to rely on my physical examinations, to be prudent in my utilization of testing and medications, and, most of all, humility. I will return, knowing what to expect and being better able to optimize what little I can offer. I hopefully will be able to bring the most the U.S. has to offer, however — some colleagues. ■
FUTURE CARE: Keeping Our Focus in Challenging Times
Family Medicine Reading Hospital  Fall 2009

Held on Fridays from 8-9 a.m. • 5th Avenue Conference Center • Meeting Rooms 1 and 2 (unless otherwise indicated)

November 6
Friday's Child – Sickle Cell Disease
Melanie Comito, MD
The Reading Hospital and Medical Center

November 13
A Public Health Approach to Primary Care Problems
Ron Voorhees, MD, Chief of Epidemiology and Biostatistics
Allegheny County Health Department

November 20
Standards of Care I: Asthma Treatment Guide
Louis Mancano, MD
The Reading Hospital and Medical Center

November 27
No Conference

December 4
Friday's Child – Systemic Diseases Affecting the Heart:
AAP Guidelines and Consensus Statements
P. Nelson Le, MD
Penn State Hershey Medical Center

December 11
Atrial Fibrillation: New Approaches to an Old Problem
Antony Chu, MD, Regional Heart Center
The Reading Hospital and Medical Center

December 18
TBA

For more information on these CME activities, call 610-988-8352
or harris3@readinghospital.org

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HEALTH TALK on WEEU

Please find below the WEEU Radio Talk Show tentative schedule through December 2
The program runs from 6:00 p.m. to 7:00 p.m. every Wednesday evening.
This is a wonderful service to the Berks County community.

November 4
Cancer Prevention Study-3 and Relay for Life

November 11
Let’s Talk about Your Prescriptions

November 18
Sudden Infant Death Syndrome

November 25
Open Forum

December 2
Diabetes: A National Issue
Member Perception Survey

The Berks County Medical Society (BCMS) recently contracted with Tweed-Weber, Inc., a local business consulting firm that specializes in research and strategic planning, to conduct an online member survey. This member perception survey was designed to obtain feedback that will help BCMS proactively involve its members in identifying areas for opportunity and improvement. A detailed report was provided that summarizes the perceptions of BCMS members, and a few non-members, who completed the online survey instrument during May and June of 2009. A total of 88 interviews were collected, 81 from BCMS members and 7 from non-members. The member sample is sufficient in size to be statistically valid, yielding numerical results of +/- 10 percent margin of error at a 90 percent confidence level.

Based on the opinions of a representative cross section of BCMS members, BCMS is generally a well-regarded professional advocacy and service organization for physicians in the Berks County area. BCMS members feel the society is particularly strong as a physician advocacy and legislative action organization, and also does a good job in fostering networking and camaraderie among colleagues in the medical profession. Members choose to maintain their memberships because of these strengths, along with a general sense they should support their profession locally in this way. Many members believe BCMS fulfills multiple roles in their professional environment today.

Members view the association more as a general physician advocacy organization than in any other role, though another prominent view frames BCMS more specifically as a lobbying and legislative action organization. Clearly, association members view BCMS as their representative in several key arenas, and it seems clear this is its critical function in their eyes. Other, less prominent roles members see for BCMS range from advocating for patient access to health care to providing social networking opportunities for physicians.

Clearly, advocacy and legislative action activities on behalf of society members, along with events and the physician directory, are the best-known services and benefits BCMS offers. Resource offerings, such as member education programs are almost as well known. Between 30 and 40 percent of respondents are unaware of BCMS benefits such as group insurance and resources for patients and practice staff. While they do not seem as critical as advocacy, networking, and legislative action in the minds of the membership, these benefits are key to keeping some groups on the membership rolls, and may play a more important role in society activities in the future if they were made more visible to members and potential members.

The vast majority of members value their BCMS membership, although only about one-quarter say they are very involved in the society. Most members who are not more involved either do not have the time or desire to do more with BCMS. However, a sizeable minority does not know how to get more involved, or were not aware of the society’s needs.

Most often, survey respondents maintained their membership either because they want to support the society’s activities generally, or because they specifically feel BCMS is an effective advocate for their interests. Networking and camaraderie also play a role in membership decisions, but often as a secondary consideration to one of these two primary motivations. Members who point to other, less prominent reasons for maintaining membership – including health care coverage, staying informed, links to the PMS, and others – tend to be focused on those alone, rather than broader advocacy and professional participation issues. Clearly, the primary value proposition for BCMS as it looks to retain and recruit members revolves around its professional network and the effectiveness of its advocacy activities, while other benefits and services appeal to smaller niches among physicians.

Three major concerns emerge from the data for BCMS members today: medical liability, reimbursement, and patient access to care. However, respondent comments suggest there may be a growing concern over health care reform initiatives and discussions now underway at the federal level. The shift in top concerns members anticipate five years in the future reflects the growing move toward health care reform: reimbursements, government mandates, and medical liability.

There also appears to be a sharp divide amongst some in the BCMS membership over reform issues. Some are vocally opposed to any government involvement in the industry while others are focused solely on universal coverage, and many remain outwardly neutral on these issues at present. What the vast majority of members can agree upon is that BCMS should be working to improve patient access to health care by some means. For the most part, the issues of greatest concern to physicians are also best addressed through the kind of advocacy and legislative action activities for which BCMS is best known and believed to be a strong performer. As such, it appears BCMS’ current focus is on the activities which address the most immediate concerns of a large majority of physicians.

The vast majority of survey participants support advocacy to increase patient access. Those few who do not support the efforts of BCMS in this

continued on page 22
area seem to have one of two core concerns: advocacy for patient access is not in their economic interest, and there are already ways for patients to get care when they need it even if they are not optimal.

Although not universal, there is clearly a significant demand among BCMS members to raise the profile and activity of the education and information function within the society. Most members want the society to sponsor or provide CME programs, and many suggested topics for themselves and their staff members. While areas of interest are highly individualized and dominant needs did not emerge from the data, these results clearly suggest the society would benefit from focusing more on education in the future. Members who are familiar with them generally seem satisfied with BCMS marketing efforts, but there is a significant group which is not yet receptive to moving printed materials, such as the Medical Record, into a solely online format. At the same time, online social networking does not appear to be an effective way of connecting and communicating with members today, although it may emerge as a viable alternative over time.

It is clear the overwhelming majority of BCMS members feels well-represented by the society and believes the society is relevant to changes in medicine and the practice environment today.

When asked to discuss what the society can do to recruit and retain members going forward, two issues surface repeatedly: better communication and a more broadly relevant mission and activities. These issues solidify the theme of improving member outreach, which also is touched upon by members throughout the survey. It is often the case in membership organizations that simply “opening the floor” to input and participation in activities is not sufficient to make members feel their input is truly wanted or to motivate them to get involved, and this seems...
to be true for the BCMS as well. To that end, the more the society can find ways to be actively inclusive and encouraging of those members who are willing to participate, the stronger and more dynamic the society is likely to be going forward.

Based on the feedback from this survey, the society is currently working to identify ways to reach out effectively to its members and make BCMS involvement a more integral part of their professional lives. Increased marketing, branding, and outreach efforts will be an important part of this objective moving forward. With increased marketing and outreach, there is every reason to believe the society will be well-positioned for growth in both size and influence on behalf of its members in Berks County and beyond.
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