community-acquired pneumonia...
the 4-hour antibiotic rule
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Community-Acquired Pneumonia... The 4-hour Antibiotic Rule

Charles F. Barbera, MD, MBA, FACEP

Recently, I treated a very pleasant, elderly woman who presented to the Emergency Department with a one-week history of fever, cough and weakness. She explained that she had tried over-the-counter remedies, had called her doctor and rested for the week. Still, she was no better.

She decided to come to the ED on a Friday evening, after her husband got home from work and could take her. She was not alone in seeking unscheduled medical care on a Friday evening.

After patiently waiting through triage, registration, room assignment, I finally saw her.

After I evaluated the patient, I ordered some blood work and a chest X-ray. The blood was drawn, and the film taken. Her pneumonia severity score placed her in a class IV, making admission likely should she have a radiographically evident pneumonia.

I got the blood results and the chest X-ray report fairly promptly, in about 45 minutes. The patient had a right lower lobe pneumonia.

Now I am the one who is getting sick. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has determined that antibiotics must be administered to patients with pneumonia within 4 hours. That is 4 hours of presentation, not 4 hours of symptoms.

I have 68 minutes to get antibiotics in my patient. Doesn’t seem too difficult. (The 4-hour rule only applies if the patient is admitted; patients with pneumonia who are discharged can get a prescription, go to Wal-Mart and wait 12 hours for their antibiotics to be dispensed — apparently with no detrimental effects.)

I write the order and flag down a nurse with 59 minutes to spare. I am golden… then the ambulance radio goes off… the nurse needs to attend to a cardiac arrest. I beg someone to enter the order in the computer and have the medication profiled with pharmacy, so that it can be administered in 4 hours. All goes well, until the patient states she is allergic to penicillin. This raises a flag in the system, which points out a potential reaction to Rocephin. The nurse then tracks me down to ask if this is OK to override… I override the flag, and the patient receives the antibiotics with 13 minutes to go… We made it!!!

Unfortunately, some of my patients don’t always get their antibiotics within 4 hours of presentation. I’m not certain of the pathophysiology here, but clearly the earliest one can initiate therapy, the better the patient is likely to do. I certainly support that; however, several realities may exist, delaying this process.

• Time of presentation: Patients don’t usually present upon immediate onset of symptoms, and if they did, would their pneumonia be radiographically evident?

• Competing patients: Patients are now competing with each other for immediate, intensive services:
  • Acute MIs
  • Sepsis
  • Trauma
  • Stroke

There is some credible data, and a plethora of anecdotal information, that patients with the aforementioned conditions warrant immediate treatment. Certainly, patients with the most pressing clinical need benefit from all of the resources the hospital has to give, as quickly as possible. I am not certain that community-acquired pneumonia is one of these conditions.

These patients rightfully should get pushed to the head of the line… I have seen this work and believe in it. The problem is, when everyone gets pushed to the front of the line, then no one benefits, and the line moves no faster.

We all are aware of the limited resources facing health care, and each and every one of us is being challenged to utilize these resources prudently. None of us has difficulty accepting the fact that we have to prioritize. The problem is, with this Four-Hour Antibiotic rule, the JCAHO has done the prioritization for us — without regard for patient care or resource utilization.

There has to be a better way.
2006 – a year where visions of the future become the realities of the present.

In November of this year, St. Joseph Medical Center Bern Township Campus will open its doors to the people of Berks County and surrounding areas. The entirely new 40-acre health campus will feature state-of-the-art technology in a modern environment with a focus on providing individual care.

Completely new diagnostic and treatment areas include: Operating Suites, Heart Institute Services, Cancer Center, Pulmonary Medicine, Orthopedic services with full and partial Joint Implant Center, Family Centered Maternity Care, Vascular Services, Vein Center and Emergency Care.

Among the features of the new facility are: 175 private rooms | a more personal environment focused on individual care | all hospital services in a single building | safe and easy-to-navigate campus for foot and vehicle traffic | ample and convenient free parking | easy and direct access to major highways.
March marks a very important month in medical school and residency training. “Match Day” was once very important for each of us. Would we get our first choice for residency in the place we wanted? Where would our medical school classmates end up? Now, as with everything in medicine, the Match is about four times as long, with more paperwork, more rules, even a lawsuit over it, but similar end results. In primary care as well as some high risk specialties, we hold our breath, pray a lot and hope for the best. At The Reading Hospital and Medical Center and St. Joseph Hospital as well, we are content again until the fall. What will the new predictions bring? How will the “climate” of practicing medicine in Pennsylvania, real or perceived, affect our chances of attracting qualified candidates in the future. At least for now, we can prepare for our new residents and be happy we have filled our slots either within or outside of the “Match.”

What do the results from the “Match” tell us about our future? Quick and easy, what’s hot and what’s not? And where do we stand in Reading, Pennsylvania? What are the numbers and what do they mean? A total of 21,659 positions were offered in the match, and 92% were filled; 64.9% were filled with U.S. graduates. Specialties with a greater than 95% fill rate were anesthesia, dermatology, emergency medicine, general surgery, internal medicine, ob-gyn, orthopedics, ENT, pediatrics, child psychiatry, plastic surgery, radiation oncology, diagnostic radiology, and transitional year programs. Of these programs, only emergency medicine, plastic surgery and radiation oncology filled with more than 90% U.S. graduates. The lowest fill rates were seen in urology at 80%, neurology and family medicine at 85%, and neurosurgery at 88.9%. The fill rates with U.S. seniors for these specialties was 73.3%, 52.5%, 41.4% and 83.3%, respectively. Fourteen percent of U.S. seniors matched into clearly primary care programs, with family medicine filling 85% of its positions (41.5% with U.S. seniors), pediatrics filling 96.5% of its positions (72.7% with U.S. seniors), and internal medicine filling 95.4% of its positions (62.5% with U.S. seniors). Only 8.1% of U.S. graduates filled in family medicine residency programs, compared to a high of 17.3% in 1997. The specialties with the lowest fill rates with U.S. graduates are family medicine, neurology, pathology, internal medicine and PM&R.

What does all of this mean? First of all, about 35% of our residents are from international medical schools, adding a wealth of cultural diversity and drive to our residencies. We are truly a richer community merely due to their presence. The adversity that some of these residents have faced and continue to face to study medicine in the U.S. is truly remarkable.

What do we know about what drives medical students these days? Surveys of medical students indicate that educational debt and potential income in subspecialties are pushing them away from primary care. Lifestyle challenges are also changing the attitudes of medical students, who clearly want more of a balance between personal and professional life. The ever-looming question for me is, “Does the negative perception of the PA medical liability climate make it harder to recruit residents to PA?”

As a family physician, an academic physician and president of your medical society, I sometimes find striking the right balance challenging. As someone who is trying to recruit medical students to a PA residency, I would like the physician community to stop being so vocal about how awful it is to practice in PA. I have heard too many times from medical students and residents that they are heading off to greener pastures in other states. For procedurally oriented specialties the issue is malpractice; for primary care specialties, it is reimbursement. I know these are real problems that must be fixed; nevertheless, it makes my job in a residency significantly more difficult. Again, for me it is the balance. I need good applicants who are hard to recruit due to both the liability and reimbursement problems in PA.

Clearly, much has been done on the legal/political front over the past several years to help physicians. Perhaps the most tangible is the almost $1 billion dollars that has been given to
Academic Medicine in PA
continued from page 6

physicians in Mcare abatement over the past three years. We still need relief from frivolous lawsuits and exorbitantly high awards. The fact is that we have accomplished much legislatively in PA, just not the much coveted cap. The Mcare Act limits double recovery, mandates periodic payment, added a seven-year statute of repose, established expert witness qualifications and modified the remittitur standard allowing awards to be decreased. We have also won on joint and several liability, venue, trauma center funding and certificate of merit. The total number of lawsuits is down likely due to these provisions. It is also true that dollar payouts are up, hopefully because the cases that are currently being tried are not subject to the more recent legislation.

This is a long way of saying that the only people I know for sure who have heard how bad it is to practice in PA are our medical students and residents. It seems like we are our own worst enemy, as we need these people to work with us, replace us and ultimately care for us. For now, we will move forward fighting for caps and better reimbursement, at the risk of losing young physicians. Who knows, perhaps we will win and the tide will turn in our favor on both of these fronts.

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– Groucho Marx

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This is a wonderful service to the Berks County community.

May 3
Asthma

May 10
Speech and Health

May 17
Lyme Disease

May 24
C-Section

May 31
High Blood Pressure

June 7
Cochlear Implants

June 14
Emergency Medical Services in Reading

June 21
Headaches

June 28
Prostate Cancer: Screening and Treatment

Please contact the Society Office for details on sponsorship of a program.

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Paradyne Rehabilitation Group P.C.
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Fax: 978-709-8460
email: Paradyne@ptd.net
State Society Weighs in on EMR
Darlene Kauffman, Pennsylvania Medical Society

Where does the Pennsylvania Medical Society stand on electronic medical records (EMRs)? The state Medical Society is taking the lead in expanding health information technology in Pennsylvania, while supporting physicians through the rigorous process of EMR adoption.

Health care and information technology professionals are working on development of the electronic health record (EHR)—a term that encompasses subsets of electronic records, including electronic medical records (EMRs) systems used by physician practices, hospitals and other health care providers—and personal health records (PHRs)—records developed for patients, that may include transactions in a doctor’s office or a hospital as well as medication records. Regardless of the particular terminology used, the prospect of using electronic records for patients causes many Pennsylvania physicians a great deal of consternation. In many cases, the cost and daunting process of converting from paper records to a fully functional EMR system overshadow the potential benefits of such systems—patient safety, practice efficiency and, typically, greater peace of mind.

Recognizing the challenges associated with implementing an EMR system, the board of trustees of the Pennsylvania Medical Society appointed a task force to identify ways the Society could encourage and assist its members in the use of information technology. The first step is EMRs; long-term goals are to improve medical practice, patient care and the patient-physician relationship. The task force, dubbed the “Techies,” was chaired by Bruce A. MacLeod, MD, FACP, chair of the Department of Emergency Medicine at Mercy Hospital in Pittsburgh and a member of the state Society’s Board. Task force members included physicians, practice administrators and physician-hospital organization representatives from across the commonwealth. On May 18, 2005, the board of trustees approved the Techies’ final report, which spelled out a comprehensive plan to address health information technology at two levels.

At a macro level, the Society is actively involved in a statewide effort on health information technology. It is critical that electronic health information be transferable. It is not enough to simply create a digitized record. Health care providers must be able to exchange protected health information in a secure manner. Some have compared building a regional health information network to building a road. You do not build the businesses and restaurants and then build the road. The road is built first, followed by commercial expansion. Likewise, once the information network is established, providers, payers and other organizations will be better able to design or purchase systems that are compatible with the network. It is essential that the state Society be actively engaged in the development of a health information network for Pennsylvania.

To facilitate the development of a statewide network for the exchange of electronic health information, the Pennsylvania Medical Society has partnered with Quality Insights of Pennsylvania (QIP), the quality improvement organization for the commonwealth. The two organizations founded the Pennsylvania eHealth Initiative, a collaborative of more than 30 major stakeholders in the exchange of electronic health records. The Pennsylvania eHealth Initiative has won the enthusiastic support of such stakeholders as the Hospital & Healthsystem Association of Pennsylvania (HAP), Health Information Management Systems Society (HIMSS), academic medical centers, insurance companies, state and federal legislators, state government, private practice physicians and professional membership organizations. By representing physicians’ interests in the Initiative, the Society hopes to reduce the risk of EMR investment for Pennsylvania physicians by advocating for interoperability among EMR systems.

On a more practical level, the Society will address the issues of the individual physician. It is the Society’s goal to provide individual physicians and practices with the support and information they need to confidently evaluate, purchase and implement EMR systems. Although the federal government has not mandated that physicians adopt electronic medical records, the groundswell was phenomenal following President Bush’s announcement in April 2004 that every American would have an electronic health record within 10 years. If this federal initiative continues to snowball, as we expect it will, even the most reluctant physician may feel more comfortable in taking the EMR leap.

With these concerns in mind, the Society is planning a full spectrum of projects to assist its members. The projects are directed at providing software information, education and physician networking on EMR

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State Society Weighs in on EMR

topics. The Society will also advocate for its members in the areas of financial incentives for EMR adoption, funding opportunities, backwards compatibility of existing EMR systems, and universal broadband access throughout the commonwealth.

As a first step, the Pennsylvania Medical Society will conduct a survey this summer of physician practices regarding their use of broadband and other health information technologies, their success with implementing and incorporating technology into their practice, and any barriers to adopting such technologies. The results of the survey will help the state Society precisely target the needs of physicians in specific geographic regions or specialties. In addition, QIP will use the survey results to determine the penetration of health information technology in Pennsylvania and report their findings to the Centers for Medicare and Medicaid Service (CMS).

The commitment of resources by the Pennsylvania Medical Society to health information technology advocacy, products and services is significant. The Pennsylvania Medical Society will remain a strong advocate for the expansion of EMR across the state and within your office.
Spring 2006

FOCUS ON WEDNESDAY - MEDICAL GRAND ROUNDS
Lectures designed to help physicians keep up-to-date on the rapid changes in medicine today

May 3
*PATIENT SAFETY
Genital Herpes
Speaker to be announced

May 10
The Arnold V. Davis, MD, Memorial Lecture
Topic and Speaker to be announced

*This activity meets the criteria for Patient Safety Risk Reduction required under Act 13.

May 17
Medication Update 2006
C. Wayne Weart, PharmD
Medical University of South Carolina

May 24
Patient Safety
OSHA Update 2006
Jean VonNeida, RN
The Reading Hospital and Medical Center

All lectures: 8:30 - 9:30 a.m. Thun/Janssen Auditorium. Registration NOT required.

For more information on these CME activities, call 610-988-8548.
ANNUAL LEGISLATIVE BREAKFAST
FRIDAY, MAY 12, 2006
7:00 A.M. - Breakfast
7:30 - 9:00 A.M. - Program
Sheraton Reading Hotel

Come out and meet our legislators!

All BCMS and BCMS ALLIANCE MEMBERS are invited to attend FREE of charge.

Also, please feel free to invite a guest to join us (spouse, non-member, office manager, etc.)

To register for the event, please call the Society Office at 610.375.6555.
BCMS Members
Changes to Physicians Directory

Dr. P. Kurt Bamberger
New address is:
301 S. 7th Avenue, Suite 315, West Reading, PA 19611
Campanella & Pearah Eye Care Associates
New address is:
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FRIDAY’S CHILD

MAY 5, 2006
Hereditary Angioedema
Timothy Craig, MD
Pulmonary Medicine

JUNE 2, 2006
Brain Tumors
Benjamin Levi, MD
Associate Professor of Pediatrics & Humanities
Penn State Children’s Hospital
Milton S. Hershey Medical Center
Melanie A. Comito, MD
Assistant Professor of Pediatrics
Division of Pediatric Hematology/Oncology
Penn State Children’s Hospital
Milton S. Hershey Medical Center
Mark S. Dias, MD, FAAP
Associate Professor of Pediatric Neurosurgery
Division of Pediatric Neurosurgery
Penn State Children’s Hospital
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Berks County Medical Society

EXECUTIVE COUNCIL MINUTES

Thursday, March 2, 2006

The BCMS Executive Council meeting was called to order by Raymond C. Truex, Jr., MD, chair, at 6:30 p.m. with the following Council members in attendance: Doctors Alfano, Barbera, Cairns, Dethoff, S. Dietrich, Driben, Duensing, Hein, Heller, D. Kimball, Jr., E. Kimball, Marcus, Powell, Sharma, Schlechter, Truex and Yee. Also in attendance were Mt. Bruce Weidman, BCMS executive director, and Dawn McDonough, BCMS executive assistant.

Introduction of New Members – Dr. Truex introduced the new members of Executive Council: Doctors Alfano, Duensing, Hein and Yee.

Approval of Minutes – Dr. Truex asked for a motion to approve the minutes from the February 2, 2006, Executive Council meeting. Dr. Cairns made a motion to approve the minutes as presented. Dr. Schlechter seconded the motion, and the motion carried.

Happy Birthday Greetings – Dr. Truex expressed Happy Birthday wishes to the following physicians who have birthdays in March: Doctors Bell, Moser and Schlechter.

REPORTS OF OFFICERS

President’s Report

Current BCMS Membership – Dr. Truex reported current BCMS membership is remaining stable with 578 physician members, as compared to 580 physician members at this time last year.

Autopsy – Reception for Mrs. Hassel – Approximately 52 physicians, Alliance members and guests attended the February 23, 2006, Retirement Reception for Mrs. Anne Hassel. All had an enjoyable time.

Strategic Planning Ad Hoc Committees

Communications Committee – Dr. D. Kimball reported the BCMS Web site continues to move in the right direction. The “Members Only Section” is now currently up and running. “Health Talk” has recently been better funded, and no changes will occur with the Medical Record. Dr. Kimball noted that we will need more members to write articles for the publication.

Action Step: The BCMS Web site committee will meet at 7 a.m. on Friday, April 7, 2006. Explore the possibility of having “Health Talk” shows recorded and placed on the Web site.

Membership Committee – Dr. Heller reported the Membership Ad Hoc Committee met on Friday, February 17, 2006, and divided up the list of BCMS physician members who had not paid their 2006 dues to date. Committee members agreed to contact these delinquent members to urge them to pay their 2006 dues. Dr. Truex suggested each member of Executive Council take a few names from the current list and contact these delinquent members personally.

Action Steps: The delinquent members list was circulated, and members indicated which physicians they will contact personally.

An e-mail will be sent out to each Executive Council member who identified an individual to contact, as a reminder to “reach out” to these delinquent members. A list of who will contact whom will be sent to Dr. Truex and Dr. Heller.

Physician Advocacy Committee – Dr. Schlechter discussed the Physician Advocacy Ad Hoc Committee meeting with Mr. Larry Light, PMS Vice President of Legislative and Political Affairs, on February 22, 2006. Mr. Light talked about what physicians can do at the local level, as well as how important grass-roots initiatives are with patients.

Dr. D. Kimball discussed the breakfast meeting with Senator Brightbill and indicated Senator Brightbill would like local physicians to consider hosting “Coffee Clusters” with 8-10 physicians present to discuss issues of concern.

Dr. Kimball emphasized that this is not a fundraiser and encouraged council members to consider hosting a coffee cluster.

Action Step: Physicians interested in hosting a coffee cluster in their home are to contact Bruce Weidman with their interest. The best time for Senator Brightbill to attend a coffee cluster is Wednesday or Thursday evening in March or April, from 6:30-8:30 p.m.

Dr. Schlechter and Dr. Kimball emphasized how important it is for physicians to develop a personal relationship with “their” legislators, and that physicians need to contribute to campaigns to support those legislators who are “friends” of medicine. Dr. Schlechter also noted how it is important “Not to oppose a candidate; just don’t support that candidate.”

Action Step: Dr. Truex suggested a list of “Hosts” be developed to link physicians with their legislators for the Legislative Breakfast.

Dr. Truex also requested Dr. Schlechter work on a list of topics for the legislators to discuss (i.e. tort reform, Mcare Fund, Medicare PDP Formularies, and scope of practice bills) at the Legislative Breakfast.

Dr. Schlechter discussed the request from Michael Leibowitz (opposing Congressman Gerlach) to address the Executive Council at their next meeting. A discussion took place as to whether to hold a Candidates’ Night to hold debates and allow candidates to address concerns. Dr. Schlechter also discussed the possibility of a legislative debate between Rendell and Swann. It was also mentioned to reconsider allowing staff members to speak at the Legislative Breakfast.

Action Steps: Dr. Eve Kimball will coordinate the “Candidate’s Night” and schedule for October. Mr. Weidman will contact PMS formularies, as to which races to focus on, and determine what candidates are to be invited.

Dr. Truex suggested the Physician Advocacy Committee should interview Michael Leibowitz and extend the same to his opponent, Congressman Gerlach.

Spanish for Medical Professionals – Dr. Truex reported the “Spanish for Medical Professionals” Committee will meet at 7 a.m. on Friday, March 3, 2006. The purpose of the meeting is to plan Session II of this series.

It was further stated that the eight-week course might have to be moved back with a start date in April in order to obtain CME credit from PMS.

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Medical Record

May 1, 2006
When is the right time to review your company’s health insurance?

NOW.

For a wide range of alternative health insurance plans, including dental, vision and more, contact the insurance administrator endorsed by the Berks County Medical Society.

Call USI Colburn Insurance Service today at 800.265.2876.
BCMS Executive Council Minutes
continued from page 16
Dr. Truex announced 16 hours apply to Patient Safety. Dr. Truex also announced that Lebanon Valley College is offering Spanish Immersion, a one-week program.

Secretary’s Report

Correspondence – Dr. Dietrich reviewed the following correspondence:
• Thank you letter from Anne Hassel.
• A letter from the Berks County Board of Assistance asking to meet with BCMS to discuss access to care issues.

Action Step: Dr. Barbera reported a meeting was arranged with the Berks County Board of Assistance for noon, April 20.

• A memo from PMS stating proposed amendments to the PMS bylaws must be submitted by June 21, 2006.

• An e-mail from Lebanon Valley College, regarding a Spanish Immersion program.

Action Step: The Committee asked Mr. Weidman to post information on the Spanish Language Immersion Program on the BCMS Web site.

• An invitation from the AMA to sponsor and attend the AMA’s Dr. Nathan Davis Awards program for Outstanding Government Services.

• A thank you letter from Senator O’Pake for the Society’s memorial donation to St. Margaret’s Church in honor of his mother.

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

Treasurer’s Report

Dr. Dethoff, treasurer, reviewed the January 2006 and February 2006 Financial Report as follows:

January 2006 Financial Report
• YTD Income $27,592.50 – $3,562 less than this time last year
• YTD Expenses $14,515.39 – $1,034.69 less than this time last year
• YTD 2006 Dues Income $134,867.40 – $740 more than this time last year
• YTD 2006 Advertising Income $8,180.68 – $1,352.18 more than this time last year
• Unexpected Income $125
• Unexpected Expenses $650
• Contingency Account Balance $389,812.43
• Educational Trust Fund Balance $8,140.28
• Total Assets $505,461.69

Dr. Dethoff stated the amount of funds in the Educational Trust Fund is down because the check for $18,000 from Superior Oxygen has not yet been posted to the Trust.

February 2006 Financial Report
• YTD Income $54,741.52 – $2,029.79 less than this time last year
• YTD Expenses $30,393.41 – $738.13 less than this time last year
• YTD 2006 Dues Income $148,035.90 – $5,621.90 more than this time last year
• YTD 2006 Advertising Income $8,972.68 – $652.82 less than this time last year
• Unexpected Income 0
• Unexpected Expenses $1,647.47
• Contingency Account Balance $396,848.63

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The Reading Hospital Department of Family & Community Medicine
Continuing Medical Education Spring 2006

Held on Fridays from 8-9 a.m. • Education Room B at The Reading Hospital and Medical Center

May 12
Clinical and Subclinical Hyperthyroidism
Seth Arum, MD
RPS Endocrinology
The Reading Hospital and Medical Center

May 19
Depression in Children
Andres Pumariega, MD
Chair, Department of Psychiatry
The Reading Hospital and Medical Center

June 9
STD Testing: A Practical Update
Jettie Hunt, MD
Department of Pathology
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**FUNDRAISING/DONATIONS**

- We are thrilled to report the proceeds for the 2005 Holiday Card were $11,980.
- Our community service account is currently $14,655.16. We are dedicating $7,000 towards seven scholarships, each being $1,000.
- The members present at the Spring General Meeting agreed without objection to donate to the following local organizations:
  - United Disabilities will receive $1,750 for their summer programs.
  - The AMA Foundation will receive $1,000 to be put towards a medical school scholarship to a Pennsylvania medical school.
  - The Berks County Food Bank will receive $1,000 to be used for their Kids Cafe program.
  - Easter Seals Eastern Pennsylvania will receive $1,044 to purchase an In Fun-ity Climbing System to be used in their Easter Seals-Berks Division Sensory Integration Unit.

We are pleased to announce a full slate of officers for the BCMSA 2006-2007 year.

President-Kalpa Solanki
President Elect-Laurie Waxler
VP Membership-Kelly O’Shea
VP Health Project-Lisa Banco
Treasurer-Sandi Abraham
Recording Secretary-Deb Cordes
Corresponding Secretary-Patty Amin
Directors-Jill Haas & Lynnie Gregor

**DOCTORS’ GROVE/TREE OF LIFE**

Doctors’ Grove was established by the Berks County Medical Society (now Alliance) in the late 1970s and dedicated on Doctors’ Day in 1981 to honor and remember Berks County physicians and their families. After trying various locations and types of trees, a variety of 79 maples have been planted and maintained at the Berks Heritage Center, Tulpehocken Creek Park.

A brass “Tree of Life” plaque was subsequently installed at the Berks County Medical Society. Each brass leaf or bronze rock can be inscribed with the name of the honored, and memorialized with a brief message and date.

Additional information on “Tree of Life” plaques can be obtained from the Medical Society Office.

**ALLIANCE MEMBERSHIP FORM**

- Yes, I would like to be a member of the Berks County Medical Society Alliance. **BCMSA dues: $20**
- Yes, I want to be a part of the bigger picture and support the Pennsylvania Medical Society Alliance and the American Medical Association Alliance. **PMSA dues: $55, AMAA dues: $40**

We encourage unified membership on all three levels.

Total enclosed:  $ _____________

Name: ______________________________________________________________________________________________________
Address: ____________________________________________________________________________________________________
________________________________________________________________________________________________________
Phone:____________________________________________E-mail: ____________________________________________________

Mail this form with your check, payable to BCMSA to: Sandi Abraham • 2909 Duffield Lane • Sinking Spring, PA 19608
BCMS Executive Council Minutes

continued from page 18

• Educational Trust Fund Balance $7,794.34
• Total Assets $512,749.38

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

BCMS Alliance Update – No report was available

Executive Director’s Report

Meeting with Berks Deaf & Hard of Hearing – Mr. Weidman announced that he and Dr. Kimball will be meeting with representatives from the Berks Deaf & Hard of Hearing at 9 a.m. on Thursday, March 23, 2006.

Non-Member Physician Visit – Mr. Weidman reported that he has been unsuccessful in setting up appointments with non-member physicians because the office managers will not give Mr. Weidman an appointment to discuss the benefits of organized medicine with non-member physicians. Action Step: The Committee stated a member of the Executive Council will contact the non-member physician to set up an appointment for Mr. Weidman.

NEW BUSINESS/OTHER ISSUES

Meeting with PAPA - Dr. Ambarian received a call from a representative from PAPA (Politically Active Physicians Association). PAPA would like to set up a meeting with BCMS leadership. Action Step: A PAPA representative will be invited to attend the May 4 Executive Council Meeting.

As there was no additional business to be discussed, the meeting adjourned at 7:30 p.m. The next meeting of the Executive Council will be at 6:30 p.m. (food available at 5:30) on Thursday, March 2, 2006, in BVNA Auditorium One.

Respectfully submitted,
Scott A. Dietrich, M.D.
Secretary
Berks County Medical Society

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Kendra Wickizer, Practice Manager
Reading Diagnostic Clinic

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May 1, 2006
Spring CME at SJMC

The following programs are scheduled from 8:00 a.m. to 9:00 a.m. in the GI Winston Lecture Hall of St. Joseph Medical Center.

**May 5**
- Nutrition and Healing
  - Joseph Cavorsi, MD, Center for Advanced Wound Care

**May 12**
- Understanding Latex Allergy (How the Rubber Hits the Road)
  - Richard Greene, MD, Chief of Allergy and Immunology

**May 19**
- Thoracic Oncology Procedures
  - Daniel Woolley, MD, Bornemann Cardiothoracic

**June 2**
- Collaborating for Life: The Organ Donation Process
  - Kathy Yandle, Gift of Life

**June 9**
- Intensive Insulin Therapy for the Inpatient
  - Andrew Behnke, MD, Cumberland Valley Endocrinology

**June 16**
- Metabolic Syndrome in Children
  - Ron Williams, MD, Penn State Children’s Hospital

For additional information about these or any other CME programs, please call Janette Guzowski at 610 378 2159.

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Keep talking to your patients about colon cancer screening.
So you won’t have to talk to them about colon cancer.

If everyone who’s 50 and older would get screened for colorectal cancer, the death rate could be cut in half*. You play a critical role in your patients’ decisions to get tested. So make it a priority to talk to your patients about getting screened. For some helpful tools, call us at 1-800-ACS-2345 or visit www.cancer.org/colonmd. This is how we can work together to prevent colorectal cancer. This is the American Cancer Society.

*Source: http://prg.nci.nih.gov/colorectal/
Berks County Medical Society

EXECUTIVE COUNCIL MINUTES

Thursday, April 6, 2006

The BCMS Executive Council meeting was called to order by Raymond C. Truex, Jr., MD, chair, at 6:00 p.m. with the following Council members in attendance: Doctors Ambarian, Aynardi, Barbera, Cairns, Dethoff, S. Dietrich, Duensing, Finneran, D. Kimball, Jr., Moser, Powell, Sharma, Truex, Waxler and Weaver. Also in attendance were Mr. Dave O’Donnell, Healthcare Administrative Services, Mrs. Lynnie Gregor, BCMS Alliance, Mr. Bruce Weidman, BCMS executive director, Dawn McDonough, BCMS executive assistant. Guests: Dr. Michael Baxter and Dr. Mario Grasso.

Guest Speaker – Dr. Truex introduced Dr. Michael Baxter, chair, Department of Family & Community Medicine, TRHMC.

Dr. Michael Baxter – Dr. Baxter presented a proposal to Executive Council regarding “Access to Health Care in Berks County.” Dr. Baxter stated this is an issue the Medical Society should address. He provided information detailing both the uninsured and the under-insured and indicated the Medical Assistance population is the largest group creating the “biggest problem” in access to care.

Dr. Baxter went on to present a proposed statement requesting the Executive Council adopt/endorse the following statement: Every resident of Berks County should receive the care they need in a timely manner in the appropriate setting at an affordable cost.

Dr. Ambarian stated her goal at the meeting was to begin an open discussion and explore steps that can be taken on what it would take to achieve this.

Dr. Truex asked if it would be more appropriate to revise the proposed statement to read “PA as opposed to Berks County” and take the proposal to the “House of Delegates Meeting” for adoption by PMS.

Action Step: Dr. Truex requested a “sub-committee” be formed to gather information and develop a resolution to be brought before Executive Council. Dr. Truex requested Dr. Michael Baxter as committee chair. At Dr. Baxter’s request, the following Council Members will serve on the “Access To Care Committee”: Doctors Ambarian, Barbera, Duensing, Ellenberger, D. Kimball, Sharma, Waxler and Weaver.

Approval of Minutes – Dr. Truex asked for a motion to approve the minutes from the March 2, 2006, Executive Council meeting. Dr. Sharma made a motion to approve the minutes as presented. Dr. D. Kimball seconded the motion, and the motion carried.

Happy Birthday Greetings – Dr. Truex expressed Happy Birthday wishes to the following physicians who have birthdays in April: Doctors D. Kimball and Carter.

REPORTS OF OFFICERS

President’s Report

Current BCMS Membership & List of Dropped Members – Dr. Ambarian reported current BCMS membership is 578 physician members, as compared to 581 at this time last year.

Dr. Ambarian then went on to review the list of 26 members who were dropped from membership, because they did not pay their 2006 membership dues.

Secretary’s Report

Correspondence – Dr. Dietrich reviewed the following correspondence:

• A letter from PMS stating the PMS Commission on CME has voted to approve awarding 16.0 AMA PRA Category 1 Credits for the Society’s “Spanish for Medical Professionals” Session II.

• An e-mail stating that John W. Martyniuk, PhD, MD, recently joined the PMS Physicians’ Health Program as medical director.

• A postcard announcement of the 8th Annual Sam Rohrer Golf Tournament.

• A letter from Berks County Children & Youth Services announcing a training seminar entitled “Operation Safe Kids.” The letter also requested nominations of people for their exemplary efforts toward preventing child abuse.

• Reading Berks Science & Engineering Fair Winners: Laura Rentschler, The King’s Academy; Timothy Priar, Central Catholic HS; Tyler Andre, Oley Valley Middle School; and Olivia Goodwin, LaSalle Academy. Judges were Doctors Kimball, Dr. Powell and Dr. Bigos.

Treasurer’s Report

Dr. Dethoff, treasurer, reviewed the March 2006 Financial Report as follows:

• Income $10,089 – $3,710 less than this time last year

• Expenses $19,221.02 – $2,231 more than this time last year

• YTD 2006 Income $155,379 – $924 more than this time last year

• YTD 2006 Advertising Income $9,932 – $2.18 more than this time last year

• Unexpected Income 0

• Unexpected Expenses $25,42

• Total Assets $529,914.43

Dr. Dethoff reported the income and expense categories are on target. The Finance Committee will meet on April 12, and the topics of discussion will be finding ways to generate additional funding for the Educational Trust and a more effective way of reporting budget vs. actual.

A motion was made by Dr. Kimball, seconded by Dr. Duensing, and carried to file the Treasurer’s Report for audit and the Secretary’s Report.

continued on page 25
What is the Berks County Medical Society’s Health and Educational Trust Fund?

The Trust Fund was created in 1966 from public donations for the Medical Society’s free offering of polio vaccine. The Trust Fund was chartered with the United States Internal Revenue Service to accept contributions for “charitable, educational, scientific, and literary uses and purposes or for the prevention of cruelty to children or animals.”

Currently, funds from the Health and Educational Trust Fund are used to underwrite the expenses for medical and practice management seminars, prizes for the Reading-Berks Science Fair, CPR Recertification for physician members, Legislative Breakfast, prizes for Residents’ Day presenters, as well as the Society’s weekly radio talk show “Health Talk.”

Contributions to the BCMS Health and Educational Trust Fund are 100% tax deductible. All donations are greatly appreciated and are used to further the mission of the Berks County Medical Society.

Please contact the Berks County Medical Society at 610-375-6555 to obtain information on making your tax-deductible donations.

May 1, 2006
BCMS Executive Council Minutes

"Health Talk" – Dr. Kimball reported the program on "Brain Tumors" was a stellar program. Next week's program will be "Childhood Obesity." Dr. Kimball reviewed his "Health Talk" topics through June 28, 2006, and stated that he is now working on topics for the second half of the year. Dr. Kimball stated the biggest challenge with "Health Talk" remains funding and we still need advertising support. He also discussed the need for sponsors.

“Spanish for Medical Professionals” Session II – Dr. Truex announced the “Spanish for Medical Professionals” Session II began Wednesdays, beginning April 5. Eight physicians have registered to take Session II.

April 5th Residents’ Day – Dr. Kimball proclaimed a tremendous Residents’ Day. Eleven scientific abstracts were presented on Wednesday, April 5, 2006. Awards were presented to:

1st Place - Dr. D. Powell – Prevalence of Methicillin-Resistant Staphylococcus Aureus Carriage in an Intensive Care Unit.
3rd Place – Tied Dr. R. Nice – Myxedema Coma as the Initial Presentation of Hypothyroidism. And Dr. M. Shah – Cryptococcal Meningitis in HIV-Negative Patient with Pulmonary Sarcoidosis.

BCMS Alliance Update – Ms. Lynnie Gregor reported the proceeds for the 2005 Holiday Card were $11,980. Our community service account is currently $14,655.16. We are dedicating $7,000 towards seven scholarships, each being $1,000. The members present at the Spring General Meeting agreed without objection to donate to the following local organizations:

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Directors-Jill Haas & Lynnie Gregor

The BCMS Alliance was nominated for the Arthritis Foundation’s Community Service Award.

The Health Project: Treatment and Prevention of Childhood Obesity is scheduled for April 21st and currently has 62 registrations. A great response.

DOCTORS’ GROVE/TREE OF LIFE
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Practice Administrator’s Report

Mr. Dave O’Donnell reported information relating to the Medicare Part D and the government’s conversion to the three Medical Assistance plans. A total of 110,000 people in Pennsylvania have been converted and have until the end of June to convert back to Medicare should they choose to do so. Those who would choose to convert back to Medicare would lose their secondary benefits.

Executive Director’s Report

Meeting with Dr. Skleder and Dr. Perkins – Mr. Weidman reported he has received several e-mails from Dr. Ann Skleder asking if the Society wants to do a follow-up review of our Strategic Planning Process.

NEW BUSINESS/OTHER ISSUES

March 23rd Meeting with Berks Deaf & Hard of Hearing – This is the advocacy group for individuals in the community with hearing impairments. Dr. Kimball discussed the meeting he and Mr. Weidman had with representatives from the Berks Deaf & Hard of Hearing Association. Dr. Kimball stated the following points from the meeting:

• If a medical practice is in clear violation of the ADA in not providing interpretive services, BCMS will contact that practice.
• It was made clear for physicians it’s a financial issue.
• Both organizations agreed to keep open channels of communication.

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The Health and Educational Trust Fund of the Berks County Medical Society

The Berks County Medical Society established the Health and Educational Trust Fund in 1966 for charitable, educational, scientific and literary uses and purposes. The Trust qualifies as exempt from income taxes under section 501(c)3 of the Internal Revenue Code. Contributions to the fund are tax deductible for the donor. The Trust funds lectureships, symposia and seminars developed and approved by the BCMS Executive Council. It also supports a series of designated annual awards.

A gift to the Health and Educational Trust Fund of the BCMS in memory of a loved one, friend or associate, or in honor of a special person or occasion not only pays tribute to that person, but also benefits physicians and the patients they serve. We will send an appropriate card to the person or family of the person remembered. We will not indicate the amount of your gift. You will receive an acknowledgement of your gift, and contributions are fully tax deductible as provided by law.

In Memory/Honor of: __________________________________________________
Occasion: ____________________________________________________________
Please send a card to: __________________________________________________
Address: _____________________________________________________________
Donor's Name: _________________________________________________________
Address: _____________________________________________________________
Amount of Contribution: $________________________________

Please mail above information and check to: BCMS Health and Educational Trust 1170 Berkshire Blvd., Wyomissing, PA, 19610.

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