

Specialty Leadership Cabinet Summary
2/5/2019

Civil Procedural Rules Committee Changes to Venue

Angela Boateng:

In 2000's Tort Reform/medical liability was a major issue. PAMED stimulated meaningful change in the malpractice climate in PA.

The PA Civil Procedural Rules Committee proposed a change to the venue in which a liability action may be brought against a health care provider.

Currently: A liability action may be brought against a health care provider only in the county in which the alleged malpractice occurred.

Proposed change: A lawsuit may be filed in any county that has a relation to the physician practice.

Therefore, if a physician practices within a large health system which operates hospitals in 40 counties, a lawsuit may be filed in any of the 40 counties. This implies that there will be venue shopping to identify counties with reputations for large awards to claimants resulting in more lawsuits and higher premiums.

PAMED is preparing comments.

Individual physicians are encouraged to submit comments:

Karla M. Shultz, Counsel
Civil Procedural Rules Committee
Supreme Court of PA
PA Judicial Center
PO Box 62635
FAX: 717-237-9526
civilrules@pacourts.us

Dave Thompson

This is a court issue without a legislative fix.

It is imperative to contact key legislators/leaders to educate them on the issue and ask them to share concerns with leadership and the Judiciary Chairs.

Policy Committee hearing is scheduled for Feb 12, 2019.

Claire Shearer

Emails have been sent to PAMED members and specialty societies.

The home page of PAMED lands on the "Venue Issue". There is an option to make a comment without having to log in.

PAAA has already sent an email blast to members and our logo is included as "Joining the Fight".

Jaan Sidorov

Medical malpractice companies may share their actuarial predictions of the costs which may be associated with this proposed change.

Regulatory Update:

Mike Siget: Sterile compounding regulations do not apply to in-office physician compounding. These regulations apply to pharmacists and pharmacies.

Legislative Update

Telemedicine: The bill last year was passed by the Senate but did not pass the House. There have been stakeholder meetings and the bill will be revised.

The PA Patient Safety Authority

Ellen Deutsch, Medical Director, Patient Safety Authority

Goals of the PA Safety Authority include prevention of adverse events to patients, monitoring of trends across the state, and preservation of the safety of patients in PA.

<http://patientsafety.pa.gov/>

Resources include disease specific measures related to improving diagnosis and a speaker bureau.

Corporate Practice of Medicine/HOD Resolution

John Pagan:

The HOD resolved to study the issue of consolidation of health systems and corporate ownership of physician practices. Data collection is in progress regarding the nature of all corporate entities involved, pattern of ownership within the state with respect to geography and/or physician specialty, physician and patient feedback regarding various models.

The study findings will be reported at the next HOD.

Prior Authorization

Andrew Wexler: Cardiology communicated with Highmark regarding prior authorization of echocardiograms which is presenting a barrier to appropriate and timely patient care.

Highmark reported that the vast majority of cardiac ECHOs will be approved.

Why the burdensome process? Where is the transparency for denials and Peer to Peer Reviews?

Highmark agreed to evaluate their data and have another meeting in 6 months.

Informational Update on Balance Billing

Ankur Doshi: Bill currently introduced is not-provider friendly. Patients are being balanced billed if one member of the care team is out of network. PAMED's position is that patients should not suffer high surprise copays and that physicians should be reimbursed fairly.

Pharmacy Benefit Managers:

Alan Roumm, Rheumatology:

There is evidence over the past decade of unregulated complex opaque relationships between PBM and insurers which permits these groups to profit on discounts for high priced medications at the expense of the patients. There are cost savings which are not being passed on to the patients. This is presenting barriers to care and limiting affordability of appropriate treatment. The high price of medications especially specialty medications is a driving force in this issue. Individual states are making progress at a faster pace than national efforts on this issue .

Ask: For Specialty Societies, State Medical Society to make this a priority.

Action Item: PAAA BOR to consider joining in a coalition of specialty and primary care societies to prioritize the PAMED state legislature lobbying efforts towards legislation that regulates prescription benefits manager (PBM) and insurance company prescription drug plan (PDP) pricing policies.

Respectfully submitted,

Denise DiPrimio Kalman, DO
Specialty Leadership Cabinet
Pennsylvania Allergy & Asthma Association