

# KEEPING TED

Pittsburgh Ophthalmology Society Newsletter Fall 2009

## President's Corner

**Norman L. Edelstein, M.D.**

While my teenage granddaughter was listening to her iPod and texting on her recently updated cell phone, her grandmother asked how she seemed to have learned more in her few years than many adults. Her reply, without losing a beat, was "perhaps they were not paying attention."

**The POS does pay attention**, learns our members needs and requests, and that is why we are, and intend to remain, the most active specialty group in Western Pennsylvania. Our 2009-10 programs reflect those goals and the efforts of our Planning Committee and Executive Director.

**Please mark your schedules for each date as listed on the enclosed Meeting Summary.** Note that in order to avoid conflict with major national meetings and holidays, we have moved (for just this year and per member request) from the first Thursday of September to the third Thursday, and from the first Thursday of October to the second Thursday. The annual Spring meeting has been moved to the third Friday in March.

The **revised monthly MEETING TEMPLATE** will emphasize program efficiency and **dinner during the meeting** as opposed to at the end (again, per member request). Also, the "Case Presentation" will be a topic of practical interest and value with comments by both the guest speaker and audience. Please note: meals are expensive and thus please inform our Executive Director with dispatch (412-321-5030 or [dmeister@acms.org](mailto:dmeister@acms.org)) if any meal plans have to be cancelled so that we can avoid unnecessary caterer charges.

use our meetings to get to know the residents and fellows; invite one or more to join your table for each POS dinner.

## MONTHLY MEETING TEMPLATE

- 4:00 Registration
- 4:30 First lecture **promptly** begins with discussion and questions ending within one hour
- 5:30 "Case Presentation" by resident with discussion by speaker and audience participation
- 6:00 Social time with drinks
- 6:30 Business meeting and caterer begins to serve **dinner**
- 6:50 Second lecture with questions and discussion ending before 8 PM

The **SPRING MEETING** will be March 19, 2010 with our return to the Omni William Penn Hotel and dinner thereafter just a short stroll away at the Duquesne Club. The Thorpe Award will be for glaucoma

expertise, and the meeting date was planned (again, per member request) to avoid conflict with the annual national glaucoma event.

The **ALLIED HEALTH** portion of the Spring Meeting will include a well-known consultant presenting a Coding and Reimbursement Forum for your front office staff. Your technicians and ophthalmic assistants will enjoy a variety of relevant clinical updates as well as practical sessions on instrumentation and testing.

**SPECIAL THANKS:** The POS does pay attention to our members. Your questions and input are encouraged and should be directed to Dianne Meister, RN, our Executive Director (412-321-5030), whose ongoing efforts remain very much appreciated.

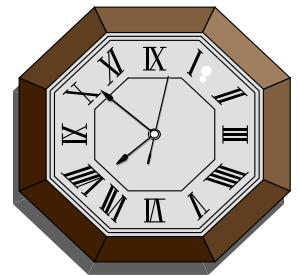
**GO STEELERS:** when we reviewed our options for the initial fall meeting and in an effort to meet after Labor Day, we did not select the second Thursday because that date conflicted with the Steeler's home opener. Indeed, as loyal Pittsburghers and with Bonnie Henderson, M.D. joining us from Boston, we did not want the large crowd anticipated for the POS September opener to diminish attendance at Heinz Field. Thus, mark your calendars today for the POS September 17 kick-off.

## 2009 - 2010 Meeting Calendar

Meeting registration begins at 4. P.M. with lectures at 4:30

Thursday, September 17, 2009  
Bonnie A. Henderson, M.D.  
Cataract  
Boston, MA

Thursday, October 8, 2009  
Richard A. Lewis, M.D.  
Glaucoma  
Sacramento, CA



Thursday, December 3, 2009  
Valerie A. Purvin, M.D.  
Neuro-Oph  
Indianapolis, IN

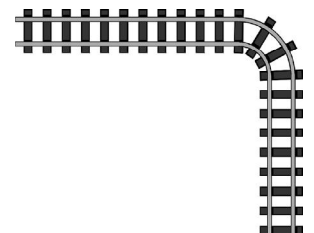
Thursday, January 7, 2010  
Alex V. Levin, M.D.  
Ethics & Medicolegal  
Philadelphia, PA

Thursday, February 5, 2010  
Andrew P. Schachat, M.D.  
Retina  
Cleveland, OH

Friday, March 19, 2010  
Uday Devgan, M.D.  
David L. Epstein, M.D.- Thorpe  
Jonathan D. Trobe, M.D.

## SPECIAL REPORT

The Summer 2009 newsletter from Highmark, Looking Healthward, featured an article describing the care required of diabetic eyes. The Pittsburgh Ophthalmology Society and Fast Track program was mentioned. The newsletter was sent to all Highmark members and encouraged them to seek an exam from an ophthalmologist from the Fast Track pamphlet. Members were directed to call the Allegheny County Medical Society at the number listed and ask for a pamphlet to be mailed.



There was one slight problem with this article.....it was sent across the country. The ACMS received numerous calls from Indiana, Illinois, Texas, Louisiana and numerous counties in Pennsylvania. While these calls did allow the patients to receive additional education regarding the need for eye exams from an ophthalmologist, these patients ultimately made a toll call with- out the results they had anticipated. For these calls, the patients were directed back to their PCPs and/or endocrinologists or their Highmark patient representative. Calls from patients in Allegheny and the surrounding counties were provided with names of ophthalmologists in their local area.

\$\$\$\$\$\$\$\$

## Treasurer's Report

**Marshall W. Stafford, M.D.**

The Society keeps its funds in very conservative financial vehicles (CD and money market). For this reason, it did not have investment losses this past year as many other non-profits. It likewise doesn't count on investment income for its day to day operating expenses.

This year's Spring Meeting was successful, but had a small budget deficit due to increased travel and food costs. The Planning Committee is enhancing the program and format to increase interest and attendance for both physicians and their staff members.

Similar to last year, the biggest increase in costs for the society is from higher continuing medical education credits and catering expenses at the monthly meetings. If you do not plan to stay for dinner at a meeting, please let us know so we can have an accurate count. Also, it is less expensive for us to send meeting announcements via email. If this is your preferred method of communication, please make sure Dianne has your correct email address. We can save on mailing and fax expenses.

I want to thank everyone for paying their dues promptly. Please encourage any new associates to join the POS.

## Membership Update

The POS has obtained eight new members since last year's newsletter putting the membership ahead of last year, as there have been no recent announcements of retirement. The new members include:

Alex Anetakis, M.D.

Paul Caimano, D.O.

Judy Liu, M.D.

Paul Phillips, M.D.

Martin Boscarino, M.D.

Parisa Farhi, M.D.

Cari Lyle, M.D.

Jennifer Y.Y. Will, M.D.

If there is an ophthalmologist in your community who is not a member of the POS, contact the office to have an application sent to the prospective member.



**"Wine comes in at the mouth**

**And love comes in at the eye"**

**William Butler Yeats, "A Drinking Song"**

# Legislative Report

**John C. Maher, M.D.**

At this time, Ophthalmology, through the efforts of the PAO and many members of the POS, has a bill which defines surgery in committee of the state House. It is meant to prevent the inappropriate use of surgery by Optometry. There is documentation from Optometric publications that the Optometrists feel they can and will replace the need for Ophthalmology. In the 1970s it was dilation medications. In the 1980s it was antibiotics. In the 1990s it was steroids and glaucoma medications. In the 2000s it is surgery. In multiple states the Optometrists have attempted and succeeded to gain some limited surgical rights. In other states it has failed. The current head of the Pennsylvania College of Optometry admits she has done suturing, drainage of eye lid infections, laser treatments, and probing and irrigation of the lacrimal system. With this type of leadership, you should not doubt that the intent of the current Senate bill introduced by Optometry which will allow some surgical procedures is the opening volley in an effort to do all surgery of the eye. Our bill will not and does not attempt to remove any current privileges. The Optometry lobby's rally cry is that it does that. Your Optometric "friends" will tell you it will even remove the use of hot compresses. They state there is no need for a definition. The mere existence of the Senate bill they introduced establishes the need to have surgery defined as the right of those who are properly trained through a medical education.

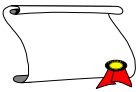
House bill 1188, the Surgical Protection Act has passed the House Professional Licensure Committee 24-1. Without your continued financial and personal support, we will not make the next challenge. The bill now goes to the House Rules Committee and from there to the Committee on Appropriations. When successful in this committee, the bill then goes to the floor of the House.

These are exciting yet dangerous times. Failure will show weakness and a window of opportunity for Optometry to gain surgical privileges. Your referral sources will become your competitors. The patients will be exposed to flawed eye care and an increase in the cost of eye care will be seen. All of these will result in negative pressure on your practices.

This is a VERY critical time to stay informed, stay involved and stay committed to the ideal of surgery to be done by surgeons and not by Optometry.

## CME Credits

We have completed our first full year of programs through a new CME provider. You may be aware that CME is a very volatile topic because of the increasingly onerous requirements attached to applications. Those who set the standards do not believe that the requirements are difficult to meet. However, in many instances, the documentation required to show 'need' and 'outcome results' for an organization such as the POS, the task can seem daunting. With the new CME provider, the POS office does not generate the certificates.

The CME credit certificates were recently mailed to all those who  have attended meetings from September 2008 through the Annual Meeting in March of 2009. A couple of the certificates were incomplete. Please contact the society office if you have not received all of your credits and realize that they must be requested from our CME provider and may take awhile.

## **Provider Relations report: High Deductibles Health Plans: A growing problem for physicians' collections**

**Robert Bergren, M.D.**

As employer and individual health care costs increase, so have the popularity of High Deductible Health Plans (HDHP). These are generally plans that have a deductible of \$1,000 or more and some can go as high as \$10,000. These plans may or may not provide for preventive care and medication coverage. If they provide preventative care they usually they have a co-pay as well.

True catastrophic plans are generally those with a very high deductible and no coverage of any kind until the whole deductible is met. These are usually coupled with some form of employer coverage of the deductible or a Health Savings Account (HSA). The more common plans are those with \$1,000 to \$2,500 deductible and preventative care coverage. These may or may not have some other form of coverage of the deductible such as a HSA. Healthy individuals will opt for these plans because they seem to be very similar to a non-deductible plan but they are much less of a monthly expense. They are willing to take what seems like a small risk that they will have some significant health problem. What most people fail to realize is that simple diagnostic tests and minor procedures are not covered. When they are faced with these bills they believe that they should be covered so they may be reluctant, unwilling, or unable to pay.

HDHPs are a problem for physicians because larger amounts of the payment need to be collected from the patient. The collection of a co-pay is generally clear at the time of service for both the patient and the provider. However, the deductible is often unknown to the physician and unclear to the patient at the time of service. This can result in large potentially unexpected bills to the patient after the time of service. The statistics are that only 50% of out-of-pocket collections billed after the time of service are received so this puts a significant financial burden on the physician as a result of these plans. The use of physician administered medications in patients with HDHPs can put the physician at risk for loss of capital not just the physician's time and effort. An example of this in ophthalmology is the use of Lucentis. If the patient has a \$2,500 deductible which has not been met, the provider has the potential to lose the \$2,000 cost of the drug in addition to the time and effort of administering the drug.

Just this year Highmark has instituted an online real-time program to help providers determine a patient's coverage including deductibles and co-pays either before or at the time of service. These tools include what they call Real-Time Provider Estimation and Real-Time Claims Processing. This can help a patient decide whether they want a procedure based on their out-of-pocket costs prior to having it performed. The provider can charge for the deductible at the time of service or prior to the service using the knowledge obtained with these online real-time tools. This, of course, requires extra effort on the providers' part, but it is certainly better than not getting paid after the service is performed.

Another option is to require payment of the full charge at the time of service and then reimburse the patient after the insurance payment is made. This is allowed by most provider agreements but it is not a common practice and it is not likely to be accepted by the patient. However, it may be a reasonable approach for an out-of-town and out-of-network patient where the likelihood of later collection is much lower. This may also be considered for drug costs such as in the Lucentis example above where there is risk of a significant capital loss to the provider with non-payment of the deductible amount.

Any way you look at it, these newer HDHPs are causing additional work and collection loss for providers. Well, I guess it is just another year and we must yet again add more billing personnel and expect to get paid less.

## Speaking of Lucentis and NICE

A July 7, 2009 article in the *Wall Street Journal* described the NICE program in the United Kingdom, their method of health care cost control. NICE is the acronym for the National Institute for Health and Clinical Excellence and determines what is paid and when it gets paid.

In 2007, NICE restricted access to two drugs for macular degeneration. The drug Macugen was not approved at all and Lucentis was approved for only a particular category of individuals with the disease, which worked out to be approximately one in five patients who could receive the medication. BUT, the drug was only approved for use in one eye, meaning those lucky enough to get it would still go blind in the other eye. "When treatments are very expensive, we have to use them where they will give the most benefit to patients."

Keep your eyes open for attempts to institute NICE in the U.S. If you are interested in a good article regarding the U.S. health care system, read the *BULLETIN* of the American College of Surgeons. Dr. Ronald D. Wenger has written: "[Does the U.S. have the best health care system in the world?](#)" If you need a copy, contact [dmeister@acms.org](mailto:dmeister@acms.org).

## Pittsburgh Vintage Grand Prix



Sunday, July 19, 2009 was the date of another POS Social. The Pittsburgh Vintage Grand Prix race in Schenley Park was a day of friendship and racing cars! The weather cooperated by not exceeding 85 degrees and little sunlight! Located at the Start/Finish line, the POS tent was the place to be! Plans are underway for the next event. Stay tuned for further details.

## Welcome residents and fellows to meetings

UPMC 1 <sup>st</sup> year	Nancy Buchser, M.D. Wendy Chen, M.D. Emily Deschler, M.D.	Audrey Chan, M.D. Rachel David, M.D., PhD Veeral Shah, M.D., PhD
2 <sup>nd</sup> Year	Kari Eisley, M.D. Alethea Hein, M.D. Kristin Rarey, M.D.	Jeffrey Healey, M.D. Ravi Patel, M.D. Jeremy Wingard, M.D.
3 <sup>rd</sup> Year	Guillermo Amescua, M.D. Amar Joshi, M.D. Kimberly Miller, M.D.	Ryan Bisbey, M.D. Leanne Labriola, D.O. Eric Wu, M.D.

## Fellows

Ellen Mitchell, M.D.  
Michael Pokabla, D.O.  
Katherine Zamecki, M.D.

Divya Mutyala, M.D.  
Rajiv Shah, M.D.

## AGH Fellows

Michael Alunni, M.D.  
D. Chimene Richa, M.D.

## State Insurance Department investigating Highmark and other Blue Cross Blue Shield plans in PA

Announced Friday, July 17, 2009, the Pennsylvania Insurance Department announced the inquiry after the West Penn Allegheny Health System filed a federal suit against Highmark and the University of Pittsburgh Medical Center, accusing both health systems of antitrust violations and collusion.

The Department of Insurance will investigate to determine "if any of them were engaged in anti-competitive or unfair trade practices in violation of the law." Insurance Commissioner, Joel Ario, stated "Our underlying goal is to promote competition, not to denigrate in any way the impressive accomplishments of the four Blues, each of which has played a critical role in providing health insurance and supporting civic causes. We reject the notion that enhanced competition is inconsistent with the future success of the Blues and their competitors."

Due to begin this month, the investigation should be completed by early 2010. In addition to the law firm of Hangley Aronchick Segal & Pudlin as chief examiner, an expert economist will also be involved.

## Congratulations! New Fellow of the ACS

Recently announced from the American College of Surgeons, the current class of Initiates and new Fellows of the College. Congratulations to Phillip H. Choo, M.D. of Pittsburgh Oculoplastic Associates. Each year the initiates are invited to the Clinical Congress meeting to be inducted into the College.



## POS Members in Print

No, that is not John Mikulla 'driving' the hot air balloon on the cover of the July issue of the ACMS *BULLETIN*, but he was on the ground taking the picture! Titled "Up, Up and Away, Simpsonville, South Carolina", Dr. Mikulla's picture was selected from a host of other pictures submitted in the annual contest. Congratulations, Dr. Mikulla.

Also in the July issue is an Editorial submitted by Dr. Deval (Reshma) Paranjpe. Dr. Paranjpe recently lost her uncle and in the process learned a lot about the health care system in India and how the practices there compare to the U.S. The article, Limbo, describes a two-tiered system that would not be accepted here. But who knows what we will be facing in a year or two?

Pittsburgh Ophthalmology Society  
713 Ridge Avenue  
Pittsburgh, PA 15212

## 2009-2011 Pittsburgh Ophthalmology Society Officers and Chairs

President

**Norman L. Edelstein, M.D.**

President-Elect

**Michael J. Azar, M.D.**

Secretary

**Thierry C. Verstraeten, M.D.**

Treasurer

**Marshall W. Stafford, M.D.**

Immediate Past President

**Roger P. Zelt, M.D.**

Bylaws and Rules

**Kenneth P. Cheng, M.D.**

Legislative

**John C. Maher, M.D.**

Provider Relations

**Robert L. Bergren, M.D.**  
**James B. Dickey, M.D.**

Nominating

**Roger P. Zelt, M.D.**

Public Relations

**Brian J. Caputo, M.D.**

Membership

**David G. Buerger, M.D.**

Allied Personnel

**Sharon Taylor, M.D.**