



Pennsylvania Surgical News

News & Updates for the Keystone and Metropolitan Philadelphia Chapters American College of Surgeons

September 2020

COVID continues to dictate how we manage our day-to-day activities, our professional careers, and our personal lives. Whether that be changes in elective surgery protocols, hospital and travel restrictions, virtual learning for students, continued use of Zoom for meetings and conference, or remote work from home, we need to continue to connect with our families, friends, and colleagues, now more than ever. Networking is essential to growth and a feeling of well-being.

The term “social distancing” has been used extensively during this pandemic. To be honest, the term should be “physical distancing”. Social distancing means no communication whatsoever with others, physical distancing implies just that, the physical distance between two or more individuals.

As we continue to navigate the uncharted waters of the COVID pandemic without a clear picture of when, or if, this will end, as physicians and healthcare providers, self-care is essential. Both the Keystone and Metropolitan Philadelphia Chapters continue to bring new and exciting programs and services to maintain that essential connection between you and your colleagues.

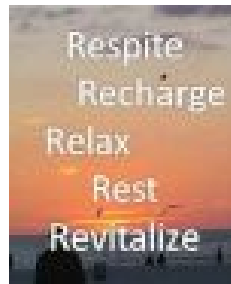
Here are just a few of the networking and educational programs that have happened, continue to happen, or are on the horizon for the Fall:

- ***Pennsylvania Surgical News***, the eNewsletter that provides up-to-date information, resources, and articles to keep you connected;
- ***MPACS COVID-19 Roundtable***, held in early July, brought together experts dealing with the pandemic to offer updates and resources to keep members focused and moving forward;
- ***The Keystone Respite***, a free 90-minute open floor format for discussing issues, concerns and addressing needs of the surgical community, is held every two weeks. Read more about the outcomes of the first three sessions and what is coming in the September 9th session on page 2.
- The ***Surgical Collaborative Education Task Force***, comprised of members of Keystone and Metropolitan Philadelphia, are working to bring CME programming to you this Fall from the convenience of your office, your home, or wherever you wish to connect. Learn more about this new initiative on page 7.
- ***MPACS’ Annual Mock Oral Boards*** are going virtual on Saturday, October 17th. Information has been distributed to Program Directors on how to register as an Examiner.
- ***Virtual mentoring and educational programs*** are being designed to keep all

levels of the surgical community engaged and connected.

As you can see, both Chapters are actively involved and working collaboratively on many new ways to keep our members informed, educated, and offer distance networking. Stay tuned for more information.

The Keystone Respite
September 24, 2020
7:30 AM – 9:00 AM



If you have not participated in one or more of the previous sessions, make sure you register and attend the September 24th **Keystone Respite**. The **Respite**, moderated by Shannon Marie Foster, MD, FACS and Chand Rohatgi, MD, FACS, is open to all members of the Keystone and Metropolitan Philadelphia Chapters. Sessions are free, but registration is required to maintain a safe space.

To make participation accessible to all, we are rotating sessions between morning, lunchtime, and early evening and on different days of the week. Our next bimonthly session will be held **Thursday, September 24 beginning at 7:30 AM**. The open floor format is 90 minutes and provides **YOU** the opportunity to come when you can, speak when you can, and engage with your peers anytime during the 90-minute window. Watch or listen — your choice.

Our focus topic for the September 24th session:
Benefits & Challenges of Continuing Medical Education

- We all do it – we all need it – but the various requirements of our organizing bodies are ever evolving. How do we make the best of the CME requirements?
- CME now and then – is the goal MOC (maintenance of certification) or is it

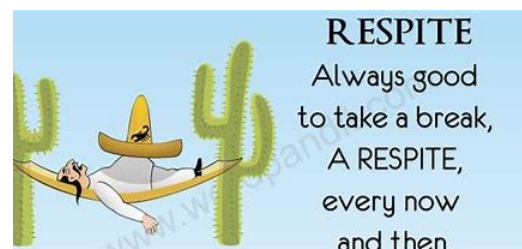
learning? Recent experiences with institutional needs, state licensure, ABS Continuous Certification, and the challenges of self-assessment.

- Your vision of CME mandates in the future – How to maximize the benefit without adding to the time and cost? Help us describe a set of CME options that are best for education, time, and cost.

To recap our format: There are no invited speakers. This moderated conversation and exchange of information will be driven by **YOU** and your level of participation. **This is a safe space**, not recorded or transmitted elsewhere, and not meant to be used for any other avenue. All comments are valued. The summative conversation and opinions shared will hopefully be of direct benefit to participants and further help guide your local leadership of the American College of Surgeons on your behalf. Whether to gather information, ask questions, or propose action on an issue, your efforts will lead to our action!

Registration is required in order to maintain a safe discussion environment for all participants. Please click the link below to register and take a moment to answer the query for questions or information you would like shared during the September 9th session.

Click [here](#) to register.



Everyone Needs a Little Downtime!

**Join Your Fellow Surgical Colleagues
for some much-needed respite
from the daily grind.**

**Register for the September 24th
Keystone Respite today!**

AMERICAN COLLEGE OF SURGEONS NEWS & UPDATES



Clinical Congress Is Coming – October 3-7, 2020 A Virtual Stage for Virtually Limitless Opportunities

Registration Now Open!

Registration for the Virtual Clinical Congress 2020 opened earlier today. The leadership of the ACS urges you to register at your earliest opportunity. Although there is no registration fee, **all attendees must register online** to gain access to Clinical Congress sessions. Your registration will include access to the virtual Clinical Congress, including Named Lectures, Panel Sessions, the Academy's Symposium and special lunchtime sessions, Scientific Forum presentations, Video-based Education Sessions, Meet-the-Expert Sessions, the Resident Program, and the Medical Student Program. The aforementioned sessions will include seven hours of programming each day, using multiple channels. Registration also will include on-demand access to this content through at least the end of the year. Don't delay!

[REGISTER TODAY!](#)

The [Virtual Clinical Congress 2020](#) Program will span five days, from Saturday, October 3 through Wednesday, October 7. The Program Committee, under the leadership of Henri R. Ford, MD, MHA, FACS, FAAP, FRCSEng (Hon), has created the blueprint of this five-day program from the sessions previously approved for this Clinical Congress.

The program includes Named Lectures, Panel Sessions, Symposium of the ACS Academy of Master Surgeon Educators, Special Sessions, Forum Sessions, Video-based Education Sessions, and Meet-the-Expert Sessions. Experts from a variety of fields will address important and timely topics through effective presentations. The sessions on Saturday and Sunday are tailored to address the needs of surgical trainees and medical students. View the [Program at-a-Glance](#).

The Clinical Congress program will offer more than 200 Category 1 CME Credits that may be claimed following participation in this five-day program or through review of the content for a period of time after these five days. The CME Credits also will address a range of regulatory mandates, including state requirements for re-licensure. Such credits will address antimicrobial stewardship, cultural competency, domestic violence, end-of-life care, ethics, opioid/pain management, palliative care, and patient safety.

The ACS is offering the Virtual Clinical Congress 2020 free to attendees. We invite you to participate in this unique Virtual Clinical Congress and to avail yourself of the exciting educational opportunities. Visit www.facs.org for additional information.

PRACTICE MANAGEMENT UPDATE

Time to Update Your Practice Insurance Contracts

Ralph D. McKibbin, MD, FACP, FACG, AGAF

“You Don’t Get Paid for the Hour. You Get Paid for the Value You Bring to the Hour.”

~Jim Rohn, American entrepreneur, author, and motivational speaker

The COVID-19 worldwide crisis is fundamentally changing how we conduct business. In the private sector, online shopping, and work from home are becoming much more common. In office practice, telemedicine, for example, is common and likely to remain. As we emerge from the initial crisis stages and work to restart our practices, we often hear comments such as “I can’t wait to get back to normal.” This is likely never going to happen. What is coming is the “next normal” which will not be identical to the old days. Periods of crisis are known to accelerate disruptive change and we can expect that over the coming years there will be progressive changes to both our personal and professional lives. Our clinical practices will change with such things as more telehealth, PPE, handwashing, and patient screening. On the practice management side, we can expect such things as employee temperature screening and required sick time utilization. We should also expect regulatory and legislative changes designed to raise money for strained governments, increase insurance carrier reserves, expand employee paid time off and FMLA issues. Patient access to care limitations are also accelerating. We need to manage these practice overhead issues, but it is, perhaps, more important to remember that we also need to change our relationship with our payers and insurance carriers to keep our contracts from becoming outdated.

Automatic contract renewals can leave us unaware that we are leaving money on the table. Contracts also contain important provisions covering claims payments terms, medical necessity, appeal processes, notification for policy changes, credentialing requirements, termination, et cetera. Static payments and rising overhead leads to thin margins. A continuous or scheduled review of existing contracts is best to stay on top of our payer

contracts to minimize restrictions and keep our payments up to date, but a review at this time is needed.

The process of contract negotiation can be summarized as 1) review of existing data; 2) analysis to determine goals and leverage; and 3) the negotiation.

THE REVIEW: It is important to invest time and energy in proper preparation. The team that will be involved should become familiar with the definitions of terms and state contract requirements and gain understanding of the position of each health plan and its place in the regional market. Information gathering should be approached with the use of checklists. The core areas include contract basics; carrier data; financial data; and practice service and quality data. The American College of Gastroenterology ([ACG](#)) has toolbox articles which identify core areas for review. Other sources include the PAMED, [AMA](#), and practice management groups such as Medical Group Management Association ([MGMA](#)) and the American Association for Physician Leadership ([AAPL](#)).

THE ANALYSIS: A focused review of the data and a detailed discussion should be done with the intent of answering two questions: What do we want to negotiate? What is our leverage? Choose several concrete goals and prioritize which is most important. Reviewing existing contracts for such items as days the payer has to pay the claim, claim denial dispute procedures, the fee schedule, notice periods, and contract renewal options will identify contract provisions and clauses that need to be negotiated. Determining your leverage is necessary to determine your value in different areas. As noted

in the quote from Jim Rohn, this is how you can negotiate for the best rates and terms. You must differentiate yourself and show your value to the carrier, the patients, and the community if you wish to be fully compensated. Examples of leverage are caring for a large percentage of the carrier's patients, high quality, and low costs. Contract negotiating guides will expand on these concepts.

THE NEGOTIATION: It is important to realize that negotiation is a process. Many negotiation guides exist but basic principles are similar. Several meetings between you and the carrier are necessary so that each side can listen to the issues on the table and build a relationship. Pre-established goals facilitate the needed give and take which result in final agreement. Contract acceptance in your practice may require a group approval, so this

concrete list of prioritized goals developed at the time of review can help prevent stalemates.

After agreement, a careful review of the contract for accuracy is needed. All terms should be defined in an appendix. A debriefing with the team helps define ways to improve the process for the next cycle. And finally, you should try your best to build a long-term relationship to facilitate future negotiations.

It is expected that major changes are coming soon, and we need to move now to successfully adapt to this next normal.

Reprinted with permission. Ralph D. McKibbin, MD, FACP, FACG, AGAF is President at Blair Gastroenterology Associates, Past President of the Pennsylvania Society of Gastroenterology, and Immediate Past President of the Digestive Disease National Coalition.

American Board of Surgery Develops Pathway to Successful Completion of Qualifying Exam

The American Board of Surgery recently announced a solution to the 2020 General Surgery Qualifying Exam (QE). Candidates who were affected by the attempted administration of the exam in July were notified of the solution via email. Below are a few highlights from their recent communication. To read the full solution, please visit [ABS's website](#) and read their [text FAQs](#) and [video FAQs](#).

After reviewing and evaluating many suggestions and solutions proposed by those candidates affected, program directors, and other members of the surgical community, ABS, along with the General Surgery Board, and the Assessment Committee of the ABS Council, developed a solution that meets the following principles:

- Recognizes the negative experience of the 2020 QE candidates
- Allows equitable access to certification in this academic year
- Maintains exam security and reliability
- Maintains standards set by both the ABS and the ABMS
- Minimizes the likelihood of widespread disruption

The 2020 General Surgery Qualifying Exam (QE) has been rescheduled for Thursday, April 15, 2021, and will be held at Pearson VUE exam centers across the U.S. This is the only date that Pearson VUE was able to provide for this academic year. Pearson VUE will hold ALL seats available (2,600 nationwide) for priority scheduling for the affected group of 2020 QE candidates until January 2021. If candidates reserve a seat prior to January 2021, they will not be competing with candidates for other exams and will have a much wider choice of exam center.

In recognition of the negative impact of participating in the administration of the July exam, candidates who had registered for the 2020 QE will receive a \$400 discount on the next exam, bringing the new price to \$950. This applies to either the April or July exams.

In addition, ABS is providing all candidates who were registered for the July exam:

- A one-year subscription to SCORE
- Credit and identification monitoring for two years
- Letters to employers upon request

ABS hopes this solution allows candidates to focus their attention on taking care of patients and the lifelong work of learning to be a surgeon.

AMERICAN BOARD OF SURGERY CONTINUOUS CERTIFICATION ASSESSMENT MODIFICATIONS

Due to the impact the COVID-19 pandemic has had on ABS diplomates, their practices, and their professional and personal lives, the ABS has made modifications to the timeline for those required to complete their 2020 Continuous Certification Assessment.

According to the ABS, diplomates will:

- Have until **Friday, January 15, 2021** to submit information regarding their ongoing program requirements, including CME, reference letters, and operative experience information. This is an additional extension and supersedes all other previous extension announcements.
- The **2020 assessment window has been extended from eight weeks to ten weeks** (September 7 through November 16, 2020) to provide extra time for completion. Note the 2020 assessment **must be completed within this timeframe**, but all ongoing requirements can be submitted in January 2021.
- Diplomates required to take an assessment during 2020 may do so prior to updating other program requirements.

Diplomates can visit the ABS website (<https://www.absurgery.org/>) for information on fee deferral in case of financial hardship.

Visit your ABS diplomate portal to determine if you have any requirements due this year. ABS advises

you do not need to complete them prior to the assessment, but you are able to submit if you wish. ABS will follow up with additional information when the assessment window opens, and they advise all diplomates to update your contact information to ensure timely receipt of updates and additional information. For specific questions on the assessment process and timeline, email cc@absurgery.org or visit the [Continuous Certification](#) area of their website.

IMPORTANT DATES TO REMEMBER:

- ✓ Aug. 10 – Nov. 16 – Assessment registration available
- ✓ Sept. 7 – Nov. 16 – 2020 Assessment window
- ✓ Nov. 2 – last day to begin your assessment to ensure you have two full weeks to complete requirements
- ✓ Jan. 15, 2021 – Ongoing program requirements must be submitted by 11:50 PM (EST)

The ABS recommends visiting the following website links for additional information on the 2020 Assessment process:

- [Hardship Modifications to Continuous Certification Reporting Requirements](#)
- [2020 Continuous Certification Registration and Reporting Update](#)
- [Program Requirements](#)
- [Video and PDF Overview](#)
- [Continuous Certification FAQs](#)

SURGICAL COLLABORATIVE EDUCATIONAL TASK FORCE (SCETF)

A Collaboration of the Keystone & Metropolitan Philadelphia Chapters

Co-Chairs: Stanislaw Stawicki, MD, FACS & Jeffrey Butcher, MD, FACS

The current COVID pandemic has drastically altered the manner in which professional societies engage and provide beneficial services to its membership and the profession as a whole. The Keystone and Metropolitan Philadelphia Chapters have embarked on a new initiative to help bring educational opportunities to the surgical communities across the central and eastern regions of Pennsylvania that are convenient and maintain safety and health protocols.

Collaborating on this effort are co-chairs, Stanislaw Stawicki, MD, FACS from the Keystone Chapter and Jeffrey Butcher, MD, FACS from the Metropolitan Philadelphia Chapter. The Task Force assisting the co-chairs will be reaching out to institutions in the Keystone and Metropolitan Philadelphia area to assist us in providing quality educational events to the surgical community and enhance the participating institution's current educational offerings.

The Task Force is hopeful a collaborative partnership with the local institutions will enhance the collegial network for all level of surgeons and support teams, provide opportunities for sharing of techniques and protocols, and potentially provide cost savings to the institutions by way of providing free or low-cost educational services.

With COVID forcing the cancellation of in-person meetings for the balance of 2020, and in some cases early 2021, the SCETF would host virtual webinars in collaboration with various institution to broadcast grand rounds. Once established, webinars would be held two weeks and coincide with the specific institution's grand rounds schedule.

The SCETF will begin reaching out to program chairs, surgical chairs, and/or medical education departments of institutions located within the Keystone and Metropolitan Philadelphia Chapter

regions in the coming weeks to collaborate on hosting grand rounds' sessions for the surgical community. If successful, we will expand the reach of the program into the western regions of Pennsylvania.

All sessions would be held virtually, and participating institutions would maintain copyright privileges. If the institution agrees and provides the SCETF authorization, the sessions would be recorded and available for post-session viewing via the Keystone and Metropolitan Philadelphia Chapters' websites.

Registration for each session would be coordinated through the SCETF for non-institution participants. A direct link to the institution's session would be provided to attendees or via other virtual connection (i.e. Zoom platform) that would share the screen session of the presenting institution.

If the sponsoring institution does not offer CME for the session, the Task Force will work with the ACS to obtain CME accreditation for participants.

The Task Force anticipates kicking off the series in late September or early October 2020.

If your institution is interested in collaborating on this timely and valuable initiative, or require additional information on how to participate, please contact our SCETF executive director, Robbi Cook at rcook@rmcmanagementsolutions.com or call 717-220-5255.

The SCETF looks forward to finalizing a schedule of sessions to enhance the educational and networking opportunities available to the surgical community throughout Central and Eastern Pennsylvania.

Stay tuned for more information!

CONTINUING MEDICAL EDUCATION (CME) REMINDER FOR PENNSYLVANIA PHYSICIANS

Just a reminder – 2020 is a licensure renewal year and the clock is ticking. PBOM licensees must renew by **October 31, 2020** and PBM licensees must renew by **December 31, 2020**.

The Pennsylvania Board of Medicine (**PBM**) and the Pennsylvania Board of Osteopathic Medicine (**PBOM**) require all licensees to earn 100 CME Credits every two-year renewal cycle. A minimum of 20 of the 100 CME must be Category 1 Credits, and both licensing boards require content-specific CME be included in this total.

The requirements are detailed below:

- **100 Credit hours every two-years:** A minimum of 20 hours must be *AMA PRA Category 1 Credits™* (**PBM**) or AOA Category 1-A Credits (**PBOM**).
- **2 Credit hours addressing Pain Management/Addiction/Prescribing:** All prescribers or dispensers must complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids. This continuing education must be in AMA Category 1 or 2 approved activities for the **PBM** and may be in either AOA Category 1 or 2 approved activities or AMA Category 1 or 2 approved activities to meet the **PBOM** requirement.
- **2 Board-approved credit hours addressing Child Abuse Recognition/Reporting:** Two hours of Board-approved continuing education in child abuse recognition and reporting requirements must be completed for renewal or reactivation of a license.
- **12 Credit hours addressing Patient Safety/Risk Management:** At least 12 of the 100 hours must be completed in activities related to patient safety or risk management and may be completed in either AMA Category 1 or 2

activities. **This requirement is exclusive to the Pennsylvania Board of Medicine.**

The American College of Surgeons has compiled and posted summaries of these [State CME Requirements](#) for your convenience. The Keystone and Metropolitan Philadelphia Chapters and the American College of Surgeons (ACS) are committed to providing members with the highest quality educational resources and support to meet Continuing Medical Education (CME) requirements, for example:

- Monthly online *AMA PRA Category 1 Credit™* and Self-Assessment Credit through your member subscription to the [Journal of the American College of Surgeons](#)
- Three free online [Safe Pain Control courses](#) totaling 4 *AMA PRA Category 1 Credits™*.
- Coming soon! A new online 8-module course, *Optimizing Perioperative Pain Management: An Evidence-Based Approach*, will offer 8 *AMA PRA Category 1 Credits™*
- [Clinical Congress 2019 Webcast packages](#) offer up to 175 *AMA PRA Category 1 Credits™* and 175 Self-Assessment Credits which can be tailored to a physician's interests or requirements, including Credit to Address Opioid/Pain Management and Patient Safety.
- Chapter Educational Conferences provide additional resources and offer up to 7.5 *AMA PRA Category 1 Credits™*.

State requirements are subject to change. Contact mycme@facs.org or the [state medical board](#) if you have questions or concerns. Check with your state to verify course content meets CME requirements

Why Join Your Local ACS Chapter?

Your local chapters are stronger than ever. The COVID pandemic created opportunities to expand how your local chapters provide educational content, networking, and resources. It also opened new collaboration efforts with other ACS chapters and surgical societies throughout Pennsylvania. If you are not a current member, or your membership is in lapse status, make a commitment today to join or renew.

NETWORKING



VISIBILITY



REPUTATION



LEARNING

It's not just who you know, it's who others know. Networking is powerful!

Gain a say in what happens in healthcare through government advocacy efforts.

Have a voice!

Stand out and get noticed in your community!

Raise your reputation through professional membership!

Get a competitive edge over non-members with low cost and free training and educational opportunities.

JOIN OR RENEW YOUR MEMBERSHIP TODAY!