



SEPA AHEC News

Helping communities meet their primary healthcare needs

Spring 2013

SEPA AHEC Welcomes Dr. Timothy Leaman



Starting with the 2015 graduating class at TUSOM, Dr. Timothy Leaman is a SEPA AHEC preceptor for second year Temple University School of Medicine (TUSOM) students. In this role, he supervises students in a clinical primary care setting to allow practical experience with patients living in a medically underserved community.

A graduate of TUSOM, Dr. Leaman grew up in a pastor's family in northeast Philadelphia. By the time he got to medical school, he already had a strong interest in working in urban and underserved areas. Dr. Leaman joined Esperanza Health Center in 2001. In 2011 he was promoted to site medical director at their Kensington and Allegheny location, where he spends 75% of his time in clinical care and the other 25% supervising other clinicians. Dr. Leaman values family and community and is driven to help communities live healthfully. He sought a setting that would be interested in justice and fairness.

Dr. Leaman was a student member of the Family Medicine Association, and looks back at his own student rotations as a positive experience. In his first community medicine rotation as a student he experienced interviewing and observed interaction with patients and how medical care happens in an outpatient setting. He recalls being placed with a pediatrician at the Philadelphia Navy Yard in an outpatient clinic serving people connected to the military. Most interesting to him was learning about the relationship that is built over time in promoting health.

When asked about his experience as an SEPA AHEC preceptor, Dr. Leaman said he thinks that mentoring the next generation of physicians is important. "I get excited when I find out that people we have precepted decide to go into primary care." At his organization, 7 or 8 of the physicians currently on staff did a preceptor experience at Esperanza during their training, indicating that precepting often acts as a good mechanism for recruiting. Esperanza has precepting written into their strategic plan as a value and it is built into their organizational expectations. However, individual clinicians are not required to precept. They volunteer to do so.

SEPA AHEC applauds Dr. Leaman for his quality service to the community and for sharing his passion and expertise with TUSOM and other students. His feedback and ideas for enhancing the SEPA AHEC community rotations will help us improve the experience for both preceptors and students.



Seneca Harberger Speaks About His SEPA AHEC Community Rotation

Seneca Harberger, a second year medical student at Temple University School of Medicine, is a strong supporter of community medicine and serving underserved populations. The son of a physician in York, Pennsylvania, Seneca's first professional experience was teaching high school in an underserved community. He came to Philadelphia when his wife went to graduate school and he decided to "invest" in medical school. Seneca is actively involved with two TUSOM student interest groups, Family Medicine Interest Group (FMIG) and Temple

Emergency Action Corps Homeless Initiative (TEACH). Seneca believes that family medicine is a service doing God's work, but is also fun and exciting.

About his experience with the SEPA AHEC community rotations, Seneca said, "I was looking forward to these sessions for the un-lacquered view of what goes on in primary care. I am passionate about family medicine and primary care, but I know that a lot of the work a primary physician needs to do can be seen as burdensome. We all know how much primary care medicine embodies the elements of service that drew students to medicine in the first place. I found the SEPA AHEC community rotations to be a fantastic opportunity to see elements of that ideal image juxtaposed against the sometimes more mundane elements of practice. The sessions gave me insight into how fulfilling it can be, as a physician, to see that all elements of a patient's care are taken care of, especially for the under-served, for whom some of these more mundane elements - the paperwork, prescriptions, transportation - are not so cut and dry."

We wish Seneca much success with the remainder of medical school and his career!

Pennsylvania Primary Care Physicians to See Increase in Medicaid Reimbursement

Courtesy Pennsylvania Medical Society

In Pennsylvania, Medicaid reimbursement for primary care services is approximately 38 percent less than current Medicare payments for the same services. This will change in 2013 as a provision in the Affordable Care Act (ACA) equalizes Medicaid and Medicare payment rates for the next two years for primary care physicians practicing in family medicine, general internal medicine, or pediatric medicine.

Physicians outside of the three eligible specialty groups who provide primary care services, such as OB/GYNs, would not be eligible for the increased payment. The increase does not apply to Medicaid payments to federally qualified health centers or rural health clinics.

The payment increase would also apply to primary care services provided by non-physician practitioners, as long as they are under the direct supervision of an eligible physician and the services are billed under that physician's enrollment number.

A proposed rule, previously issued by the Centers for Medicare and Medicaid Services (CMS), would boost Medicaid reimbursement in 2013 and 2014 so it would be at least equal to the higher of either the current Medicare payments during those two years or Medicare 2009 rates for primary care services for eligible physicians.

In the proposed rule, primary care services are defined as the following:

- E&M codes: 99201-99499
- Vaccine administration codes: 90460, 90461, 90471, 90472, 90473, and 90474
- New patient/initial comprehensive preventive medicine codes: 99381-99387
- Established patient/periodic comprehensive preventive medicine codes: 99391-99397
- Counseling risk factor reduction and behavioral change intervention codes: 99401-99404, 99408, 99409, 99411, 99412, 99420, and 99429
- E&M/non-face-to-face physician service codes: 99441-99444

States will be required to verify that the physician is board certified in an eligible specialty or subspecialty. If an eligible physician is not board certified, Medicaid would review their billing history.

All managed care contracts would be revised to reflect the increase because the ACA requires managed care plans to pay physicians at the increased payment rate.

Additional information can be found in the following fact sheets:
The Center for Health Care Strategies, Inc.
American Pediatric Society and Society for Pediatric Research

The PAMED website has a new, updated look and makes it easier to find the information you find valuable. Check it out at <http://www.pamedsoc.org>.

Partnering With Us

Are you interested in improving primary care access within medically underserved communities? We would love to partner with you and invite you to contact us to find out more about the opportunities to collaborate. You'll find all of the necessary contact information below.

Become a Partner Provider

We know we can't solve the challenges of access to care alone. If your organization has a complementary mission, please contact [Mara Lipschutz](#) to explore ways to compound our impact

Donate

By donating to SEPA AHEC, you can help ensure that no community is left without access to quality health care. Your dollars will be spent responsibly and efficiently to grow the region's pipeline of primary care practitioners. Visit www.sepaahec.org to make a contribution.

SEPA AHEC is a nonprofit 501(c)(3) organization (EIN # 23-284-0151). Your donations are fully tax deductible to the extent allowable by law.

By building bridges and developing creative collaborations, we can ensure that all people have access to healthcare.

Sincerely,

Mara Lipschutz
SEPA AHEC