



MEETING

2003 "ANNUAL"

PENNSYLVANIA MEDICAL SOCIETY
HARRISBURG, PENNSYLVANIA
APRIL 26, 2003

EDUCATIONAL OBJECTIVES

**AT THE CONCLUSION OF THIS PROGRAM,
ATTENDEES SHOULD BE ABLE TO:**

- 1.** Explain the legislative process and restate the update on Key issues.
- 2.** Identify the limitations of pathology services in a rural Third World setting.
- 3.** Appreciate the high benefit-to-cost ratio of anatomic pathology services in a rural third world laboratory.
- 4.** Recognize the diversity of typical case material in such a lab.
- 5.** Identify the fundamental economic challenges of health care economics: developing a system that deals with the health care dilemma-balancing strong and ever-increasing demand (need) pressures (to provide more medical care) with limited resources available to meet health care needs.
- 6.** Describe how Pennsylvania's health care markets are struggling to deal with the resource allocation issue.
- 7.** Discuss the implications of these markets for patient care and the practice of medicine with some thoughts on the future of medicine in Pennsylvania.



PENNSYLVANIA ASSOCIATION OF
PATHOLOGISTS
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HARRISBURG, PA 17111

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INFORMATION/QUESTIONS?

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ACCREDITATION

This activity has been planned and implemented in accordance with the Essentials Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Pennsylvania Medical Society and the Pennsylvania Association of Pathologists (PAP). The Pennsylvania Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

The Pennsylvania Medical Society designates this continuing medical education activity for a maximum of 3.0 credit hours of Category 1 credit toward the AMA Physicians Recognition Award, and the Pennsylvania Medical Society membership requirement. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

IN ORDER TO RECEIVE THE MEMBER RATE—YOU HAVE TO HAVE PAID YOUR 2003 DUES AND/OR SUBMITTED A PAP MEMBERSHIP APPLICATION, TO THE PAP OFFICE, ON OR BEFORE FEBRUARY 26, 2003. PLEASE CONTACT THE PAP OFFICE IF YOU NEED A MEMBERSHIP APPLICATION.

PROGRAM

SATURDAY, APRIL 26, 2003

- 9:00 AM Register/Continental Breakfast
- 10:00 AM Welcome & Introductions
Arthur B. Abt, MD, President, Pennsylvania Association of Pathologists
- 10:00 AM LEGISLATIVE UPDATE**
Larry Light, Vice President Legislative and Political Affairs
Pennsylvania Medical Society
- 11:00 AM GROWING CONCENTRATION IN HEALTH INSURANCE MARKETS AND THE IMPACT ON THE PRACTICE OF MEDICINE IN PENNSYLVANIA**
Stephen Foreman, PhD, Director, Health Science Research Institute
- 12:00 PM Lunch/Committee Meetings
- 1:00 PM PATHOLOGY SERVICES IN KENYA'S RIFT VALLEY: THE EXPERIENCE AT KIJABE MISSION HOSPITAL**
Ronald T. Grenko, MD, Associate Professor,
M.S. Hershey Medical Center
- 2:00 PM Pennsylvania Association of Pathologists Annual Business Meeting
- 3:00 PM Adjourn

All faculty participating in continuing medical education activities sponsored by the Pennsylvania Medical Society are expected to disclose to the audience whether they do or do not have any real or apparent conflict(s) of interest or other relationships related to the content of their presentation(s).

**** Refunds for cancellations WILL NOT BE GIVEN AFTER APRIL 16, 2003;**
a \$10 service charge will apply for all cancellations. Substitutes will always be accepted.

PAP reserves the right to cancel or postpone any course. PAP will refund registration fees but is not responsible for any related costs, charges, or expense. Please provide a daytime phone number so you can be notified if a program is filled or canceled.

MEETING REGISTRATION FORM

**PAP 2003 "ANNUAL" MEETING
APRIL 26, 2003
PENNSYLVANIA MEDICAL SOCIETY
HARRISBURG, PA**

(Please type or print)

Name _____

(Please circle one) MD/DO (Other) _____

Mailing Address: _____

City/State/Zip: _____

Office Phone/Fax: _____

e-mail: _____

_____ I give permission to the PAP to add my e-mail address to their database for PAP use ONLY. PAP will not share your e-mail information with outside parties.

TUITION (includes lunch)

- ___ PAP Member \$25
___ Pathology Resident/Fellow \$10
___ Non-Member \$50

TOTAL AMOUNT ENCLOSED \$ _____

Type of Payment

___ Check enclosed made payable to PAP

___ Credit Card (Circle One)  

Credit Card Number: _____

Expiration Date: _____

Signature of Cardholder: _____

___ Check here if you have needs associated with the Americans with Disabilities Act. Attach a written description of the services you require.

SEND YOUR REGISTRATION FORM TO:

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