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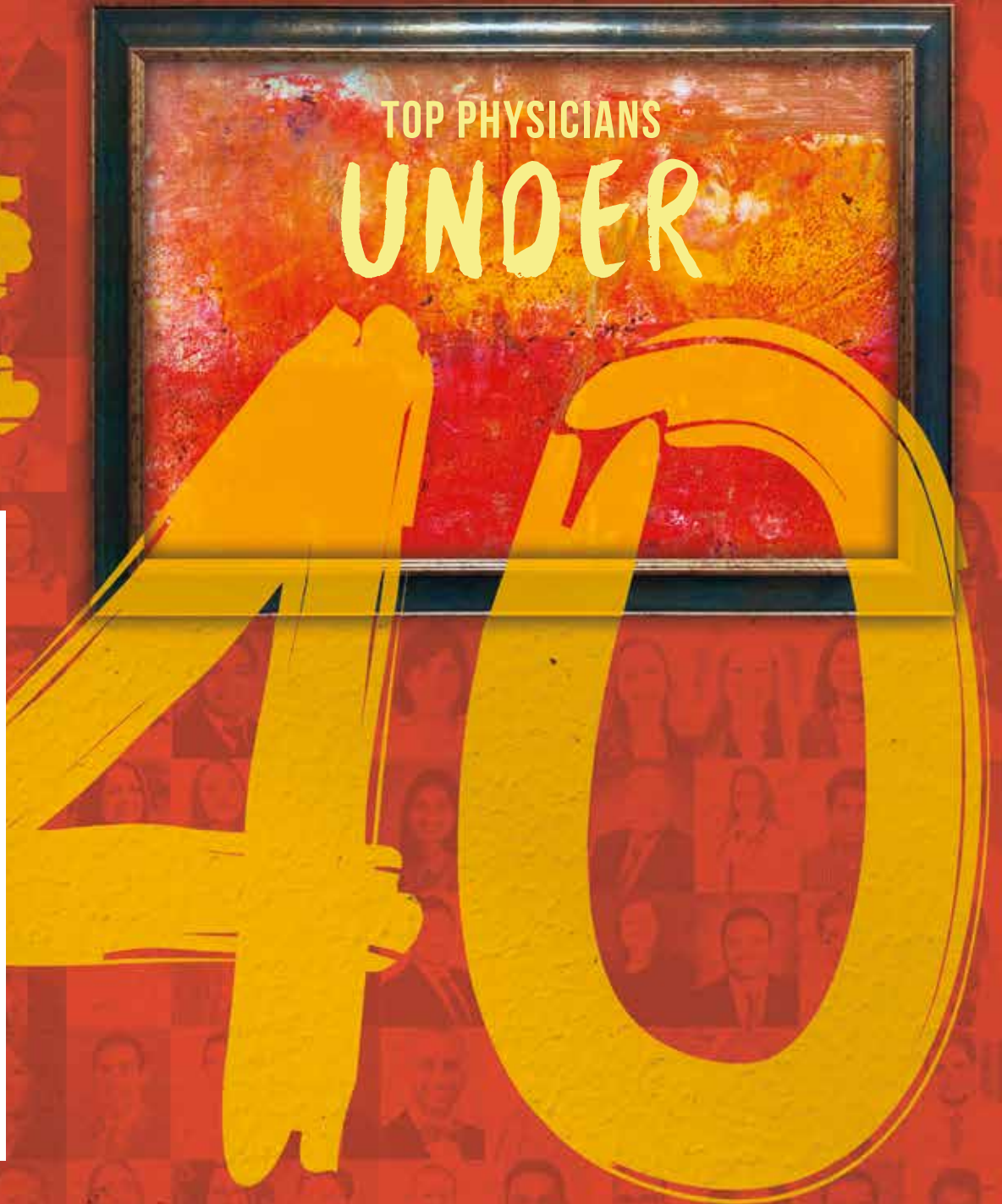
# PHYSICIAN

TOP PHYSICIANS

UNDER

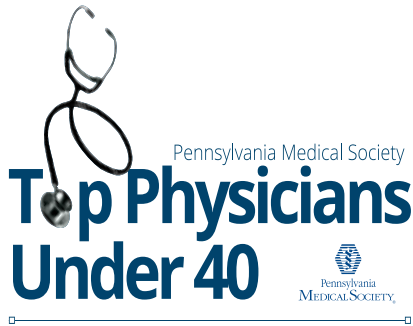
Meet this  
year's talented  
early-career  
physicians.

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**SCOTT L. HEYL, M.D.**



# 2019 RECIPIENT

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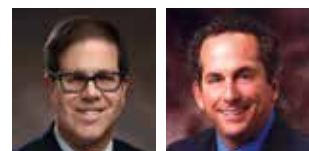
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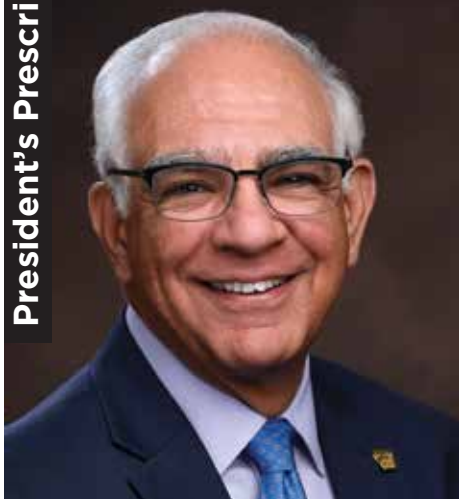
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Lawrence John, MD  
2019-20 President, PAMED

# THE TIME IS NOW TO ADDRESS PHYSICIAN BURNOUT

I am excited to be your president and to amplify your voice for the next year. One of the issues I'm extremely passionate about addressing is physician burnout.

Unfortunately, physician burnout has become part of the vernacular of practicing medicine. The suicide rate among physicians — nearly 400 physicians a year — is alarming! It's time to recognize physician burnout as an epidemic — we can no longer bury our heads in the sand. To provide world-class care for our patients, we must first take care of our own health and well-being.

During my year as president, I plan to travel across the state to talk to physicians and physician groups about the issues of physician burnout and wellness. We need to foster an atmosphere of camaraderie and congeniality among physicians to help get one another through the stressful times we all experience — whether they be emotional, health-related, financial, difficult patients, etc.

PAMED is a great resource to help physicians. According to the American Medical Association, the administrative burden of modern medicine is a root cause of physician burnout. Some of the factors contributing to physician burnout include increasing bureaucratic tasks and regulations, time constraints, restrictive contracts, and the endless battle with health insurers on behalf of our patients, to name a few.

PAMED believes in improving the practice environment for physicians in Pennsylvania. We believe that legislators and regulators can help by recognizing the factors that often lead to physician burnout and work to resolve them.

Physicians need a voice to represent themselves daily on burdensome issues like prior authorization. PAMED is that voice. We represent all Pennsylvania physicians, regardless of geographic location, specialty, or practice type. PAMED lobbies on the Hill to limit invasion by the government into our profession and our exam rooms. We will continue to advocate for legislation that aims to reduce onerous administrative requirements and seeks to return clinical autonomy to physicians so that we can take care of our patients and ourselves.

If you're a member, thank you for your support. I hope you'll renew your membership for 2020 at [www.pamedsoc.org/membership](http://www.pamedsoc.org/membership). Not yet a member? Consider adding your voice at [JoinNow.pamedsoc.org](http://JoinNow.pamedsoc.org) so that together we can fight issues like physician burnout and bring wellness and resilience to all physicians, in turn ensuring that we are healthy to provide the best care to our patients.

Lawrence John, MD  
2019-20 President, PAMED ●

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WE NEED TO FOSTER AN ATMOSPHERE OF CAMARADERIE AND CONGENIALITY AMONG PHYSICIANS TO HELP GET ONE ANOTHER THROUGH THE STRESSFUL TIMES WE ALL EXPERIENCE — WHETHER THEY BE EMOTIONAL, HEALTH-RELATED, FINANCIAL, DIFFICULT PATIENTS, ETC.

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# PHYSICIAN ADVOCACY HELPS AVOID ONE-SIZE-FITS- ALL MEDICINE



**DANAЕ POWERS, MD**  
2018-19 President, PAMED

Medicine has never been one-size-fits-all. While that is obvious to most physicians, it is not to non-medical decision-makers who influence how physicians serve their patients.

Advocacy is one of the most important activities for physicians. Like it or not, the legislative and regulatory landscape affect our clinical autonomy profoundly, impacting optimized individual patient care.

One of the key roles PAMED plays is keeping you informed on the hundreds of health care-related bills that our state general assembly considers each two-year session.

While PAMED staff members are an excellent resource, they cannot carry the load themselves. We need you, as a physician, to build strong relationships with your elected leaders and serve as a credible source of information.

You are vital to help explain the complexity of medicine. The ongoing opioid epidemic serves as just one example of how actions taken years ago without adequate input from physicians can have devastating consequences.

Proclaiming “pain as a fifth vital sign” forced prescribing beyond what most physicians would have done had they been allowed to decide, patient by patient. While some legislative solutions were established in recent years to address the crisis, others are causing the pendulum to swing too far the other way.

As an article in the *Journal of the American Medical Association* (“Limits On Opioid Prescribing Leave Patients With Chronic Pain Vulnerable”) outlines, guidelines created by the Centers for Disease Control and Prevention to prevent some patients from falling into opioid use disorder have been misapplied and are now hurting patients suffering from chronic and cancer pain.

Advocacy is needed to ensure we strike the right balance and allow physicians autonomy to use their training and expertise to help patients and avoid a cookie-cutter approach to solving this epidemic.

In this issue of *Pennsylvania Physician*, you'll see how staying informed and getting involved can make a world of difference.

Another way to contribute is through financial resources – both with PAMED and PAMPAC memberships. Your support helps physician leaders to do the heavy lifting.

If you're already a PAMED member, thank you! If not, I invite you to join at [JoinNow.pamedsociety.org](http://JoinNow.pamedsociety.org).

Danae Powers, MD  
2018-19 President, PAMED ♦

# HONORING MEMBERS DOING GREAT WORK

This issue of the magazine stands out as my favorite every year because we recognize the outstanding work of our member physicians. The “Top Physicians under 40” have made an enormous impact in the short time that they have been practicing medicine. Our Everyday Heroes are physicians serving their patients in ways beyond simply good patient care. I wish we could all transcend to be more like our Distinguished Service Award winner Raymond Truex Jr., MD, and our Physician Award for Community Voluntary Service winner Wayne Bond Lau, MD.

We are celebrating the reason why you chose medicine — your calling and your art. You must protect that sacred art. Now more than ever, it’s important to get involved in policymaking. PAMED has been fighting to oppose a Pennsylvania Supreme Court Civil Procedural Rules Committee proposal that would allow medical professional liability (MPL) lawsuits to take place outside of the county where the alleged incident occurred. If adopted, this change would enable trial attorneys to cherry-pick venues, resulting in more lawsuits and higher premiums for all physicians. It could also result in physicians practicing more defensive medicine and lead to a physician exodus. Learn more on page 54.

Add your voice of opposition to “venue shopping” through PAMED. We have submitted objections to the Civil Procedural Rules Committee’s proposed venue rule change. PAMED

and our coalition partners were successful in having the Pennsylvania Legislature hear our concerns. They directed the Legislative Budget and Finance Committee to conduct a report on the issue by January 2020. The Supreme Court has agreed to delay action until that report is completed. However, it’s critical now for you to join us so we can continue the fight to stop unnecessary changes.

In the early 2000s, Pennsylvania was losing the national competition for quality physicians due to the MPL crisis in Pennsylvania. And, as a result of the adverse practice climate, health care in the commonwealth suffered. Fortunately, due to the 2003 MPL venue reform and a series of other legislative efforts, Pennsylvania recovered from the crisis and is once again a leader in the health care arena. The process in place works. We want the Supreme Court to know that thousands of physicians are saying “No!” to a rule that could affect more than 12.8 million citizens of Pennsylvania.

What are your priorities for health care policy in Pennsylvania? PAMED’s annual House of Delegates is just around the corner, and this is your opportunity to make your voice known. You can shape the policy for PAMED by reaching out to your local delegate to let them know what is most important to you as a physician practicing medicine in Pennsylvania. You can find out more about how to contact your delegate by calling our Knowledge Center at 855-PAMED4U (855-726-3348).



**Martin P. Raniowski, MA, FCPP**  
Executive Vice President, PAMED

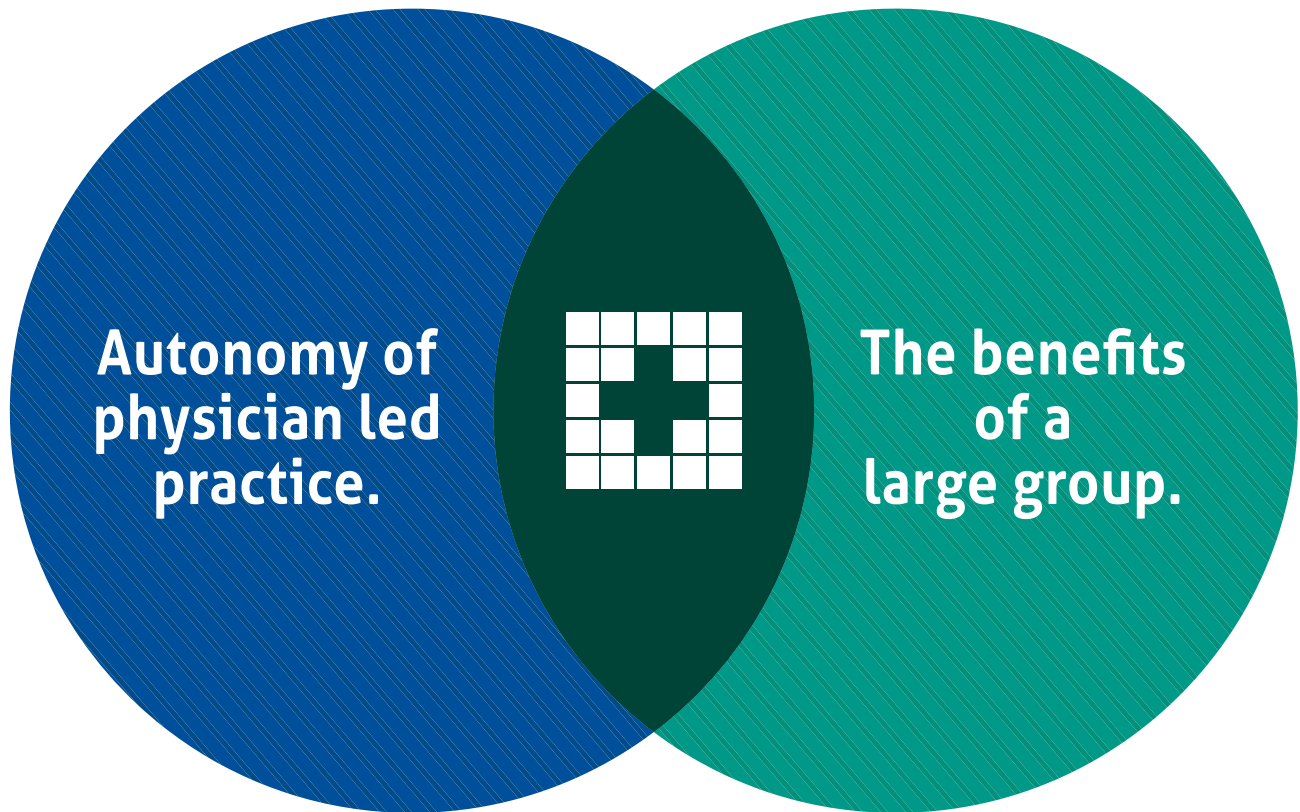
Our members have the inside knowledge that it takes to make advocacy work. If you’re a member, thank you for your support. You can renew your membership for 2020 at [www.pamedsoc.org/membership](http://www.pamedsoc.org/membership). Not yet a member? Add your voice at [JoinNow.pamedsoc.org](http://JoinNow.pamedsoc.org).

Martin P. Raniowski, MA, FCPP  
Executive Vice President,  
PAMED ●

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# Congratulations,

## Dr. Raymond Truex, Jr.

### PAMED's 2019 Distinguished Service Award

The Foundation of the Pennsylvania Medical Society congratulates Dr. Raymond Truex, Jr., recipient of the Pennsylvania Medical Society's 2019 Distinguished Service Award.

Thank you for serving as a tireless advocate for physicians in recovery, and for your dedication to the Foundation.

On Call Calendar

## CALENDAR OF EVENTS

### LEARN ABOUT UPCOMING EVENTS

#### PAMED Board of Trustee Meetings

- **Oct. 25 & 27, 2019**  
Hershey (in conjunction with PAMED's House of Delegates)
- **Dec. 6 - 8, 2019**  
Board Retreat, Bedford
- **Feb. 4 - 5, 2020**  
PAMED, Harrisburg
- **May 5 - 6, 2020**  
PAMED, Harrisburg
- **Aug. 11 - 12, 2020**  
PAMED, Harrisburg

The Board of Trustees also will meet on Oct. 23 and 25 during PAMED's 2020 House of Delegates Meeting, which will be held Oct. 23 - 25, 2020 at the Hershey Lodge in Hershey.

[www.pamedsoc.org/Board](http://www.pamedsoc.org/Board)

[www.pamedsoc.org/HOD](http://www.pamedsoc.org/HOD)

#### PAMED Physician Wellness/Resiliency CME Townhalls

- **Oct. 19, 2019** Scranton
- **Nov. 2, 2019** Altoona
- **Nov. 9, 2019** Erie

[www.pamedsoc.org/townhall](http://www.pamedsoc.org/townhall)

#### 2020 PAMED Year-Round Leadership Academy

**February - November 2020**  
In-person and online courses, members only.

[www.pamedsoc.org/YRA](http://www.pamedsoc.org/YRA)

#### Practice Administrator Meetings

Spring 2020

- **April 14, 2020**  
Harrisburg & Live Webcast
- **April 21, 2020**  
Doylestown
- **April 29, 2020**  
Cranberry Township

[www.pamedsoc.org/ManagerMeeting](http://www.pamedsoc.org/ManagerMeeting)

#### Foundation of the Pennsylvania Medical Society Opioids & Controlled Substance Prescribing Course and Education Program

**Nov. 11 - 12, 2019**

[www.foundationpamedsoc.org/lifeguard/controlled-substance](http://www.foundationpamedsoc.org/lifeguard/controlled-substance)

[www.pamedsoc.org/calendar](http://www.pamedsoc.org/calendar) ●



Congratulations to the **Jefferson Health Physicians** who've been named to  
**Pennsylvania's Top Physicians Under 40**  
by the *Pennsylvania Medical Society*.

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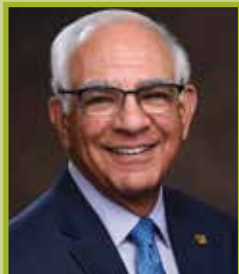
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## Dr. Lawrence John Starts the Conversation on Physician Wellness



*Congratulations Lawrence John, MD,  
on your PAMED presidency!*

One of Dr. John's primary initiatives during his year as PAMED president is an important one — physician burnout, wellness, and resiliency.

### What are we doing about it?

- ◆ **Starting the conversation** — Dr. John is available to come talk to your county medical society, specialty medical society, practice, or system about this important topic. We also have CME townhalls on this topic scheduled for Oct. 19 in Scranton, Nov. 2 in Altoona, and Nov. 9 in Erie.
- ◆ **Sharing resources on our website**
- ◆ **Advocating to address some of the administrative burdens**, such as prior auth, that often lead to physician burnout.

Start the conversation and access resources: [www.pamedsoc.org/wellness](http://www.pamedsoc.org/wellness)



# PATHWAYS TO SUCCESSFUL VALUE-BASED TRANSFORMATION: A FOCUS ON PRIMARY CARE

BY SHARON A. DESANTIS

In April, the Centers for Medicare and Medicaid Services (CMS) announced a set of alternative approaches designed to reward primary care practices for patients' health outcomes rather than procedures.

The CMS Primary Cares Initiative, which has a five-year performance period, is voluntary and offers providers five new value-based payment model options under two paths:

1. **Primary Care First (PCF)**
2. **Direct Contracting (DC)**

In response to input from primary care clinician stakeholders, PCF is based on the underlying principles of the existing Comprehensive Primary Care Plus (CPC+) model design: prioritizing the doctor-patient relationship; enhancing

care for patients with complex chronic needs and high-need, seriously ill patients; reducing administrative burden; and focusing financial rewards on improved health outcomes.

PCF models are offered in 26 regions across the country with a 2020 start date. In Pennsylvania, the model is only offered in the Greater Philadelphia region: Bucks, Chester, Delaware, Montgomery, and Philadelphia counties. Each practice applicant must identify eligible practitioners by their National Provider Identifier (NPI) on its application. Eligible practitioners are those in internal medicine, general medicine, geriatric medicine, family medicine, and/or hospice and palliative medicine. CMS may reject an application based on the results of a program integrity screening.

The PCF models are slated to begin in January 2020, in addition to two of the DC options. A third option — the geographic model — is expected to launch in January 2021 and also run for five years. Although the models are voluntary, CMS expects more than 25 percent of all Medicare fee-for-service beneficiaries will be included, which translates to nearly 11 million people.

The two payment models offered under the PCF track are aimed at individual primary care practices, while the DC model options are aimed at larger practices, health systems, and other organizations that have experience with risk-based contracts. All of the new model options link performance to payments of varying degrees.

## PRIMARY CARE FIRST

PCF will provide payment to practices through a simplified total monthly payment. This will allow clinicians to focus on caring for patients rather than their revenue cycle through population-based payments and flat primary care visit fees, or capitation. PCF also includes a payment model option that provides the opportunity for higher payments to practices that specialize in care for high-need patients, including those with complex, chronic needs and seriously ill populations (SIP), through performance-based adjustments based on key performance measures.

### Two models under PCF include:

- 1. PCF General** — Introducing new, higher payments for practices caring for complex, chronically ill beneficiaries
- 2. PCF High-Need Populations** — Encouraging practices to take responsibility for seriously ill beneficiaries who currently lack a primary care practitioner and/or effective care coordination

Both models under PCF incentivize providers to reduce hospital utilization and total cost of care by potentially significantly rewarding them through payment adjustments based on their performance. These models seek to improve quality of care, specifically patients' experiences of care and key outcome-based clinical quality measures, which may include controlling high blood pressure, managing diabetes mellitus, and screening for colorectal cancer.

## Who can participate in the PCF General payment model option?

- Primary care practitioners (MD, DO, CNS, NP, PA) in good standing with CMS and located in one of the PCF regions
- Those providing health services to a minimum of 125 attributed Medicare beneficiaries\*
- Those providing primary care services which account for the predominant share (i.e., 70 to 80 percent) of the practices' collective billing based on revenue\*
- Must have experience with value-based payment arrangements or payments based on cost, quality, and/or utilization performance such as shared savings, performance-based incentive payments, and episode-based payments, and/or alternative fee-for-service payments such as full or partial capitation
- Use 2015 Edition Certified Electronic Health Record Technology (CEHRT), support data exchange with other providers and health systems via Application Programming Interface (API), and connect to their regional health information exchange (HIE)
- Attest via questions in the Practice Application to a limited set of advanced primary care delivery capabilities, including 24/7 access to a practitioner or nurse call line, and empanelment of patients to a primary care practitioner or care team
- Can meet the requirements of the PCF Participation Agreement

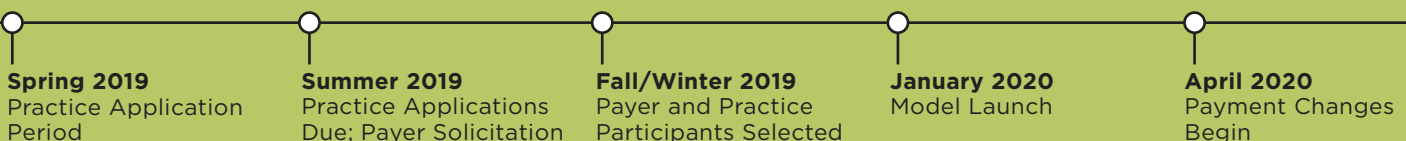
*\*Note: Practices participating only in the SIP option are not subject to these specific requirements.*

## Practices receiving SIP-identified patients (identified based on risk score) must:

- Include practitioners servicing seriously ill populations (MD, DO, CNS, NP, PA) in good standing with CMS
- Meet basic competencies to manage complex patients and demonstrate relevant clinical capabilities (e.g., interdisciplinary teams, comprehensive care, person-centered care, family and caregiver engagement, 24/7 access to a practitioner or nurse call line) successfully
- Have a network of providers in the community to meet patients' long-term care needs for those only participating in the SIP option
- Use 2015 Edition Certified Electronic Health Record Technology (CEHRT), support data exchange with other providers and health systems via Application Programming Interface (API), and connect to their regional health information exchange (HIE)

Practices designated as Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), as well as those already participating in the CPC+ model, are not eligible to participate in the PCF initiative at this time.

## Primary Care First Timeline



CMS anticipates accepting another round of PCF applications during 2020. Any practices accepted to participate in PCF during 2020 would begin participation in the model in January 2021. The SIP payment model option also will follow this timeline.

CMS will attribute SIP patients lacking a primary care practitioner or care coordination to PCF practices that specifically opt to participate in this payment model option. Practices may limit their participation in PCF to exclusively caring for SIP patients, but to do so, they must demonstrate in their applications that they have a network of relationships with other care organizations in the community to ensure that beneficiaries can access the care best suited to their longer-term needs. Clinicians enrolled in Medicare who typically provide hospice or palliative care services can provide care for SIP patients either by participating as a practice in the PCF general payment model option or by partnering with a PCF practice participating in the general payment model option that includes these clinicians on their roster of participating practitioners.

CMS will also encourage other payers — including Medicare Advantage Organizations (MAOs), commercial health insurers, Medicaid Managed Care Organizations (MCOs), and state Medicaid agencies — to align payment, quality measurement, and data sharing with CMS in support of PCF practices.

## ACRONYM REFERENCE TOOL

With all new initiatives comes new terminology and associated acronyms. Here are some you may find helpful.

### API

Application Programming Interface

### CPC+

Comprehensive Primary Care Plus

### DC

Direct Contracting

### HIE

Health Information Exchange

### PBP

Population Based Payment

### PCF

Primary Care First

### SIP

Seriously Ill Population

## DIRECT CONTRACTING

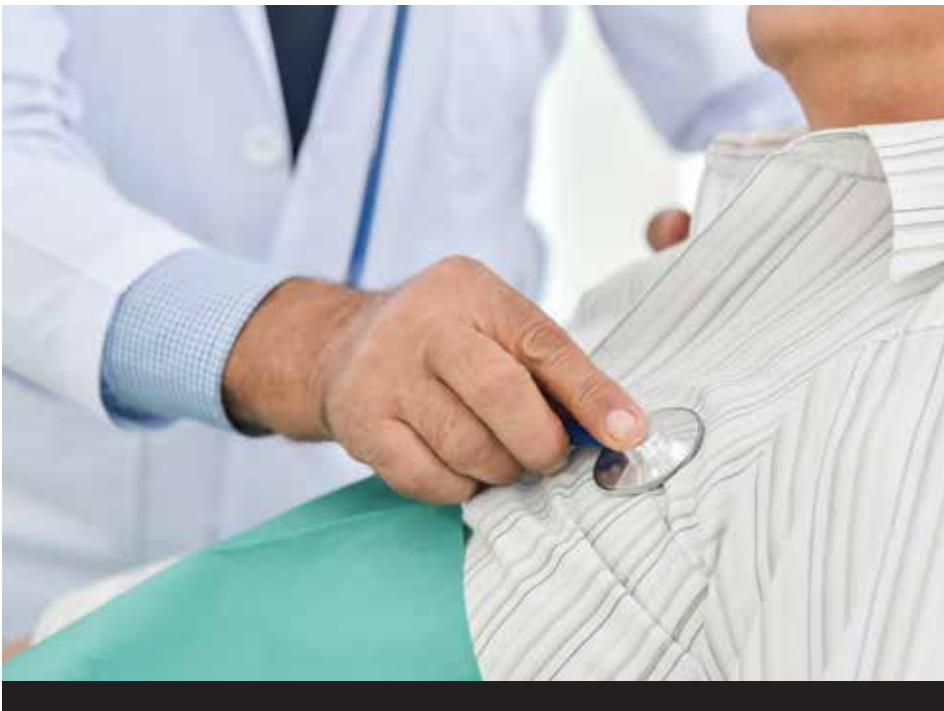
Aimed at larger practices with at least 5,000 Medicare fee-for-service beneficiaries, DC is more ambitious than PCF and will allow provider organizations to have greater flexibility with how they utilize resources. The DC model options are meant to engage a wider variety of organizations with experience taking on financial risk and serving larger patient populations, such as Accountable Care Organizations (ACOs), MAOs, and MCOs.

## Three models under DC include:

- **Direct Contracting - Professional** to bear risk for 50 percent of shared savings/losses on the total cost of care
- **Direct Contracting - Global** to bear risk for 100 percent of shared savings/losses
- **Direct Contracting - Geographic** to bear risk for 100 percent of shared savings/losses for aligned beneficiaries in a target region

## Timeline for Direct Contracting, Professional/Global





## Who can participate in the Direct Contracting Payment model option?

The Professional and Global PBP options aim to attract a range of health care providers operating under a common governance structure, with attention given to advancing primary care as a means to managing overall health care better. The use of voluntary alignment will attract organizations that previously were ineligible because of their low volume of Medicare FFS beneficiaries, such as those who operate in the Medicare Advantage program. Medicaid MCOs that provide Medicaid benefits for full-benefit dually eligible beneficiaries also will be able to participate as Direct Contracting Entities for their dually eligible enrollees who are in Medicare FFS.

Current Medicare ACOs interested in continuing and deepening their participation in Medicare risk arrangements will be eligible to participate in all three payment model options. ●

Depending on the DC payment model option in which an organization is participating, the model participant will receive a fixed monthly payment that can range from a portion of anticipated primary care costs to the total cost of care. Participants in the global payment option will ultimately bear full financial risk, while those in the professional payment model will share risk with CMS. This will provide prospective model participants a range of financial risk arrangements from which to choose, while providing a more predictable revenue stream and reducing health care provider burden commensurate with level of financial risk.

The Geographic Population-Based Payment (PBP) option encourages participation from innovative organizations, including health plans, health care technology companies, and other entities interested in entering into contractual relationships with providers and suppliers and taking on risk for a Medicare fee-for-service (FFS) beneficiary population in a defined geographic target region.

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Sharon A. DeSantis is one of PAMED's practice support specialists within the Practice Support Team. Email her at [sdesantis@pamedsoc.org](mailto:sdesantis@pamedsoc.org).



Additional information, including fact sheets for the PCF and DC payment models, is available at:

### **PRIMARY CARE FIRST**

[innovation.cms.gov/initiatives/primary-care-first-model-options](http://innovation.cms.gov/initiatives/primary-care-first-model-options)  
or email [PrimaryCareApply@telligen.com](mailto:PrimaryCareApply@telligen.com)

### **DIRECT CONTRACTING**

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## PHYSICIAN JOINS CARE CENTERED COLLABORATIVE AS MEDICAL DIRECTOR

This spring, *The Care Centered Collaborative at PAMED* added Johanna Vidal-Phelan, MD, to its team as medical director. *Pennsylvania Physician* talks to her about her goals, the background and experience that prepared her for this role, and her intention to be a pivotal part of the success of the Collaborative's Clinically Integrated Network (CIN) for private practices across the state.

### **DR. VIDAL-PHELAN, WHAT DREW YOU TO THIS NEW ROLE?**

I wanted to be a part of building a CIN for independent doctors in Pennsylvania. It is a bold move on the part of PAMED, and a unique opportunity and challenge. I was ready for it. My background as a community-based physician, combined with a good understanding of population health and insights I gained working with a health plan as medical director, made me feel like this was the right role for me at the right time. I feel fortunate to work for an innovative, physician-governed network focusing on patient care, cost, and quality.

Another benefit of this role is that I will be able to continue practicing medicine one day a week as a pediatrician. I will see patients at the Hamilton Health Center, a federally qualified health center in Harrisburg. I feel fortunate to have the best of both worlds, and the energy to manage it all.

### **WHAT ARE SOME OF YOUR GOALS FOR YOUR FIRST YEAR IN THIS NEW JOB?**

The most important thing for me to do is to get to know the physicians and the staff that have joined this CIN. There is important work to do together, but job one is to support these practices. I can only do that if I know and understand them first. That will never be done with an email; I am spending time at every practice getting to know them — and they are a great group.

### **WHAT ARE YOUR INITIAL THOUGHTS ABOUT THE PROGRESS TO DATE OF THIS CIN BACKED BY PAMED?**

First, I am proud to work for and with a medical society that is investing in its members by giving doctors a solid option to remain successful in private practice. I think the progress made over the last 18 months is tremendous — this CIN has all the resources needed to be successful. The infrastructure required, such as population health analytics and case management, was put in place before recruitment of practices began. That impressed me.

In addition, I have met one-on-one with most of the practices. They understand the specific challenges of care, cost, and accountability — and they repeatedly choose to remain independent as a vital way to meet those challenges. This CIN is the best way for private practices to get the resources they need to deliver the most excellent care.



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**TELL US A LITTLE ABOUT YOUR INTERESTS OUTSIDE OF WORK.**

I have a family, and like all working parents, it's a busy life, and I am grateful for it. With the help of my husband Edward, we are both experiencing the joy and challenges of raising two young sons. We encourage them to be creative, so that means lots of Lego creations, art projects, and various musical instruments spread around the living room. It is an honor and privilege to see children grow, mature, and find their calling in life.

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**WHAT DO YOU DO TO BRING BALANCE TO YOUR LIFE AS A HEALTH CARE PROFESSIONAL?**

I like to keep learning — from my family, friends, patients, and colleagues. I am always reading, and I have taught my family the meaning and purpose found in a life of reading and learning. My personal faith also keeps me grounded; finding ways to serve others brings me great joy.

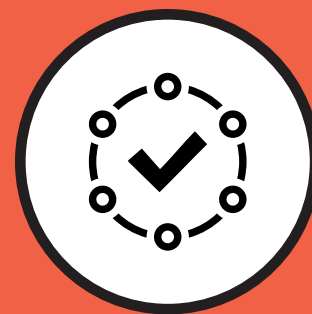
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Another benefit of this role is that I will be able to continue practicing medicine one day a week as a pediatrician. I will see patients at the Hamilton Health Center, a federally qualified health center in Harrisburg. I feel fortunate to have the best of both worlds, and the energy to manage it all.



The PA Clinical Network, led by CEO Jaan Sidorov, MD, (left) and Dr. Vidal-Phelan, has enrolled more than 50 practices; 200 clinicians.



**Fast Facts About Dr. Vidal-Phelan**

Dr. Vidal-Phelan joins both *The Care Centered Collaborative* and its PA Clinical Network CIN, bringing with her experience as a former managing medical director for a well-known Pennsylvania health plan. She also has specific expertise in pediatric medicine, quality improvement, population health, and CHIP.

A fluent Spanish speaker, Dr. Vidal-Phelan resides in Central Pennsylvania with her husband and two sons. She has worked both in private practices as well as integrated health care systems across the state. She earned her undergraduate degree from Wellesley College and a health care MBA from George Washington School of Business in Washington, D.C. She completed her doctorate at UMDNJ–Robert Wood Johnson Medical School and her residency in pediatrics through the University of Washington Medical School at Seattle Children's Hospital.

Dr. Vidal-Phelan is also a fellow of the American Academy of Pediatrics and a member of PAMED and the American Medical Association.

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## WHAT ELSE WOULD YOU LIKE US TO KNOW ABOUT YOU?

I like to mentor other women and minorities to help them pursue careers in medicine. I can think of no better way to empower others than by sharing your own personal journey and tapping into your professional network to help others achieve their goals. I am deeply grateful for the professors and physician attendings who took the time from their busy schedules to support my development, education, and career goals.

I grew up in Puerto Rico. Last year, my family and I had the opportunity to travel with our church to help rebuild homes destroyed by Hurricane Maria. I will never forget the joy and gratitude expressed by the families that we were able to help. ●



## What is The PA Clinical Network?

The PA Clinical Network is a true CIN created for independent practices across the state of Pennsylvania. It provides community-based physicians from all specialties and counties with the opportunity to remain autonomous in practice but to have the resources, support, and backing of PAMED. To date, nearly 200 clinicians have joined the network, and the group is collaborating with area health plans to develop value-based contracts.

To learn more about the PA Clinical Network, go to [www.PennsylvaniaCIN.com](http://www.PennsylvaniaCIN.com). Follow us on Twitter, Facebook, and LinkedIn @PAClinical and Instagram at PA\_Clinical\_Network.



The small leadership team at *The Care Centered Collaborative* and its PA Clinical Network work closely together on behalf of physicians across the state. Here, Dr. Vidal-Phelan confers with Barry Buckingham, VP of IT and Analytics.

# JOIN THE CIN WHERE THE DOCTORS HAVE ALL THE SEATS AT THE DECISION-MAKING TABLE.



Joining a clinically integrated network (CIN) enables private practices to benefit from collaboration with a large group without giving up their independence. But our CIN—the PA Clinical Network—goes further, by offering:

- A robust population health platform, integrated with every payer and EMR, to deliver real-time, actionable care insights, achieve quality outcomes, and demonstrate shared savings
- Strong technology infrastructure and hands-on support to facilitate collaboration while lightening the load of today's administrative complexities
- Complete transparency on decisions affecting your value-based compensation, with governance by independent physicians like you who won't be overruled by large institutional interests

**717.909.2646 | [PennsylvaniaCIN.com](https://PennsylvaniaCIN.com)**

The PA Clinical Network | Created by the Care Centered Collaborative at the PA Medical Society.

Learn why the PA Clinical Network, backed by the PA Medical Society, offers independent physicians more benefits at less risk.

**Call 717.909.2646 to schedule a meeting**

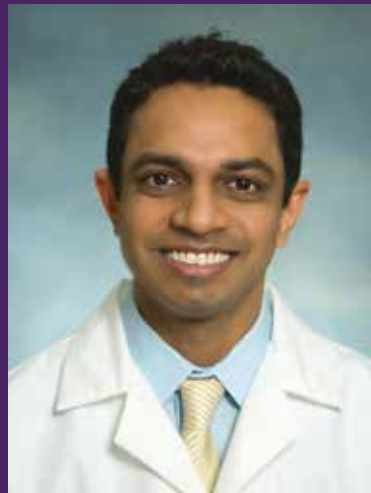


**PA Clinical Network**

AT THE PENNSYLVANIA MEDICAL SOCIETY

# Congratulations to Einstein's "Top Physicians Under 40" Award Winner!

**Tejas Parikh, MD** has been selected by the Pennsylvania Medical Society for his outstanding contributions to the practice of medicine.



## Tejas Parikh, MD

Dr. Parikh is an anesthesiologist affiliated with Einstein Medical Center Philadelphia. He started a charitable foundation in honor of his mother who passed away three years ago. His foundation's goal is to assist with unmet needs in women and children's health. Dr. Parikh is the co-author of multiple case studies and research papers presented at conferences.

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[www.pamedsoc.org/dontloseyourdoc](http://www.pamedsoc.org/dontloseyourdoc)



**Congratulations to**

**Umang Patel, DO,**  
on your selection as a **TOP Physician Under 40** by the Pennsylvania Medical Society for 2019.

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Pennsylvania  
**MEDICAL SOCIETY**

ADVOCATE. EDUCATE. NAVIGATE.

# PAMED WOMEN PHYSICIANS SECTION ADVOCATES FOR MEANINGFUL CHANGE

BY KAREN RIZZO, MD



As the first elected chair of PAMED's Women Physicians Section (WPS), I am excited to advocate for all the improvements to optimize the professional and personal experiences for women physicians in Pennsylvania.

WPS leadership reflects a dynamic collection of women who want to be involved in creating an organization that can promote meaningful change for women in medicine.

The influence of women physicians in medicine continues to grow significantly. Nationally, 2017-18 marked the first class of more women than men in medical school. Today, there are more than 376,000 female physicians and residents in the U.S. In Pennsylvania, almost one-third of all physicians are women. During the past 10 years, Pennsylvania has seen a 43 percent increase in women physicians according to PAMED figures. As our numbers grow, our ability to influence change will grow as well.

The new WPS will serve as a conduit to promote fairness for women physicians in the workplace, advocate for pay parity, and develop maternity leave best practice guidelines that PAMED can promote to physician employers. In response to a resolution passed by the 2018 House of Delegates, a task force was established to develop the guidelines. Members include Danae Powers, MD; Sherry Blumenthal, MD; Amelia Pare, MD; Cadence Kim, MD; Aasta Mehta, MD; Amanda Laubenthal, DO; Elisa Giusto, DO; Virginia Hall, MD; Hannah Do, MD; Karen Rizzo, MD; Kristen Sandel, MD; Lynn Lucas-Fehm, MD; Madalyn Schaeffgen, MD; Sara Myers, MD; and medical student Gillian Naro.

The newly created WPS section will address ways to combat sexual harassment and discrimination based on race and gender identity in the workplace. It will strive to make all physicians aware of unconscious bias and micro-aggressions and how they impact workplace morale. It will educate all physicians on issues important to women and examine social and cultural behaviors that may need re-evaluation or change to optimize fairness in the medical workplace for all.

WPS will discuss ways to improve women's negotiating skills and ability to aspire to and obtain leadership positions. It will serve as a think tank to enhance mentorship and support for women both professionally and personally. All women should be able to exercise choice and control over economic opportunities, outcomes, and resources and share in economic decision making at all levels. The empowerment of women continues to grow and evolve and serves as a motivation for all to grow and evolve with it.

The impact of women physicians in our society is here to stay and will only get stronger. WPS is our forum to share experiences, organize, create change, inspire others, support, and educate. It will foster inclusivity and solidarity in promoting women's issues. I encourage all female physicians and supportive men to be a part of it.

Learn more at [www.pamedsoc.org/WPS](http://www.pamedsoc.org/WPS).

Karen Rizzo, MD, served as PAMED's 165th president in 2015-16. She is a practicing otolaryngologist in Lancaster.

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**THE IMPACT OF WOMEN PHYSICIANS IN OUR SOCIETY IS HERE TO STAY AND WILL ONLY GET STRONGER. PAMED'S WOMEN PHYSICIANS SECTION IS OUR FORUM TO SHARE EXPERIENCES, ORGANIZE, CREATE CHANGE, INSPIRE OTHERS, SUPPORT, AND EDUCATE.**

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# WHAT HAPPENED TO DIRECT PATIENT CARE?

BY THOMAS FALASCA, DO



A recent article in *JAMA Internal Medicine* examined how PGY-1 physicians spent their working hours. It concluded that 66 percent of their time was spent on indirect patient care, mostly medical records and documentation. Meanwhile, direct patient care consumed 13 percent and education was 7 percent. Multitasking consumed 16 percent of their time.

For balance, the study hypothesizes, regarding direct patient care time, “More may not be necessary given that so much of patient care now occurs in teams, is informed by diagnostic test reports, and is mediated through the work of others.”

These findings are alarming.

First, documentation is not “indirect patient care;” it is documentation. As an attempted surrogate measurement of patient care, documentation has profound failings. Further, experience in documentation is not the experience in medical practice, which post-graduate education is meant to provide.

In contrast to patient care, documentation is more readily measured and, unfortunately, more readily adjusted. When documentation and medical practice diverge, the

incentive is to improve documentation rather than to amend medical practice, especially when documentation is the parameter more likely to be scrutinized.

Second of concern is time spent “multitasking.” Nobel-winning experimental psychologist David Kahneman elucidated the availability bias, the human tendency to erroneously judge phenomena that come to mind more readily as also being more probable. Kahneman found that the availability bias affects those engaged in simultaneous effortful tasks more than those not so engaged. In short, multitasking comes with a price; multitasked patient care is compromised patient care.

Third, it is poorly reassuring that much patient care occurs in teams mediated through the work of others since a weakness of teams is that they dilute responsibility. This dilution phenomenon is evidenced by the work of psychologists John Darley and Bibb Latane. Dilution of responsibility is a poor way to teach the proactive assumption of responsibility that post-graduate training is expected to develop.

Fourth, another poor reassurance is that more direct patient care may not be necessary since diagnostic test reports inform much patient care. One difficulty is that many physicians lack the statistical background to draw appropriate conclusions from test reports.

Indeed, Ros Bramwell authored an investigation in which she presented 42 midwives and 41 obstetricians with the information that 1 percent of the babies in a population had Down syndrome and that a test is positive in 90 percent of Down babies and 1 percent of healthy babies. She asked them to estimate the probability that a positive screening test meant a baby from that population had Down syndrome. Only 18 of the 41 obstetricians and none of the 42 midwives answered correctly. The probability is 47.6 percent.

Finally, the test results, along with their inevitable limitations, must be explained to the patient clearly and compassionately. Any patient choices presented by the test results must also be explained to the patient. Indeed, diagnostic testing may increase, not decrease, the need for direct patient care.

In conclusion, the authors of the study are to be congratulated. This significant study deserves to be replicated, and if confirmed, it deserves to be acted upon aggressively. This work cannot be allowed to “pass under the radar.” Patients deserve better. Doctors in training deserve better. ●

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Thomas Falasca, DO, is the author of *Physician's Guide to Better Medical Decision Making: Critical Thinking in Medicine*.

# WHY IT'S MORE IMPORTANT THAN EVER FOR PHYSICIANS TO BE ENGAGED IN THE POLITICAL PROCESS

BY JOHN V. TOMMASINI



**PAMPAC Executive Director John Tommasini and Congressman Charlie Dent at the PAMPAC Retreat.**

As executive director of the Pennsylvania Medical Political Action Committee (PAMPAC), I am looking forward to working with our member physicians. Together, we will ensure your continued place among the top stakeholders that legislators look to for input on key lawmaking decisions concerning the practice of medicine. PAMPAC also welcomed a new Board Chairman Burdett Porter, MD, an anesthesiologist from Sayre, in January 2019.

The PAMPAC Board recently held its annual retreat in Bedford, where we discussed several critical issues and priorities while also hearing from various legislators and politicians on the state of affairs in the commonwealth. We discussed why it is as important as ever for physicians to be engaged in the political process. This was the common theme throughout the two-day retreat.

Simply put, physicians are viewed as some of the most trustworthy and highly regarded members of the community. Legislators want to hear from you, and they listen when you speak.

Being engaged can appear in several different ways and take various forms. While it does not matter how, when, or where, the key is to be engaged. From a basic level, this is registering to vote, knowing who is running in your area, and getting to the polls. At the highest level, this is hosting a campaign event or volunteering to assist in a campaign. It can also be taking the time to visit your legislators in their district or Capitol offices.

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**PHYSICIANS ARE VIEWED AS SOME OF THE MOST TRUSTWORTHY AND HIGHLY REGARDED MEMBERS OF THE COMMUNITY. LEGISLATORS WANT TO HEAR FROM YOU, AND THEY LISTEN WHEN YOU SPEAK.**

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Having said all of this, it is also important to remember that PAMPAC is strong because of its members and their willingness to generously support its efforts. PAMPAC works to ensure that we fight for patient care and physicians' rights by supporting pro-medicine candidates in Pennsylvania. Your support allows us to back the candidates that are going to fight for you and listen to your voice when they need key stakeholders to weigh in on important issues impacting medicine.



**Congressman Charlie Dent; PAMPAC Board Chair Burdett R. Porter, MD, MMM, CPE, FAAPL; and Dr. Porter's wife Cynthia at the PAMPAC Retreat.**

The number of individuals and non-physician health care practitioners that wish to infringe on the practice of medicine and scope of practice of physicians seems to be increasing all the time. Now is the time to be engaged to ensure the candidates who are going to fight for you are in positions to do just that. PAMPAC needs you and your continued support to make this a reality.

If you're a current PAMPAC member, thank you for your support. If you're not yet a PAMPAC member, please consider joining and supporting PAMPAC — the muscle of PAMED — at [www.pampac.org](http://www.pampac.org). ●

John Tommasini is PAMPAC's executive director. Email him at [jtommasini@pamedsoc.org](mailto:jtommasini@pamedsoc.org).

If you have any questions about how to get involved or if you would like to discuss the political climate of the commonwealth, we are available to assist you as needed.

**John V. Tommasini**

Executive Director, PAMPAC  
[jtommasini@pamedsoc.org](mailto:jtommasini@pamedsoc.org)



# You must be engaged!

As a physician, your engagement in the political process is as crucial as ever before.

## Why?

- As an individual physician, it is difficult to make a significant impact, but **TOGETHER** we can make a difference! Your participation is needed to ensure the collective physician voice is heard.
- Physicians are viewed as some of the most trustworthy and highly regarded members of the community. When you share your voice, legislators listen.

## How?

The Pennsylvania Medical Political Action Committee (PAMPAC) helps keep physicians among the top stakeholders that legislators turn to for input on key lawmaking decisions.

## We need you!

**Take action for medicine. Join PAMPAC — the muscle of PAMED.**

[www.pampac.org](http://www.pampac.org)



Pennsylvania Medical Political Action Committee

PAMPAC is the political arm of the Pennsylvania Medical Society. Membership in PAMPAC is voluntary and serves as the united voice of physicians in the political arena. PAMPAC contributes to candidates for state office who support the priorities of the Pennsylvania Medical Society membership.



Pennsylvania Direct Primary Care Association  
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# CONGRATULATE DR. TIFFANY LEONARD

## Top Physicians Under 40 Honoree

Dr. Tiffany Leonard recently started a Direct Primary Care office enabling her to provide more detailed, comprehensive care to her patients in a relaxed environment. If you have ever considered switching to Direct Care, we can help! Visit [www.padcpc.com](http://www.padcpc.com) for more information.



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## *PAMED Members Can Prepare for the* **Controlled Substances ePrescribing Law Effective Oct. 24, 2019**

Act 96 requires that all Schedule II through V controlled substances be prescribed electronically.

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- ◆ Knowledge Center  
855-PAMED4U (855-726-3348 )  
[KnowledgeCenter@pamedsoc.org](mailto:KnowledgeCenter@pamedsoc.org)

Being a PAMED member means you're never in the dark about new laws, regulations, and policies. Not yet a member? Join now at [JoinNow.pamedsoc.org](http://JoinNow.pamedsoc.org).

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UROLOGY OF CENTRAL PENNSYLVANIA  
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**DR. TIMOTHY BROWN**  
TOP PHYSICIANS UNDER 40 HONOREE

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TOP PHYSICIANS  
**UNDER**

**40**

**PAMED'S ANNUAL AWARD RECOGNIZES  
PENNSYLVANIA'S YOUNG TALENT  
ACROSS THE HEALTH CARE SPECTRUM**

## THIS YEAR'S PENNSYLVANIA MEDICAL SOCIETY TOP PHYSICIANS UNDER 40 WINNERS

come from a diverse range of backgrounds and have demonstrated a significant amount of success early in their medical careers. Winners were nominated by colleagues or patients and ultimately selected by a statewide committee of PAMED member physicians. In alphabetical order by county, these are the young physicians chosen this year.

### ALLEGHENY COUNTY

#### ALEX DRESSLER, MD

PITTSBURGH



Dr. Dressler is a pain medicine fellow at the University of Pittsburgh Medical Center (UPMC). He has published several articles and book chapters in the field of chronic

pain. Dr. Dressler is involved with using social media for inter-institutional collaborations that lead to better care. Within his health system, he has made efforts to use patient-reported outcomes as a tool to provide higher quality care.

#### TRENT EMERICK, MD, MBA

PITTSBURGH



Dr. Emerick is an anesthesiologist specializing in pain medicine with UPMC. He is the director of quality improvement and innovation, chronic pain division. Dr. Emerick is a

resource for colleagues in the areas of abdominal, craniofacial, and back pain. He is also the co-associate program director for the University of Pittsburgh's Pain Medicine Fellowship and serves as a role model for physicians in training.

#### SCOTT HEYL, MD

PITTSBURGH



Dr. Heyl is a family medicine physician with Heyl Family Practice, part of Genesis Medical Associates. Dr. Heyl is a board director and secretary for Genesis and the

e-record medical director for UPMC Passavant Hospital. In addition to providing care at his practice, he also rounds on his own patients in the hospital setting and cares for patients at two local skilled nursing facilities. Dr. Heyl's involvement with his organization's population health initiatives has led to improved cancer screening rates, better depression screening rates, and increased patient access.

### BERKS COUNTY

#### JILLIAN VENTUZELO, DO

WYOMISSING



A family physician with Penn State Health St. Joseph, Dr. Ventuzelo is making a name for herself as a physician leader with a passion for medicine. She is

the president-elect of the Berks County Medical Society (BCMS) and the youngest physician leader ever to be nominated to that position. She serves as this year's chair for BCMS' successful Residents' Day and Memorial Lecture.

### BUCKS COUNTY

#### UMANG PATEL, DO

LANGHORNE



Dr. Patel is a hospitalist with Langhorne Internal Medicine and St. Mary Medical Center. He also serves as associate program director for the St. Mary Internal Medicine

Residency Program. He has developed a curriculum for residents that is designed to improve the learning process of future physicians. Colleagues view him as a dedicated physician who strives to help residents understand the importance of compassion and empathy in patient care.

## CHESTER COUNTY

### SHALINI VIJAYKUMAR, MD

PAOLI



Dr. Vijaykumar is an endocrinologist practicing at Suburban Endocrinology Associates, part of Main Line Health. Colleagues view her as a caring, conscientious

physician who recognizes the need for a multidisciplinary approach to help patients with the types of systemic health problems often seen in her field. She is a strong advocate for a lifestyle approach to the management of diseases like diabetes, and her efforts have contributed to better health for her patients and her community.

## CRAWFORD COUNTY

### ANDRA FEE-MULHEARN, DO, MPH

MEADVILLE



A pulmonologist with Meadville Medical Center and Pulmonary Associates of Meadville, Dr. Fee-Mulhearn is described by colleagues as a dedicated and dynamic physician.

She is active in engaging younger physicians in leadership and medical staff involvement. Dr. Fee-Mulhearn has taken on leadership roles within her organization and is involved with numerous medical staff committees. She volunteers in her community as a coach.

## NICHOLAS MULHEARN, DO

MEADVILLE



A pediatrician with Meadville Pediatrics, Dr. Mulhearn is an engaged and enthusiastic leader of his medical staff. He is dedicated to teaching residents

and students. Dr. Mulhearn participates in outreach to promote health and wellness in children. He is also involved in the community as a youth coach.

### KATIE WARREN, DO

MEADVILLE



Dr. Warren is a neurologist with the Neurology Center of Meadville and Meadville Medical Center. She is an active medical staff member and leads physician

task force meetings. Dr. Warren is involved with her community and offers education sessions on stroke and other neurological conditions. She is a strong advocate for colleagues in the area of physician wellness.

## CUMBERLAND COUNTY

### AMY MALEY, DO

NEWVILLE



A family medicine physician with Graham Medical Clinic, Dr. Maley is also fellowship trained in hospice and palliative medicine. She is passionate about finding solutions

to public health issues such as the opioid crisis. Colleagues view her as a caring physician who works closely with patients to help them address challenges ranging from drug abuse to end-of-life issues.

## DAUPHIN COUNTY

### TIMOTHY BROWN, MD, PHD

HARRISBURG

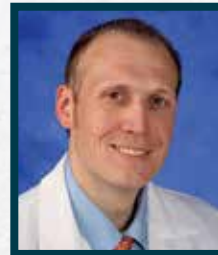


An urologist with Urology of Central Pennsylvania, Dr. Brown is dedicated to educating his patients on their treatment options. He has spoken at area senior centers

and makes himself available to speak for professional organizations about urologic health. Dr. Brown promotes the importance of early detection and screening and has participated in free screening events at his office and within his community.

### CONRAD KRAWIEC, MD

HERSHEY



Dr. Krawiec, a physician with Penn State Health, specializes in pediatric critical care. He is a dedicated educator and is the College of Medicine's

pediatric clerkship director. Dr. Krawiec participates in quality improvement efforts such as the National Emergency Airway Registry for Children initiative to improve safety outcomes for tracheal intubations. He is also involved with educational programs on issues like pediatric obesity.

# KRISTY SHINE, MD

## YOU ARE DIRECTOR OF RESEARCH AT JEFFERSON HEALTH DESIGN LAB. CAN YOU SHARE A FEW DETAILS ABOUT SOME OF THE WORK YOUR TEAM DOES THERE?

The Health Design Lab is a creative makerspace, design classroom, and research collaborative in the heart of the Thomas Jefferson University campus. Our mission is to bring people together to reimagine health care inside and outside the walls of the hospital. Using an 'observe-imagine-make' approach we call health design thinking, we co-create human-centered solutions to complex health challenges.

Through the first longitudinal four-year Scholarly Inquiry in Design program offered in a medical school, our students learn how to discover patient/physician/provider challenges through interviews and observation, brainstorm new ideas for products and processes, and create prototypes to test solutions and receive feedback. Our themes focus on clinically relevant topics, including redesigning products and services for the modern geriatric patient and preventing physician/provider burnout. For our EM residency and Academic associates programs, we host annual health design thinking workshops to encourage trainees and faculty to engage in team-driven, empathy-based, problem-solving.

In the Health Design Lab, we also use design thinking as the foundation of our JeffSOLVES medtech development program, in which medical and industrial design students partner with EM faculty and a local product development firm to design and prototype new medical devices. Since its inception, our students have created and patented eight devices, including EM relevant products such as a clean catch urine collection system, portable bed converter for pelvic exams, and a patient positioning pillow for LP/epidural procedures. We've also developed 3D printing/bioprinting facilities and workflows for converting patient CT/MRI data into 3D models. In collaboration with colleagues across departments, we currently have research projects in 3D printing/bioprinting for presurgical planning, resident training, and patient education in ENT, OB/GYN,

orthopaedics, cardiothoracic surgery, and transplant surgery.

As emergency medicine physicians, we apply design principles to quality improvement projects, including redesigning trauma preparedness and improving patient flow. Outside of the ER, in conjunction with architectural experts and local community groups, we design and activate a custom airstream trailer to support health information sharing and food access in the Kensington neighborhood of Philadelphia, currently an epicenter of the opiate crisis. Overall, the implementation of our design projects has led to enhanced collaboration and knowledge sharing and improved services for our patients both in the clinical space and greater community.

## WHAT DO YOU ENJOY MOST ABOUT YOUR WORK WITH TEACHING HEALTH DESIGN TO MEDICAL STUDENTS?

One of the most rewarding aspects of teaching health design is empowering medical students to think creatively. So often trainees are taught to be sponges, soaking up and memorizing information. Yet, medical students are so much more. They are enthusiastic, inquisitive, and incredibly empathetic. Through health design thinking, we show medical students how to apply these 'superpowers' to be effective problem solvers. By teaching them techniques to observe and define challenges faced by patients/physicians, brainstorm new solutions, and prototype their ideas into physical forms that can be experienced and tested, we give them the confidence to break from the status quo and drive change to improve health care beyond individual patient interactions.

## EVEN ON YOUR MOST CHALLENGING DAYS, WHAT ABOUT MEDICINE KEEPS YOU GOING?

Though there are many challenges in health care both inside and outside of the hospital walls, what fuels my passion to continue as a physician innovator is the people. The patients and caregivers I meet share so many



stories of resiliency and hope in the face of truly difficult circumstances. They inspire me to continue to grow in my clinical practice and expand my teaching and research programs. Because of them, I know exactly for whom and what I am designing new solutions, and that is incredibly powerful. The medical students and residents at Jefferson are another hugely motivating force. Their passion and curiosity are infectious, and their wide-eyed excitement reminds me daily of the wonders of what we do in medicine. Finally, my colleagues — the administrators, physicians, nurses, pharmacists, and techs I work with — are a huge source of support and inspiration. They share health care's pain points and triumphs, design ideas, clinical pearls, and laughter. I learn from them daily and cannot thank them enough for all that they do. Collectively, they show me that the challenges we face in medicine are also great opportunities to co-create a better future together.

# JAGDEEP KAUR, MD

## YOUR FELLOWSHIP TRAINING IS IN ADDICTION PSYCHIATRY. TELL US MORE ABOUT YOUR WORK WITH PATIENTS WHO HAVE SUBSTANCE USE DISORDER.

I graduated from the addiction psychiatry fellowship program at University of Maryland Medical Center in Baltimore. Fellowship curriculum is designed to expose fellows to all types of clinical settings in substance use disorders treatment. I loved all the settings, and my mentors from fellowship training are still part of my support network. I am learning from them every day. At my current practice, I am the clinical director of medication-assisted treatment (MAT) services. A primary focus of my clinical practice is opioid use disorder as people from all walks of life are affected by the current opioid epidemic. Back in 2014, I was the only physician providing MAT services at Keystone Health Rural Center in Chambersburg. Now we have five physicians and one physician assistant based in family medicine, behavioral health, and obstetrics/gynecology. Substance use disorder is a chronic brain disorder with successful treatment

outcomes. Working with this patient population is rewarding, fulfilling, and challenging at the same time.

## YOU ARE ACTIVELY INVOLVED IN YOUR COMMUNITY, RAISING AWARENESS ABOUT OPIOID USE DISORDER. CAN YOU SHARE MORE ABOUT YOUR EFFORTS IN THIS AREA AND THE PROGRESS YOUR COMMUNITY IS MAKING?

I strongly believe in involving the community to sustain positive change. Community members are the ultimate health consumers. Our ability to connect with others makes us human.

Social structure shapes incidence and recovery of substance use disorders and mental health issues. We need to look at the broad picture. Each and every part of the picture has its role. I am passionate about educating the community. I am fortunate to present at local conferences and write a column in my local newspaper. At the local community level, I am a member of the Franklin County Drug Task Force and Opioid Stewardship Program of Summit Hospital. My goal is to increase access to mental health and substance use



disorder treatment services. Being part of a local community task force helps me understand barriers to treatment for community members (e.g., medical insurance, transportation, waiting lists at clinics, etc.) I try my best to come up with plans to overcome these barriers.

## EVEN ON YOUR MOST CHALLENGING DAYS, WHAT ABOUT MEDICINE KEEPS YOU GOING?

I am a focused and driven person. I keep my priorities straight. Emotional strength is an important quality for every human being. My patients make me feel special, and they are grateful for my services. Their appreciation keeps me going.

## MOHAMMED RUZIEH, MD

HERSHEY



Dr. Ruzieh serves as chief cardiovascular fellow at Penn State Health Milton S. Hershey Medical Center. He has published numerous peer-reviewed

manuscripts, and he presents at clinical meetings and symposiums. A native of Palestine, Dr. Ruzieh is an advisor for immigrant students and residents at the Penn State College of Medicine. He has volunteered with both the Bethesda Mission Clinic in Harrisburg and Doctors without Borders.

## MEENAKSHI SINGH, MD

HERSHEY



Dr. Singh is a neonatologist with Penn State Health Milton S. Hershey Medical Center. She also serves as assistant professor of neonatology. Dr. Singh has been

appointed associate director of quality improvement in neonatal ICU at Penn State Health Children's Hospital. Among her projects is an initiative to reduce inpatient readmission of premature infants discharged from NICU. She is the recipient of numerous awards for exceptional patient care.

## ERIE COUNTY

## LEAH CAMPBELL, DO

ERIE



Dr. Campbell is a family physician with Millcreek Family Practice, part of Allegheny Health Network. She is becoming known in her community as an exemplary primary

care doctor who places her patients' needs first. Colleagues view her as a role model and a thoughtful, compassionate physician.



# SCOTT HEYL, MD



## YOU ARE INVOLVED WITH ADVANCING POPULATION HEALTH INITIATIVES WITHIN YOUR PRACTICE. CAN YOU SHARE HOW YOU'VE USED SOME OF THESE INITIATIVES TO IMPROVE THE OVERALL HEALTH OF YOUR PATIENT POPULATION?

Population health management, in its simplest form, is about identifying cohorts of patients with specific criteria and implementing measures which will positively affect the health care outcomes of these groups. It is a highly effective form of health care delivery, as it enables us — the PCPs — to increase our reach and have an impact on a larger population of patients and keep the health care cost in check.

Some of the examples include:

Identifying all our patients with diabetes and implementing measures to control disease progression. These measures include regular monitoring of blood glucose, ensuring adherence to medications, and keeping a close watch on development of complications by periodic testing. Implementing

these measures improves health care outcomes of our entire diabetic patient population and prevents catastrophic long-term complications like blindness, renal failure, limb amputations, and even untimely death.

Screening for cancers which are known to be highly prevalent in patients with specific demographics enables us to diagnose and treat these potentially fatal conditions at very early stages. This prevents the severe morbidity and mortality, which is associated with advanced stages of these malignancies.

Identifying and addressing modifiable risk factors such as obesity, smoking, physical inactivity, high blood pressure, etc. can prevent heart disease in the vulnerable patient population, which is known to be the leading cause of death in the U.S.

In addition to these specific examples, we identify many other cohorts such as high emergency department utilizers, high IP utilizers, patients with polypharmacy issues, patients with behavioral health requirements, etc. and provide them with care coordination that improves their health care outcomes.

## JAY DEIMEL, MD

ERIE

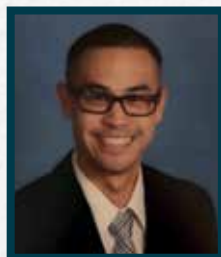


Dr. Deimel is an orthopedic surgeon with Allegheny Health Network's Saint Vincent Orthopaedic Institute. He serves as director of sports medicine at

Saint Vincent Hospital. Dr. Deimel is also a clinical instructor at Lake Erie College of Osteopathic Medicine's Orthopedic Surgery Residency Program, where he is a role model for residents and fellows. Colleagues see him as a physician who places patients first.

## PETER DIN, DO

ERIE



A resident with the Saint Vincent Family Practice Residency Program, Dr. Din has become a leader in his community during his short time in Erie. He has taken

on leadership roles in his residency program and will begin serving as chief resident. Colleagues recognize Dr. Din for his dedication to patient care.

## HITESH GIDWANI, MD

ERIE



Dr. Gidwani is a pulmonologist with Chest Diseases Hillside, part of Allegheny Health Network. He is involved with educating residents at Saint Vincent Hospital

on the topic of ICU care, helping to ensure the next generation of physicians has the skills to care for critically ill patients. Dr. Gidwani makes himself available to medical staff and is always willing to offer his perspective as an intensivist.

## FAYETTE COUNTY

### JYOTHI PATRI, MD

UNIONTOWN



Dr. Patri is a family medicine physician with Fayetteville Medical Associates, an affiliate of UPMC. She also serves as medical director for Fayette Hospice. Dr. Patri

volunteers to precept both nurse practitioner students and medical students. She offers full-spectrum family medicine to patients of all age groups and is dedicated to educating patients about healthy living.

## FRANKLIN COUNTY

### JOSHUA DUNKLEBARGER, MD

CHAMBERSBURG



Dr. Dunklebarger is an otolaryngologist with Summit ENT and Hearing Services, part of WellSpan Health. He was named chairman of surgery for his health

system in 2018 and serves on the Hospital Board of Directors. Dr. Dunklebarger has led Facebook Live educational events for his organization. He is known in his community both for his clinical skill and for his willingness to go the extra mile for patients and colleagues.

### JAGDEEP KAUR, MD

CHAMBERSBURG



Dr. Kaur, a psychiatrist with Keystone Health, is fellowship trained in addiction psychiatry. She serves as clinical director for medication-assisted treatment

of opioid use disorder at Keystone Health. Dr. Kaur is actively involved with her community, including participating in the Franklin County Drug Taskforce. Her colleagues note her compassionate patient care for mental health and substance use disorder.

### KANIKA SHANKER, MD

CHAMBERSBURG



Dr. Shanker is a fellowship-trained pediatric endocrinologist with Summit Endocrinology, part of WellSpan Health. She also serves as clinical assistant professor

with the Penn State College of Medicine. Dr. Shanker's compassionate care helps to ensure that children with newly diagnosed diabetes get prompt treatment. She provides ongoing diabetes and weight-related education to the nurses of various school districts in her community.

### RAGHAVENDRA TIRUPATHI, MD

CHAMBERSBURG



A fellowship-trained infectious disease physician, Dr. Tirupathi practices with Keystone Health. He has brought infectious disease care, including HIV and hepatitis

management, to his community. Dr. Tirupathi plays a vital role in working with local hospitals to implement infection prevention and the meaningful use of antibiotics through antimicrobial stewardship. He is a member of the Chambersburg Borough Board of Health.

## LACKAWANNA COUNTY

### AKRAM ALASHARI, MD

SCRANTON



Dr. Alashari is a trauma surgeon with Geisinger Community Medical Center. He started an initiative that led to his organization's patient satisfaction scores being in the top 10 percent of

improvement in the country. He is a leader who is committed to holding the highest standards for patient care.

# JASON WOLOSKI, MD



**YOU ARE ACTIVE AS A PHYSICIAN LEADER IN ORGANIZED MEDICINE — INCLUDING WITH THE PENNSYLVANIA ACADEMY OF FAMILY PHYSICIANS, LUZERNE COUNTY MEDICAL SOCIETY, AND PAMED. WHAT INSPIRED YOU TO GET INVOLVED, AND WHY IS IT SO IMPORTANT TO YOU?**

I was very fortunate early on in my training, beginning in medical school, to have several inspirational mentors who showed me the value of organized medicine. When referring to organized medicine, I often describe the scenario of going to a concert. At first, you may be moved by hearing a talented soloist. The message is being delivered beautifully when, all of a sudden, a background 50-member choir bursts into perfect harmony. The strength and power of their voices send chills down your spine.

As physicians, when we come together via organized medicine, our voice can be much more impactful. There is strength in unity and one clear message. Few will argue that physicians live busy lives. Now more than ever, we need a strong advocacy network preventing government from dictating the way we practice. For this reason, having the backing of organized medicine bodies to advocate for you when time is limited offers peace of mind. It's comforting to know you always have a "ground team" working day in and day out to preserve the integrity and sustainability of the field of medicine.

**YOU ARE VERY INVOLVED IN TRAINING BOTH MEDICAL STUDENTS AND RESIDENTS. WHAT DO YOU ENJOY MOST ABOUT BEING AN EDUCATOR?**

Every physician commits to a career of lifelong learning. It is important to know your limits but never stop giving 110 percent. As an educator, there is nothing more rewarding than knowing I am able to help shape the future of medicine through the training and development of the future workforce. Being an educator also holds you accountable to stay up to date with the latest evidence-based guidelines and developments. I strive to be a positive role model similar to the mentors I was fortunate to have through my training. My goal is to inspire a larger cohort of future primary care physicians, which can, in turn, lead to improved patient outcomes and access to care, especially in rural underserved areas.

**EVEN ON YOUR MOST CHALLENGING DAYS, WHAT ABOUT MEDICINE KEEPS YOU GOING?**

I treat my patients as if they are members of my own family. Even in the most difficult of times, we all find comfort when our "family" heals and achieves improved health outcomes. I am a believer that, even as a physician, "it's okay to feel." When it comes to health, emotions will always run strong. You share in the joys of patients overcoming maladies just as you share in the sorrow of a grieving family member who lost someone dear to them. Sometimes a hug is just as therapeutic for the provider as it is for the patient!

Each patient brings a unique story. I remain focused on trying to positively affect the health of the population which I live and work in, one patient at a time. Some may argue health care at times can be a thankless job. For me, a simple smile from a patient or a nod of appreciation is all I need to know I am living my dream of being a "healer."

## BRIAN FRANK, MD

SCRANTON



Dr. Frank is a trauma and critical care surgeon with Geisinger Community Medical Center. He serves as a faculty member at the Geisinger Commonwealth

School of Medicine. Dr. Frank is involved with numerous performance/quality improvement initiatives for his organization. Within his community, he is an advocate for the "Stop the Bleed" public health campaign, which offers education on bleeding control techniques.

## KELLY WILLIAMS, DO

SCRANTON



A fellowship-trained physiatrist with Northeastern Rehabilitation Associates, Dr. Williams specializes in the practice of musculoskeletal ultrasound. She

has presented at numerous conferences regarding the use of ultrasound diagnostics. Dr. Williams is dedicated to helping her patients find relief for their symptoms and believes in an integrative approach to healing.

## LUZERNE COUNTY

### KRISTIN SIMMONS, MD

WILKES-BARRE



A family physician with Geisinger Wilkes Barre-Community Medicine, Dr. Simmons is becoming a leader in her health system. She serves as assistant

program director for the Geisinger Kistler Family Medicine Residency Program in Wilkes-Barre. Dr. Simmons is a dedicated educator who encourages medical students to consider staying within the commonwealth to train and practice.

### JASON WOLOSKI, MD

WILKES-BARRE



Dr. Woloski is a family physician with Geisinger Wilkes Barre-Community Medicine. He is an active physician leader, serving on the Board of Trustees for both

the Pennsylvania Academy of Family Physicians and the Luzerne County Medical Society. Dr. Woloski was a participant in PAMED's 2019 Year-Round Leadership Academy. He is also an assistant program director with the Geisinger Kistler Family Medicine Residency Program in Wilkes-Barre.

## LYCOMING COUNTY

### MICHAEL DESIDERIO, DO

WILLIAMSPORT



Dr. Desiderio is a cardiologist with UPMC Susquehanna. He has been involved with improving the care of noninvasive patients in his practice and imaging

department. Dr. Desiderio goes the extra mile for both patients and colleagues and spends time teaching the medical students, residents, and technologists in his practice. He seeks out research opportunities that have the potential to expand care for his cardiac patients.

### ANGELA HUGGLER, MD

WILLIAMSPORT



Dr. Huggler, an OB/GYN with UPMC Susquehanna, serves in numerous leadership roles at Williamsport Regional Medical Center and has led successful efforts

to expand health services for women in her community. She played an instrumental part in helping her organization establish the use of minimally invasive gynecology and robotic surgery. Dr. Huggler is actively involved in her community and participates in health education seminars.

## MONTGOMERY COUNTY

### TIFFANY LEONARD, MD

HATBORO



Dr. Leonard is a family physician who recently started her own direct primary care practice, Deer View Family Medicine. She believes in empowering her

patients to set personal health goals and take control of their wellness. Dr. Leonard has held several leadership roles within the Pennsylvania Academy of Family Physicians, including Resident and Student Affairs Committee chair.

## PHILADELPHIA COUNTY

### ANNA MARIE CHANG, MD

PHILADELPHIA



Dr. Chang serves as director of clinical research for Thomas Jefferson University's Department of Emergency Medicine. She has been instrumental

in securing research grants for her department. Each year, Dr. Chang mentors approximately 60 premedical students through a volunteer program offering hands-on clinical research experience. She is known for her expertise in acute cardiovascular disease and lectures on the topic.

### DAVID CLEMENTS IV, MD

PHILADELPHIA



Dr. Clements is a psychiatrist and owner of Southeastern Executive Health. He completed a fellowship in addiction psychiatry from the University of

Pennsylvania, and currently works in his private practice, The Malvern Institute, and Adolescent Advocates. He is recognized by colleagues for his compassionate care and innovative approaches to the treatment, specifically, his expertise in the field of addiction. Dr. Clements is dedicated to using the latest evidence-based treatments to battle Pennsylvania's opioid epidemic.

### ELIZABETH COTTRILL, MD

PHILADELPHIA



An otolaryngologist with Jefferson Health, Dr. Cottrill stands out for her leadership and ability to inspire her colleagues. She is establishing herself as a leader

in the treatment of complex thyroid diseases. Dr. Cottrill also serves as a role model and mentor for Jefferson's medical students and residents. She has organized several Women in Otolaryngology events that brought together several universities in the Philadelphia region.

### BRIAN MCGETTIGAN, MD

PHILADELPHIA



Dr. McGettigan is an otolaryngologist with Jefferson Health. He has been a key part of his health system's efforts to create a high-quality and uniform health care delivery system in

the Delaware Valley. Dr. McGettigan serves as a faculty member at Thomas Jefferson University's Department of Otolaryngology-Head and Neck Surgery.

### TEJAS PARIKH, MD

PHILADELPHIA



Dr. Parikh is an anesthesiologist affiliated with Einstein Medical Center. He started a charitable foundation in honor of his mother, who passed away

three years ago. His foundation's goal is to assist with unmet needs in women's and children's health. Dr. Parikh is the co-author of multiple case studies and research papers presented at conferences.

## KRISTY SHINE, MD, PHD

PHILADELPHIA



Dr. Shine serves as director of research at Jefferson Health Design Lab and assistant professor of emergency medicine at Thomas Jefferson University's Sidney

Kimmel Medical College. She uses her experience in medical engineering and physics to provide cutting-edge health design education to medical students. Dr. Shine is a lead researcher in efforts to develop Jefferson's 3D Bioprinting Lab.

## MEGAN STOBART-GALLAGHER, DO

PHILADELPHIA



Dr. Stobart-Gallagher is an emergency physician who serves as assistant residency program director for Thomas Jefferson University Hospitals. She

received a heroism award from the Local 22 Philadelphia Firefighters' and Paramedics' Union for her role, in 2015, saving the life of a patient who became trapped under a train and required an emergency amputation. Dr. Stobart-Gallagher is involved with a public health initiative to provide free HIV testing.

## POTTER COUNTY

### ANDREA HELLER, MD

COUDERSPORT



Dr. Heller is a family medicine and palliative care physician with UPMC Cole. Fellowship-trained in palliative care, she serves as UPMC Cole's medical director

for home health, hospice, and palliative care. Dr. Heller is active in educating her community regarding end-of-life care and decision-making. Her colleagues view her as a compassionate physician who works closely with patients to help them make health care decisions.

## WASHINGTON COUNTY

### MYLAINA SHERWOOD, MD

CECIL



Dr. Sherwood is a family medicine physician with Cecil Family Practice, an affiliate of Washington Health System. She provides care to a diverse

patient population and offers services ranging from obstetrical care to addiction treatment. Dr. Sherwood is a member of the teaching faculty of Washington Health System's Family Medicine Residency. She serves as treasurer of the Washington County Medical Society.

## YORK COUNTY

### DANIEL HORNYAK, MD, MBA

YORK

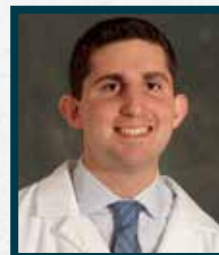


An emergency physician, Dr. Hornyak is chairman of emergency medicine and Chest Pain Center director for UPMC Pinnacle Memorial. As president of

the York County Medical Society, Dr. Hornyak is dedicated to ensuring that his colleagues have strong organizational support. He has also served as an instructor for the American Academy of Emergency Medicine's oral board review courses.

### JORDAN KIRSCH, DO

YORK



Dr. Kirsch is a surgeon with WellSpan York Hospital's Surgical Residency Program. In addition to his clinical duties, he has served

the York Township Emergency Management Agency by helping to coordinate disaster response planning. He is involved with organized medicine as the resident representative on the York County Medical Society Board.

# ANGELA HUGGLER, MD



## WHAT LED YOU TO CHOOSE OB/GYN AS YOUR SPECIALTY?

The specialty chose me, at least initially, more than I chose it. It was never something I had planned on choosing. I had been looking at anesthesia and orthopedics through pre-med and early medical school. Through great mentors and touching experiences during clinical rotations, I soon found my dream job. It hasn't disappointed since. My favorite part is the variety of work we have — surgical specialties, continuity of primary care, delivery of newborns and care of new moms, and the excitement of being on call. No day is ever the same.

## YOU GREW UP IN LYCOMING COUNTY AND ULTIMATELY RETURNED TO PRACTICE THERE. WHY IS IT IMPORTANT FOR YOU TO PROVIDE OB/GYN CARE TO A PREDOMINANTLY RURAL AREA, AND WHAT DO YOU ENJOY MOST ABOUT IT?

It was an easy decision to return to my hometown to practice. First, being close to my family is paramount, especially now as I am raising three children of my own. Knowing the area, the people, and the community in advance truly made the decision to practice here one of the easiest of my life. I had amazing mentors in my colleagues as I started here, my first job out of residency. The community is close-knit and embracing — exactly the kind of place you would dream for your children to grow up. And now, I am in a position to give back to this community — for all it's given me — through my work and my experiences, which couldn't be a more perfect end to the story.

## EVEN ON YOUR MOST CHALLENGING DAYS, WHAT ABOUT MEDICINE KEEPS YOU GOING?

My motivation during challenging times is the responsibility I feel to my patients to give them the best advice, experience, and piece of me I can, regardless of what else is or has happened around

me. I am also driven to push onward as an example to my children. I want them to grow up knowing that hard work, integrity, and persistence really do have bigger rewards than can be imagined. Even though I have long since completed medical school and residency, I am still amazed and humbled at the fact that I am a physician being trusted daily with the lives and well-being of those in need. I thank God for this daily opportunity and trust that he will continue to guide me through both challenging, as well as less difficult, days as he has each step of the way so far.

# HITESH GIDWANI, MD



## WHY DID YOU CHOOSE TO BECOME A PHYSICIAN?

I was heavily influenced by my parents, who are both physicians. Growing up and sitting with them in their clinics watching them help people, I could see the personal fulfillment and satisfaction in their eyes. All these years later, I could never imagine taking a different career path.

## YOU ARE INVOLVED WITH EDUCATING SAINT VINCENT HOSPITAL RESIDENTS ON ICU CARE. WHAT DO YOU ENJOY MOST ABOUT BEING A PHYSICIAN EDUCATOR?

I have had the luxury of knowing great teachers and had amazing mentors during my training. Through that experience, I realized the powerful, positive impact a good educator can have on the career development of a resident. By being a physician educator, I have the opportunity and privilege to help new doctors reach their full potential. This is what inspires me to be a better educator.

## EVEN ON YOUR MOST CHALLENGING DAYS, WHAT ABOUT MEDICINE KEEPS YOU GOING?

We owe it to ourselves to know why we wake up every morning and go to

work. On days where things do not go as planned and frustration is seeping in, I remind myself why I went into this profession, having the privilege of being able to impact people's lives and to be there for others.

# DR. RAYMOND TRUEX WINS PAMED'S DISTINGUISHED SERVICE AWARD



**Raymond Truex, MD**

Raymond Truex, MD, is the winner of PAMED's 2019 Distinguished Service Award.

Dr. Truex has served the physician community for more than 50 years. The son of a renowned neuroanatomist and medical educator, he had a lot to live up to in his career and life. He continued the Truex family expertise in the neurosciences as a neurosurgeon, but more importantly, he stands out as a lion-hearted champion for physicians in recovery.

Early in his career, Dr. Truex fell victim to stress and burnout that could have ended his career, but he found help within the Foundation of the Pennsylvania Medical Society's Physicians' Health Program (PHP) and has been sober for 32 years.

"I would not have been able to return to clinical practice without the PHP standing behind me," Dr. Truex says.

In 1998, Dr. Truex began his service as a Foundation trustee. He served as board

chair for nine years. He has also served as treasurer, president, and board chair of the Berks County Medical Society, and he received the Berks County Medical Society's Compass Award in 2017. He is a past president of the Pennsylvania Neurosurgical Society and recipient of the Caron Foundations Jasper Chen See Medical Professional Award and the Lindback Foundation Award for Distinguished Teaching from Temple University. After retiring as a neurosurgeon from Reading Hospital in 2017, he assumed a part-time medical director position with the PHP, providing outreach to physicians and health professionals who suffer from addiction.

"Ray brings to PHP a great understanding of doctors in recovery," says Jon Shapiro, MD, DABAM, MRO, PHP medical director. "With the 12 steps in his hand and compassion in his heart, he has been a strong addition to the Pennsylvania PHP."

Dr. Truex has courageously shared his struggles, serving as an authentic representative that sobriety is possible. His personal investment in his community equally matches his passion for sober living within the community of medicine. His generosity ensures that the PHP is there to help others in their darkest hours.

"Dr. Truex embodies the 'three Ts' of selflessness — he shares his time, treasure, and talent to create and ensure a healthier physician community across our commonwealth and beyond," says Heather Wilson, executive director of the Foundation of the Pennsylvania Medical Society and deputy EVP for PAMED.

PAMED is honored to present Dr. Truex with this most prestigious award. ●



# DR. WAYNE BOND LAU WINS PAMED'S COMMUNITY VOLUNTEERISM AWARD



Wayne Bond Lau, MD

Wayne Bond Lau, MD, is the winner of PAMED's 2019 Physician Award for Community Voluntary Service. He serves as a professor in the Department of Emergency Medicine at the Sidney Kimmel Medical College at Thomas Jefferson University.

"Dr. Lau has a longstanding track record of selflessly serving patients and citizens in local and international communities," says nominator Theodore Christopher, MD. "His academic focus and personal mission at Jefferson has been to provide outstanding community service to patients and populations."

“He has remarkably committed himself to selfless volunteerism every week of his life. His lifelong compassionate and altruistic care to patients, and his longstanding commitment to helping vulnerable populations and healing all those who pass through our doors, is unparalleled.” —Theodore Christopher, MD

Specifically, for the past decade in Philadelphia's North Chinatown, home to a very underserved population, Dr. Lau has volunteered to direct the Clinic at the Holy Redeemer Church. He has carved out four hours per week for 50 weeks a year to provide free health care to more than 2,000 Chinese, Indonesian, Hispanic, Vietnamese, Cambodian, and African-American patients — the majority being uninsured, financially disadvantaged, and in need of medical care for diabetes, hypertension, and other chronic medical issues.

"We see a lot of diverse populations at the clinic," says Dr. Lau. "Anyone who needs help who doesn't have a way to get help — that's who we are here for every week. No one here receives any salary or financial compensation — everyone at the clinic is a volunteer."

Dr. Lau has frequently volunteered on the CBS Volunteer "Docs on Call" Public Service Program and has also been a guest on ABC News Live Twitter Chat with Dr. Richard Besser.

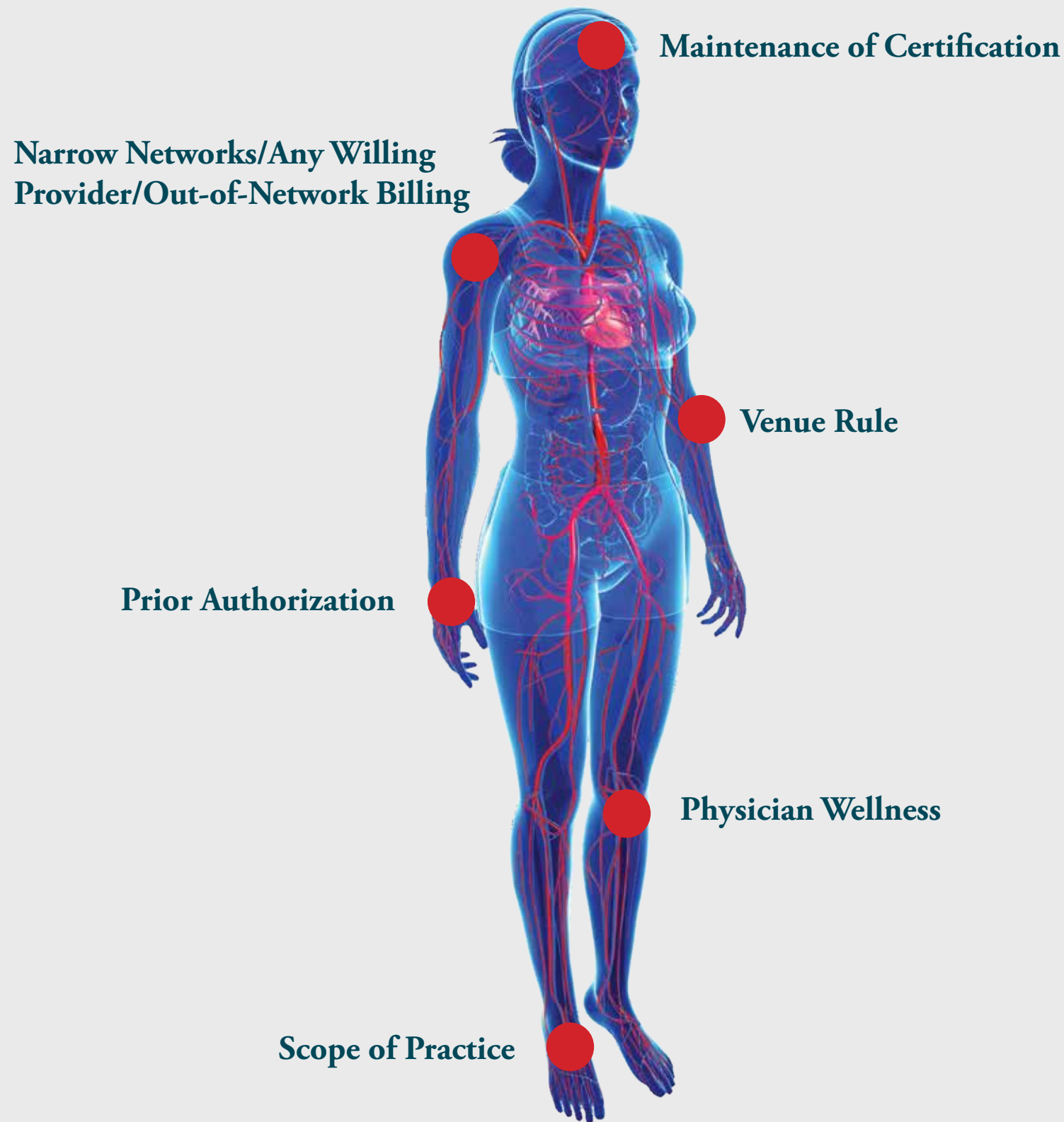
On the international front, Dr. Lau has volunteered two weeks of his summer in China at the West China Hospital and Japan, giving his signature lecture, "The Importance of Volunteerism in America and the World."

"Dr. Lau is an accomplished emergency physician of incomparable social, moral, and clinical integrity," says Dr. Christopher. "He has remarkably committed himself to selfless volunteerism every week of his life. His lifelong compassionate and altruistic care to patients, and his longstanding commitment to helping vulnerable populations and healing all those who pass through our doors, is unparalleled."

Dr. Lau credits his strong commitment to volunteerism to his parents, HonKay and Meifong. His sister, Bonnie, is also an emergency physician. His wife, Tingfang Chen, is a child/adolescent psychiatrist, a fellow Jeffersonian, and an alumna of the psychiatry residency program. Dr. Lau and his wife have a one-and-a-half-year-old daughter, Audrey Chen Lau, and a newborn baby, Lois Eleanor Lau.

Dr. Lau also won PAMED's monthly Everyday Hero Award in February 2018. PAMED was honored to present Dr. Lau with both of these awards. ●

# How the Physician Voice Makes It to Harrisburg — *We Need You*



Wondering how your voice makes it to Harrisburg on important issues impacting physicians, your profession, and your patients?

- 1.** Pennsylvania Medical Society (PAMED) members are surveyed and tell us what advocacy issues are most important to them. You've told us that these are the issues that keep you awake at night.
- 2.** Armed with this input and policy direction from PAMED's House of Delegates, PAMED's Legislative Advocacy Task Force recommends advocacy priorities to the PAMED Board based on your feedback. PAMED's decision-making bodies are all made up of physician members.
- 3.** PAMED lobbyists tirelessly work to advance these priorities by fostering relationships with key legislators and educating them on these issues from the physician perspective.

**But, we can't do it alone!** Physicians are viewed as some of the most trustworthy members of the community. When you speak out, legislators take notice.

## Easy Ways to Share Your Voice

- Get to know your state legislators and meet with them to discuss issues specific to the practice of medicine.
- Stay up to date through the *Dose* (PAMED's all-member weekly e-newsletter) and [www.pamedsoc.org/advocacy](http://www.pamedsoc.org/advocacy).
- When PAMED sends a call to action, take the time to email or call your state legislator on the issue. They need to hear the physician voice on issues like scope of practice. Legislators tell us they routinely hear from CRNPs regarding their independent practice, but don't hear much from physicians.



# ATTORNEYS AND RECORD REQUEST CHARGES

What Are the Permissible Charges a Health Care Provider May Charge Attorneys for Copies of Client Medical Records?

BY MICHAEL D. I. SIGET, JD, MPA



The debate continues regarding fees that health care providers may charge attorneys who request copies of their clients' protected health information (PHI), particularly medical records. The Health Information Technology for Economic Clinical Health (HITECH) Act, which was enacted as part of the American Recovery and Reinvestment Act of 2009, was created to promote the adoption and meaningful use of health information technology.

Specifically, regulations set forth both security standards for the protection of electronic health information and the privacy of individually identifiable health information.

In the typical situation, attorneys request their clients' medical records from a health care provider for purposes of some legal action or claim against a party. To thoroughly and adequately represent their clients, often attorneys will need to review medical records in the possession of health care providers.

Normally, an attorney will send a written request to the health care provider and attach a HIPAA-compliant authorization form signed by the client/patient or the client/patient's personal representative. In addition, attorneys may cite fee limitation requirements, which limit a provider to imposing a "reasonable, cost-based fee." This fee may only include the cost of:

- Labor for copying the PHI requested by the individual, whether in paper or electronic form
- Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media
- Postage, when the individual has requested the copy, or the summary or explanation, be mailed
- Preparing an explanation or summary of the PHI, if agreed to by the individual. The attorney may also cite a provision which authorizes an individual to designate another person to receive the requested documents (i.e. the attorney)

The question arises as to what fees a health care provider may charge an attorney with the proper authorization from his or her client to obtain the requested medical records.

One argument is that attorneys acting on behalf of their clients take the place of their clients, so they are entitled to the fee limitations that providers can charge. A counter-argument is that attorneys, while acting on behalf of their clients, are not the subject of the medical records, so only the subject of the medical records is entitled to the fee limitations that providers can charge.

This issue was brought before the HHS Office of Civil Rights (OCR) Region III in 2015<sup>1</sup>. Region III covers Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia.

In this case, an attorney had filed a complaint against a hospital regarding fees that the hospital could charge for a request for records. OCR noted that it was responsible for enforcing the Privacy Rule as it applies to covered entities. Covered entities include health care clearinghouses, health plans, and health care providers that transmit health information in electronic form in connection with a transaction for which the Department of Health and Human Services has adopted standards.

Based upon its review of the case, the OCR determined there is a distinction between an individual requesting his or her own medical records and an attorney requesting records on behalf of that individual through a signed authorization from that patient.

<sup>1</sup>It should be noted that the hospital ultimately waived the fees and provided a full copy of the medical records. However, the OCR still discussed the merits of the complaint filed against the hospital.

<sup>2</sup>The Pennsylvania Judicial Code contains fee limitations for medical records in certain cases. PAMED has several resources on this issue. Members can access these resources at [www.pamedsoc.org/MedicalRecords](http://www.pamedsoc.org/MedicalRecords).

The OCR stated that the individual access provisions under the Privacy Rule only apply to individuals or their personal representatives. The OCR determined that attorneys who submit requests for medical records accompanied by a signed authorization are not considered personal representatives under the Privacy Rule. As such, the fee limitations and time limits under the Privacy Rule do not apply.

The OCR instead determined that a provider's release of information to an attorney through a signed authorization form is considered a "permissible disclosure" under a valid authorization. In those cases, the Privacy Rule imposes no restrictions on the fees that a covered entity or its business associate may charge in connection with a request for records. The OCR did caution that while the Privacy Rule may not limit the fees that may be charged to an attorney as a permissible disclosure, state law restrictions may apply<sup>2</sup>.

Fee provisions under the Privacy Rule would still apply when individuals request that medical records be directed to third parties, which include attorneys. So, if the individual makes a valid first-party request but directs that the medical records be sent to his or her attorney, the fee limitations under the Privacy Rule would still apply.

Note that even if the Privacy Rule does not apply, this does not mean that a provider cannot voluntarily apply those often-lesser fees on an attorney (or another eligible third party) or otherwise waive the fees entirely, in addition to responding to a request for records within the 30-day timeframe as required by the Privacy Rule (even if the timeframe requirement does not apply in a particular situation). ●

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**A copy of the OCR response can be accessed at [www.privsecblog.com/files/2015/11/OCR-03-25-15-letter-re-requests-from-attorneys-and-patient-right-of-access.pdf](http://www.privsecblog.com/files/2015/11/OCR-03-25-15-letter-re-requests-from-attorneys-and-patient-right-of-access.pdf). This copy was obtained through a Freedom of Information Act request by the law firm of Davis Wright & Tremaine LLP and was posted on their website through an article regarding medical records.**

**Members can access resources on medical records at [www.pamedsoc.org/MedicalRecords](http://www.pamedsoc.org/MedicalRecords).**

Why Physicians Should Embrace

# SOCIAL DETERMINANTS OF HEALTH

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**BY JEFF WIRICK**

It's one of the frustrations of practicing medicine: How can physicians keep patients healthy when much of their health depends on social factors such as poverty, unemployment, lack of education, and addiction?

There's no question that expanding physicians' capacity to respond to social determinants of health can benefit patients. But how can physicians have a greater impact when they're already so strapped for time?

PAMED's Healthy Communities Project explored this question with leaders in the medical, hospital, and social services communities.

"I don't think doctors have to lead this effort, but they have to be part of it," says Theodore Christopher, MD, former PAMED president and an emergency physician in Philadelphia.

Physicians clearly see it as a problem. In a 2018 national survey by the Physicians Foundation, 88 percent of physicians reported that some, many, or all of their patients are affected by social determinants that represent serious barriers to health.

Technology and a push toward outcomes-based reimbursement models have hospitals and medical practices exploring ways to partner with social services to ensure patients gain the support they need, and physicians can provide more effective care.

## COMMUNITY COLLABORATION



New efforts by Penn Medicine Lancaster General Health serve as just one example of how physicians can connect patients experiencing social service needs to organizations with resources to help them.

Physicians at Lancaster General Health ask patients questions related to social isolation, food insecurity, transportation, utilities, and housing. Patients who screened as "high risk" are referred to LG Health's Care Connections or Ambulatory Complex Care Team, which are multidisciplinary teams of medical and social service professionals.

In the fall of 2018, this concept was expanded for all patients regardless of their risk screening. A Social Service Needs referral was embedded in the electronic health record (EHR) to enable physicians and other providers to seamlessly link patients to social service organizations in the community for navigation.

"People who have one social determinant of health often have others," says Alice Yoder, Lancaster General Health's executive director of community health.

Lancaster General Health's community health department receives the referrals through the EHR, removes private health information, and connects the patient to community navigators.

"We are providing care in a way that recognizes complex social issues that are best addressed in partnership with trusted community organizations," Yoder says.

## THE BUSINESS CASE



The expanded collaboration between medicine and social services has been driven, in part, by the rise of value-based payment models.

"There's a tremendous push to keep people out of the hospital and to not have them readmitted," says Lawrence John, MD, who will become PAMED president at the House of Delegates on Oct. 26, 2019, and is a family physician in Pittsburgh. "If you can partner with agencies such as the United Way, they can go out into the home and prepare patients to have a healthy environment, and that will decrease readmissions to the hospital."

Those incentive figures increase as private and public insurers consider paying for affordable housing, food vouchers to purchase fresh vegetables, and education screenings at doctors' offices.

A report from the Institute for Medicaid Innovation says challenges remain from inadequate funding and lack of data sharing between medical providers, insurers, and community organizations.

However, the Centers for Medicare and Medicaid Services issued guidance in 2018 that allows private Medicare plans to provide a broader range of benefits beyond the typical medical-related services. A law that Congress passed in 2017 will expand these supplemental benefits in 2020.

## TECHNOLOGY-DRIVEN



Social services' ability to identify and connect people to health care services is another important aspect to the social determinants of health movement, says Kimberly Delp, RN, BSN, senior director of Home & Community Based Services at Northern Area Companies/Landmark Home Healthcare Inc. She manages the lead agency for *Meals on Wheels Greater Pittsburgh*.

Pittsburgh's *Meals on Wheels* chapter has written the specifications and utilizes a mobile app that connects those in need to medical professionals. This enables seniors to maintain independence; remain in their own homes; and prevent avoidable hospitalizations, ER visits, and lengthy nursing home admissions.

In a 2018 national survey by the Physicians Foundation,

**88% OF PHYSICIANS**

reported that some, many, or all of their patients are affected by social determinants that represent serious barriers to health.

“We didn’t want to be just about the food,” Delp says. “We wanted to be the eyes and ears of those homebound folks. We wanted to be a part of the overall strategy to reduce health care costs.”

Here is how it works: When volunteers delivering food notice that a homebound client may need medical attention, they press the “Change in Condition” button on their smartphone app as a Health Care Status change. This alert goes to the intervention specialist RN, who follows up with the client to facilitate medical attention in a timely manner.

In one example, Delp says a meal delivery person noticed one of his regular clients was not walking as he had been in prior visits. The driver used the app to place the “Change in Condition” alert to the intervention specialist. The RN followed up with both the family member and consumer to facilitate timely medical care. In this case, the man was found to have a fractured hip, received the needed medical care, and was able to return to his own home.

## ADDRESSING FOOD INSECURITY



Hunger is another major social determinant. In late 2017, the Hospital and Healthsystem Association of Pennsylvania (HAP) partnered with Philadelphia-area hospitals and nonprofits to create a model for identifying patients who suffer from food insecurity.

Seven health systems and 18 hospitals collaborated, says Robert Shipp, vice president of population health strategies at HAP.

Each implemented the two-question screening a little differently. Some did it through the ER. Others did it in an outpatient setting. But the collaboration proved useful, says Shipp, because they learned from one another’s successes and adjustments.

“Clinicians wanted to make sure that they would have the ability to connect their patients to resources when they screened patients,” says Shipp. “Having a path to get someone services is an important first step.”

## PHYSICIANS EMBRACE CULTURE SHIFT



Expanding physicians’ capacity to respond to patients’ social needs not only benefits patients. There is early evidence, according to a study by the American Board of Family Medicine, that it could address a major source of stress for primary care physicians at a time when burnout has reached a crisis stage in the profession.

Medical associations, including PAMED, are also starting to embrace the concept. Delegates at PAMED’s 2018 annual House of Delegates meeting voted to support social determinants as a way of providing more comprehensive care. As a first step, PAMED is developing education in the coming year.

Dr. Christopher says it’s a culture shift.

“I think it’s about asking the right questions to a patient,” he says. “It’s about embracing this concept of ‘never discharge.’ In the past, we would discharge and say ‘follow up’ with whomever and just hope they did it. Now, we have to make the patient aware that we are not releasing them. You are still with us.” ●

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To learn more about PAMED’s Building Healthy Communities public health project, go to [www.pamedsoc.org/health](http://www.pamedsoc.org/health). You can also contact Director of Public Relations and Digital Communications Jeff Wirick at (717) 909-2651, [jwirick@pamedsoc.org](mailto:jwirick@pamedsoc.org), or via Twitter @jdWirick.



# *My Garden of Flowers*

*Miracles in the  
Neonatal Intensive Care Unit*



*What Every NICU Family Needs to Know*

MANJEET KAUR, M.D.

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## **A Great Book for Both Physicians and Their NICU Families**

As evidenced by these testimonials from fellow physicians and NICU families, *My Garden of Flowers: Miracles in the Neonatal Intensive Care Unit* written by Manjeet Kaur, MD, is a great literary resource.

“ This book is a jewel, an incredible resource for families facing the often unexpected and bewildering experience of having a critically ill newborn. ”

“ *My Garden of Flowers* is wondrous. Dr. Kaur pours out her heart and soul, gracing us with her inspired poetry and medical expertise in what will surely become “The NICU Family Bible.” How I wish we’d had such a book to cling to twenty years ago when our twin boys, Quinn and Dylan, were born severely premature! ”

”



# READING PEDIATRICIAN ADVOCATES FOR HER MOST VULNERABLE PATIENTS



**Karen Wang, MD, with some of her colleagues, including Kelley Crozier, MD, who nominated her for the award.**

*Karen Wang, MD, is a pediatrician based in Reading. For more than 12 years, she cared for patients at Reading Hospital's Children's Health Center, a part of Tower Health. In May 2019, she began a new position leading the pediatrics program at Berks Community Health Center. She is the recipient of PAMED's Everyday Hero Award for April 2019.*

Dr. Wang has made an indelible mark on her community during her 12-plus years as a pediatrician at the Children's Health Center, Reading. She's provided free books to patients in need, offered programs to help new moms and dads learn parenting skills, and worked to ensure the children in her community get a healthy start in life.

"I really love what I do," she says. "I get to make a difference for kids and families."

Dr. Wang knew even as a child that she wanted to be a doctor, and she leaned toward a career in pediatrics from the start. "I always enjoyed working with children," she says. She received her medical school education at Boston University. "Training in Boston was an amazing experience," she says.

It was in Boston, where she completed a pediatric residency at the New England Medical Center, that Dr. Wang first encountered many of the programs she would later implement in her practice. She worked in several community health centers, meeting mentors who taught her about working with and advocating for children who live in poverty.

When she was a first-year medical student, Dr. Wang served as a volunteer reader for *Reach Out and Read*, a program that promotes early literacy. A few years into her tenure at the Children's Health Center, she brought the *Reach and Out Read* model to her practice and began giving out books as part of the well-child visit.

The success of Dr. Wang's literacy efforts in her medical practice led the United Way of Berks County to seek her expertise in the creation of the United Way's *Ready.Set.READ!* initiative. *Ready.Set.READ!* mobilizes community members to improve early grade reading skills. Dr. Wang now serves on the Board of the United Way of Berks County.

As dedicated as Dr. Wang is to caring for her young patients, she's equally devoted to providing support and education to parents. During the past three years, she was involved with Reading Hospital's *CenteringParenting* program.

*CenteringParenting* offers group well-child visits to six to eight families with newborns, and it continues through the first one to two years of a child's life. Dr. Wang says many of the parents she has worked with through *CenteringParenting* were socially isolated and found great comfort in being able to ask the "Is this normal?" question new parents often have.

Mentors were the inspiration for many of the accomplishments in Dr. Wang's professional life. And, she believes in making sure that her younger female physician colleagues have access to mentors as well.

Dr. Wang played a major part in creating a mentorship program for women in medicine at Tower Health. It started with an informal network of physicians that had developed organically. "We had a lot of unique challenges as female physicians in the workplace," she says.

Dr. Wang recommends that medical students and young physicians seek out mentors, more than one if possible. "You can learn different things from different people," she says.

She encourages early career doctors to make time for the people and things most important to them. "Life does not get less busy as you get older," she says with a laugh.

Dr. Wang finds opportunities to enjoy her favorite activities, including reading, yoga, and crafting. She also loves spending time with her family. She credits her husband, Bryan, a college professor, for providing the support that was crucial for her development as a physician. When their teenagers — Simon, 17, and Elise, 14 — were younger, her husband worked as a fiction writer, which allowed him to stay at home and care for the children.

Dr. Wang began the next chapter in her career in May 2019, leading the pediatrics program at Berks Community Health Center. With all that she has learned as a pediatrician during her time at the Children's Health Center, Dr. Wang is poised for success in this new role. And, the programs she helped to create will continue to make a difference in her community for many years to come. ●

# WEXFORD PEDIATRICIAN FINDS HIS TRUE PURPOSE IN CARING FOR PATIENTS



**David Hennessey, MD**

*David Hennessey, MD, is a pediatrician who practiced at Sewickley Valley Pediatrics and Adolescent Medicine in Wexford, until his retirement earlier this year. He was in active practice for 45 years, including 33 years at Sewickley Valley Pediatrics. He is the PAMED Everyday Hero Award winner for May 2019.*

Earlier this year, Dr. Hennessey found himself working in villages nestled high in the Guatemalan mountains, 9,000 feet above sea level.

For the past 19 years, Dr. Hennessey has volunteered with medical mission trips to Guatemala, where he spends one to two weeks providing pediatric care in rural areas. He says the families he meets there are wonderful and courageous.

"It's a whole different experience of pediatrics," he says. The health problems he sees in the children there are unlike those he encountered while practicing in Pennsylvania. The teams he

works with treat conditions like parasitic ailments and respiratory diseases caused by cooking over open fires.

Guatemala has a large rural population. Many of the villages where Dr. Hennessey volunteers are not accessible by vehicle, and his team carries their equipment and supplies in by horseback.

He first got involved with medical mission trips through friends at his daughter's church. Over the years, he has volunteered with several organizations — most recently with Children of the Americas, a non-profit volunteer group that provides medical services to the women and children of Guatemala.

"It's been an important part of my career," says Dr. Hennessey of his volunteer work. "The need is tremendous."

Dr. Hennessey has been inspired throughout his career by a New Testament Bible verse from Romans 8:28: "And we know that all things work together for good to those who love God, to those who are the called according to His purpose."

Pediatrics proved to be a calling for Dr. Hennessey. "I never regretted my decision," he says about his choice of specialty. When he first decided to become a physician, he had plans to join his uncle as a family physician in Wayne. Once he entered his residency, though, he realized that he enjoyed working with children, and he chose pediatrics.

Dr. Hennessey served in the Air Force for four years following his residency. After his military service ended, he decided he wanted to bring pediatrics to a rural area and spent time practicing in Titusville.

He and his wife Anne then chose to settle in the Pittsburgh area. Dr. Hennessey practiced at Sewickley Valley Pediatrics and Adolescent

Medicine in Wexford for 33 years, until his retirement earlier this year.

His compassion for his patients made a strong impression on his colleagues at Sewickley Valley Pediatrics. Colleagues share that Dr. Hennessey always went above and beyond for his patients and their families, making sure to spend as much time with them as needed and helping them to navigate care pathways outside the office.

Dr. Hennessey also served as a school doctor when he served in the Air Force and then for several decades in Pittsburgh area school districts. He comes from a family with many teachers and says his work as a school doctor was a way for him to continue that tradition.

This has been a year of milestones for Dr. Hennessey and his family. First, there was his retirement from Sewickley Valley Pediatrics. Now, he and his wife are celebrating their 50<sup>th</sup> wedding anniversary. They commemorated that occasion with their three children — Lauren, Paige, and Graham — and four grandchildren. The opportunity to share this special event with loved ones is well deserved. ●



**Paul Malaspina, MD**

*Paul Malaspina, MD, is a general and trauma surgeon with UPMC Hamot in Erie. He serves as a member of the Erie County Medical Society Board. Dr. Malaspina is the recipient of the PAMED Everyday Hero Award for June 2019.*

Community involvement is second nature for trauma surgeon Dr. Malaspina.

His dedication to helping others started early in his career when he worked as an emergency medical technician (EMT). And, it continues to this day in his role as a physician and an outspoken advocate for the “Stop the Bleed” initiative to educate the public on bleeding control techniques.

“I didn’t go to medical school until age 35,” says Dr. Malaspina. At that point, he already gained experience in emergency and trauma care through several career roles — first as an EMT, then a paramedic, and finally, as a surgical physician assistant.

Once he chose to attend medical school, he says, becoming a trauma surgeon was a natural progression for him.

Dr. Malaspina is a graduate of the Temple University School of Medicine. “Temple is known for producing physicians who are critical thinkers who develop a comprehensive understanding of each patient,” he says. “That has stayed with me longitudinally.”

# ERIE TRAUMA SURGEON AND PAMED EVERYDAY HERO IS MAKING AN IMPACT IN HIS COMMUNITY

Twenty years ago, Dr. Malaspina chose to make Erie his home after he was recruited to work for Hamot Medical Center, now UPMC Hamot. “My wife, Debbie, and I were looking for a good environment in which to raise our children, which it certainly has been,” he says.

He and Debbie have been married for 35 years, and he is deeply appreciative of her support. They have two children, Ryan and Angela, who Dr. Malaspina calls “our light and our reason.”

Dr. Malaspina gives back to his community by offering education on “Stop the Bleed,” a program which teaches bleeding control techniques proven to save lives during emergencies.

He first became involved with Stop the Bleed when he served as governor of the American College of Surgeons (ACS). Surgeons and caregivers involved in the Sandy Hook school shooting created the concept, which was then further developed by ACS in conjunction with partners like the White House and the U.S. Department of Defense.

“Dr. Malaspina is dedicated to the safety of our community and will go above and beyond the call of duty to help all patients,” says his colleague Timothy Pelkowski, MD, who nominated him for the award. “Paul has focused on educating as many as possible on the ‘Stop the Bleed’ campaign in our area.”

Advancing his profession through organized medicine is also a priority for Dr. Malaspina. He is a current member of the Erie County Medical Society Board of Trustees. He recommends that medical students and young physicians consider getting involved.

“Participating in organized medicine is the best way to advocate for your profession and will be increasingly crucial in the future as various other stakeholder entities will continue to try to control the doctor’s practice.”

Ultimately, the life of a surgeon is a busy one. Dr. Malaspina says that a typical week finds him in general surgery during the day and trauma/acute care surgery at night. It’s a commitment he is more than willing to make — the importance of his vocation keeps him going. ●

“Participating in organized medicine is the best way to advocate for your profession and will be increasingly crucial in the future as various other stakeholder entities will continue to try to control the doctor’s practice.”

# THIS PAOLI PHYSICIAN IS DEDICATED TO EMPOWERING WOMEN ACROSS THE GLOBE



**Teresa Marino, MD**

*Teresa Marino, MD, is an OB/GYN practicing in Paoli. She is also beginning a new role as a laborist with St. Luke's Hospital in Bethlehem, Pa. She is PAMED's July 2019 Everyday Hero Award recipient.*

Dr. Marino was a young physical therapist serving in the naval reserves when her unit was transferred to Saudi Arabia during the Persian Gulf War. It was there that she was inspired to realize her dream of becoming a physician.

While in Saudi Arabia, she worked with a fleet hospital that provided medical support to Marines. As the conflict escalated and she found herself in a bunker wearing a gas mask while Scud missiles were flying overhead, she says "You start asking yourself questions about what is most important to you."

Her experience with life and death situations, working side by side with physicians, gave her the confidence and resolve to enroll in medical school.

When, at age 29, she began her medical education at Jefferson Medical College, she initially thought a career in pediatrics was in her future. That direction changed after her husband Joe noticed a trend during her clinical rotations.

He quickly realized how much she was enjoying her OB/GYN rotation. "You never hit the snooze button," he told her. Dr. Marino had some initial concerns about the effect the longer hours might have on their growing family, but her husband encouraged her to take that chance. "It's important to do what you really love," he said.

After completing her residency at Lankenau Medical Center in Wynnewood, Pa., Dr. Marino began practicing at Lankenau and Paoli Hospitals. She has been providing OB/GYN care in the Paoli area for 20 years, first with a physician group and, for the past eight years, as a solo practitioner.

"I get so much joy from working with women," Dr. Marino says. That passion and joy led her to volunteer internationally with projects designed to improve health care and opportunities for women.

Dr. Marino is involved with the organization Days for Girls. The group's mission is to empower women by increasing access to menstrual care and education - by providing menstrual kits, offering hygiene education, and providing training to women so that they can sew and sell their own kits.

Days for Girls has reached more than a million women in 125 countries such as Ghana, Guatemala, and Nepal.

"You can't imagine how excited the women are to receive their kits," says Dr. Marino. The Days for Girls kits are sturdy and can last for three to five years. They enable girls and women who, in some cases, were confined to their homes or to their beds during their periods, to return to school or work.

Women all over the world have more similarities than differences, Dr. Marino has observed. "We all have the same hopes and dreams," she says.

Another project close to Dr. Marino's heart is an initiative to build a hospital - The Double Cure Medical Centre located in the Mpigi District of Uganda, a region near the capitol city of Kampala.

The hospital project is supported by Echoes Around the World, a nonprofit organization for which Dr. Marino serves as a Board member. Echoes Around the World provides funding for projects like education and literacy, medical care improvements, and classroom construction for communities in need.

This year, she is beginning a new chapter in her medical career. She will begin working as a laborist at St. Luke's Hospital in Bethlehem for approximately 20 hours a week, while operating her current practice two days a week.

At St. Luke's, she will also have a chance to work with residents and medical students. She is looking forward to helping train the next generation of physicians.

She knows that she will continue to have the guidance and support of her family as she starts the next phase of her medical career. She and her husband have been married for more than 30 years and have four children - Joe, Andrew, Sophia, and Evan.

Her advice to anyone considering becoming a physician is "Do this because it is something that you love, that you're passionate about, because you can't imagine being anything other than being a doctor."

That mindset led her to the career that she loves. Dr. Marino plans to continue her work as an OB/GYN for many years to come and believes she gets so much back from her patients. "I don't regret one minute of the hard work I've put in," she says. ●

# THIS CAMP HILL HOSPITALIST IS PASSIONATE ABOUT IMPROVING QUALITY OF LIFE FOR HIS PATIENTS



**Ajay Saini, MD**

*Ajay Saini, MD, is a hospitalist at Geisinger Holy Spirit in Camp Hill. He serves as associate medical director of Geisinger Holy Spirit's adult hospitalist program. Dr. Saini is the recipient of PAMED's Everyday Hero Award for August 2019.*

"When I am treating a patient, I am not just treating that person — I am treating a family," says Dr. Saini.

This is a lesson he learned during his medical training, and it continues to be the mindset he carries with him every day in his work. He knows that his care decisions have an impact not only on his patients but also on their families and loved ones. That's why he is focused on doing everything he and his team can do to ensure that the patients at Geisinger Holy Spirit have the best care possible.

"Dr. Saini is passionate about improving the quality of life for the patients we serve," says colleague Kawish Garg, MD, who nominated Dr. Saini for the Everyday Hero Award.

As a child growing up in India, Dr. Saini was inspired to pursue a medical career when he saw the positive effect that doctors had on his life and his parents' lives. He attended medical school in India at the Government Medical College, Patiala and completed his internal medicine residency training at Mount Sinai in New York.

While at James J. Peters VA Medical Center in the Bronx, he worked with a very diverse patient population. He says the experience provided him with a lot of learning opportunities. He gained experience treating an elderly population with serious medical conditions as well as an uninsured patient population with limited access to health care.

Dr. Saini did not initially set out to become a hospitalist. Over the course of his residency, though, he came to realize that the specialty was the best fit for him.

He likens a hospitalist's role to that of the "captain of the ship." Dr. Saini is involved in many aspects of treatment and says he learns something new every day. He works with a wide variety of specialists, and that helps him gain insight on new ways to improve care.

Dr. Saini has been with Geisinger Holy Spirit since 2009. He is currently associate medical director of the adult hospitalist program. Throughout his tenure, he has been focused on efforts to improve patient outcomes and experiences.

He often serves as medical officer of the day, a role that allows him to ensure that the hospital's daily operations are running smoothly. He works collaboratively with staff to ease any bottlenecks that may develop.

His dedication has not gone unnoticed by colleagues. "He is seen as a mentor and role model for the physician community," says Dr. Garg. "Dr. Saini is often sought out for advice within the hospital."

Dr. Saini recently completed his MBA to learn more about the business of health care. "It was an eye opener," he says of the experience. He knows that changes in health care are moving very fast, and he wanted to give himself the best chance to move health care into the future.

Getting his MBA showed him a path to lead. "I have become even more customer oriented," he says.

Dr. Saini has been at the helm of many improvement initiatives at Geisinger Holy Spirit. One such initiative is a new process he started to expedite the care process for emergency department patients identified as potentially requiring inpatient admission. He is devoted to finding ways to reduce wait times and to enable the hospital staff to provide quality care to more patients in a more efficient way.

His focus outside of work is on his family. He and his wife Ena Saini, MD, an infectious disease specialist, are raising two young children, ages eight and two. His wife and children are the motivators who encourage him and make his success possible.

Dr. Saini's advice to medical students is "pick the specialty that makes you happy." That guidance has led him to a rewarding career, doing what he loves and always finding ways to learn something new. ●

## IN MEMORIAM Robert N. Moyers, MD



Robert N. Moyers, MD, a dedicated physician at the local, state, and national levels, passed away at the age of 90 on March 25, 2019.

Dr. Moyers was a loyal and active member of PAMED, serving on various committees, including chairman of the Board, and, in 1991, PAMED president.

Dr. Moyers was a physician in family practice in the Meadville area for 35 years. He cared for generations of families. He was devoted to his patients, delivering babies and even making the occasional house call. He served as the first medical director of the Meadville

Medical Center from 1995-99. He also served as president of the Crawford County Medical Society. He was deeply invested in the medical students whom he mentored through the Student Preceptorship Program.

At the national level, Dr. Moyers represented Pennsylvania physicians as a delegate to the American Medical Association for more than 20 years. He served as chairman of the Council on Medical Education. After retiring, Dr. Moyers continued to care for his community as a volunteer physician at the Meadville Area Free Clinic until 2015. ●

## IN MEMORIAM Michael J. Prendergast, MD



Michael J. Prendergast, MD, 82, passed away on May 27, 2019, at York Hospital. His wife of 59 years, Barbara, was by his side.

Dr. Prendergast served on the PAMED Board of Trustees from 1997-2000 and as chair from 2000-2003. In that role, he met with then-President George W. Bush to discuss insurance issues and malpractice reform. He was a dedicated advocate for Pennsylvania's physicians and patients, an outstanding physician to his many patients, a strong supporter of the PAMED Alliance, a devoted husband, and a loving father. He will be sorely missed by his own family and by Pennsylvania's family of medicine.

He graduated from Mount St. Mary's College in 1958 and Jefferson Medical College in 1962. He completed his internship at York Hospital from 1962-63. He continued as a surgical resident at York Hospital from 1963-67, serving his last year as the chief surgical resident. He then completed a second residency in urology at the University

of Maryland from 1967-70, serving as the chief urology resident in 1970. He was a board-certified urologist who practiced in York from 1970-2000, first with an office at Brockie Medical Center and then at Apple Hill. He held several positions at York Hospital, including chairman of the Executive Committee and president of the staff. He later served as a WellSpan Board member. He was instrumental in the Apple Hill expansion, and his name can be found on a plaque inside the main entrance.

Dr. Prendergast was active with professional associations, including the American Urological Association, the York County Medical Society, PAMED, and the American Medical Association (AMA). He was one of Pennsylvania's delegates to the AMA for many years and served as their secretary. ●



By Rachel Damrauer, MPA

# *Practicing*

# DEFENSIVE MEDICINE

# to AVOID LAWSUITS

According to the American Medical Association's (AMA) *Medical Liability Reform NOW! The Facts You Need to Know to Address the Broken Medical Liability System*, "The broken medical liability system remains one of the most vexing issues for physicians today. It places a wedge between physicians and their patients. It forces physicians to practice defensive medicine."

Defensive medicine — the practice of physicians and other health care providers ordering medical tests, procedures, or consultations to protect themselves from medical liability lawsuits — increases the cost of health care but does not improve patient outcomes.

*So, why do some physicians practice defensive medicine? Simply put, it is the fear of frivolous lawsuits.*

## Proposed Changes to the State's Venue Rule = An Increase in Defensive Medicine

As of the writing of this article, the Pennsylvania Supreme Court's Civil Procedural Rules Committee is proposing changes to the state's venue rule that would expand the venue for medical liability lawsuits.\* This could have many negative impacts on both patients and physicians, one of which is that it could cause physicians to practice more defensive medicine.

More than 2,500 physicians, patients, and other stakeholders submitted comments to the Civil Procedural Rules Committee through PAMED's online form, opposing the proposed changes and discussing some of the negative effects of such a change. One common theme was the proposed changes could cause an increase in physicians practicing defensive medicine.

Here are some of the comments PAMED received from Pennsylvania physicians:

*“Being at risk for excessive liability is a great way to drive all physicians to practice defensive medicine, which involves excessive testing and raises cost without any evidence of improved patient outcomes.”*

*“This will hurt patients and clinicians by driving up costs, not only that relate to litigation but also overall costs of health care by forcing clinicians to practice even more defensive medicine.”*

*“Unjustified lawsuits create a huge burden to providing care. This creates undue anxiety and creates focus on ‘defensive medicine,’ where a doctor just wants to avoid a lawsuit.”*

*“These types of laws force us to over-diagnose and over-treat medical conditions only to cover ourselves in the court rather than make medical decisions based on clinical judgment.”*

\*The Supreme Court agreed to delay its decision on proposed venue rule changes until the PA Legislative Budget and Finance Committee studies the issue and releases a report on its possible impact. The report is expected to be issued in January 2020.



# The Number of PHYSICIANS SUED vs. SUIT OUTCOMES

A 2016 AMA survey found that:

*Almost half of physicians age 55 and older had been sued at some point during their careers.*

*Nearly 30 percent had been sued two or more times.*

*Among surgeons and OB-GYNs age 55 and older, more than 75 percent had been sued. More than half under the age of 55 had been sued.*

So, you might ask, “Does this mean physicians aren’t practicing good medicine?” To the contrary — data from the Physician Insurers Association of America (PIAA) cited in the AMA’s medical liability report showed that 68 percent of claims that closed in 2015 were dropped, dismissed, or withdrawn.





## PERSONAL STORIES FROM PENNSYLVANIA PHYSICIANS

In the slew of comments opposing the Supreme Court's proposed venue changes, several physicians shared their personal stories of the devastating financial and emotional toll a lawsuit can have on a physician, even if the physician wins the suit or the suit is dropped. These are their stories.

**“I have been practicing in Pennsylvania for more than 20 years. I can speak to this issue as a physician who has been sued (by an unfounded claim). It has changed my life, caused a tremendous amount of stress, caused me to order more tests and discharge more patients from my care, and will forever give me an increased malpractice insurance rate. In my case, my patient had an untoward outcome after a procedure performed by someone else. I intervened, and she thanked me for helping save her life, then sued me two years later. After another two long years of depositions and case preparation (causing much stress and loss of productivity and days off work), the suit was dropped by her personal injury lawyer as it was unfounded. NOTHING happened to her or her unethical attorney, but MY professional life and liability rate is changed forever.”**

**“I have been in practice for 35 years. I have been through five frivolous lawsuits, all in Philadelphia County. I had three suits dropped and won the other two. I wasted my time and health on these suits. I unnecessarily lost my malpractice insurance and had to scramble for new insurance. My time in City Hall will be forever ingrained in my memory as the absolute worst experience in my career.”**

**“I was sued 20 years ago by a patient who alleged that she had had an adverse reaction to a medication started by another physician. It was alleged that I had failed to identify this complication in a timely fashion. My attorney advised me that I had done nothing wrong and that my care and documentation were appropriate. He advised that the case against me had no merit based on the facts of the case. However, he also informed me that, being that the case would be tried in Philadelphia, a decision would likely be made based on the emotional impact of the plaintiff's alleged injuries rather than the medical facts. He advised me that Philadelphia juries tend to be more sympathetic to plaintiffs and that I stood a significant enough chance of losing this case despite the facts such that I should think about settling. Based on his advice, I ended up settling the case, mostly due to the venue aspect, even though I knew in my heart of hearts that I had done nothing wrong. The idea of giving in out of fear rather than fighting an injustice has haunted me all these years. Twenty years later, I still live with the consequences and emotional trauma of that decision. I actually required counseling at the time to help me deal with it.”**

## PAMED Is Advocating for You

PAMED continues to advocate on behalf of Pennsylvania physicians and patients on issues like medical liability reform as it did during the medical liability crisis of the early 2000s. Stay up to date on the venue issue at [www.pamedsoc.org/venue](http://www.pamedsoc.org/venue). Stay up to date on our advocacy priorities at [www.pamedsoc.org/advocacy](http://www.pamedsoc.org/advocacy). ●

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Rachel Damrauer, MPA, is the director of member communications at PAMED. Email her at [rdamrauer@pamedsoc.org](mailto:rdamrauer@pamedsoc.org).



# DEFENSIVE MEDICINE

## *Costs Billions*

Source: American Medical Association, *Medical Liability Reform NOW! The Facts You Need to Know to Address the Broken Medical Liability System*, 2019 Edition

Because few research papers have examined the cost of defensive medicine in the privately insured population, it is difficult to precisely estimate the total cost of defensive medicine. Regardless of the approach used, estimations are in the billions.

Experts rely on the following two approaches:

### APPROACH ONE

**5 to 9 percent** estimate among Medicare beneficiaries with heart disease applied to health spending at large (Kessler and McClellan).



Applied to health spending in 2017 (**\$3,492.1 billion**) the Kessler and McClellan method would suggest a range of **\$175-\$314 billion per year**.

### APPROACH TWO

A more narrowly focused and conservative approach based on Kessler and McClellan's research.



The approach puts the 2008 cost of defensive medicine at **\$45.6 billion**. A more recent estimation using this approach is not available.

# TICK TESTING AND THE IMPORTANCE OF PHYSICIAN EDUCATION

BY STATE REPRESENTATIVE ROSEMARY BROWN



State Representative Rosemary Brown of the 189th District.

It should come as no surprise to physicians that Pennsylvania ranks No. 1 in the country in reported cases of Lyme disease. It's not a statistic to brag about for Pennsylvania, but it's definitely something the state Department of Health, legislators, and physicians should be paying strong attention to for residents and visitors.

As a state legislator in the Pocono Mountains (189th District — Monroe/Pike Counties) for the last nine years, I've had many interactions with constituents and their families on illness related to Lyme disease and concerns on accurate testing, earlier diagnosis, and treatments. My previous arena in the pharmaceutical industry working with antibiotics gave me an understanding of the difficulties of treating Lyme, especially considering you don't always know what you are treating exactly, which is the cornerstone of appropriate and effective antibiotic treatment.

I made a vow to do something to help that would offer the science community valuable information on what was inside these ticks as well as give doctors and patients a tool to address any concerns of the tick being infected.

After finding a tick on my son a couple of years ago and having it tested, I realized the high cost associated with this service. The value and peace of mind were worth it. I reached out to East Stroudsburg University Northeast DNA Wildlife Lab, now the Dr. Jane Huffman Wildlife Genetics Institute, and worked with the state to establish a grant for \$500,000 to offer free tick testing to residents of Pennsylvania. Ticks are tested for the top four pathogens most relevant to the tick species. This includes the Powassan virus for deer ticks and Tularemia for non-deer ticks. Since April 1, 2019, more than 5,000 ticks have been sent to the Institute from all 67 counties, with 52 percent of those ticks testing positive for Lyme or another tick-borne illness.

If families have the tick to test, this service can provide an estimate of how long the tick was engorged and if the tick is infected. This offers a tool for both the patient and the doctor to discuss possible treatments or follow-up. It's important to be aware that some recent studies indicate that a tick that has been on an individual longer than 48 hours is more likely to transmit the disease, with even stronger results at 72 hours. The timeframe offered from the lab once again provides an additional tool that can aid in a decision for antibiotic treatment.

Many ticks are as small as a poppy seed (fully engorged) and may fall off of an individual, never alerting the patient to a tick bite. Testing also presents many false negatives, possibly dismissing the disease. Evaluation is a difficult job — symptoms and patient profiles can be varied and extremely different from patient to patient. The famous bull's-eye

rash is now thought only to accompany Lyme disease 40 percent of the time, once again leaving physicians guessing.

As an advocate for Lyme disease efforts, I am working on many levels to support the health of Pennsylvanians. I am asking you, as physicians, to join in and add a proactive approach to learning more about Lyme disease and tick-borne illnesses. If there is a continuing education course or information you may read, please educate yourself to the fullest — educate yourself on testing and how it can be done better, educate your staff, and listen strongly to your patients who can't seem to find an answer. We are in this together, learning about these diseases that still have so many unknowns.

Pennsylvania is now funding efforts to help with this health crisis as well. A breakdown of the \$2.5 million appropriated in the 2018-19 state budget for Lyme disease included \$1,285,500 toward public and provider outreach and education; \$360,000 toward prevention efforts; and \$854,500 toward surveillance with the free tick testing being funded through a Department of Human Services \$500,000 grant. This year's state budget (2019-20) now includes the \$500,000 for free tick testing in the Department of Health's Lyme disease \$3 million appropriation.

For more information on the East Stroudsburg University Tick Research Lab and free tick testing, go to [ticklab.org](http://ticklab.org). Additional information from the Pennsylvania Department of Health can be found at [health.pa.gov](http://health.pa.gov). PAMED also has information on its website through its Building Healthy Communities initiative at [www.pamedsoc.org/health](http://www.pamedsoc.org/health). ♦

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State Representative Rosemary Brown is from the 189th District and represents Monroe and Pike Counties.

# GREAT COMMUNITIES DESERVE GREAT DOCTORS

We knew our doctors were top-notch.  
The Pennsylvania Medical Society thinks so, too.

The four Erie doctors named in the 2019 *Top Physicians under 40* are all from Saint Vincent Hospital. They were nominated by their colleagues and selected by a committee of member-physicians.

**CONGRATULATIONS!**

**LEAH  
CAMPBELL, DO**

Millcreek  
Family Practice

**HITESH  
GIDWANI, MD**

Critical Care Medicine

**JAY  
DEIMEL, MD**

Orthopaedic Institute

**PETER  
DIN, DO**

Resident at Saint Vincent  
Family Medicine

To find a primary care  
physician, go to **AHN.org**.



**AHN SAINT VINCENT**

## Does this sound like a physician you know ...

- Makes a difference in the lives of their patients and/or community
- Goes above and beyond
- Excels in the practice of medicine
- Too humble to brag about their accomplishments

Nominate a physician for PAMED's Everyday Hero Award: [www.pamedsoc.org/EverydayHero](http://www.pamedsoc.org/EverydayHero)



Pennsylvania  
MEDICAL SOCIETY,

ADVOCATE. EDUCATE. NAVIGATE.

19/821

# WellDone.

## Congratulations to WellSpan doctors selected as a "Top Physician Under 40."

We applaud your accomplishments and thank you for your skill, leadership and willingness to go the extra mile for our patients, communities and colleagues to help them reach their goals.



**Joshua Dunklebarger, MD**  
Otolaryngologist  
WellSpan ENT & Hearing Services  
Chambersburg



**Jordan Kirsch, DO**  
Surgical Chief Resident  
WellSpan York Hospital  
Surgery Residency Program  
York



**Kanika Shanker, MD**  
Pediatric Endocrinologist  
WellSpan Endocrinology  
Chambersburg & Gettysburg

Learn more at [WellSpan.org](http://WellSpan.org)



5932 PR&M 8/19



# MAKING PHYSICIAN HEALTH A PRIORITY

On June 5, 2019, more than 120 medical professionals gathered at the Eden Resort in Lancaster for The Foundation of the Pennsylvania Medical Society's Physician Resiliency Summit. As attendees from across Pennsylvania, Rhode Island, and Maryland arrived, the Summit began with a mindfulness activity hosted by a resiliency advantage coach from Lancaster General Health - Penn Medicine. The centering start set the tone for a day of focusing on health, wellness, and self-reflection.

Tait Shanafelt, MD, kicked off the Summit with an inspiring morning keynote session. Dr. Shanafelt is the chief wellness officer, associate dean, and Jeanie and Steward Richie Professor of Medicine at Stanford University. An international thought leader and researcher in the field of physician well-being and its implications for quality of care, he led attendees on a review of literature addressing physician satisfaction and burnout, discussing the data on the personal and professional repercussions of physician distress.

The afternoon keynote speaker, Pamela Wible, MD, began the second half of the day on a somber but critical topic —

physician suicide. The family medicine physician from Eugene, Ore., shared results from her seven-year investigation into nearly 1,300 physician suicides. She provided attendees with concrete solutions to inspire individuals and institutions to safeguard the lives of wounded healers.

Attendees also heard from a wide variety of speakers during the breakout sessions throughout the day.

Stacia Dearmin, MD, led an important discussion on how to deal with the adverse outcomes of the profession. She is the founder of Thrive: Insight, Education, Support, where she serves as a physician-coach committed to supporting physicians coping with these unexpected situations as well as medical malpractice litigation. She also is a practicing and teaching physician with the Division of Emergency Services of Akron Children's Hospital in Ohio.

Heather Farley, MD, assured attendees that joy in medicine is possible — and during her breakout session, she shared the platform which led to the creation of Christiana Care Health System's Center for Provider Wellbeing in Newark, Del.

As chief wellness officer at Christiana, Dr. Farley focuses on optimizing the experience of providing care for clinicians. She provided attendees with strategies and ideas for fostering joy in work for their own health systems.

Col. Catherine Kimball-Eayrs is the chief experience officer at Walter Reed National Military Medical Center. She shared lessons learned from Walter Reed's decision to create an Office of Experience to better impact both patient and staff experiences. She brought a unique perspective as both a military and medical professional. Col. Kimball-Eayrs explained how creating a culture that focuses on joy directly impacted staff experience and resilience and, in turn, resulted in better overall patient outcomes.

The day concluded with attendees taking a moment of mindfulness to decompress and reflect on what they learned. There was plenty to take back and implement, and the Foundation is grateful to those who took time out of their busy schedule to make their health a priority. ♦



Physicians'  
HEALTH  
Program

The Foundation of the Pennsylvania Medical Society

## PHYSICIANS' HEALTH PROGRAM

For more than 30 years, the Physicians' Health Program (PHP) has been helping eligible medical and dental professionals across Pennsylvania during life's most challenging moments.



*"Healthy doctors provide better care."*

Jon A. Shapiro, MD, DABAM, FASAM, MRO

The PHP provides monitoring services to Pennsylvania physicians, physician assistants, dentists and other eligible licensed professionals and trainees who are experiencing issues related to substance use disorders, mental health and other behavioral concerns.

The services of the PHP are confidential.

Learn more about the PHP at [www.paphp.org](http://www.paphp.org)  
and to make an impact today,  
visit [www.foundationpamedsoc.org/donate](http://www.foundationpamedsoc.org/donate).

### **Know someone who needs help? Contact us:**

Mon.-Thurs., 7:30 a.m.-5 p.m.

Phone: (866) 747-2255 or (717) 558-7819

Fax: (717) 558-7818

Email: [php-foundation@pamedsoc.org](mailto:php-foundation@pamedsoc.org)

Friday (emergency calls only) Phone: (717) 558-7817

# HOUSE OF DELEGATES Q&A

## David A. Talenti, MD & Mark A. Lopatin, MD



Mark A. Lopatin, MD

PAMED members Mark Lopatin, MD, and David Talenti, MD, are running for the position of PAMED vice president. Learn more about their viewpoints in this Q&A.

Elections will take place during the 2019 House of Delegates on Sat., Oct. 26. The winner will then become president-elect in October 2020 and president in October 2021.



David A. Talenti, MD

**What do you propose the following physician groups need in order to value organized medicine so that PAMED realizes membership success?**

**Employed and Academic Medical Students  
Practicing  
Early Career Physicians**

**TALENTI:** Physicians from all practice types and phases of their career need a powerful membership-driven organized medicine organization to give a powerful advocacy voice to their concerns in the halls of the legislature and the mega-health system board rooms; identify solutions for public health realities; provide relevant information regarding policies and laws in place that define our processes and direction; and disseminate accurate and timely tools addressing personal issues including contract negotiation and burnout.

Having 23 years of previous employment at a large health care system before entering private practice three years ago, I believe I speak from personal experience. Employed and academic physicians are inundated with paperwork, bureaucracy, and meetings. They are treated as a commodity rather than a valued professional leading the health care team. Organized medicine has an urgent and influential voice with the large systems. Key issues include compacts, physician burnout and resilience, and Maintenance of Certification (MOC). As an independent practitioner, I strongly support the continuation of PAMED services to help my practice as we navigate EHR, MACRA, and other financial burdens.

In order to best understand the health care milieu, it is helpful to know the policies and laws in place that define its processes and direction. For students, as your former PAMED Board Chair, I encouraged that your voice was heard. I advocated for mentorship through residency, leadership development, and financial assistance through our Foundation. For our residents, those who embrace our communities in early practice, I advocated for early career financial strategies, legal advice for contract negotiations, and leadership development. Train here, practice here, and lead here!

**LOPATIN:** Physicians in all groups need to feel that the issues that are important to them are also important to PAMED. They need to feel heard and validated. I believe that advocacy should be our No. 1 priority. In many

cases, advocacy issues such as prior authorization, MOC, and EHRs are universal, affecting all groups similarly. However, there are some issues that may be more important to one group than another. For example, scope of practice is especially relevant to employed physicians, because they may lose their jobs to midlevels. Employed physicians may also need education with regard to negotiating contracts with large employers given an uneven playing field. Medical students are faced with massive debt along with issues related to certification. Independent physicians are dealing with the mass of bureaucratic requirements, such as MACRA and MIPS that they must comply with in order to maintain their practice. Early career physicians may need help with practice management issues. Regardless of their individual issues, all physicians need to feel that PAMED is aggressive in addressing their specific interests while also attacking problems that affect all physicians.

Furthermore, although advocacy needs to be our No. 1 priority, we also need to continue to demonstrate value in other areas. Examples include providing CME in areas of patient safety, opioid training, and child abuse, as well as educating members about political, legislative, and legal developments that may affect them. A recent example of this was the work PAMED did on the venue issue. Providing general resources such as instruction in contract negotiation and practice management issues would also be helpful. If PAMED is successful in demonstrating value by effectively advocating for the needs of specific groups of physicians, as well as physicians in general, then I believe PAMED will realize membership success.

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***PAMED is fortunate to have a significant endowment that funds operating expenses and has kept dues unchanged for many years. Should PAMED find other avenues to use the endowment and implement a dues increase?***

**TALENTI:** NO, in fact, PAMED has undergone multiple studies within the past five years indicating that current and prospective members would not favor a dues increase. I AM NOT in support of

increasing dues. I favor increasing the number of members that find PAMED membership services and the collective voice of organized medicine invaluable resulting in a paid membership. The endowment principle is protected by a three-quarters vote by both the Board and House of Delegates (HOD) for a reason — this is most appropriate. You pay for what you value. My goal is to have PAMED serve as an indisputable value within your professional dues allocation.

**LOPATIN:** No. PAMED is competing with many other organizations for membership dollars. 2019 dues are \$395. A recent survey asked the question, “At what price, would you consider a state society membership in PAMED to be so expensive that you would not consider buying it?” The answer, on average, was \$306. Just like other aspects of health care, membership is determined by value, which is defined as benefit divided by cost. I think our goal should be on finding ways to increase benefits to members. If anything, we should be looking for ways to decrease dues if possible, without sacrificing benefits.

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***Currently, policy is determined by PAMED House of Delegates, which represents about 1 percent of PAMED membership. How can we better assess the voice and opinions of our membership as a whole?***

**TALENTI:** The current HOD is comprised of less than 1 percent of the membership. One percent determines policy for all. While I respect the dedication of time and service of current delegates, there are engagement solutions that can transform the HOD into a relevant 24/7/365 membership-engaged system. In these successful virtual models, ALL VOTING MEMBERS can inform our PAMED board, staff, and delegates on the issues that matter to them. I CARE ABOUT AND WANT TO HEAR the opinion of the physician pulling his second overnight shift, I CARE about the medical student who grew up in the commonwealth and plans to transform their community’s public health challenge upon their return, and I CARE about the private practice physician who knows her patient better than any hospitalist. As your future president, I eagerly desire to hear the

voices of the FULL MEMBERSHIP. The virtual HOD model, proven out by the Colorado Medical Society, is a possible mechanism to hear all. OUR strength is ALL PAMED voices!

**LOPATIN:** We need to ensure that every member knows that PAMED policy is determined by the HOD. It should not be assumed that every physician knows this already. We need to educate members that becoming a delegate allows them to have direct input into the issues that affect them. However, not everyone can be a delegate. Therefore, we need to encourage members to contact their county medical society to provide input as to what issues they feel are important. If that happens, resolutions can then be written to address these issues. Another way to solicit input would be to reach out to members with short polls on specific issues. These polls must be brief and focused. People are less likely to respond to surveys with numerous questions. Like many issues, it boils down to communication, education, and a willingness to listen.

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***Should PAMED elected leadership positions be limited to practicing physicians as opposed to retired or non-practicing physicians?***

**TALENTI:** I see both sides of this dilemma. I believe that a significant majority of leadership should be in the trenches with a “real-time” view of the practice of medicine. However, I KNOW that we cannot cast aside the gold that is the wisdom of our retired physicians who are our trailblazers. I will adapt my schedule to lead with laser-focused engagement, and I will be a participatory leader, but let’s be clear — I will be actively practicing. For me, it is a priority to stay relevant in my practice. I will actively seek and covet the wise counsel of my predecessors. When I speak, my desire is to represent the day-to-day practice experiences of the majority of our membership who will be the current and future voices shaping our practice within the commonwealth.

**LOPATIN:** No. In the name of full disclosure, I want members to know that I will be retiring at the end of 2020. As a retired physician, I will have the



advantage of having more time to devote to PAMED than if I were still practicing. I understand the potential concern that a retired or non-practicing physician may not be as in touch with relevant issues as they would be if they were seeing these problems every day. However, I think it is best to leave it to the discretion of the HOD to determine if an individual running for office is knowledgeable on the issues, rather than issuing an arbitrary rule that retired or non-practicing physicians cannot serve. If we do the latter, we may eliminate some inherently qualified individuals. Let the HOD decide who is qualified.

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**Rural areas continue to have recruiting problems limiting access to local health care. Other than telemedicine, how can the state and PAMED work to resolve this disparity?**

**TALENTI:** Having medical students experience an up-close and personal view of the joys of rural practice is the best approach. Rural medicine, which is part of my daily practice, requires use of all of your faculties. Ideally, we should strive to have telemedicine access to any subspecialist need — straight from the office with the patient present. I advocate for pursuing current solutions including the ECHO model™ that breaks down the walls between specialty and primary care. Specialist teams at an academic ‘hub’ are linked with primary care clinicians in local communities. ECHO® creates ongoing learning communities where primary care clinicians receive support and develop the skills they need to treat a particular condition. As a result, local physicians provide comprehensive, best-practice care to patients with complex health conditions, right where they live. There is no reason why we have to accept a lower level of care in rural communities. I am not advocating that mid-levels provide the care. I am advocating for physician-to-physician connection, rural and urban, to manage the most urgent needs of our patients. Senate Bill 25 giving CRNPs independent practice is false; other state data bears this out. Under my presidency, we will explore additional funding for trainees and aggressively pursue technological advancements that bring the best of clinical care to EVERY physician office.

**LOPATIN:** This is a difficult issue with no easy answers. If we eliminate telemedicine from the discussion, the easy answer is to populate rural areas with less trained providers such as nurse practitioners and unmatched medical students. I oppose this idea for multiple reasons, most notably the difference in level of training. Furthermore, what is done in rural areas would also apply to suburban and urban areas. Overall, the risks outweigh the benefits. I have been outspoken with regard to this issue.

Unfortunately, other than telemedicine, the options are not good. One possibility would be loan forgiveness for medical school debt for doctors who agree to provide care in an underserved area. This would require a commitment on the part of the government and/or the rural community in question. Frankly, the scope of this issue extends far beyond PAMED.

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**What challenge faces Pennsylvania physicians in the coming year, and how do you propose to address it?**

**TALENTI:** Issues that impact the quality of patient care, basic humanity, and the sacred patient-physician relationship will always be our resounding priorities. Prior authorization, narrow networks, legislators dictating what a physician does (or doesn’t) say to a patient in their time of need, insurer and mega-system algorithms ordering that you have 15 minutes to cover all issues of a complex patient who Googled 20 questions before they arrived will always be our core reality. In addition, there is the undeniable impact of physician burnout and the lack of current approaches to adult learning which critically impact MOC. A recent *New England Journal of Medicine* article cited that 83 percent of physicians experience burnout. Can you imagine a more vulnerable space? For the patients: You are naked, you have nothing, and let me hold your life in my hands. For the physician: This person is complex and has so many other factors beyond my 15-minute encounter, yet the timer is ticking. You are encouraged to produce, not to feel, and to meet a quota.

We are healing artisans and chose this profession to change lives for the better. As your future president, I plan to be intentional about a few important aspects: a visionary strategic plan, a solid tactical plan, and measurable

performance goals. Without this, PAMED is running a 100-mile race without a roadmap. We will not be the association of dramatic sound bites; we will be grounded in the science that trained us and guides us as well-rounded and well-informed physician-leaders. I am a leader who listens to truly hear and understand, and I speak thoughtfully to be understood. When protecting our patients and our profession, we are most effective when we speak with a unified voice. As your future president, I hope to have the opportunity to serve on your behalf and join voices with you to advocate for our profession across the commonwealth.

**LOPATIN:** In my mind, the major challenge affecting physicians is the collective depression, sense of helplessness, and burnout that permeates the medical community. This is caused by the systematic attempts to devalue physicians by those who want to control the health care dollar, such as administrators, middlemen, insurers, and others. After all, burnt out physicians are less likely to resist their efforts. These intentions must be exposed publicly. I have done just that in a recent article I wrote for *KevinMD.com*. In that article, I explained how prior authorization, MOC, scope of practice, and the term “provider” all diminish physicians. Our best weapon against this is advocacy.

Advocacy in part consists of communication, education, and most importantly publicity. PAMED must communicate with our members, legislators, and the public to educate them as to how these and other issues compromise the patient-physician relationship and therefore the care that patients receive. Publicity, however, needs to be our No. 1 tool. We should write articles and use the press and social media at every opportunity to aggressively make these issues known to all. PAMED members must encourage patients to raise their voices alongside ours in protest. We can and should advocate to legislators about the issues, but ultimately, I believe that informing the public and enlisting their aid in contacting lawmakers is our best tool in combatting the forces that seek to destroy our profession. We must recognize we are involved in a battle to protect our profession that leadership cannot fight alone. It will require contributions from every PAMED member if we are to find success. ●

# What PAMED Does

The Pennsylvania Medical Society (PAMED) gets you back to your art of medicine by advocating, educating, and navigating on your behalf so that you can continue to put patients first.



We believe that every physician's voice should be heard.

- **Advocacy with lawmakers** and state agencies
- **Advocacy with insurers**
- **Advocacy with the courts** to defend your rights



We believe in lifelong learning and making it simple for our members.

- **Easy-to-Use, Online CME Courses** to help you renew your license
- **The Dose** — Stay up to date with our weekly e-newsletter
- **Leadership Education** to help you sharpen your skills and connect with colleagues



We believe physicians should spend more time with patients and less on administrative tasks.

- **Practice Support** provides personalized help if you're baffled by an insurer policy or struggling to get answers on denials
- **Our Legal Resource Center** addresses a variety of issues like physician contracts, HIPAA, and medical liability law
- **Quick Consult Fact Sheets** help members understand new regulations that will affect them

To join or renew go to [www.pamedsociety.org/ArtofMedicine](http://www.pamedsociety.org/ArtofMedicine).



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