

PENNSYLVANIA MEDICAL SOCIETY — THE POWERFUL VOICE FOR PHYSICIANS

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PHYSICIAN

PENNSYLVANIA'S POWER PLAYERS

41 Young Physicians Named to This
Year's Distinguished List

p. 48

TOP PHYSICIANS UNDER 40

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OUR PRIMARY FOCUS—PATIENTS & THEIR WELL-BEING

Theodore Christopher, MD, an emergency medicine specialist from Philadelphia, was elected by his peers to serve as president of the Pennsylvania Medical Society (PAMED).

A 15-year member of PAMED, he has served on its board of trustees since 2011.

Since becoming a physician, Dr. Christopher has been active in several medical organizations and has completed volunteer work to serve his community. In addition to being a member of PAMED, he holds memberships in the American Medical Association, the American College of Emergency Physicians, the Society of Academic Emergency Medicine, and the Association of Academic Chairs of Emergency Medicine, serving as its president in 2010. At the state level, Dr. Christopher is a member of the Pennsylvania Chapter of the American College of Emergency Physicians, serving as its president in 2003.

At the local level, he is a past president and member of the Philadelphia County Medical Society, and serves as its liaison on the Board of the Philadelphia Health Management Corporation.

Board-certified in emergency medicine and internal medicine, Dr. Christopher practices at Thomas Jefferson University Hospitals in Philadelphia and is a faculty member of the Sidney Kimmel Medical College of Thomas Jefferson University, serving as professor and chair of the Department of Emergency Medicine since 2002. After graduating from Harvard College in 1977, he went on to earn his medical degree from the Icahn School of Medicine at Mount Sinai in New York City.

Dr. Christopher resides outside of Philadelphia with his wife, Claudia, a head trauma and spinal cord physical therapist. He has three daughters — Monica, a plastics and reconstructive surgery physician's assistant at the Johns Hopkins Medical Center in Baltimore; Adrienne, an intern in general surgery at Thomas Jefferson University Hospitals; and Vanessa, a fourth-year medical student at the Sidney Kimmel Medical College, in Philadelphia.



Theodore Christopher, MD, FACEP
2017-2018 President, PAMED

I have spent my career employed by an academic institution where I have had the privilege as a department chair to listen, learn, and then lead. I witness the future of medicine every day in an educational atmosphere where I see medical students, residents, and young physicians learning with empathy, compassion, creativity, and humanity.

I'm inspired by these young physician leaders who focus on the social determinants of health care, take a stand on public health, and plan for that future. Medical students and young physicians today work to build consensus, predict the future of health care, and "do the right thing" – that is how I intend to lead PAMED this year.

It will be a challenge to represent a diverse body of independent thinkers with a myriad of specialties and priorities. However, I am confident that if we focus on our patients, including the physician/patient relationship, patient safety and wellness, and continual human-centered, experiential learning as key principles, we can shape best medical practice policies and create a new and improved team-based health care delivery model led by physicians.

I aim to advocate for the benefit of all urban, suburban, and rural physicians in Pennsylvania. But there has to be parity in the arena of medicine to address our diverse physician needs. PAMED has long been a thought leader recognizing what is veracious for physicians. I intend to help guide our interests in federal and state policy by determining what foremost is best for our patients, and then ourselves and our practices. Then we can identify

and establish the strategy to gain support from our legislators, stakeholders, and clinical and industry partners in health care and delivery.

We are on the cusp of major shifts in how we, as physicians, are educated, trained, measured, and reimbursed. Innovations in medicine, such as telehealth, the latest technological advancements, such as the eICU, state-of-the-art cross disciplinary clinical, basic science, health system science, and bioengineering research, will drive the new consumerism of health care. Patients and their well-being are always our priority, but we want to ensure they have access to care how, where, and when they need it. This will take deliberate examination, spirited debate, and measured risk-taking with both our clinical and non-clinical partners. I am honored to accept the challenge of leading PAMED in such innovative and daring times in medicine.

Theodore Christopher, MD, FACEP
2017-2018 President, PAMED

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PHYSICIAN ADVOCACY IS CRUCIAL TO PATIENT CARE

In October 2016, I stood before the PAMED House of Delegates during my inaugural speech and reflected on the state of medicine. "The joy of medicine has been taken from us. Professional satisfaction has deteriorated. There is trouble in River City," I said. And, I saw many of my physician colleagues' heads nod in agreement.

Though there is certainly much more work to be done, as my year as PAMED president comes to a close, I want to look back on the great advocacy work of PAMED and its physicians this year.

Maintenance of Certification (MOC) reform is an issue I'm extremely passionate about. PAMED continues to be a national leader in seeking meaningful MOC reform, advocating for a fairer MOC process for all physicians. You can learn more about what PAMED has done so far at www.pamedsoc.org/MOC. And, it doesn't stop there. PAMED is continuing to advocate for physicians on this important issue.

I'm also glad that PAMED is strongly advocating for legislation to bring transparency, standardization, and improved response times to the prior authorization process in Pennsylvania. As a primary care physician, I deal with prior authorization virtually every day — either with testing, medication, or both. The prior authorization process has become overly burdensome.

More than once in the middle of the afternoon, a message has come in from an insurance company informing me that I need to contact its medical director before the close of business THAT day or the case will be closed with a denial. That's not fair to the other patients in my office who have scheduled office visits. The prior authorization process can take 20 minutes or longer, and that means there are patients with scheduled appointments waiting to be seen. And, when I finally get a medical director on the phone, many times it's either a retired physician or a physician in a totally different specialty.



Charles Cutler, MD, MACP
President, PAMED

Prior authorization reform is one of PAMED's advocacy priorities. Learn more at www.pamedsoc.org/PriorAuth.

Physician advocacy is crucial. If we don't get involved, our patients will suffer. Prior authorization is a great example. If we don't change the prior authorization process, patient care is going to be compromised. Patients won't get the medication, tests, etc. that they need. We owe it to our patients, to our profession, to the next generation of physicians who are following us — they need less bureaucracy and red tape when it comes to taking care of patients.

Elected and government officials can be our allies. We need to nurture and enhance those relationships. Take the time to talk to your state legislators, to your federal legislators, about the issues you and your patients are facing, such as the delays caused by prior authorization and credentialing.

Leadership in an organization is only accomplished by standing on the shoulders of others. So many of you have served as mentors, teachers, and inspirations, and I truly want to say thank you! It has been an honor to be your president this past year.

Charles Cutler, MD, MACP
2016-2017 PAMED President

TAKING PRIOR AUTHORIZATION CONCERNS TO THE HILL

Imagine you're on an airplane and after takeoff, you're told that the mechanic is now in charge of the flight. Not going to happen, so why should it be any different in health care when lives are at stake? Physicians know their patients' health needs better than anyone, so why allow someone not specially trained to take over?

We continue to hear prior authorization pitfall stories from our member physicians. Do you spend needless hours on the phone defending your professional judgement? Has a patient suffered during an extended wait for testing or treatment? Has one of your patients been denied care? PAMED wants to hear your voice and those of your patients so we can present the case for prior authorization changes.

Physicians are pleading with PAMED to help unclutter the path to treat their patients. PAMED's charge is to speak for physicians and on behalf of their patients to the legislature. We need reform that will allow physicians to use their education, training, and experience to determine the most appropriate treatment for their patients, whether that's the use of new technology, scheduling a diagnostic test, or writing a prescription. It should not and cannot be left to the opinion of the insurance companies or governmental bureaucracy that only adds layers for approval and creates paperwork delays.

Physicians sit face-to-face with patients and deliver medical news and treatment recommendations. You look your patients in the eye and witness their suffering. Physicians should be able to assure that their patients are getting the most appropriate and timely care needed.

The most impactful way to change the prior authorization quagmire is to take patients' stories from the exam room to the Hill. PAMED is asking physicians to encourage their patients to speak up and share their prior authorization dilemmas with us at www.pamedsoc.org/ShareYourStory. PAMED will use these stories to show legislators your patients' real struggles to get care.

Regardless of the barriers you face, physicians make a difference in the lives of each and every Pennsylvanian. In this magazine, PAMED is highlighting and celebrating some of our early career physicians making a difference today and for decades to come. On page 48, you will find the 2017 Top Physicians Under 40. If you recognize one of your colleagues, congratulate them on this achievement.

If you are not yet a member, we welcome you to join us at JoinNow.pamedsoc.org.

Sincerely,



Martin P. Raniowski, MA
Executive Vice President,
PAMED



Martin P. Raniowski, MA
Executive Vice President, PAMED

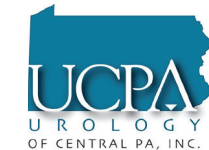


UROLOGY OF CENTRAL PENNSYLVANIA
CONGRATULATES

DR. THOMAS CLEMENTS
TOP PHYSICIANS UNDER 40 HONOREE

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ENCOURAGE EARLY DETECTION AND SCREENINGS FOR PROSTATE CANCER

The latest recommendation from the U.S. Preventative Services Task Force advocates screenings for men ages 55 - 70 (PSA & DRE).

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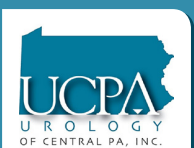
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CALENDAR OF EVENTS

LEARN ABOUT UPCOMING EVENTS

PAMED Board of Trustees Meetings

- **Oct. 13 & 15, 2017** Hershey Lodge, in conjunction with PAMED's 2017 House of Delegates
- **Feb. 6 & 7, 2018**, PAMED Harrisburg
- **May 8-9, 2018**, PAMED Harrisburg
- **Aug. 14-15, 2018**, PAMED, Harrisburg
- **Oct. 26 & 28, 2018**, Hershey Lodge, in conjunction with PAMED's 2018 House of Delegates

CMO Leadership Series

For CMOs, Medical Directors, Chiefs of Staff, and VPs for Medical Affairs

PAMED Headquarters in Harrisburg

- **Nov. 3** Two Hats, One Team: Challenges Associated with the Dual Roles of Administrator and Clinician

The series will continue April - August 2018

Learn more and register at www.pamedsoc.org/CMOLeadership.

Foundation of the Pennsylvania Medical Society LifeGuard Program

Dec. 7 & 8

Controlled Substance and Opioid Prescribing Educational CME Course
Penn Med Clinical Simulation Center, Philadelphia

Nov. 29 - Dec. 1

Pharmacology Course: three-day educational program aimed at enhancing medication prescribing behaviors is a collaborative effort between LifeGuard and KSTAR, in concert with Rangel School of Pharmacy at the Texas A&M Health Science Center
PAMED Headquarters in Harrisburg

Register at www.lifeguardprogram.com

2017 House of Delegates and Annual Education Conference

Oct. 13-15

Hershey Lodge, Hershey, Pa.

www.pamedsoc.org/calendar

Anthem-Cigna merger



We fight for what's right.

Because of unrelenting opposition by the American Medical Association, the Pennsylvania Medical Society and physicians across the country, the Anthem-Cigna merger was defeated. We passionately opposed the merger because it was bad for you and your patients—and the courts agreed.

We won this battle, but we know there will be more. We are ready, whatever it takes, to keep fighting for you. Will you stand with us?

ama-assn.org/health-insurance-mergers



THE CHANGE WE NEED

BY LUDWIG KOENEKE

Health care in this country is such a mess. The ongoing, raging debate regarding the future of health care in this country is complex. On the one hand, it is perceived to be a commodity, like all other goods, that is privy to being bought, sold, and traded. In the capitalist framework in which it resides, it makes sense.

On the other hand, health care is viewed as an inalienable right that must be provided for by the state to ensure the health of its workers. The

of the American value system (i.e., "no one tells me what to do with my money.") Thus, it was doomed to fail.

There are many other aspects to the ACA that were hugely beneficial and greatly expanded access to care and protection to patients but were still lacking at the end



AS FUTURE PHYSICIANS, WE OWE IT TO OURSELVES AND TO FUTURE GENERATIONS TO ESTABLISH A SYSTEM, DEVELOPED FROM WITHIN, THAT BENEFITS ALL AND HARMS NONE.

government provides health care to keep its workers healthy; the workers produce labor which then benefits the state and so on. It also makes sense.

So, the question is, are these two as diametrically opposed as both sides would like us to think, or can they exist in unison, synergistically working together? I believe the latter can be achieved but we must understand what is really at the root of the issue before creating a solution.

The Affordable Care Act (ACA) instituted by the Obama administration expanded health care to millions of Americans without coverage. It is, what many would say, a huge step in the right direction. Although a noble effort, requiring Americans to purchase insurance goes against the fundamental belief at the core

of the day. Perhaps, the solution does not reside in mandating the purchase of health care, but moving the health care system from a multi-payer structure to a single-payer system in which all Americans are given health care, paid through our taxes, without mandating them to purchase it.

Now, some might argue that there is not enough support for pushing health care into a more universal health care system, but they may be surprised. With the recent victory of Donald Trump, a cultural revolution has occurred which I believe is the perfect ground in which to recreate our health care system.

As evidenced by the overall atmosphere and sentiment at this year's Annual AMA Medical Student Section meeting, where the delegates

passed a resolution demanding support for a single-payer health care system, I believe the time is ripe to establish a single-payer system and to rebuild our health care from the ground up.

As future physicians, we owe it to ourselves and to future generations to establish a system, developed from within, that benefits all and harms none. If we continue on this disastrous path of the ACA, less Americans will get coverage, and more people will suffer the adverse effects of our current haphazard, laissez-faire health care system. ●



Ludwig Koeneke is PAMED's Medical Student Section chair. He attends Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia.

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SCRANTON PRACTICE LINKS UP WITH THE CCC TO SUPPORT 2017 QUALITY REPORTING REQUIREMENTS

CARE CENTERED COLLABORATIVE (CCC) VICE PRESIDENT ANITA BRAZILL TALKS WITH PRACTICE MANAGER JANET BRIER TO GET TO THE HEART OF 2017 REPORTING REQUIREMENTS AND HOW CCC CAN HELP TAKE SOME OF THE HASSLE OUT OF MIPS REPORTING.

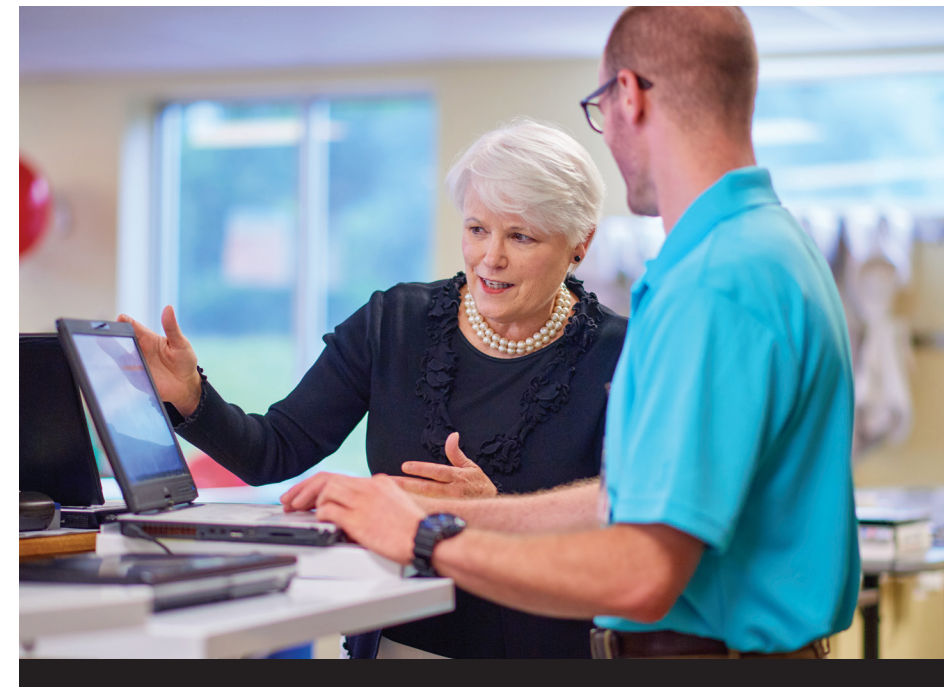


Seated (left to right): John H. Doherty Jr., MD; Kevin R. Colleran, MD; Susan U. Haikes, NP-C; JoAnn M. Stiteler, NP-C; Jennifer M. Aebli, PA-C; and Jeffrey M. Gillette, DO. Standing (left to right): Theodore J. Tomaszewski, MD; Courtney M. McNulty, PA-C; and Chad P. Walker, DO.

Clinically integrated, value-based networks offer physician practices an opportunity to maintain autonomy while effectively participating in a value-based care approach — at the network and practice level. The Care Centered Collaborative will be assisting local physicians in creating clinically integrated networks — offering physicians a path to success in the new value-based world.



CCC VP Anita Brazill



Janet M. Brier, MPH, CPA, and Ryan Glacken work in the physical therapy department.

AB: TELL US ABOUT YOUR PRACTICE. HOW HAS THE PRACTICE CHANGED TO KEEP UP WITH THE PACE OF CHANGE IN HEALTH CARE OVER THE LAST SEVERAL YEARS?

JB: Professional Orthopaedic Associates, Ltd., (POAL) is the longest continually operating orthopaedic practice in Lackawanna County. Founded by the late Samuel Todaro, MD, in 1974, the practice has experienced delivery transitions mirrored across our health care system. We have undergone a profound shift in our payment system and revenue stream and the substantial conversion from handwritten medical documentation to a truly integrated electronic health record.

Today, we serve the region with four orthopaedic surgeons and one rheumatologist. With that limited number of physicians, we are grateful for our allied professionals who deliver quality patient care every day. Patients also benefit from the continuity of treatment our physical therapists provide onsite. POAL assigns no greater value than to the clinical, billing, and reception staff, without whom we would fail to operate efficiently. A great deal of credit goes to them for our ongoing success and patient satisfaction.

I have been with the practice more than 16 years. During that time, the delivery and payment of health care services in our country has constantly evolved. This ever-changing environment and the opportunity to interact with patients, physicians, and staff are what make the work so appealing. The welfare of our patients in both mind and body is my foremost priority.

Our workday begins at 7 a.m. to prepare for the first appointments. I view my main function as a facilitator. We have a highly skilled and motivated staff who know their specific job duties better than anyone else. With every new initiative to improve quality of care, their involvement has been critical. My goal is to first understand each new CMS program and then assist physicians and staff with best practices to achieve implementation.

My day can consist of duties as routine as posting cash receipts, to as complex as instituting pathways for compliance with the alphabet soup of OSHA, ERISA, OIG, HIPAA, and FMLA regulations. In addition, my responsibilities include negotiating insurance contracts, evaluating vendors, developing new service lines, and HR.

AB: OVER THE YEARS, HOW MUCH OF YOUR TIME HAS BEEN REQUIRED TO FOCUS AND COMPLETE QUALITY REPORTING REQUIREMENTS FROM PAYERS?

JB: The time required to complete quality reporting has grown exponentially. Driven by CMS and instituted to varying degrees by the other payers, quality reporting requirements are daunting tasks to successfully achieve. Presently, we participate in MIPS, BPCI, Marshall Steele, a CIN, and a co-management agreement, all with vastly different quality measures.



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AB: WAS YOUR PRACTICE SUCCESSFUL IN REPORTING PQRS DURING THE YEARS IT WAS IN PLACE? WHAT METHOD DID YOU USE TO REPORT PQRS?

JB: We began reporting PQRS in 2011. We have reported successfully every year thereafter using a combination of claims, EHR, and registry depending on the provider. For 2015, the last year for which CMS has provided the value-added modifier in the QRUR reports, we tiered in the high-quality, high-cost quadrant.

AB: HOW DO YOU AND YOUR TEAM DEFINE QUALITY?

JB: Our team defines quality as constantly striving to create a safe, confidential, responsive, and attentive environment for healing and recovery, recognizing each individual's desire to be treated with dignity, compassion, and respect. A mandated positive medical outcome is a given. We build our technical excellence, responsibility to community, integrity, and reputation on these crucial convictions. Attaining these goals is what constitutes quality health care delivery for our practice.

AB: WHAT CONCERNS YOU ABOUT REPORTING THE 2017 MIPS MEASURES? HOW DID YOU APPROACH THIS NEW REPORTING REQUIREMENT? WHAT WERE THE REASONS THAT LED YOU TO SELECT MINGLE/CCC TO HANDLE YOUR MIPS REPORTING?

JB: My greatest concern about reporting MIPS is the genuine uncertainty surrounding the myriad requirements MIPS levies and the burden it places once again on our front line staff in both time and education. There is an enormous effort to capture medical information that may or may not add pertinent data or value but is necessary to "count" for MIPS.

We took a systematic approach that included choosing the right measures, communicating with our EHR vendor, listening to countless CMS webinars, queuing up in the helpline, and creating spreadsheets for MIPS measure collection and for benchmarking the measures we chose. There have been numerous meetings with physicians, clinical, and other staff leaders as more information about the program has trickled out of CMS. We feel we learn something new and significant on an ongoing basis.

We selected Mingle Analytics/CCC for MIPS reporting because of the confidence we place in the Pennsylvania Medical Society's decision to create the CCC and its decision to partner with Mingle. Also, because for the first time since 2011, we believe that we need the assistance of a well-respected and experienced registry to run the analytics for successful reporting of 2017 MIPS. ●

READING HOSPITAL RANKS AS ONE OF THE BUSIEST EMERGENCY DEPARTMENTS IN THE NATION

BY PAMED MEMBER AND READING HOSPITAL'S EMERGENCY DEPARTMENT ASSOCIATE DIRECTOR, KRISTEN SANDEL, MD



In 2016, Reading Hospital was named one of the top 10 busiest emergency departments (ED) in the U.S. with more than 133,000 patient visits that year alone. This designation came as a surprise to many people, especially those who have not visited Berks County or Reading Health System. Most of the public assumes that larger cities in Pennsylvania such as Philadelphia or Pittsburgh would have the busiest ED in the commonwealth, not Reading. This begs the question, "What makes Reading Hospital's ED so busy?"

Berks County has a population of more than 410,000 individuals yet has only two acute care hospitals to serve the community. Reading Hospital has a

long-standing tradition of serving the city of Reading and greater Berks County area. Each day, the staff in the ED sees approximately 370 patients in nearly 120 treatment rooms. On most days, the ED will greet approximately 100 ambulances that arrive from more than 35 different Emergency Medical Services.

Reading Hospital was the first, and is the only, accredited trauma center in Berks County and saw more than 2,700 trauma contacts in 2016. It also serves as an Advanced Primary Stroke Center and Heart Center with 24/7 interventional cardiac catheterization capabilities.

On Oct. 15, 2017, the hospital opened its newest building, Reading HealthPlex for Advanced Surgical and Patient Care, which not only expanded its operating room and inpatient resources, but also expanded the ED with new, technologically advanced trauma bays, 16 additional ED rooms, and a dedicated psychiatric emergency services area.

The department also has a dedicated pediatric service area that cares for the needs of the pediatric patient with specially trained staff who treat this very unique population.

Historically, EDs are the safety net for the communities they serve. The Reading Hospital ED is no different; we evaluate and treat patients with acute injuries or medical issues regardless of their ability to pay or their insurance status. The department is also available to patients 24 hours a day, seven days a week, which is often different from many of the other health care options in the continuum of care.

In this uncertain time in health care, the ED remains one place where patients are certain they can visit to obtain excellent care for issues ranging from a splinter to an acute stroke or multi-vehicle trauma. ●

CONGRATULATIONS



TOP PHYSICIANS UNDER 40

Sarah Luber, DO



Reading Health proudly congratulates Sarah Luber, DO, as an award recipient of Top Physicians Under 40 for Pennsylvania Medical Society. Dr. Luber is a recognized leader in the community and within Reading Health System, serving as a Medical Director of Reading Health's Employee Wellness Program and as an Internal Medicine faculty member. As an integral part of Reading's Street Medicine Program, Dr. Luber applies her medical expertise and passion as a physician to bringing medical care to those in need throughout Berks County. Through her contagious focus, compassion and dedication, Dr. Luber improves the physical, mental and emotional health of our community. Congratulations on this extraordinary achievement, and thank you for all you do!



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PENNSYLVANIA SUPREME COURT RULING IMPACTS HOW PHYSICIANS OBTAIN INFORMED CONSENT

Pennsylvania Medicaid and CHIP Update

Are you a participating provider in a Medicaid or CHIP Managed Care Organization (MCO)? Enrollment and revalidation efforts are in full swing, and you could be at risk of losing your participation status. To maintain program integrity, the Pennsylvania Department of Human Services (DHS) is reviewing provider files to ensure participation status.

CHIP: Providers who participate in CHIP but not in Medicaid must enroll as a participating CHIP provider with DHS so they may order, refer, and prescribe for CHIP patients. A paper application can be found online. The deadline to enroll is December 31, 2017.

Medicaid MCOs: Providers who participate in Medicaid HealthChoices MCOs must be enrolled providers or groups with DHS. In order to participate in a Pennsylvania Medicaid MCO, you must have a valid PROMISE Identification number. It is important for providers and groups with multiple service locations to verify that enrollment reflects each service location. Participating Medicaid providers already enrolled in PROMISE do not need to enroll in CHIP.

If you are enrolled in an MCO, but are not a participating provider in Medicaid, affected patients will be reassigned to a new physician. DHS has stated there will be a 60-day continuity of care benefit until the patient has been reassigned. Watch for notification from your MCO, as MCOs have varying deadlines.

To verify your service locations and provider or group status, please log on to your PROMISE account at promise.dpw.state.pa.us.

A Pennsylvania Supreme Court ruling is having a significant impact on how physicians in the commonwealth obtain informed consent. The ruling in the medical liability case *Shinal v. Toms* states that a physician's duty to obtain a patient's informed consent is NOT a delegable duty — it is the responsibility of the physician conducting the patient's surgery or treatment.

In *Shinal v. Toms*, a patient alleged that her surgeon failed to provide information required to obtain informed consent prior to the removal of a nonmalignant brain tumor. The trial court's instructions permitted the jury to consider information provided by the surgeon's physician's assistant as part of the informed consent process. The trial court found in favor of the surgeon, and a subsequent Superior Court order affirmed the trial court's jury instruction.

On appeal, the Supreme Court ultimately ruled — in a 4-3 decision issued on June 20, 2017 — that the information provided by the physician's assistant did not constitute informed consent. Physicians may face increased legal liability if they do not strictly construe the majority's decision.

Under Pennsylvania law, a physician owes a duty to a patient to obtain the informed consent of the patient, or the patient's authorized representative, prior to conducting the following five procedures:

- Performing surgery, including the related administration of anesthesia.
- Administering radiation or chemotherapy.
- Administering a blood transfusion.
- Inserting a surgical device or appliance.
- Administering an experimental medication, using an experimental device, or using an approved medication or device in an experimental manner.



Angela Boateng, Esq., is PAMED's general counsel.

Consent is not required for a procedure if an emergency exists and immediate action is needed to save the patient's life or health.

The High Court did not address whether the law would apply to other procedures or treatments for which hospitals or physician practices may require informed consent.

Recommendations for actions include:

- Practices should, if necessary, revise their informed consent policies and procedures.
- Hospital medical staffs should develop medical staff policy and procedures to help ensure the proper implementation of the new informed consent requirement.
- Hospital medical staffs must work with the hospital's administration to align hospital policy regarding informed consent with related medical staff policies and procedures.
- Physicians should ensure that all informed consent forms are properly executed and filed. ●

Learn about the ruling, get details on informed consent requirements, and find more recommendations at www.pamedsoc.org/informedconsent.



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REP. QUINN CHAMPIONS PRIOR AUTHORIZATION BILL

Prior authorization reform is one of PAMED's top advocacy issues. House Bill 1293, introduced by State Rep. Marguerite Quinn (R-Bucks), calls for improved transparency, improved response times, and consistent application of prior authorization by including a standard definition. It also significantly streamlines the process by requiring insurers to make available an electronic communications network that permits prior authorization requests to be submitted electronically, and authorizations and adverse determinations to likewise be returned electronically.

authorization from a health insurer. While the issue is complex, streamlining the process and improving transparency will have a positive effect on patient care," she says.

Rep. Quinn believes that patient care should not be delayed because of unnecessary red tape. In the past, prior authorization was only required for expensive medications and surgical procedures. "Today, physicians tell me that many treatment protocols, widely considered to be 'mainstream,' now require prior approval. To me, this does nothing more than delay



Rep. Marguerite Quinn

issue and how it affects their practice and their patients. "I recognize that a physician's ability to focus solely on patient care continues to erode as they are increasingly required to jump through more and more non-clinical hoops. My legislation will not solve all the challenges physicians face, but I believe that it helps to chip away at the challenges created by an ever-expanding prior authorization process," she says.

PAMED Legislative Affairs Director David Thompson says that Rep. Quinn's support of this reform is imperative to PAMED's legislative agenda. He says, "Although a champion for a number of causes ranging from clean water to overdose prevention, Rep. Quinn's passion intensifies when a legislative initiative involves insurance."

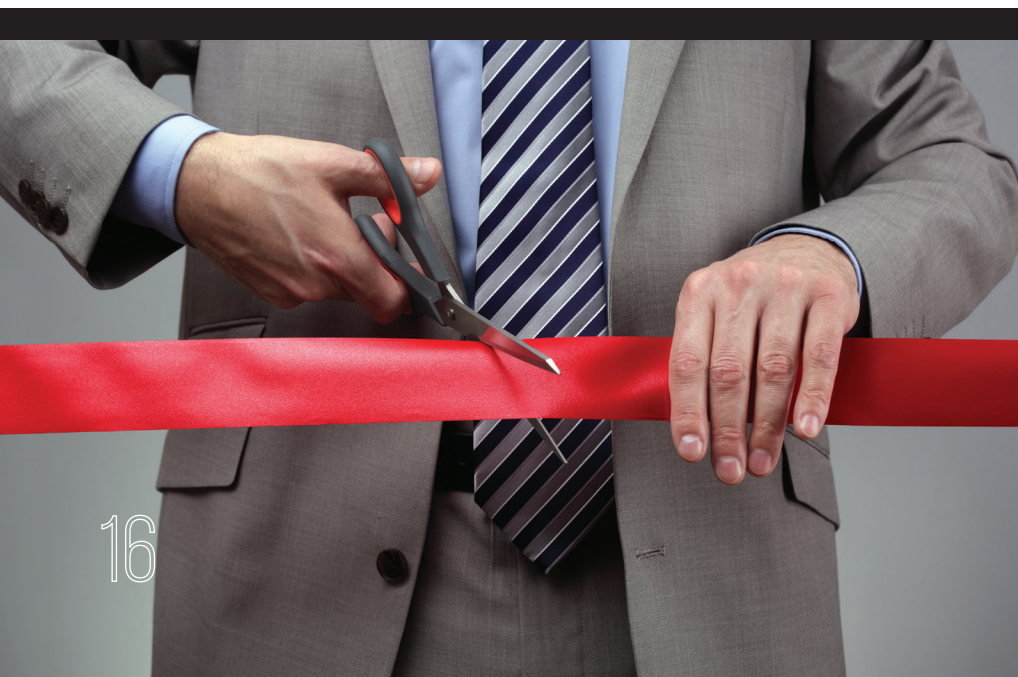
A longtime member of the House Insurance Committee, Rep. Quinn's interest in this arena helped pave the way for her involvement in the National Conference of Insurance Legislators (NCOIL), where she now sits on its executive committee. "Few in the legislature better understand the practical application of insurance policy and how to navigate the often-choppy waters of the legislative process," says Thompson. ●

IN ORDER TO ACHIEVE REFORM THAT IS MEANINGFUL, REP. QUINN SAYS THAT PHYSICIANS NEED TO ENGAGE IN ADVOCACY EFFORTS.

Pennsylvania Physician recently spoke with Rep. Quinn to find out why she is a champion for prior authorization reform. She says she spent time with one of her local cardiologists to learn about the prior authorization process. "I learned firsthand about the challenges physicians and their staff face when a treatment protocol requires a prior

care since the vast majority of prior authorization requests are ultimately approved," she says.

In order to achieve reform that is meaningful, Rep. Quinn says that physicians need to engage in advocacy efforts. She suggests that they meet their state legislators to discuss the



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Deepak Mehrotra, MD, MBA

WHAT TOP ISSUES REQUIRE ADVOCACY ON BEHALF OF TODAY'S PHYSICIANS?

We asked Deepak Mehrotra, MD, MBA, about the issues most important to him in need of physician advocacy. Here's what he told us.

INTERNATIONAL MEDICAL GRADUATE PERSPECTIVE

DEEPAK MEHROTRA, MD, MBA
 IMG SECTION GOVERNING COUNCIL, DELEGATE
 INTERVENTIONAL SPINE PRACTICE
 EINSTEIN HEALTHCARE NETWORK, PHILADELPHIA

I will highlight three issues that I feel are important to all physicians, including international medical graduates (IMGs).

First, EHR and its meaningful use rules and regulations have made physicians retire early. This program needs to be simplified and made more flexible and intuitive to physicians. More time needs to be given so physicians can adjust; we also need to ask government to

find better solutions. The Centers for Medicare and Medicaid Services (CMS) should understand that patients come first and bureaucracy later. Lengthy and complex regulations have been issued for Stage 3 — these require time to understand their full meaning and implications on small physician practices. Physicians need to get back the control of their practice and be able to survive financially. (Note: Elements of MU remain in the MIPS Advancing Care Information category).

Second, balance billing will increase as out-of-pocket expenses for patients increase. Physicians will have more financial burden to collect these from patients. There needs to be better solutions to help physicians and patients to be able to survive catastrophic financial losses. Physicians should be able to write off free care that they provide or uncollectables that create a burden on their practice. Many physician

practices go bankrupt every year. I am in an interventional spine practice where patients have co-pays of \$500 - \$750 for each procedure, making it unaffordable for them.

Finally, the growing opioid epidemic has made physicians stop prescribing opioids to patients that may genuinely require them. Physicians have taken the blame for something that is a complex problem that started in early 2000 when Congress declared that all pain needed to be treated and documented. The Joint Commission on Accreditation of Hospitals was looking minutely at records of patients to see if this was happening. Now we are in the midst of a major crisis. Physicians need resources to help patients get appropriate care for their addiction. ●
 (Editor's note: PAMED and various specialty societies are working to address these and many other issues. Learn more at www.pamedsoc.org/Advocacy)

What Are PAMED's Sections?

Rapid, radical change faces the medical profession, but the younger generation — early career physicians, medical students, and residents — have the opportunity to shape their own futures. Similarly, the International Medical Graduates Section brings together physicians with diverse backgrounds to share their concerns and experiences.

PAMED's sections for these diverse groups serve as their voices across the state. Members of the sections are engaged and involved in PAMED initiatives and policymaking. To get involved in one of the sections, contact:

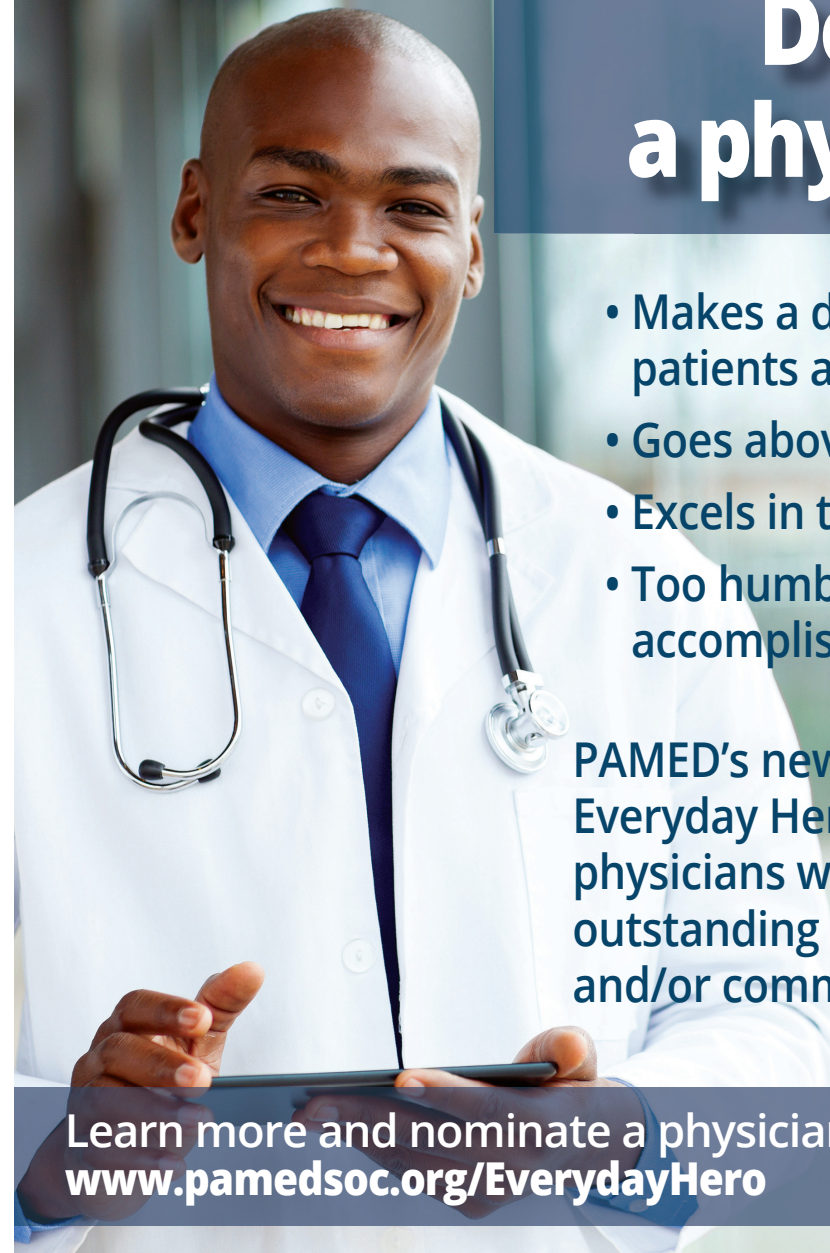
Early Career Physicians Section (ECPS): Julie Carr at jcarr@pamedsoc.org or (717) 909-2632

Residents and Fellows Section (RFS): Julie Carr at jcarr@pamedsoc.org or (717) 909-2632

Medical Students Section (MSS): Margie Lamberson, CFRE, at mlamberson@pamedsoc.org or (717) 558-7846

International Medical Graduates Section (IMG): Rachel Damrauer at rdamrauer@pamedsoc.org or (717) 909-2654

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- Goes above and beyond
- Excels in the practice of medicine
- Too humble to brag about their accomplishments

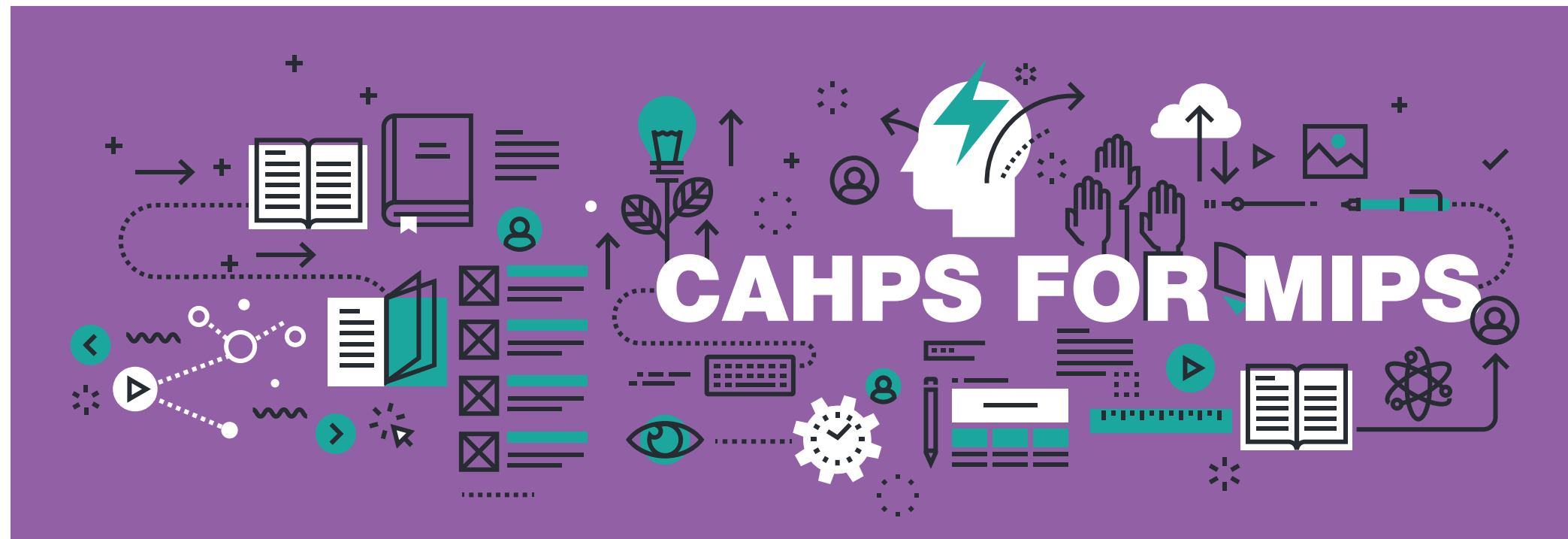
PAMED's new monthly award program — the Everyday Hero Award — will recognize member physicians who are every day heroes, providing outstanding care or assistance to their patients and/or community.

Learn more and nominate a physician today:
www.pamedsoc.org/EverydayHero



SURVEYS EARN MIPS IMPROVEMENT ACTIVITIES

BY TARA GENSEMER



Patient input is essential when addressing value-based care. Administering a patient satisfaction survey is one tool providers can use to listen to the patient, change with the marketplace, and improve your practice. A survey can show your community your commitment to quality and that you realize there is a need for improvement.

As a practice, you can determine your level of survey participation — Consumer Assessment of Healthcare Providers and Systems for the Merit-based Incentive Payment System (CAHPS for MIPS), the Clinician and Group CAHPS (CG-CAHPS) Survey, or a general patient satisfaction survey.

Participation in CAHPS for MIPS is an optional quality measure for groups of two or more eligible clinicians. This is not a measure available to individual clinicians. Your group can also earn points under the improvement activities category for administering the survey. Please note that CAHPS for MIPS is not appropriate for practices that do not include primary care.

To administer the survey for a quality measure, your group must complete these steps:

Step 1 — Elect to participate in CAHPS for MIPS by registering on the Centers for Medicare and Medicaid Services (CMS) Enterprise Portal (portal.cms.gov) through the MIPS Registration System. Groups must indicate they are participating in the CAHPS for MIPS survey.

Step 2 — Select and authorize a CMS-approved survey vendor to collect and report your survey data to CMS. A list of approved vendors is available on the Quality Payment Program website (qpp.cms.gov).

It is important for you to monitor your performance throughout the process. Make sure patients are participating. **The survey will be administered in three stages:**

1. CMS pre-notification letter
2. Two survey mailings
3. Up to six phone calls

Scores will be provided to you from CMS and will be available for public reporting on Physician Compare.

As a solo clinician, CAHPS for MIPS is not an option, but you can still administer the CG-CAHPS survey. The survey will offer you feedback on your practice as well as earn your practice 20 points toward Improvement Activities for MIPS. Vendors can administer your survey in the same manner as CAHPS for MIPS and provide feedback from your patients. Vendors distribute surveys based on a 6- or 12-month look-back, or visit specific, and are distributed in two waves, either by mail or email.

If your goal is to only solicit feedback for improvement and not meet a quality measure, a general patient satisfaction survey would be appropriate. Many templates are available online and through specialty societies.

Elizabeth Woodcock, medical group operations consultant, says, “I always encourage physicians to begin the survey process by looking at CG-CAHPS. It’s lengthy, but it’s available for free and has some really good elements.”

Rather than reinventing the wheel, practices can use the CG-CAHPS survey in its entirety, customize it, or use selected questions.¹ To view and download the CG-CAHPS survey, visit the Agency for Healthcare Research (ARHQ) at www.ahrq.gov.

Key points to consider when administering your survey:

- Sample size — Try to survey the largest group possible. Optimal response rate is usually 10 to 20 percent. For example, a sample size of 300 surveys would optimally yield 50 responses.
- When distributing a paper-based survey, to prevent a missed opportunity, hand out the survey the same way each time.
- Paper-based, e-delivery, telephone, or a combination of the three could be used.
- Include demographic data — A patient experience can even vary based on the type of health plan they participate in.
- Act on key items that are causing dissatisfaction.
- Using feedback, organize an improvement process focused on weaknesses.
- Include one or two open-ended questions like, “What are we doing well?” or “What can we improve?”
- Ensure anonymity.
- Keep patients informed of your progress; it makes patients feel appreciated for their time.

Distribution and data analysis of a general survey would fall on the hands of the practice liaison. This person analyzes the data, provides updates, and encourages staff by keeping them informed; assuring them the main goal of the survey is to improve quality. The quality improvement team should consist of individuals from each area of the practice to share ideas, determine workflow, and assess staffing needs to implement change based on the results of the survey.

While you don’t have to act on every suggestion your patients give to you, you should take action on key items that are causing dissatisfaction. Remember your goal is to improve quality, not to place blame.² If you commit to a patient satisfaction survey, commit to acting on the results. In return, chances are you will not only work toward improving your practice, you will gain a cooperative and fulfilled patient. ●



Tara Gensemer is a Practice Support Specialist on PAMED’s Practice Support Team. Email her at tgensemer@pamedsoc.org.

¹ “How You Can Use Patient Satisfaction Surveys to Improve Performance” [Internet]: The Profitable Practice; [cited 2014 Mar 19]. Available from: profitable-practice.softwareadvice.com/use-patient-satisfaction-surveys-to-improve-performance-0314/

² “Measuring Patient Satisfaction: How to Do it and Why Bother” [Internet] Leawood (KS): Family Practice Management; [cited Vol. 6/No. 1 (Jan, 1999)]. Available from: www.aafp.org/fpm/1999/0100/p40.html



ORGANS WERE BEING EXPLANTED FROM AN UNDISCLOSED, YET APPARENTLY LARGE NUMBER OF LIVING PRISONERS OF CONSCIENCE FOR TRANSPLANTATION INTO CASH-PAYING PATIENTS FROM CHINA AND AROUND THE WORLD.

ADVOCACY AGAINST TRANSPLANT ABUSE IN CHINA

**One PAMED Member Outlines
Courageous Crusade Against
Unethical Practice**

By Ann F. Corson, MD, Editor-in-Chief, *Doctors Against Forced Organ Harvesting* Newsletter

While reciting the Hippocratic oath, we vow to protect all human life, ease suffering, and advocate for our patients. After learning medical professionals in China perpetrate human rights abuses, I began advocating for the victims and for medical ethics by joining the nonprofit, Doctors Against Forced Organ Harvesting (DAFOH)¹, a nongovernment organization.

Evidence emerged in 2006 that organs were being explanted from an undisclosed, yet apparently large number, of living prisoners of conscience for transplantation into cash-paying patients from China and around the world². Courageous investigators from the fields of medicine, law, government, and journalism have been gathering a preponderance of evidence demonstrating that forced organ harvesting has been occurring throughout China on a massive scale for more than a decade, driving a lucrative transplant tourism industry.

Transplantation of vital organs can be booked in advanced on a specific date, performed after short waiting times³. This is unheard of in the West where patients wait years for organs. In China, a captive, nonconsenting organ donor pool waits for patients to arrive. Desperate patients from many countries, including the U.S., have been lured to China by hospital websites and organ brokers promising matching organs in just two to four weeks^{4,5}.

Who are these prisoners of conscience being sourced for organs? In the late '70s, a health and fitness movement called qigong spread widely throughout China. After its introduction in 1992, Falun Gong, also called Falun Dafa⁶, spread rapidly and became immensely popular because it included not only meditative exercises for improving health and fitness but also spiritual teachings for improving moral character.



Photo credit: The Epoch Times

IF WE ACCEPT THIS PRACTICE OF FORCED ORGAN HARVESTING AS LEGITIMATE AND ETHICAL, WE WILL BE COLLUDING WITH MASS MURDERERS. IT IS THE ETHICAL DUTY OF ALL MEMBERS OF THE MEDICAL PROFESSION TO ADVOCATE FOR AN END TO MEDICAL GENOCIDE.

Practitioners of Falun Gong embrace the existence of the Divine and are guided in all aspects of daily life by the universal principles of truthfulness, compassion, and forbearance. Such upright moral concepts are antithetical to communist atheistic ideology.

In 1999, the Chinese government estimated that 10 percent of the population was practicing Falun Gong. The leadership deemed such widely embraced spirituality an unsettling challenge to its status quo. On July 20, 1999, the entire state propaganda apparatus was engaged to vilify Falun Gong, turning more than 70 million peaceful people into enemies of the state.

Due to cultural beliefs, voluntary organ donation is low in China⁷. Though deemed unethical by the international community, China has, since the '80s, sourced organs

from executed criminals. Shortly after the persecution of Falun Gong began, China's transplant infrastructure began to expand exponentially with a surplus of organs suddenly available despite the lack of any voluntary organ donation system. Today's continuing boom in transplant hospital construction demonstrates strong confidence in an endless supply of organs into the future.

In 2005, Jacob Lavee, MD, director of heart transplantation at Tel Aviv University, was told a transplant candidate's insurance company scheduled a heart transplant in China within two weeks. Consequently, Dr. Lavee advocated for an end to this unethical practice and was instrumental in the passage of a 2008 law that stopped Israeli citizens traveling abroad for organs.

At a 2014 Chester County Medical Society event with Pennsylvania State Rep. Becky Corbin (R-East Brandywine), some fellow DAFOH members and I shared information about our advocacy. Rep. Corbin took our information to Pennsylvania State Rep. Matthew Baker (R-Tioga/Bradford/Potter), chairman of the House Health Committee. He sponsored two resolutions encouraging Pennsylvania's medical community to help raise awareness of unethical organ transplant practices in China^{8,9}. These were passed unanimously by Pennsylvania's House of Representatives.

DAFOH members have been instrumental in raising awareness of China's unethical transplant practices by publishing in peer-reviewed medical journals¹⁰, writing books¹¹, presenting at international medical conferences, giving testimony to legislators, and producing an internet newsletter¹². Our decade-long advocacy won a 2016 Nobel Peace Prize nomination.

Individual advocacy is needed to save lives and stop China's transplant professionals from committing mass murder to monetize human bodies. Ask your federal legislators to follow the footsteps of Israel, Spain, and Taiwan by legislating a ban on transplant tourism. Insist that the medical community disengage from Chinese transplant professionals to ensure physicians no longer act as instruments of persecution

If we accept this practice of forced organ harvesting as legitimate and ethical, we will be colluding with mass murderers. It is the ethical duty of all members of the medical profession to advocate for an end to medical genocide. ●

¹www.dafoh.org

²bloodyharvest.info/

³Jacob Lavee, MD, "IN THE SPOTLIGHT: Bleaching Organ Procurement Crimes in China," International Society for Heart and Lung Transplantation February 2015 Volume 6, Issue 10 www.ishlt.org/ContentDocuments/2015FebLinks_Spotlight.html

⁴Merion, et al., Transplants in Foreign Countries Among Patients Removed from the US Transplant Waiting List. *American Journal of Transplantation* 2008; 8 (Part 2): 988-996.

⁵Gill et al., Transplant Tourism in the United States: A Single-Center Experience. *Clinical Journal American Society Nephrology* 2008; 3(6): 1820-1828.

⁶en.falundafa.org/

⁷www.upholdjustice.org/

⁸www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2013&sessInd=0&billBody=H&billType=R&billNbr=1052&pn=4202

⁹www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2017&slnd=0&body=H&type=R&bn=27

¹⁰www.dafoh.org/archive-articles-medical-journals/

¹¹Trey, T. and Chu, T. *An Unprecedented Evil Persecution*. Clear Insight Publishing, 2016.

¹²www.dafoh.org/newsletter-archive/



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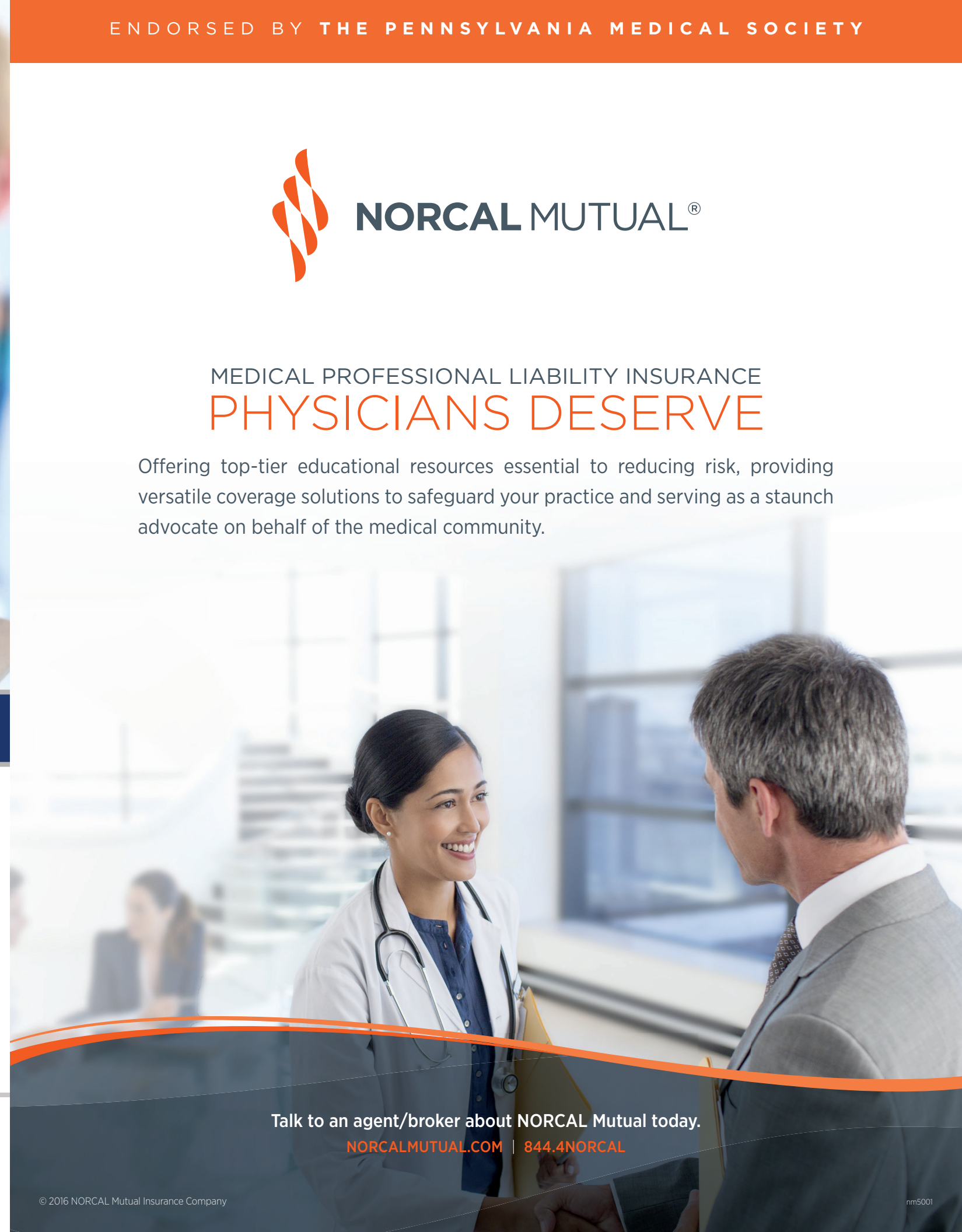
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Harrisburg Advocacy Group Calls for Civil Justice Reform

A Q&A with Curt Schroder



Curt Schroder, PCCJR Executive Director

The Pennsylvania Coalition for Civil Justice Reform (PCCJR) is a statewide, bipartisan group of organizations and individuals representing business, health care, public service, taxpayer, and other perspectives pulled together to advocate for liability reform. The coalition is dedicated to improving the state's civil justice system by elevating awareness of problems and advocating for legal reforms in the legislature and fairness in the courts.

Pennsylvania Physician sat down with PCCJR Executive Director Curt Schroder, an attorney and former state legislator. An advocate of medical malpractice reform as a member of the Pennsylvania House of Representatives, Schroder championed many of the changes to the tort system that resulted in stemming the flow of doctors leaving the state and allowed hospitals to resume and provide life-saving services. Schroder was also a leader in passing the Fair Share Act, which ensured that a party in a lawsuit would not have to pay out more than they were legally responsible. Before taking the

helm at the PCCJR, Schroder was regional executive of a health care association and lobbied on behalf of health care clients for a Harrisburg-based firm. Most recently, he was chief legal counsel to the Pennsylvania House Republican Appropriations Committee.

PP: What other organizations, in addition to PAMED, are represented on your board?

CS: In addition to PAMED, the Hospital and Healthsystem Association of Pennsylvania and the Pennsylvania Health Care Association also sit on our board. We are fortunate to have small and large employers represented by the Pennsylvania Chamber of Business and Industry, National Federation of Independent Businesses, and the Pennsylvania Manufacturers Association. Professional associations such as the Pennsylvania Institute of Certified Public Accountants as well as other associations and companies doing business in Pennsylvania also serve on the board.

PP: This isn't the first tort reform-focused coalition for PAMED and the other coalition members. What was the impetus to initiate this advocacy again? Why now?

CS: Previous iterations of civil justice reform coalitions centered on particular issues, and once they were addressed politically, the participants went back to their own corners and worked on issues of particular concern to their members. Yet, the trial lawyers remained as an ongoing presence to push for policies that expand civil liability. A permanent organization devoted solely to reforming civil justice to bring fairness to our laws and courts is needed. The current makeup of the House and Senate has improved the prospects for reform, making this an opportune moment for this coalition to come together.



PAMED Executive Vice President Marty Raniowski (right) sits on the board of the recently formed nonprofit advocacy group PCCJR. Schroder and Raniowski discuss physician priorities in the legislature.

PP: What drives you, personally, to lead this coalition?

CS: Early in my legal career, I witnessed the abuses in the Philadelphia court system as a civil litigation defense attorney. Those experiences guided me to take up the tort reform cause. During my 17 years of service in the Pennsylvania House, I took the lead on many civil justice reform issues such as medical malpractice reform and the Fair Share Act. I am passionate about eliminating abuses from the civil justice system and am thrilled to have the opportunity to continue this work on behalf of our members.

PP: While PAMED and our physician members align closely with the business community on tort reform, the reality is that in Pennsylvania the medical liability statutes are quite distinct from the laws that affect the other coalition members. How do you see that interplay working, both for physicians and for the business community?

CS: While individual interests might differ, both the medical and business communities share a common interest in restoring fairness to our courts and the laws governing civil liability. The business community stood in support of the medical community in the battle for medical practice reform when the MCARE Act and other reforms were enacted. Business and medicine worked together to enact the Fair Share Act to ensure defendants only pay the percentage of a verdict for which they are responsible. By taking united positions as a coalition, both medicine and business greatly improve the prospects for reform.

PP: How will a group like the PCCJR influence the policymakers who lead state government?

CS: The primary job of the PCCJR will be to educate both the public and policymakers about the high cost of the abuses in the current system. We must make policymakers understand that the current system, without reform, threatens the continued availability of

health care in Pennsylvania and the ability of businesses to create jobs. By reaching out and engaging the public, we will create a climate for change that legislators will not be able to ignore.

PP: PAMED has a strongly successful track record on achieving medical liability tort reforms in the past, with results that range from an apology rule, to caps on punitive damages, to a collateral source rule, and the reduction to present worth principle being just a few. A cap on non-economic damages has been characterized as the “holy grail” because it will take a constitutional amendment to achieve that goal. So what is the priority physician issue?

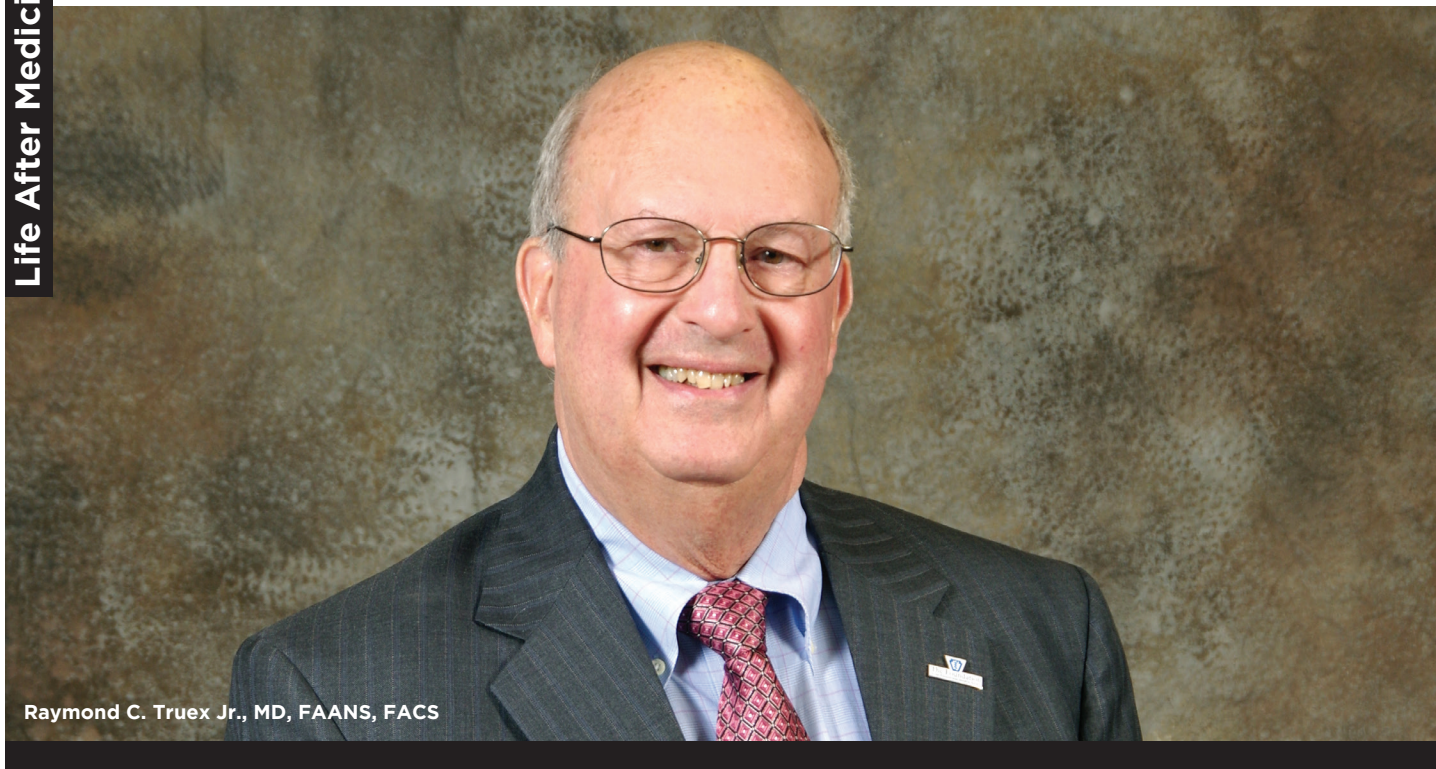
CS: The members of our board representing the medical community determine the medical issues of priority for the PCCJR. The board engaged in a deliberative process and determined that increasing the burden of proof in cases against emergency room physicians to a “clear and convincing” standard is a top priority for physicians.

Other priorities include capping non-economic damages and protecting nursing homes from unlimited punitive damages.

PP: How can physicians, their practices, their families, their patients, or even their medical staffs get involved or support your efforts?

CS: Follow the PCCJR on Facebook and Twitter (@paciviljustice) and sign up for informational updates from our website, www.paforciviljusticereform.org. Engage your legislators on civil justice reform and let them know it is a priority issue. We need you to join the PCCJR. We have several different levels of membership including individual memberships. Membership information can be found on our website or by contacting me at curt@pccjr.org.





Raymond C. Truex Jr., MD, FAANS, FACS

RETIRED READING NEUROSURGEON ADVOCATES FOR RECOVERY IN NEW ROLE

Raymond C. Truex Jr., MD, a neurosurgeon at Reading Health System, says telling a surgeon he can't operate anymore is like telling an artist he can't paint anymore. "Last week I successfully removed a pituitary tumor from a patient and I thought to myself that the precision involved is quite a thing of beauty to me. The human body is its own canvas," he says.

Dr. Truex will start a new chapter after his retirement from surgery. "I decided long ago that I want to go out on top because I don't want to cause injury. I don't want to find that my skill level is not the same. I'm taking my cue from Mike Schmidt," says Dr. Truex. The Phillies home run king and greatest third baseman of all time retired abruptly in May 1989 before his Hall of Fame skills deteriorated, he says.

As with any life change, there is an element of mourning as physicians so closely identify with their personal role in life of caring for people and being leaders, he says. But, there are also advantages. "It is somewhat liberating — as a surgeon, I have been on call every fourth night for 50 years!"

Dr. Truex was honored with the 50 Years in Practice award at a recent Berks County Medical Society (BCMS) event. He also accepted the Compass Award presented to a physician whose career and contributions embody the four

points of the Society's 2017 Compass (Professionalism, Collegiality, Education, and Advocacy).

This summer, Dr. Truex accepted a leadership role with PAMED's nonprofit affiliate, the Foundation of the Pennsylvania Medical Society. He joined the Physicians' Health Program (PHP) as a part-time medical director. He has been the Foundation's longest tenured trustee and served as chair of the board of trustees for more than a decade. A leader in the Foundation's PHP committee, he serves as a sounding

The precision involved is quite a thing of beauty to me. The human body is its own canvas.
— Raymond C. Truex Jr., MD

“It's been a privilege to be a doctor and care for people throughout my life.”
— Raymond C. Truex Jr., MD

board and a compassionate advocate for physicians with addiction entering into a life in recovery.

"Dr. Truex never predicted that he would have the opportunity to assist as a medical director for the PHP, but his passion for helping physicians who suffer with addiction and his reputation for empathy and respect have created a legacy of enduring influence that intersects with this current opportunity," says Foundation Executive Director Heather Wilson, MSW, CFRE. "With a keen ear, innovative mind, and a compassionate heart, Dr. Truex has guided the Foundation's programs and has served as an inspiration of the impact of the PHP," she says.

"It's been a privilege to be a doctor and care for people throughout my life. I'm looking forward to using my skills in a non-surgical way," says Dr. Truex. "This new opportunity is like coming home. Halfway through my career I was affected by the disease of addiction. I know what it's like to feel scared and helpless. I know what it's like to be ashamed and have thoughts of suicide. The PHP has been a constant in my life. I've been a part of it when it was brand new. I watched it evolve, grow, and thrive. I have a big advantage in this role: I can tell participants, 'I know firsthand how you feel.'"

Dr. Truex is one of the program's success stories. After saving lives as a surgeon, his new legacy will be saving lives through recovery. "I'm grateful that I know how to overcome the demon of addiction. I know that I can help people realize that recovery is possible and physicians can be successful in their careers and quite possibly be better doctors than they were before."

PHP Medical Director Jon Shapiro, MD, DABAM, says, "Dr. Truex's career in neurosurgery required extreme dedication, long hours, and hard work. As a member and former chairman of the board, he has been a great asset to the Foundation of the Medical Society of Pennsylvania for years. We are delighted that he has included the PHP in his new career directions following his 'retirement.' He brings great passion and experience to the table, and we're frankly delighted to have him on board."

PHP Program Director Kendra Parry, MS, CADC, CIP, CCSM, says, "The PHP is tremendously excited to have Dr. Truex join our staff as medical director. Over the years, Dr. Truex has been extremely supportive of the PHP and our participants. The work of the program requires compassion and fortitude. He's a great asset to those we serve." ●



The Physicians' Health Program (PHP), a program of the Foundation of the Pennsylvania Medical Society, ensures physicians have the supportive resources and tools to stay healthy so they can continue providing health care for others. Physicians, like the rest of the population, are vulnerable to chemical dependency, physical disability, or breakdowns in mental health. A physician who is having problems or has concerns about a colleague (e.g. addiction, physical disabilities, or neuropsychiatric disorders) should find out more about the PHP at www.foundationpamedsoc.org.

Continuing Education 2017-18

C-SSRS Training Identification – Triage – Intervention	Sept. 7
9th Annual Fleming Infection Prevention Symposium	Sept. 14
GI Symposium: Updates in Colon Cancer Screening: Who? When? How?	Sept. 28
Substance Use Disorders Symposium	Sept. 29
The Stroke Journey: From Diagnosis and Treatment to Recovery (LVH-Hazleton)	Oct. 6
1st Annual LVHN Cancer Institute Symposium: Partnership With Primary Care	Oct. 13
3rd Annual Urology Symposium	Oct. 20-21
ECMO Symposium	Oct. 28-29
Geriatric Trauma Conference	Nov. 2
Geriatrics in Primary Care	Nov. 4
Ultrasound in Obstetrics and Gynecology Conference	Dec. 1-2
Anesthesiology Winter Retreat	Jan. 26-28, 2018

Lehigh Valley Health Network (LVHN) Continuing Education provides effective and efficient learning solutions that integrate quality educational experiences for our colleagues and the clinical professional community. For more information or to register for any of our upcoming offerings, please visit go.activecalendar.com/lvhn-doe.



WellDone.

Congratulations to Dr. MaryEllen Pfeiffer, selected as a "Top Physician Under 40."



MaryEllen Pfeiffer, DO
Director of Patient Safety
WellSpan Health

We applaud your accomplishments and thank you for your innovation and your continued dedication to helping our patients and our communities reach their health goals.

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WellSpan Surgery and Rehabilitation Hospital • WellSpan VNA Home Care • WellSpan Philhaven



The Foundation of the Pennsylvania Medical Society Physicians' Health Program (PHP) seeks health care centers to serve as collection sites for physicians and other eligible health care professionals in monitoring.

Through our physician-driven mission, we provide services to help physicians and other eligible health care professionals who struggle with addiction, mental health or behavioral challenges obtain the necessary resources allowing them to safely work in their chosen profession. Participants of the PHP need safe, convenient drug testing sites.

Are you a rural practice interested in supporting the work of your physician community? The PHP needs your help to act as a confidential drug testing site for fellow health care providers who are involved in our program. Confidentiality is crucial.

The PHP continually strives to increase its capacity to serve its participants through identifying resources in a participant's local community. The generosity of service, time and financial support from the physician community enables the PHP to expand outreach efforts and ensure that those we serve have the support they need.

Kits provided!

Please contact us at
717-558-7819 or
php-foundation@pamedsoc.org



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society



House Majority Whip Rep. Bryan Cutler (at right), representing part of Lancaster County, in the Pennsylvania House of Representatives meets with PAMED members at the Capitol.

IT'S ALL ABOUT RELATIONSHIP BUILDING

PAMED's Advocacy Day 2017



A lively contingent of PAMED physicians, residents, and medical students engaged with legislators at the Capitol in Harrisburg in May. Advocates met with Pennsylvania lawmakers to address three critical issues:

Prior Authorization — The current process lacks transparency, and long wait times jeopardize patient outcomes.

Insurer Credentialing of Physicians — PAMED supports a quicker, more streamlined credentialing process.

Non-Compete Clauses in Physicians' Contracts — Reform is needed, as these clauses can delay patient care and worsen access-to-care issues, especially in underserved areas.

The experience proved eye-opening for attendees like early-career physician Kandan Kulandaivel, MD, a neurologist in Willow Grove. "We, as physicians, complain and are frustrated with the

day-to-day problems which hinder good-quality patient care. Advocacy Day helped me to voice these issues one on one with legislators," he says. "I also realized political lobbying to keep our ground is absolutely essential and the need of the hour."

Advocacy Day began with a conversation between attendees and Pennsylvania Speaker of the House Mike Turzai (R-28th District). Speaker Turzai emphasized the importance of developing relationships with legislators and shared some practical advice, including:

- Start with a phone call and schedule some time to talk.
- Identify the issue you wish to address and share personal examples to illustrate your point.
- Don't assume your legislator knows the issue. Physicians are in a position to be able to educate legislators about health care issues and how they affect patients.

The medical students in attendance came away with a better understanding of the legislative process. "As future physicians, it is our responsibility to not only mend patients, but also to mend the legislation that affects their lives," says Gillian Naro, a medical student at Penn State College of Medicine. "Advocacy Day allowed me to participate in this meaningful work at a young stage in my career, and for that, I am grateful."

For more details on PAMED's advocacy priorities, visit www.pamedsoc.org/advocacy.



Berks County State Sen. Judy Schwank, Minority Chair of the Senate Health & Human Services Committee, listens to medical student concerns during Advocacy Day rounds.



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Dr. Kondapalli is a specialist in the medical treatment of retinal diseases. A Cleveland, Ohio native, he graduated from The Ohio State University and received his medical degree from The Ohio State University College of Medicine. Dr. Kondapalli completed his ophthalmology residency at Loyola University Medical Center in Chicago, Illinois and his fellowship in medical retina and ocular oncology through The Haver Eye Institute at The Ohio State University Wexford Medical Center. He has extensive experience in treatment of macular degeneration, retinal vein occlusions, and diabetic retinopathy.

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Controlled Substance & Opioid Prescribing Educational Program

PHILADELPHIA
DEC. 7-8, 2017
CME: 25.5*



LifeGuard offers a comprehensive two-day program led by Penn Medicine faculty, that covers prescribing issues identified by state boards of medicine for physicians who want to become more comfortable with the guidelines. We also offer practice monitoring and sessions for remediation when prescribing practices are called into question. We will assess your personal prescribing habits through chart review and provide strategies for improvement in documentation. Sessions include an overview of CDC and state guidelines. The program includes case-based discussions completed in a small group format, combined with skills training through the use of standardized patients.

***Live Presentation:** Controlled Substance and Opioid Prescribing Educational Program - The Pennsylvania Medical Society designates this live activity for a maximum of 16.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Pre-course Enduring Materials: The Pennsylvania Medical Society designates these enduring materials for a maximum of 9.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activities.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Pennsylvania Medical Society and The Foundation. The Pennsylvania Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

Pharmacology & Prescribing Course

HARRISBURG
NOV. 29 – DEC. 1, 2017
CME: 21.25**



This course is a three-day educational program aimed at enhancing medication prescribing behaviors. This program is a collaborative effort between LifeGuard and KSTAR, in concert with Rangel School of Pharmacy at the Texas A&M Health Science Center. Specifically designed for physicians, physician assistants, nurse practitioners, podiatrists, pharmacists, pharmacy assistants, nurses, and anyone who prescribes, has contact with medications, or wants to increase their knowledge of pharmacology and optimal prescribing practices. The course will examine this important topic from legal, regulatory, biomedical, clinical, patient, and patient safety perspectives.

**Pharmacology & Prescribing Course:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Pennsylvania Medical Society and The Foundation. The Pennsylvania Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

The Pennsylvania Medical Society designates this live activity for a maximum of 21.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity

The planning committee members and faculty do not have any relevant financial relationships to disclose.

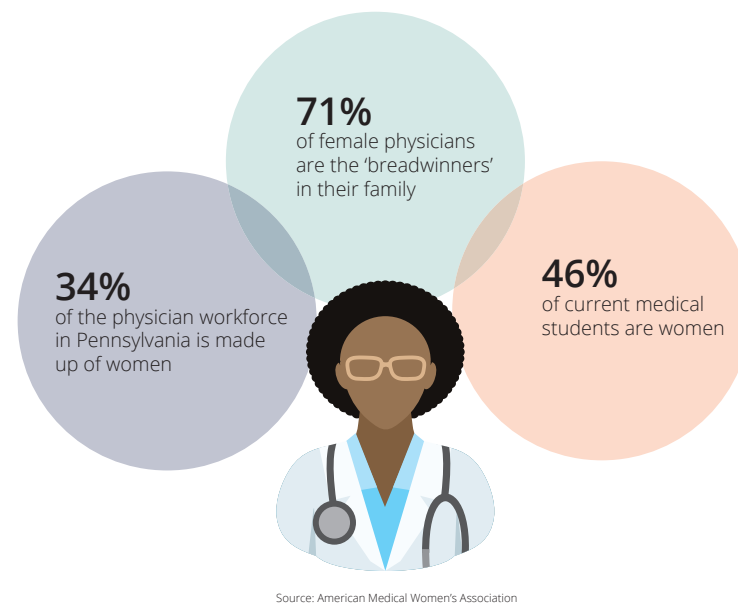
Communications (Coming Soon)

Find out more at www.LifeGuardProgram.com

Join PAMED's First-Ever Women Physicians Caucus

The Pennsylvania Medical Society (PAMED) invites all women physicians and medical students who are PAMED members to join our new Women Physicians Caucus (WPC).

- ✓ Learn about effective networking
- ✓ Voice concerns and share common experiences
- ✓ Educate and encourage paths to leadership roles in organized and academic medicine
- ✓ Establish a network of women physician leaders
- ✓ Advocate to advance PAMED policy on issues affecting women and advise the PAMED Board



Learn more and join the WPC at www.pamedsoc.org/WPC.

Not yet a PAMED member? Join PAMED and your county medical society at www.pamedsoc.org/join or by calling PAMED's Knowledge Center at **855-PAMED4U (855-726-3348)**.

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CONGRATULATIONS!

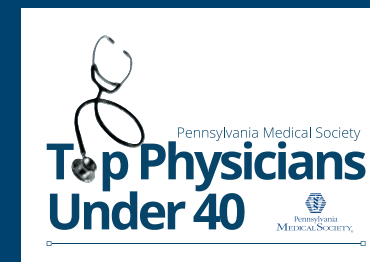


JARED E. KNICKELBEIN, M.D., Ph.D.

We are proud to have the newest member of our physician team recognized with PA Medical Society's "Top Physician Under 40" award.

Dr. Knickelbein graduated from the University of Pittsburgh School of Medicine, where he also completed his Ophthalmology residency serving as Chief Resident. Dr. Knickelbein joined Retina Vitreous Consultants in June 2016 after completing a Uveitis, Ocular Immunology & Medical Retina fellowship at the National Eye Institute, National Institutes of Health in Bethesda, Maryland.

Dr. Knickelbein sees patients at our Pittsburgh area offices, Johnstown and Altoona.



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KEEPING PHYSICIANS AWAY FROM THE COMPETITION

A growing number of hospitals and medical practices want doctors to sign restrictive covenants

By Ed Finkel

Senior executives at major companies have long been asked to sign non-compete agreements, also known as restrictive covenants, that prohibit them from working for a competitor within a certain period of time after terminating employment and/or within a certain geographic radius.

Restrictive covenants have been spreading from CEOs to average workers in recent years. *The New York Times* reports that 30 million workers have signed these agreements, according to the Treasury Department; that this includes 1 in 5 employees, according to a University of

Maryland study; and that it's led to a tsunami of litigation, tripling since 2000, according to an annual survey by the Boston law firm of Beck Reed Riden.

Physicians in Pennsylvania and other states have not been immune to these trends, according to attorneys, doctors, and medical executives, who, as one might perhaps expect, don't entirely agree on the merits of such arrangements.

Restrictive covenants are nothing new to the medical profession, but their use seems to be growing, says Julia Gabis, Esq., an attorney with Julia E. Gabis &

Associates. And, physicians tend to wrongly assume they're not enforceable. "I can't tell you how many times I've had someone say, 'My cousin told me they'll never enforce this,'" she says. "Whatever you sign in a contract, you should assume it's valid."

"A lot of people think that — they've heard a rumor that you can't enforce a restrictive covenant for this reason or that reason, or that it is something that probably won't apply to me," agrees Frederick Bloom, MD, president of Guthrie Medical Group in Sayre. "Restrictive covenants are going to be binding on the provider as they're written."

Angela Boateng, Esq., general counsel for PAMED, says restrictive covenants are aimed at one or more of several issues.

“They might prevent or prohibit a former employee from taking patients with them,” she says. “Any intellectual property or confidential information that the employee acquired while they were working with a specific employer cannot be taken out. Sometimes, there are practice restrictions in not being able to seek employment within a certain radius ... There are also time restrictions, for a period of usually six months to five years.”

Pennsylvania law on restrictive covenants is mostly governed by case law, Boateng says, and “unless they are totally egregious, they are usually left in place by the courts.” Tricia Lontz, Esq., an attorney with Eckert, Seamans, Cherin & Mellott, LLC, who is counsel to PAMED, says the leading case in Pennsylvania is a 2005 decision, *WellSpan Health v. Bayliss*, which found the hospital had a legitimate interest in protecting its patient population.

“Generally, Pennsylvania courts will enforce them if they are incidental to an employment relationship, reasonably necessary to protect an employer’s interest, and reasonably limited in duration and geographic scope,” Lontz says.

TIME *and* DISTANCE

The geographic restrictions can be especially limiting if they apply to not only one’s immediate location but all locations owned by the employer, especially if it’s an outfit the size of, say, the University of Pittsburgh Medical Center, Boateng says. “A hospital may have a main campus, as well as several satellite sites all over the state,” she says. “If you agree not to seek employment within 15 miles of the hospital, this restriction may include not only the hospital, but also each of its satellite sites. As a result, the restriction is a lot broader than it may seem.”

Physicians in rural areas and those who are more specialized probably have a better chance to surmount these restrictions, though. “If you’re out in the middle of nowhere, and you’re the only radiation oncologist, the court may say, ‘This is unreasonable.’” Courts also have modified geographic restrictions, Boateng says, also known as “blue penciling” an agreement. “A court might say, ‘This is a little unreasonable, so I’m going to drop the geographic restriction from 20 to 10 miles,’” she adds.

In Gabis’ experience, the length of time involved can range from one to five years, while geographic restrictions can vary widely, and their significance is based partly on whether one practices in a population-dense area. “In Philadelphia, a five-mile restriction can be significant,” she says. “In less populated areas, it can be 25 miles, or 50 miles. You have to draw a radius around it and make sure you know how far out you’re going.”

Gabis echoes Boateng’s caution about making sure you know whether the restrictive covenant applies to every facility owned by your hospital or practice. “You’ve got hospitals that are part of a system, and they’ve got five hospitals, eight ‘urgent’ centers, and practices all over the place,” she says. “It’s not just the mileage, but miles from what?”

SITUATIONS *and* SPECIALTIES

Bloom suggests that physicians make sure they understand whether the restrictive covenant applies only if they leave voluntarily, or in all cases. “People expect that if they voluntarily leave an organization, the restrictive covenant applies, but some restrictive covenants also apply if they are terminated,” he says.

Niki Hinckle, MBA, senior vice president of physician services at Summit Health/Summit Physician Services in Chambersburg, agrees with that point. “You need to get some clarification on that,” she says.

Whether a non-compete applies to one specialty or all is another important consideration, Bloom says. “A nurse practitioner, for instance, who is working in orthopedics, if she signs a restrictive covenant, may not be able to leave and practice in cardiology, or primary care,” he says.

Bottom line, physicians need to take restrictive covenants seriously, Lontz says. “Physicians unfortunately think, ‘Oh, I’m not worried about this.’ They think the relationship is going to go fine. And, then after the fact, it’s, ‘Uh oh, I’m stuck with this.’”

PHYSICIAN *and* ADMINISTRATOR PERSPECTIVES

As a solo practice internist in Warren, who has contracts with Warren General Hospital, Tim Stanton, MD, says he doesn’t think restrictive covenants are common practice in areas like his corner of northwestern Pennsylvania. “There’s a physician shortage,” he says. “I’d be hard pressed to ever sign something like that.”

But, Stanton says he could understand why a hospital in a more populous area might want to keep young physicians from leaving for the competition. And, for early-career doctors, “It would be one of those things you gloss over,” he says. “When you approach your position, you’re just starting a position — you’re not thinking about the end. You approach it in a cavalier way: ‘It’s no big deal; it will never apply to me,’ and therefore you just sign it and move on.”

Young doctors should be wary of such agreements, Stanton says. “That could prevent you from doing something you want to do,” he says. “It may be more of a negotiable thing than you realize. You could negotiate it down from 60 to 30 miles. That may make the difference between whether you can stay in a community or have to move out of town.”

Aaron George, DO, a family physician at Summit Primary Care in Chambersburg, also urges physicians to try to avoid or minimize such restrictions. “They create an artificial geographic barrier that disregards the core of the patient-physician relationship,” he says. “They are a threat to access, continuity, and the protection of patients’ rights to be cared for by a physician that they know and trust.”


Frank Mozdy, MD, MBA, vice president and chief medical officer at Summit Health/Summit Physician Services in Chambersburg, agrees that physicians in highly competitive geographic areas should expect a restrictive covenant. “But, if they’re in an area with a shortage, they may be able to negotiate no restrictive covenant, especially specialty by specialty,” he says.

“Most health systems, if they want a doctor badly enough, they’ll make some exceptions,” Hinckle says. “It comes back to, ‘How badly is this specialist needed?’ For some of the harder specialties to recruit, your job is to find one and retain them and make sure it’s a good relationship. You have to balance that out.”

Bloom does not think providers should expect to be able to negotiate issues like the geographic radius because it’s important to organizations to have standard protocol. “If an organization starts to change it and say, ‘Yours is 15 miles’ and ‘yours is 60 miles,’ it becomes more difficult for an organization to enforce a restrictive covenant for everyone,” he says. “If you made an exception in one case, other physicians can go to court and say, ‘They should have made an exception in my case, as well.’”

Physicians that bristle at the idea of signing a restrictive covenant should realize that these agreements benefit them, too, in the sense that they have greater security that their partners will stick around to build a department or practice with them, Bloom says.

“It encourages the organization to invest in a physician who is new to the practice, knowing that they are going to have some protection for that investment,” he says. “And, one of their partners isn’t going to be leaving the practice and competing, so given the work they do with their partners to help build the practice, they have assurances as well.” ●



RESTRICTIVE COVENANTS ARE
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attorney with Julia E. Gabis & Associates.* AND,
PHYSICIANS TEND TO WRONGLY
ASSUME THEY’RE NOT ENFORCEABLE.

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Society of Thoracic Surgeons pediatric and congenital heart surgery database (July 2012-June 2016)

LACKAWANNA COUNTY PHYSICIAN RECEIVES PAMED'S DISTINGUISHED SERVICE AWARD FOR LIFETIME ACHIEVEMENTS

GERALD TRACY, MD, HELPED BRING MEDICAL EDUCATION TO NORTHEAST PENNSYLVANIA



Gerald Tracy, MD

Gerald Tracy, MD, a cardiovascular disease specialist from South Abington Township who is credited for being a medical education visionary, was named the 2017 recipient of PAMED's Distinguished Service Award.

This award is given by PAMED to members for lifetime achievements in medicine. Its first recipient in 1956 was Jonas E. Salk, MD, for his achievements in developing the anti-polio vaccine. Since this first award, PAMED has honored 26 Pennsylvania physicians and two non-physicians. It is considered the highest award a member can receive from the statewide organization.

"I was extremely gratified and humbled to receive this recognition from the Pennsylvania Medical Society," says Dr. Tracy. "It has been my pleasure to be associated with this fine organization for more than 40 years. It is especially significant to be recognized by your professional peers."

and Sayre. Dr. Tracy "officially" retired in May 2014 from the medical college as the regional associate dean of the North Campus, but continues to work with various departments including the Dean's Office, Admissions, Institutional Advancement, and Student Affairs.

SINCE THIS FIRST AWARD, PAMED HAS HONORED 26 PENNSYLVANIA PHYSICIANS AND TWO NON-PHYSICIANS. IT IS CONSIDERED THE HIGHEST AWARD A MEMBER CAN RECEIVE FROM THE STATEWIDE ORGANIZATION.

A founding member of the Medical Education Development Consortium in 2004, Dr. Tracy along with others foresaw a need in northeastern and north central Pennsylvania for a medical college to help increase the number of practicing physicians in local and nearby communities, as well as to improve patient access to care in the area. This grassroots effort led to the development of The Commonwealth Medical College, now Geisinger Commonwealth School of Medicine, with the first class entering in 2009.

Today, Geisinger Commonwealth is one of the nation's newest fully accredited medical colleges, offering a community-based model of medical education with regional campuses in Scranton, Wilkes-Barre, Williamsport,

He was nominated for the award by the Lackawanna County Medical Society.

"Dr. Tracy and other visionaries associated with bringing a medical college to northeastern Pennsylvania demonstrated an innovative way to increase access to care in an area of the state that needed a boost," says Charles Cutler, MD, PAMED president. "We are very honored to have Dr. Tracy as a long-time member of our organization." ●

TOP PHYSICIANS UNDER 40

41 Young Physicians Among the Best Named to 2017
Pennsylvania's Top Physicians Under 40 List

When it comes to the practice of medicine and caring for patients, 41 Pennsylvania physicians who are under the age of 40 won't allow their youth to be a hurdle in what they can accomplish.

In fact, the 41 physicians named to this year's *Pennsylvania's Top Physicians Under 40* by PAMED have demonstrated a significant amount of success so early into their medical careers.

Those selected were chosen by a committee of physicians after being nominated for outstanding contributions to the practice of medicine and the delivery of patient care. Nominations came from colleagues.

According to PAMED President Charles Cutler, MD, this award is one of several efforts by the organization to recognize the special place Pennsylvania has in training physicians and to encourage physicians to stay and practice in Pennsylvania.

Among other projects at PAMED to encourage early-career physicians to stay in the state are advocating for physician-led team-based care, meaningful tort reform, increased medical residency training positions, and medical school student loan forgiveness programs for those willing to practice in rural and/or underserved areas of the commonwealth.

"In a state like Pennsylvania, the young talent we have throughout the health care spectrum is outstanding, but these 41 individuals are going to be the ones to watch in upcoming years," says Dr. Cutler.

THE 41 YOUNG PHYSICIANS SELECTED INCLUDE

(in alpha order by county medical society):

ALLEGHENY COUNTY

KRISTIN BIBEE,

MD, PHD



Practicing dermatology in Pittsburgh, Dr. Bibee was described in her nomination as “among the brightest individuals I have ever met” and “has

a bedside manner that rivals that of our hospital’s spiritual leaders.” She is credited as being a member of a University of Pittsburgh Medical Center team that created from scratch a robust clinic for complex, immunosuppressed, solid organ transplant recipients who have at least a 65-times higher risk for nonmelanoma skin cancer. The clinic offers them the appropriate time, education, and dermatologic resources they need.

JARED KNICKELBEIN,

MD, PHD



An ophthalmologist practicing at Retina Vitreous Consultants in Monroeville, Dr. Knickelbein has received numerous honors for his ongoing research efforts as well as

patient care. He has published more than 30 manuscripts in peer-reviewed journals in addition to authoring numerous book chapters. He is a co-investigator for several clinical trials, evaluating novel treatments for retinal diseases.

SRINIVAS KONDAPALLI,

MD



Dr. Kondapalli is an ophthalmologist who specializes in the treatment of retinal diseases and practices at Everett and Hurite Ophthalmic Association in Pittsburgh. He has

presented at several educational meetings for general eye care providers. In addition, he plays a role in Vinrant Pittsburgh, a group that promotes recruitment and retention of a diverse workforce in Western Pennsylvania.

JAMES REILLY,

MD

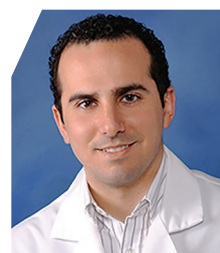


An internal medicine specialist and nephrologist at Allegheny General Hospital (AGH), Dr. Reilly is described as being committed to education. He is the director of the internal medicine

residency program at AGH and assistant professor for Temple University and Drexel University.

ADAM SUSMARSKI,

DO

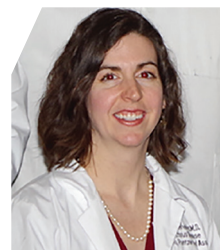


Dr. Susmarski is a physical medicine and rehabilitation resident with University Health Center in Pittsburgh. His military and medical careers were noted as part

of his nomination, particularly the many leadership roles he has held. Also, Dr. Susmarski has volunteered thousands of hours to organizations like the American Cancer Society, Make-A-Wish, and several animal shelters.

NICOLE WHEELER,

MD



An infectious disease specialist with Romano Pontzer & Associates in Pittsburgh, Dr. Wheeler was described in her nomination as being dedicated to

the good health of Pennsylvania residents and always advancing her knowledge of infectious diseases. Recently, Dr. Wheeler had an article published in a medical journal.

BERKS COUNTY

SARAH LUBER,

DO



Dr. Luber is an internal medicine specialist and hospitalist with the Reading Health System. She has a strong sense of outreach both locally and internationally. She

organized three medical mission trips to South and Central America as well as one to rural Tennessee. Locally, she developed and managed a 4,500-person Fitbit walking challenge.

CENTRE COUNTY

LORRAINE ROSAMILIA,

MD



A dermatologist in State College, Dr. Rosamilia was recently honored by Geisinger Health System for ranking in the top 10 percent in patient experience

nationally at the health system’s annual Top Patient Experience Clinicians Awards Dinner. In 2018, she will serve as president of the Pennsylvania Academy of Dermatology and Dermatologic Surgery.

CRAWFORD COUNTY

AUTUMN BRIDGER,

DO



Dr. Bridger is a urologist in Meadville. She is described as “a dynamic young physician” who is “tremendously skilled in surgery.” Most notable was an initiative she took

within her medical community to create a physician task force to engage physicians in improving their practice of medicine.

CUMBERLAND COUNTY

THOMAS CLEMENTS,

MD



A urologist with Urology of Central PA in Camp Hill, Dr. Clements not only rates high in patient satisfaction surveys, but is also recognized for his volunteer work with ZERO and the

Pennsylvania Prostate Cancer Coalition. To further raise awareness of prostate cancer, he is often an expert source for local television stations and newspapers.

DAUPHIN COUNTY

SHANNON GRAP,

MD



Dr. Grap practices pediatric anesthesiology at Penn State Health Milton S. Hershey Medical Center. At Penn State, she also serves as the director of medical student education

in the anesthesiology department in addition to being the director of curriculum development. She is a member of multiple professional organizations, and in her spare time has volunteered for medical mission trips to the Dominican Republic.

MARYELLEN PFEIFFER,

DO



Dr. Pfeiffer is an internal medicine specialist with York Hospital Hospitalists. She is credited with leading the Active Bed Management project for WellSpan Health to

redesign patient flow through the emergency room as well as incoming direct admissions and transfers. She is also the first physician at WellSpan to serve as director of patient safety.

THOMAS CLEMENTS, MD, CAMP HILL

Q: Why did you become a physician?

"I became a physician because I wanted a career that involved helping people and a lifetime of learning about the human body. I have always enjoyed understanding how and why things work the way they do. I also enjoy taking things apart and putting them back together again. What is more fascinating than the human body? Science was always one of my interests as a young student. I recall the moment I first learned about DNA and was amazed at how such a small structure of basic sequencing could control everything about our bodies.

As my knowledge base expanded, I became more intrigued with the study of medicine. When it came time to choose a specialty, it was natural for me to pursue a career in urology. This allows me to perform a varied spectrum of surgical cases, which include simple office-based procedures like a vasectomy and complex, minimally invasive robotic surgery. In the clinic, I am able to meet patients and spend time face-to-face learning about their urologic issues but also get to know about their lives."

Q: What inspires you in your practice?

"My patients are my biggest inspiration in my practice. I am a people person. There is nothing more satisfying in my career than finding a medical problem that is causing a certain degree of pain and suffering and then formulating and executing a plan with the patient that leads to successful treatment and resolution of symptoms. Patients come to see a physician in hopes of finding answers. I love to spend time with patients teaching them about

their conditions and then making decisions together about what the next step should be.

Another inspiration is learning new, cutting-edge techniques in order to provide exceptional quality care to the region. Medicine is an ever-evolving field, and the learning process does not end at graduation. As new studies evolve, so do we in order to continue to improve the care we provide. This includes new medicines as well as procedures that include robotic surgery, the use of lasers, and advanced therapies for prostate cancer. Constantly looking for ways to improve upon the norm is something that is always on my mind."

Q: What are the biggest challenges of being a young physician?

"As a young physician, I feel that the biggest challenge is understanding the politics and policies of health care. For years as a medical student and resident, we spend countless hours learning science and surgical techniques. As we evolve into practicing, independent physicians, we are all of the sudden exposed to health care law, insurance policies, and the business side of medicine.

Understanding the basics of insurance coverage and what it takes to stay compliant with the ever-changing laws coming out of Washington, D.C., is a full-time job in itself. Being able to provide quality health care immediately out of training while trying to learn about these complex issues can be challenging. Shortly after starting my practice, I came to a realization that a donut-hole is an insurance conundrum and not just a tasty treat to eat."

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ERIE COUNTY

RAVI CHEKKA, MD



A pediatrician in Erie, Dr. Chekka is actively involved in local medical leadership. At Saint Vincent Hospital, he serves as chief of the division of pediatrics, ensuring pediatric care is

undertaken with a high level of compassion and quality.

DAWN KARNs, DO



Dr. Karns is a family medicine specialist, practicing with the Allegheny Health Network / Saint Vincent Hospital via East Harbor Primary Care in Erie. She is a leader in office-based

procedures and the education of residents, and recently became a faculty member for her hospital's family medicine residency. She routinely volunteers at local homeless shelters.

PATRICIA SALVADOR, MD



An infectious disease specialist with Infectious Diseases of Northwestern PA in Erie, Dr. Salvador was nominated for being a young leader at her institution. She has

taken on the education of infectious disease to family medicine residents.

PHILIP ST. JULIEN, DO



Dr. St. Julien is a family medicine and sports medicine specialist with Saint Vincent Sports Medicine. He is a regular along the sidelines of many Erie-area sporting events. He is also

involved in graduate medical education and is the course director for an annual primary care conference in the county.

FAYETTE COUNTY

SAIMA SIDDIQUI, MD

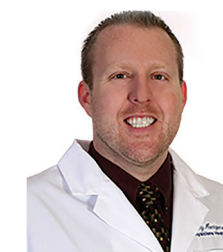


A neurologist with UPMC Physician Services Division in Uniontown, Dr. Siddiqui was nominated for her ability to expand services. Many patients in her local area are unable to

travel due to costs or lack of transportation. Dr. Siddiqui has worked to address this concern and has been successful in reducing the number of no-shows. She is also dedicated to promoting awareness of neurological disease, especially stroke.

LACKAWANNA COUNTY

JEFFREY MONTGOMERY, DO



Dr. Montgomery practices family medicine at Physician Health Alliance in Clarks Green. He serves as the chairman of the board of trustees for the NEPA Quality Health Alliance. He

is also a member of the Physicians Health Alliance Advisory Board.

CHAD WALKER, DO



A rheumatologist with Professional Orthopaedic Associates in Scranton, Dr. Walker serves as the Third District Trustee on PAMED's Board of Trustees. In this

position, he represents hundreds of physicians from Carbon, Lackawanna, Monroe, Pike, and Wayne counties. In addition, he's a mentor to medical students at Geisinger Commonwealth School of Medicine.

LANCASTER COUNTY

BRYAN CICUTO, DO



Dr. Cicuto is a plastic surgeon with Plastic & Aesthetic Surgical Associates in Lititz. He is credited with developing the plastic surgery service at Heart of Lancaster Regional

Medical Center and Lancaster Regional Medical Center. His efforts have enabled breast cancer patients to stay local to receive reconstructive services.

Q: What do you do to achieve work-life balance?

"It's easy to get caught up in demands of a busy medical practice. As a resident, you get used to an 80-hour work week. With so much to learn as you begin practice, it is easy to continue working at the same rate. Fortunately, I have an incredibly supportive wife who keeps me grounded along with three beautiful daughters who remind me the importance of family. When I'm not in the clinic or the operating room, you'll find me at a field hockey game, dance rehearsal, school event, running kids to and fro. I also enjoy running, trying to work on house projects, traveling, and cooking."

MRINALINI MEESALA, MD



A cardiovascular disease specialist with The Heart Group of Lancaster General Health, Dr. Meesala has led educational events for providers, nurses, and residents

regarding heart health in women. A dedicated clinician, she is described as a hardworking physician who is energetic and perseverant with her campaign to help women fight back against heart disease.



JUSTIN ROBERTS, DO



Dr. Roberts is an advanced heart failure and transplant cardiologist with The Heart Group of Lancaster General Health. He was nominated for his ability to bring

clinical trials to the community setting, providing access to advanced care that was previously unavailable outside of major academic centers.

DAVID SOMERMAN, DO



Dr. Somerman is a nephrologist with Hypertension and Kidney Specialists in Lancaster. It was noted in his nomination from a colleague that he has become one of the area's leaders in

recognizing an increasingly identified

cause of acute kidney injury called atypical hemolytic uremic syndrome. He has successfully diagnosed several cases, which often would go undiagnosed and untreated. Those patients he has been able to identify with this condition have regained renal function and have been able to come off dialysis.

LEHIGH COUNTY

AMY DEPUY, MD



As an OB/GYN at Lehigh Valley Health Network in Allentown, Dr. Depuy has demonstrated outstanding leadership within her department. She is credited with

being an electronic medical records champion during a recent implementation. It was also noted that she led an effort to implement a pathway for maternity care in the ambulatory setting

to standardize testing and antenatal education across 10 offices and a division of more than 30 physicians.

JEFFREY RADECKI, MD



A physical medicine and rehabilitation specialist with Lehigh Valley Health Network, Dr. Radecki was nominated for advocacy work at the Capitol to

improve patient access to comprehensive rehabilitative care. Through his legislative initiative, he often provides volunteer leadership in the areas of strategic planning and media planning. Clinically, Dr. Radecki is considered by his peers as a leader in spinal conditions.

MONTGOMERY COUNTY

ALLEN CHIANG, MD



Dr. Chiang is an ophthalmologist at Wills Eye Hospital Retina Service in Philadelphia. He is actively involved in teaching and training ophthalmology residents and retina

fellows at Wills Eye and is a clinical professor at Thomas Jefferson University. He is also engaged in numerous clinical research projects including clinical trials for novel therapeutics for conditions such as diabetic macular edema and wet macular degeneration.

KANDAN KULANDAIVEL, MD



A neurologist with Abington Neurological Associates Ltd. in Willow Grove, Dr. Kulandaivel has received multiple awards for research projects. His patient care, particularly his

ability to help patients understand very complicated disorders and diseases, was noted as one of his strengths.

JENNIFER LORINE, DO



Dr. Lorine practices non-narcotic pain management using Osteopathic Manipulative Medicine and Integrative Medicine in Gwynedd. She currently serves on

the Board of Directors for the Montgomery County Medical Society, where she oversees member communications. Actively engaged in the treatment of pain and greatly concerned about the country's opioid epidemic, Dr. Lorine is an advocate for the use of non-opioid approaches in helping patients with chronic and unexplained pain.

JASON OJEDA, MD



An internal medicine specialist with Thomas Jefferson University, Dr. Ojeda was credited with building Thomas Jefferson University's Primary Care Track. He has

also helped to set up partnerships in Philadelphia's city health centers to help vulnerable patients in the city.

KELLY SCOLLON-GRIEVE, MD



Dr. Scollon-Grieve is a physical medicine and rehabilitation specialist with Premier Orthopaedics & Sports Medicine in Havertown. She has presented research

at multiple national conferences and authored a chapter in a textbook on rehabilitation medicine entitled, "Therapeutic Programs for Musculoskeletal Disorders."

MONTOUR COUNTY

CHRISTOPHER BUZAS, DO



A colon and rectal surgeon at Geisinger Medical Center in Danville, Dr. Buzas is also president-elect of the Keystone Chapter of the American College of Surgeons. He has

published multiple articles on colon and rectal surgery and is active in research.

SARAH LUBER, DO, WEST READING

Q: Why did you become a physician?

"In the words of Stephen Covey, I 'consider[ed] the end in mind' and imagined how I would determine if my life was successful when I was near the end. I knew that I would feel successful if I provided a useful service to society, more importantly to individuals who are experiencing times of great difficulty. I didn't need to change the whole world but just the worlds of a few individuals to feel happy. I have always found great joy in hearing and sharing stories with people, making friends from otherwise strangers. Medicine was an ideal avenue for both my humanitarian and intellectual desires. It truly brings me great joy to be a

physician, and I have gratitude for the honor of trust that my patients place in my hands."

Q: What inspires you in your practice?

"My patients. I am regularly inspired by patients with great resilience, optimistic outlooks, and joyful demeanors that are 'infectious' to those around them. I often look to my patients to serve as role models, mentally test driving their lives as a way to learn how to navigate my own life outside of medicine. The marriages of 70 years, the difficult obstacles overcome, the passion and drive to accomplish the impossible ... a simple story from my patients is a blessing that shapes and inspires me."

Q: What are the biggest challenges of being a young physician?

"Managing the new climate of physicians has become increasingly challenging. Documentation, coding, RVUs, shorter visit times, etc. have put a great burden on physicians, making it hard to practice the ideal medicine we aspired to practice during our training years. It is up to our generation to find a solution to the gaps in our system while simultaneously developing resilience mechanisms and burnout prevention strategies.

It is also a challenge to maintain a healthy work-life balance. Many more seasoned physicians have come from an era where being a physician meant being available 24/7 and great personal

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sacrifice was expected even at the detriment to their family or personal well-being. Many physicians have perfectionist tendencies, myself included, and we hold ourselves to a high standard in all aspects of our lives (work, motherhood, marriage, family relationships, community endeavors, etc.) The pressures felt by physicians of my generation continue to increase, and it is hard to thrive in such an environment without having been taught healthy coping strategies. I feel grateful to have had a few amazing mentors to guide and redirect me when needed to avoid a survivalist mentality that can come so easily in our profession."

Q: What do you do to achieve work-life balance?

"I maintain a life mission statement that includes my work and personal life goals. Regularly, I make a list of all my current responsibilities and new opportunities that have presented themselves to me. I will put these tasks and opportunities up next to my mission statement and ask if these will help me reach my goal and if I am the only person capable of completing the task. Tasks that are unnecessary get delegated or respectfully declined. All tasks that can be automated are done so. This leaves me with items that are important to me and will help me to continue moving in my ideal direction.

I schedule time to do activities that re-energize me such as time with family/friends, vacations, exercise, etc. I also set dedicated time daily to meditate with a few moments specifically for gratitude reflection. I always keep a creative project to work on whether it is a woodworking project, a painting, or a nature photo shoot. Having a creative outlet, especially one where I use my hands, is essential for my personal well-being."

PHILADELPHIA COUNTY

MICHAEL ASCHER, MD



Dr. Ascher practices psychiatry in Philadelphia. An accomplished clinician and educator, Dr. Ascher is also an established writer with frequent

mental health columns in *Huffington Post*. He also serves on the editorial board for *Clinical Psychiatry News*, and is co-editor of *The Behavioral Addictions*. Among his other editorial works are educational materials and books for medical students.

NADIA AWAD, MD



Dr. Awad is a vascular surgeon from Philadelphia, who is known within her medical community as an outstanding mentor, particularly for women in medicine. Most notable of her

work are her frequent presentations at national surgical conferences, including the Society of Clinical Vascular Surgery's annual meeting.

JASON FODEMAN, MD



An internal medicine specialist with Drexel University Medical Offices in Philadelphia, Dr. Fodeman was nominated for his volunteer work with the Early Career

Physicians Section of PAMED. In addition, he has been published numerous times regarding the intersection of medicine with law and policy.



RAHUL KAPUR, MD



Dr. Kapur is a family medicine and sports medicine specialist with Penn Family Care in Philadelphia. Described as a consummate teacher of students, residents, and

fellows, he was noted as committing countless evenings and weekends to care for athletes, amidst his busy clinical daytime schedule.

WAYNE LAU, MD



Nominated by several medical students, Dr. Lau is a role model by example for those studying to become a physician. An emergency medicine specialist with Thomas

Jefferson University Hospital, he also finds time to serve as co-director of the Chinatown Free Clinic in Philadelphia. He was described as an exceptional physician, professor, and mentor who goes above and beyond in every role to help patients and medical students.

JAMES REILLY, MD, PITTSBURGH

Q: Why did you become a physician?

"As the son of an internist, I was exposed to the profession very early in my life. I saw the rewards and challenges up close. One of the things that always struck me was that when I was out with my dad 'in the real world' and he ran into a patient, they would say hi and usually have a quick conversation. You could sense how special their relationship was — there was a reverence both showed each other that was impossible to ignore.

In that moment, both of them were tapping into something very sacred; and once that brief moment was shared, they went back to regular life, back to 'normal' but perhaps a little more energized. It didn't happen all the time, but it was really amazing to witness, and I think in the end, that's why I aspired to the profession of medicine instead of others that offered just as much intellectual appeal. There is nothing like the relationship between doctor and patient!"

Q: What inspires you in your practice?

"How I practice medicine today is different than how many of my colleagues do it. As an academic nephrologist and the director of a large internal medicine residency program at Allegheny Health Network (AHN), all the care I provide is hospital-based and delivered by learners (students, residents, and nephrology fellows) who are under my supervision, on both internal medicine and nephrology consultative services.

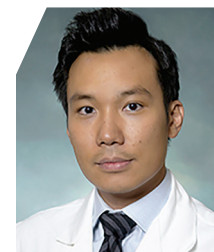
In the first few years of my career, I had a small nephrology practice as part of my mainly academic job. While I truly enjoyed that, and felt privileged to care for such wonderful patients, after much reflection I found that what inspires me even more than providing the care directly myself is spending today training the physicians of tomorrow and seeing the impact of our training experience on their skills. At the end of their time with me, I can see that they no longer need my direct guidance to practice medicine on their own!

To see and know how I have helped others to grow in this way is the greatest reward of the profession for me, and it's the path where I feel like I best answer the call of the Hippocratic Oath. For me, the teacher-learner relationship, the mentorship, is as sacred as the doctor-patient relationship. As an extension of that, in my current role at AHN I lead a team of faculty and chief residents who are learning not just to train doctors, but also how to become leaders themselves. I've already had the opportunity to see members of our team emerge as leaders and advance their careers, and knowing that I played some role in that is the reason I do what I do.

At the end of the day, my passion is doing whatever I can to help others (patients, learners, colleagues), and I measure my success by measuring theirs."

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PAK LEUNG, MD



Dr. Leung is a trauma surgeon and associate chairman of trauma and surgical critical care at Einstein Medical Center in Philadelphia. While known for helping the medically

underserved of North Philadelphia, he also plays an active role in global surgery and medicine, providing medical care in war-torn and underdeveloped countries as a member of Doctors Without Borders.

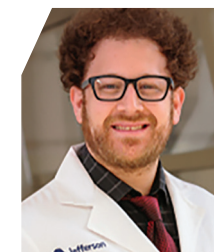
HENRY LIN, MD



A pediatric gastroenterologist with Children's Hospital of Philadelphia, Dr. Lin already has a long list of leadership positions with the American Medical Association (AMA)

and Philadelphia County Medical Society. With the AMA, he serves as chair of the Young Physicians Section Governing Council. In addition, he is a regular volunteer with PAMED's and KYW TV's "Doctors on Call" program.

KORY LONDON, MD



Dr. London is a Thomas Jefferson University physician and clinical instructor. He specializes in emergency medicine and at his hospital led the

Emergency Medicine/Internal Medicine Practice Improvement Work Group. He is also credited with leading the charge for the adoption of the HealthShare Exchange of Southeastern Pennsylvania's patient portal and clinical data repository, allowing physicians from across Southeast Pennsylvania to see insurance records of their patients to avoid redundant care.

KRISTIN RISING,

MD



An emergency medicine specialist with Thomas Jefferson University, Dr. Rising has been responsible for achieving more than \$1 million in research funding awards. Her work

on the acute care delivery system has been presented at several national meetings, and she has authored many peer-reviewed publications. She also serves as a mentor for the American Medical Women's Association Faculty Mentor Program.

LOREN ROBINSON,

MD



Dr. Robinson is the deputy secretary of health at the Pennsylvania Department of Health. She is medically trained in internal medicine and pediatrics. In her role with the

state, she is often a spokesperson on important state health issues including lead poisoning, immunizations, Zika, and teen health. She has conducted research on interventions to improve social determinants of health and provide sustainable improvements in health outcomes. ●

What are the biggest challenges of being a young physician?

"I think it is incredibly challenging to be a young physician today, be it as a resident or a young practicing physician. The increased administrative burden generated by regulatory reporting and clinical documentation requirements has created a work compression unlike what the profession has ever seen. A greater percentage than ever of the work physicians do is perceived as unimportant, even meaningless, and rightfully so in many cases. Electronic health records have not met our expectations for increasing efficiency, and contribute to the bloat. Time-motion studies in the literature tell me that residents spend 50 to 60 percent of their time in the hospital in front of a computer and only 10 percent of their time in front of the patient, and that every hour of patient care in the office generates almost two hours of administrative work. That's alarming, don't you think? No wonder burnout for all physicians, residents included, is on the rise.

What makes it tougher for the youngest physicians though is that we didn't train in an era where the long hours were filled with enough of the meaningful stuff. Now, we have to do more, in less time, and more of what we do is work that we perceive

as meaningless. And, when we look to our mentors for guidance, we see them struggling with the same challenges, and they haven't much advice to offer us because no one has dealt with this before. That can be very discouraging.

However, with every challenge comes opportunity. What continues to give me hope is that I already see a critical mass of this generation of young physicians who have great comfort challenging the status quo, taking on leadership roles, and engaging in real discussions about how to improve the system. I believe we can bring about change for the better, developing solutions to these logistical challenges that make things more efficient, allowing us to reinvest that time back into being with our patients, who should be at the center of everything we do in the profession."

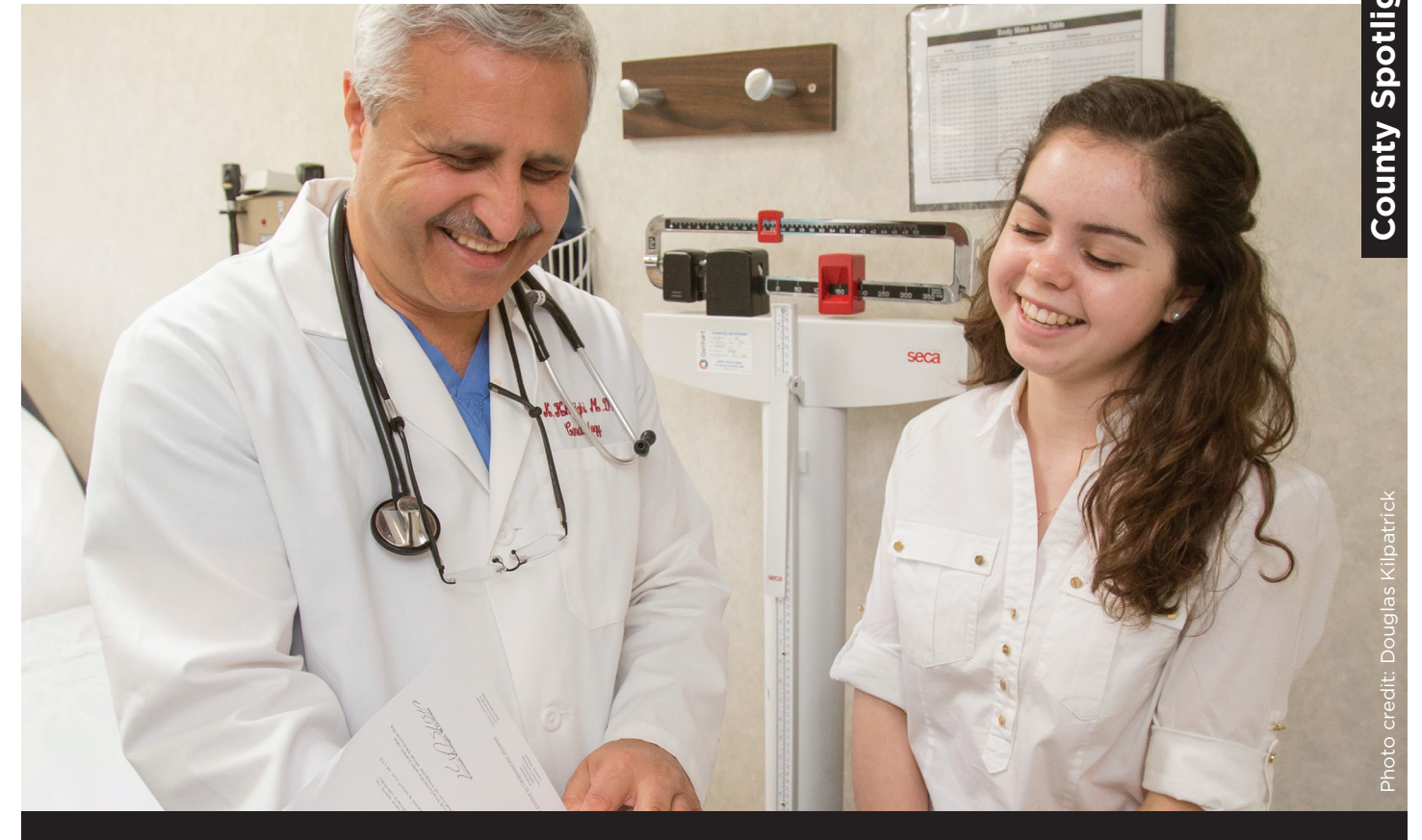
Q: What do you do to achieve work-life balance?

"I know a lot of people try to 'achieve' balance, but I'm not sure it's an achievement. I see it as a journey, not a destination. Some may find that they can wall off compartments of their life, leaving work completely at work; perhaps they actually need to. That's never worked for me, and in my job I'm always to some degree 'on call' even if I'm not 'on service.' I have one life, one phone, one calendar, even if I have several 'identities' — father, husband, doctor, boss, teacher, and so

on. I learned early on that I can't 'have it all' so through careful reflection, and lots of talks with my family, bosses, and mentors, I am constantly defining and re-assessing my priorities, and I do my best to make decisions for the short and long term that demonstrate integrity with those priorities.

For me, 'balance' looks more like a seesaw — dynamic, rarely equal among the domains of my life, but I've set my limits on how much imbalance I will tolerate. And, that works for my family and me. But, it takes careful planning, organization, and discipline, which means I also have to take care of myself so that I have the reserves and habits that allow me to stick to my priorities when there's pressure to the contrary, and foster relationships with people who will support me in doing so.

I think it's really easy to mistake urgency for importance, and that's what always got me into trouble. I have a ways to go on that front, but I'm better than I used to be. I do think every physician really does have the ability to define for themselves what is most important, and create a life around those things, if he or she can accept letting the less important stuff go. I hope by the way my residents and other mentees see the way I live and the choices I make, they might be encouraged to find their own path to maintaining the balance they need for themselves."



Koroush Khalighi, MD, and Samantha Nino discuss the STRIVE program.

NORTHAMPTON COUNTY FOSTERS STRIVE PROGRAM

BY KOROUSH KHALIGHI, MD

Samantha Nino, a first-generation Latina immigrant, began a job shadowing opportunity in our Easton Cardiovascular Associates office through the STRIVE program. She is the daughter of Hispanic immigrants who came to the U.S. at young ages. Nino's parents intended to take advantage of their opportunities and strongly engrained in their daughter the value of obtaining an education and reaching out to her community.

She got involved in STRIVE, a volunteer-based organization dedicated to transforming the lives of youth by motivating and inspiring them to become productive leaders and culturally conscious stewards of their communities. Founded in the Lehigh Valley area in 1995 with the goal of increasing high school graduation and post-secondary education matriculation rates of culturally diverse youth, the organization provides innovative and

effective programs to improve academic outcomes for at-risk youth. The program's focus is to inspire students for a life of excellence and leadership through academic support, cultural enrichment, and coaching programs to assist in life planning, while providing tools and skills such as mentoring and education enhancement.



Dr. Khalighi shows STRIVE student Jillayne Gumbs basics of medicine.

I grew up in Iran during the Shah's rule and began studying at the University of Isfahan, just prior to the Islamic Revolution of the late '70s. The revolution divided our country and created turmoil in our social structure, sending many into poverty. It paralyzed and polarized our great country, which at the time was enjoying relative prosperity. Unfortunately, circumstances enabled the government to take control of our educational systems, businesses, and social structures. As a member of the religious minority (The Baha'i Faith), my own parents lost their jobs,

These experiences instilled in me a desire to somehow give back to our local communities, and I am grateful to a nation that allowed me to settle here, gain a medical degree, and become a doctor.

income, and all of their money. Their status and properties were confiscated, just because of their "peace-loving" religious belief, causing them to lose their home. Eventually, my family relocated to California.

I had to work while attending school to support myself. In the early '80s, I seized a window of opportunity and became actively involved with genetic and physiology research at California State University in Los Angeles, providing me

the background to start my medical education and career. I was fortunate to have excellent role models and mentors while in undergraduate and graduate school. This motivated me to continue to work hard and to seek higher career goals. My mentors were the cornerstones in my life and career, molding me in to who I am today.

These experiences instilled in me a desire to somehow give back to our local communities, and I am grateful to a nation that allowed me to settle here, gain a medical degree, and become a doctor. The support of so many through my years of transition — from growing up in a foreign country, education, residency, and entering my medical specialty — is etched in my memory. I am grateful for the friendship of so many people who helped me along the way. Throughout my life and career, I have tried to give back to my community the best that I can. Even though for many years I have donated my time and financial help to organizations, I felt I was falling short of my goal to help others less fortunate than myself. Then, I heard of the STRIVE program, and mentoring kids that need help to gain their full potential seemed like a good fit for my passion to help others.

After joining the Northampton County Medical Society Board of Directors a few years ago, I felt that, as an organized

group of physicians, we might be able to help and mentor these kids. The board approved of the idea and we began to work with the program, bringing in doctors to speak with the kids, finding ways for the students to shadow us in our offices, working with our local hospitals to collaborate access to medical procedures, and getting the kids involved in volunteer activities. The response has been overwhelming and positive.

Nino, through this program, has blossomed into an outgoing and creative young woman, concentrating her studies in the STEM field and pursuing a career as a physician assistant. She will be entering the biology program at Colgate University. It's a wonderful feeling to know that, somehow, my work with this young girl has motivated and empowered her to aspire to reach the greater possibilities that life has to offer. I encourage other physicians to reach out, work with their local community organizations, and inspire children and young adults to become the best that they can be. As physicians, we can all be mentors and inspire excellence in our youth. ●



Koroush Khalighi, MD, CPE, MS, FACP, FCCP, FACC, FHRS, is clinical professor of medicine at Drexel University and cardiovascular disease specialist with Easton Cardiovascular Associates.

Editor's Note: Dr. Khalighi's strong passion for medical volunteer work in his community has earned him the well-deserved honor of being named the recipient of PAMED's 2017 Physician Award for Community Voluntary Service. Dr. Khalighi, nominated by the Northampton County Medical Society, was chosen for the award for working tirelessly in his local community giving his time, expertise, and financial resources to many local causes, charities, and mentorships.

"Though ambitious, I aspire to make a direct impact on the medical environment by assisting in surgeries and procedures. I also hope to provide an impact on the medical field as a Latina. My goal is to empower other Latinos of my generation by serving as a bridge between the two cultures. I can speak to both the Latino and American cultures and help foster dialogue, especially in today's society with the growing Latino population."

- SAMANTHA NINO

DONATE & HONOR

Charles Cutler, MD, MACP
PENNSYLVANIA MEDICAL SOCIETY'S
167TH PRESIDENT

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The Foundation invites you to recognize and celebrate **Dr. Charles Cutler**, from Montgomery County, as he completes his term of office on Oct. 14, 2017, at the House of Delegates.

Please make your online honorary contribution at www.foundationpamedsoc.org.

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CHAMPIONS, DEFENDERS, ADVOCATES:

PAMED PHYSICIANS ARE MAKING AN IMPACT



Join PAMED Today!

The opportunities highlighted here are just a few of the many ways PAMED members are making a difference as physician advocates.

It's the perfect time to become part of the action and join PAMED as a new member — Visit us online at JoinNow.pamedsoc.org or call our Knowledge Center at 855-PAMED4U (855-726-3348). Your membership will begin right away and continue through 2018.

Already a current PAMED member? Renew your membership for 2018 at www.pamedsoc.org/renew or by calling our Knowledge Center.

PHYSICIAN ADVOCACY ISN'T JUST ABOUT HELPING SHAPE LAWS AND REGULATIONS. IT ALSO INVOLVES MAKING YOUR PRESENCE FELT IN THE COMMUNITY.

A physician who is new to the world of lawmaking and politics may feel like a fish out of water — It can be a daunting experience.

When you think about it, though, practicing physicians are already experienced advocates. Physicians fight for their patients' best interests every single day — through discussions about care options, through phone calls with insurers to make sure a patient gets treatment that best meets their needs, and so much more.

For Pennsylvania physicians who want to take that leap and learn how health care policy is created, PAMED's annual Advocacy Day offers a way to get started. This past May, a group of medical students, residents and fellows, and physicians met with legislators in person at the Capitol in Harrisburg. (Get details on page 36)

Letitia Cosbert, MD, a family medicine resident in York, appreciated the Advocacy Day experience. "I have always had an interest in advocacy and policy. I strongly believe it is within the role of a physician to represent patients and advocate on their behalf," says Dr. Cosbert. "Also, if we do not get involved and have a presence, we are leaving the fate of our profession in the hands of others."

Even if you can't make it to Harrisburg, you can still get involved. When legislators need to hear from physicians on an issue, PAMED issues calls-to-action which typically reach more than 40,000 Pennsylvania physicians. We break down the talking points on topics — like prior authorization by insurance companies — and make it easy for you to get in touch with your local lawmakers. Watch for calls-to-action in your email inbox and through PAMED's iPhone/Android mobile app.

Of course, physician advocacy isn't just about helping shape laws and regulations. It also involves making your presence felt in the community. That's why PAMED joins forces every year with regional news channels to hold "Docs on Call" telecasts where PAMED physicians volunteer to answer viewers' health care questions.

"Each phone conversation clarified concerns and alleviated anxiety about a specific diagnosis and its prognosis and treatment recommendations," says Belinda Stillman, DO, MHSA, a psychiatrist in Erie who participated in a 2017 "Docs on Call" event at Erie-based station JET 24. "There were opportunities to discuss holistic options including biological, psychological, spiritual, emotional, and social interventions based upon individual preferences which helped me to build a bridge to work together to empower people to take control of their health." ●



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THE PRESCRIPTION FOR PHYSICIAN ADVOCACY

There are many ways physicians advocate — for their patients, for their practice, for their profession, and for the greater good of health care.

You can influence crucial decisions by becoming a physician advocate. We know physicians don't have a lot of spare time between caring for patients and trying to achieve the seemingly elusive work/life balance.

But, the prescription for making a difference is easy. Here are a few quick and easy ways physicians can strengthen their advocacy skills, get involved, and help shape the health care environment.

GETTING INVOLVED

Physicians can get involved in advocacy efforts in several ways:

Establish a relationship with your state and federal legislators. Start with a phone call, and when they are in your home districts, set up a face-to-face meeting to discuss physician issues.

Engage in calls to action when you see them from PAMED — Watch for them in your email inbox and in our iPhone/Android mobile app. We know you're short on time, so we make connecting with legislators as easy as possible with talking points and more.

Involve patients in advocacy efforts when appropriate — Prior authorization reform is one example where patient stories of delays in care, treatment, or medication due to prior authorization will help shed light on this issue in the legislature. Find out how you and your patients can help at www.pamedsoc.org/PriorAuth.

Support PAMPAC to help advocate for physician and medicine-friendly candidates in the state legislature. Learn more at www.pamedsoc.org/PAMPAC.

SHARPEN YOUR ADVOCACY SKILLS

PAMED's Basic Skills Building for Physician Advocates online, on-demand CME course identifies relevant advocacy strategies physicians can use when approaching legislators and their aides. It is accredited for CME until Dec. 31, 2017. Take the course at www.pamedsoc.org/AdvocacyBasics.

ENHANCE YOUR LEADERSHIP SKILLS

Often the same competencies mastered in leadership training — communication, conflict resolution, and negotiation to name a few — align with those skills needed to be a powerful advocate.

Physicians can sharpen their skills with PAMED's leadership offerings, many of which are significantly discounted for PAMED members. Learn more about PAMED's online and in-person courses, as well as our 10-month comprehensive Year-Round Leadership Academy, at www.pamedsoc.org/LeadershipAcademy.

STAY UP TO DATE

We make it easy for physicians to stay informed through our *Dose* weekly e-newsletter, iPhone/Android mobile app, website (www.pamedsoc.org), and more. You can also stay up to date on PAMED's advocacy priorities, as well as view our Bill Tracker, at www.pamedsoc.org/Advocacy. ●

“It’s our responsibility to light a path toward a future in medicine that protects people from every community and every demographic ... and empowers them to live longer and healthier. It is our duty to shed light on the challenges that physicians face ... and to seek changes to protect the profession. Let us shine a light so that others may find their voice and take this journey with us. We are the light that medicine needs ... that our profession needs ... and that our patients need,” says AMA Immediate Past President and PAMED member Andrew Gurman, MD.



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