

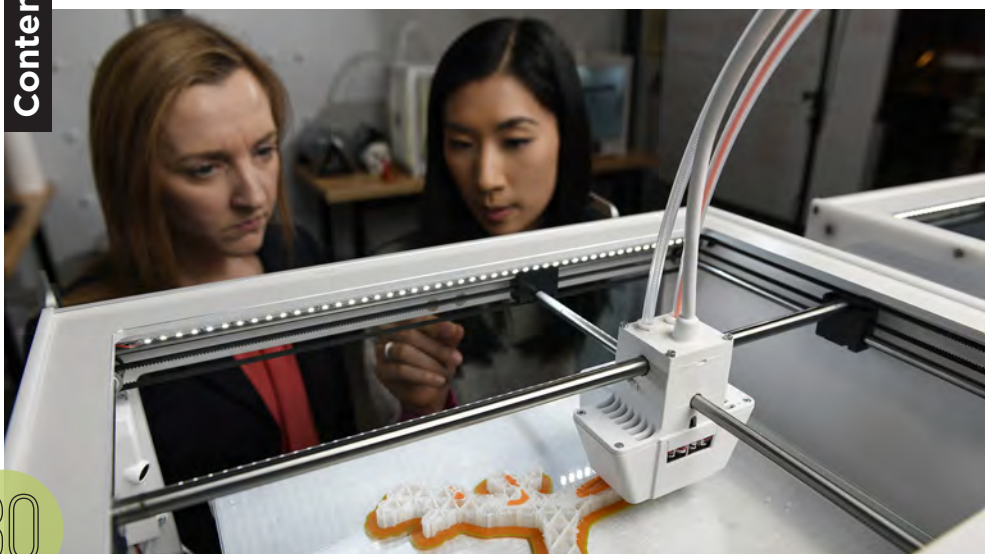
PENNSYLVANIA MEDICAL SOCIETY — THE POWERFUL VOICE FOR PHYSICIANS

pennsylvania

# PHYSICIAN

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# Prepare. Don't Panic!

**Responding to the Coronavirus (COVID-19)**  
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ADVOCATE. EDUCATE. NAVIGATE.

## YOUR ADVOCATE AND RESOURCE ON THE CORONAVIRUS (COVID-19)

As we began preparing the current issue of *Pennsylvania Physician* for publication, Pennsylvania announced the first cases of COVID-19 in the state. Just a few short weeks later, the entire health care landscape in our country has changed. We're in the midst of a crisis unlike any this country has experienced in our lifetimes.

As the COVID-19 pandemic continues to change our lives and the way you practice each day, PAMED is committed to providing our membership with only the most pertinent and timely updates.

We remain in regular communication with the governor's office, the Pennsylvania Department of Health, and other state agencies to help advocate on physicians' behalf, get answers to your questions, and make sure your needs are being met the best we can. We are advocating for you on a wide variety of issues as they relate to COVID-19, such as:

- **Telemedicine**
- **Financial relief for practices and health care workers**
- **Availability of PPEs**
- **Licensure related issues**
- **Prior authorization**
- **Informed consent**
- **Medical liability**
- **Good Samaritan protections**

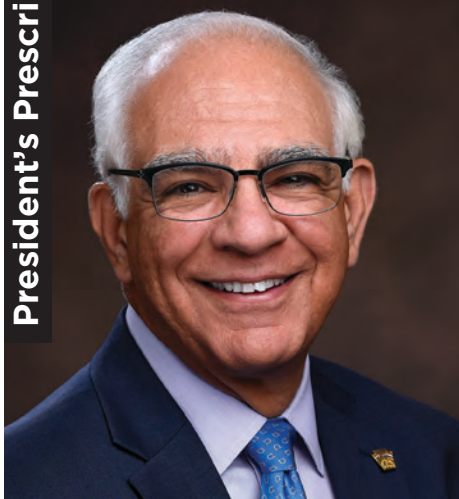
We know you're facing a vast onslaught of information on COVID-19 daily. PAMED is working to provide only the most current and real information you need at [www.pamedsoc.org/coronavirus](http://www.pamedsoc.org/coronavirus).

We encourage you to visit our website often. On our website, you can also sign up for PAMED's daily briefing notifications via email or text. Have questions? Fill out the form on our website. We're working with our partners to get answers to your questions.

One of our members recently stated that it is an honor to serve at this time as he's trained his entire life for this. We know that you have, too.

Thank you for your commitment to your patients. Our physician leadership and staff thank you for your dedication, expertise, and tireless devotion to Pennsylvanians in this time of our greatest need. ●

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



Lawrence John, MD  
President, PAMED

# PHYSICIAN WELLNESS AND AVOIDING BURNOUT STARTS WITH TAKING CARE OF YOU

Physician wellness is critically important. It's vital that we take care of ourselves so that we can take world-class care of our families and patients. This is one of my primary focuses this year as PAMED president, and it's an issue I'm extremely passionate about.

I've traveled around the state talking to physicians, groups, county medical societies, and others on the topic of physician burnout. Physicians often ask me how they can achieve wellness and resiliency.

In the last issue of *Pennsylvania Physician*, I shared external things that can help reduce burnout. This included advocating for less administrative hassles (e.g., prior authorization) and how the stress of the job (difficult patient cases, EHR overload, changes in requirements) can contribute to professional dissatisfaction.

---

IT'S VITAL THAT WE TAKE CARE OF OURSELVES  
SO THAT WE CAN TAKE WORLD-CLASS CARE OF  
OUR FAMILIES AND PATIENTS.

---

In this column, I want to focus on internal things YOU can do to help avoid burnout and achieve wellness and resiliency.

- **Identify your stressors and take action to reduce them.** As a two-physician family, my wife and I struggled at dinner time — we were tired, hungry, and wanted to connect instead of spending time in the kitchen. So, we hired someone to prepare healthy meals for our family when our children were younger. This enabled us to enjoy meals together without the stress of cooking.

- **Unplug from technology and connect with loved ones.** Keep a good balance between work and home by spending time with family and friends doing things you enjoy.
- **Get enough sleep.** Set a bedtime and honor it, realizing that you can finish what you were working on tomorrow.
- **Take mindful minutes throughout the day.** Doing a few yoga poses, a 10-minute meditation, listening to your favorite music, and taking a few deep breaths can give you a quick reset. Try things out to see what works best for you.
- **Cultivate interests outside of medicine.** Take up a new hobby, volunteer, start a second career, plan fun events, or read non-medical materials.
- **Build physical activity into your daily routine.** Movement increases your energy, releases stress, and improves your mood.
- **Set aside time to do nothing.** Schedule a few minutes of “nothing” into your day to clear your mind and avoid filling the space with other things.
- **Eat healthy food, drink water, and avoid excessive alcohol and caffeine.**

How do you avoid burnout and achieve personal and professional satisfaction? We want to hear from you. Go to [www.pamedsoc.org/wellness](http://www.pamedsoc.org/wellness) to join the conversation. ●

Lawrence John, MD  
President, PAMED



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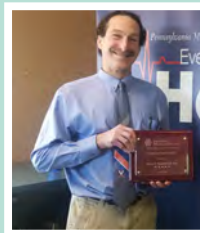
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## Honor an Everyday Hero



The coronavirus pandemic has made it abundantly clear — physicians and other health care workers are among society's true heroes.

Know of a physician going above and beyond? Nominate them for PAMED's monthly Everyday Hero Award so we can give them the recognition they deserve.

Does this sound like a physician you know?

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

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## PHYSICIAN INNOVATORS ARE CREATING A HEALTHIER PENNSYLVANIA

PAMED physician members are among the most driven and dedicated professionals I have encountered in my career. That's why I am thrilled to share with you information about the first-ever PAMED Innovation Grants in this issue of *Pennsylvania Physician*.

These doctors are exploring new approaches to what medicine can do for patients — using 3D printing for pre-surgical planning and developing software to improve communication for patients in acute care settings, for example.

Technology has the power to transform lives. We can expect even more innovation in areas like robotics, predictive modeling, and artificial intelligence — likely in ways we can't yet imagine.

However, we must remember that these incredible advances can never replace the human element that makes practicing medicine so important. That's why PAMED is focused on making sure the physician-patient relationship remains at the core of medical practice in Pennsylvania. The personal connections are what matter most.

Technology should work to serve you better — Physicians want to spend their time interacting with patients, not with a computer screen. We want to make sure that physicians can maintain their joy in medicine.

I am proud of the work our current PAMED President Lawrence John, MD, is doing to raise awareness about the physician burnout crisis. Business

demands and electronic health record (EHR) requirements should never come between you and your patients.

Here in Pennsylvania, we've seen firsthand what happens when the business of medicine takes precedence over the physician-patient relationship. Last year, after more than 170 years of serving patients in Philadelphia, Hahnemann University Hospital was forced to close.

Patients lost access to a trusted hospital in their own backyard. More than 500 medical residents and fellows had their training disrupted and were forced to scramble to find new positions.

Teaching hospitals like Hahnemann are wellsprings for medical innovation. We want to

make sure these valuable training opportunities in both urban and rural areas alike remain in place for future generations of doctors.

Ultimately, what strikes me most about all the physicians featured in this issue of *Pennsylvania Physician* is their singular focus on making life better for the people in their communities.

Our physician members make it possible for PAMED to offer our Innovation Grants. If you're already a member, I can't thank you enough for supporting initiatives like this. And, if you're not a member yet, join us today at [JoinNow.pamedsoc.org](http://JoinNow.pamedsoc.org). Your membership in PAMED helps ensure we can continue funding programs like these. We truly can't do it without you!

I am in awe of all that these innovators — and all our PAMED member physicians — have accomplished. With physicians like you at the helm of the health care team, I can't wait to see what the future holds for Pennsylvania medicine. ●



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

A handwritten signature in black ink, appearing to read 'M. Raniowski'.

Martin P. Raniowski, MA, FCPP  
CEO/Executive Vice President,  
PAMED



## Your Partner on Issues like Venue and Hahnemann

PAMED has been at the forefront of issues like venue and the Hahnemann University Hospital closure.

In December 2018, the Pennsylvania Supreme Court's Civil Procedural Rules Committee proposed a detrimental change to the state's venue rule that would expand the possible venues for medical liability cases. PAMED sprang into action, mobilizing our membership along with a coalition of stakeholders. Nearly 2,600 members sent comments to the Committee through an online form that we developed, and the Committee decided to delay action until the PA Legislative Budget and Finance Committee (LBFC) could study the issue. The LBFC released its report on Feb. 3, 2020, and preliminary review does not support disrupting the current system. Learn more on page 39.

When on June 26, 2019, Hahnemann University Hospital announced that it would be closing its doors permanently, PAMED again sprang into action to help the affected residents and physicians. A coalition of organizations, including PAMED, the AMA, and the Philadelphia County Medical Society, began to work together to advocate on behalf of the physicians. PAMED set up a website at [www.pamedsoc.org/hahnemann](http://www.pamedsoc.org/hahnemann) to provide resources for physicians, including a form that individuals can use to send questions to PAMED. Additionally, PAMED hosted several webinars and communicated with affected individuals regularly via email. On March 3, a federal bankruptcy judge approved a settlement with Hahnemann's owners to provide tail coverage for St. Christopher's and Hahnemann University Hospital personnel who were covered under the claims made policy that had been set to terminate on March 12.

These are just two examples of how PAMED is in your corner — tirelessly advocating on behalf of Pennsylvania physicians and patients.





## OPIOID AND CONTROLLED SUBSTANCES PRESCRIBING COURSE AND EDUCATION PROGRAM

**SEPTEMBER 28-29, 2020\***

*\*Tentative – Please visit [www.foundationpamedsoc.org/lifeguard/controlled-substance](http://www.foundationpamedsoc.org/lifeguard/controlled-substance) for updates in regard to this event and COVID-19.*

Join LifeGuard, a nationally recognized physician assessment program, for its  
Opioid and Controlled Substances Prescribing Course and Education Program on Sept. 28-29  
at The Foundation of the Pennsylvania Medical Society headquarters.

Learn more and register at  
[www.foundationpamedsoc.org/lifeguard/controlled-substance](http://www.foundationpamedsoc.org/lifeguard/controlled-substance)  
Space is limited, so don't delay!

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 of the Pennsylvania Medical Society. 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 20 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the educational activity.

## CALENDAR OF EVENTS

### LEARN ABOUT UPCOMING EVENTS

#### **PAMED Board of Trustee Meetings**

- May 6, 2020
- Aug. 11 - 12, 2020

PAMED members are welcome to attend Board meetings. If you are interested in attending, please contact Sarah Elgohary at [selgohary@pamedsoc.org](mailto:selgohary@pamedsoc.org).

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

#### **Practice Administrator Live Webcasts**

- April 21, 2020
- April 29, 2020

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

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

#### **TENTATIVE Foundation of the Pennsylvania Medical Society**

- **Sept. 28 & 29, 2020**  
LifeGuard Opioids & Controlled Substance Prescribing Course and Educational Program, Harrisburg

[www.lifeguardprogram.com](http://www.lifeguardprogram.com) ●

# LEGISLATING HEALTH CARE INNOVATION

BY JENNIFER SWINNICH

Conventional wisdom suggests that health care is growing increasingly unaffordable in many communities. A recent study published in *JAMA Internal Medicine* offers proof behind the sentiment. Researchers conclude that although uninsured rates decreased among adults through 2017 — largely attributable to the Affordable Care Act (ACA) — those who are unable to access care due to costs increased.

According to Dr. Laura Hawks, lead author of the study, “The quality of private health insurance is getting worse, and the cost of health care is rising significantly.” She adds, “We know that private health insurance plans increasingly rely on high premiums, high-deductible health plans, high copays, and other forms of cost-sharing — these suggest that insurance generally is not doing what it is supposed to do — ensure people have access to health care when they need it.”<sup>2</sup>

Gov. Wolf and state legislators are hoping to ease health care costs for Pennsylvanians using an innovative, cutting-edge strategy that could be first

in the nation to do so. Act 42 of 2019, signed into law by Gov. Wolf on July 2, 2019, tasks the Pennsylvania Insurance Department (PID) with two objectives:

- 1. Implement a state-based health insurance exchange for ACA individual market plans**
- 2. Pursue a Section 1332 State Relief and Empowerment Waiver (also referred to as an Innovation Waiver) to create a reinsurance program to drive down premium increases in the individual market**

It is via this two-fold approach that lawmakers aim to save on health care spending for Pennsylvanians.

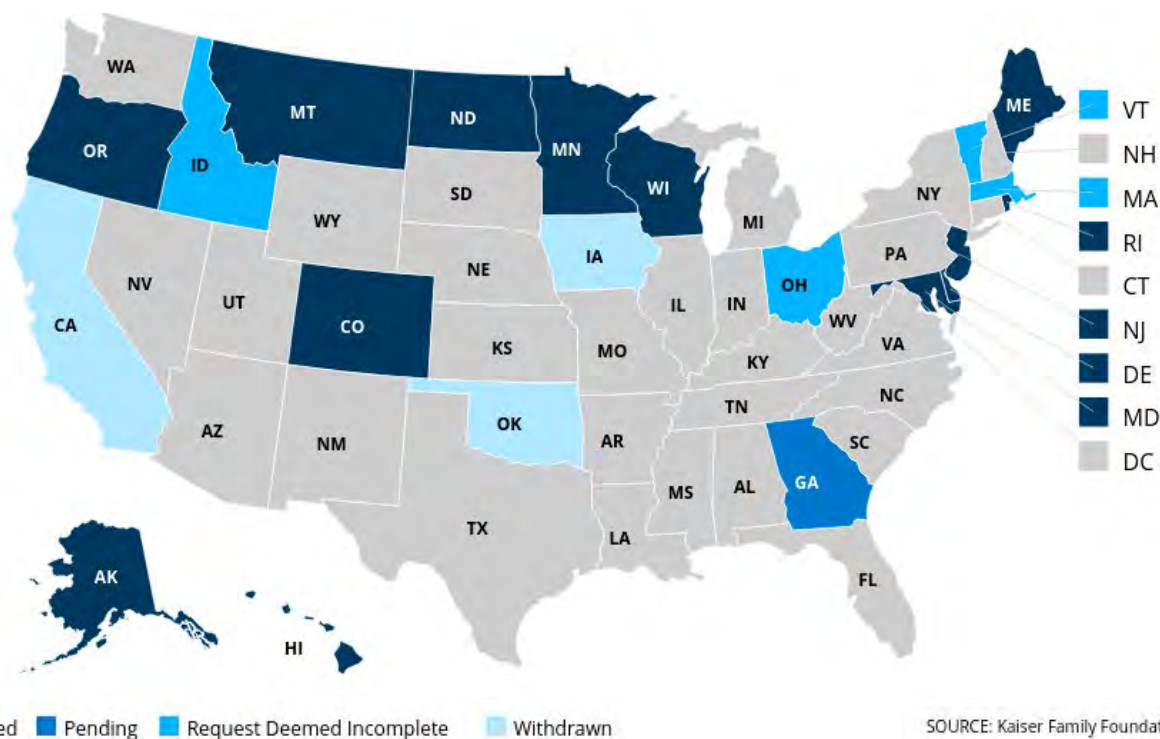
Act 42 of 2019 legislation will allow Pennsylvania to set up its own health insurance exchange for the individual market, eliminating the need to pay the federal government to run the exchange on the state’s behalf through *healthcare.gov*. Payment to the federal government is based on a percentage of premiums paid — estimated at \$94 million in 2019. PID estimates the cost

**In their final snapshot report, the Centers for Medicare and Medicaid Services (CMS) reports that 331,825 Pennsylvanians enrolled in an individual marketplace plan utilizing the healthcare.gov platform during the 2020 open enrollment period.<sup>1</sup>**

to operate the state-based insurance exchange will range from \$30 million to \$35 million. PID says that the state-based exchange is expected to be operational as early as Jan. 1, 2021.

Named for a section of the ACA, the Section 1332 Waiver empowers states to pursue innovative strategies designed to tailor health care coverage options to meet the unique needs of their population while strengthening the market. By applying for a waiver, states can ensure residents have access to health insurance while retaining basic protections provided under the ACA.

## Section 1332 State Innovation Waivers



Through a reinsurance program, Pennsylvania can reduce the risk to insurers by limiting their exposure to very high-cost claims. Under this program, reinsurance will reimburse health insurers for claims costs above a certain threshold and up to a set cap. By reducing high-cost claim expenditures, in turn, premiums charged to the consumer can be reduced. PID anticipates that a reinsurance program will reduce premiums for Pennsylvanians in the individual market by 5 to 7.5 percent.

The waiver application requires approval by CMS, and it must meet several requirements, or “guardrails,” specifically, requiring coverage as both comprehensive and affordable as ACA coverage and for a comparable number of residents. The waiver must also maintain budget neutrality and not add to the federal deficit. Once approved, Pennsylvania’s plan will take effect in 2021 and continue for five years.

At the time of publication, 12 states have been approved for Section 1332 waivers for a reinsurance program, and the results recognized in other states are promising. Initial analysis shows a reduction in individual market premiums ranging from -6 percent to -43 percent.<sup>3</sup>

While a portion of the funding for the waiver comes from the federal funds, some must also come from the state. PID anticipates that the funds generated from hosting the state-based insurance exchange will fund the state’s portion of the reinsurance program. Actuarial analysis supports this concept. Models developed by actuarial firm Oliver Wyman demonstrate \$40 million to \$50 million in savings from the transition to a state-based exchange used to fund the state’s contribution to the reinsurance program, without having to invest any additional dollars.

According to AP News, Sabrina Corlette, a research professor at the Center on Health Insurance Reforms at Georgetown University, says Pennsylvania would be the first state to pay for the state share of the reinsurance program by capturing savings from running their own exchange.<sup>4</sup>

It is generative thinking and innovative approaches such as this that aim to make health care options more affordable and accessible to Pennsylvanians. ●

Jennifer Swinnich is PAMED’s director of practice support. You can email her at [jswinnich@pamedsoc.org](mailto:jswinnich@pamedsoc.org).

<sup>1</sup>Hawks L, Himmelstein DU, Woolhandler S, Bor DH, Gaffney A, McCormick D. Trends in Unmet Need for Physician and Preventive Services in the United States, 1998-2017. *JAMA Intern Med*. Published online Jan. 27, 2020. doi:10.1001/jamainternmed.2019.6538

<sup>2</sup>Johnson, S. Despite ACA Coverage Gains, More People Can’t Afford Care. *Modern Healthcare*. Published online Jan. 27, 2020.

<sup>3</sup>Sloan C, Rosacker N, Carpenter E. State-Run Reinsurance Programs Reduce ACA Premiums by 19.9% on Average. Published online March 13, 2019. <https://avalere.com/press-releases/state-run-reinsurance-programs-reduce-aca-premiums-by-19-9-on-average>

<sup>4</sup>Levy M. Pennsylvania Moves to Take Over Health Insurance Exchange. AP News. Published online June 4, 2019. <https://apnews.com/07765d54a4c343f7b75c7b1fc9ce73e8>





# MEET REP. BRYAN CUTLER

*Pennsylvania Physician* talks to State Representative Bryan Cutler about his interest in health care issues.

**Q. Prior to running for the legislature in 2006, you worked in health care and earned a law degree. Tell us a little about those experiences and how they have influenced your approach in shaping health care policy?**

**Cutler:** I was a diagnostic X-ray technologist and eventually cross-trained into interventional radiography. From that position, I went to a managerial role where I oversaw the IT and support staff for the radiology department. I oversaw and expanded the picture archiving and communication system (PACS) imaging network, as well as oversaw the voice-to-text transcription program for our department.

In 2002, I decided to go to law school, specifically for health care law, and graduated with my JD and a certificate of health law in 2006. I won the primary election on a Tuesday and graduated that Saturday. During law school, I worked per diem as an X-ray technologist.

**Q. What do you see as the principal challenges facing the delivery of health care services in the commonwealth, and what role should state government play in that process?**

**Cutler:** State government should allow physicians to practice medicine. Our role should be one where we lay out

the rules that hopefully allow physicians to do that and to do so in a safe environment. I do believe the largest challenge is our diverse nature across the commonwealth and the distances between hospitals in some of the more rural areas.

I sit on the PA Trauma System Foundation Board, and a challenge we often discuss is the delivery of quality trauma care in those areas that are currently underserved. This is in contrast with some of our more urban areas that have a sufficient number of providers but are challenged from a time perspective due to heavy traffic congestion or other issues. This creates a similar problem: the delivery of timely trauma care, but the solutions will be very different in these. As lawmakers, we oftentimes have to come up with a framework that will fairly address both.

---

**Q. We believe that clinical autonomy and the relationship between physicians and their patients is a line that shouldn't be crossed by the state legislature. Generally speaking, do you share that philosophy?**

**Cutler:** Yes.

---

**Q. Scope of practice battles between health care professionals are nothing new. Recognizing that physicians are the highest trained clinicians, do you see the role of non-physicians continuing to expand in the delivery of health care?**

**Cutler:** I do believe that roles may expand in the future, but this should be consistent with training and generally accepted scope guidelines. The other area that will continue to see growth is in fields where technology is rapidly advancing. For example, when I started my career in X-ray, the profession of a registered radiology assistant (RRA) didn't even exist at that time. Anecdotally, one of the interventional radiologists I often scrubbed cases with had commented that the majority of what we were doing at that time had not even been invented prior to his graduation from medical school. Medicine is a constantly changing field, and we need to make sure that our laws reflect that and allow physicians to practice in the most modern ways.

---

**Q. Health insurers are dominant players in nearly every aspect of health care delivery. However, their reach into clinical decision making has reached a point that concerns both physicians and patients. What are your thoughts about an insurer's role beyond the financial element?**

**Cutler:** I become very concerned when the financial decisions impact what kind of tests or treatments are ordered. I understand the need to control costs, but sometimes, the restrictions that are in place actually result in more unnecessary tests being ordered to follow the protocol for insurance. That should not happen.

---

**Q. I know your hours are long, and the position of majority leader comes with a great deal of responsibility. When you're not legislating, what do you do to unwind and relax?**

**Cutler:** I enjoy a wide variety of hobbies and interests. I still keep my X-ray license current and have continuing education requirements for that. I practice a small amount of business and personal law, such as wills and estates, although, as my leadership roles have changed, I have had less time to do this. I personally enjoy exercising and have been doing CrossFit classes with my family. My wife and two of my three kids (the other isn't old enough yet) enjoy doing this together. I also like to run and just ran a half marathon in March and will run a RAGNAR run in July. I also enjoy reading a wide array of books, but I prefer history, as well as playing video and board games with my family. ●

“State government should allow physicians to practice medicine. Our role should be one where we lay out the rules that hopefully allow physicians to do that and to do so in a safe environment.”

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# INNOVATION AND IMPACT AT THE CLINIC FOR SPECIAL CHILDREN

BY ADAM HEAPS, MS, MBA

For the last 31 years, the Clinic for Special Children (CSC) has provided integrated clinical, laboratory, research, and educational services to patients with genetic or other complex disorders in an unusual setting: rural Lancaster County.

The organization was founded to provide care primarily to children with metabolic disorders, such as Glutaric Acidemia Type 1 or Maple Syrup Urine Disease, from the area's Old Order Amish and Mennonite (Plain) communities. It has since grown in scale and scope to care for patients with many types of disorders, some of whom come from well beyond Central Pennsylvania.

From the beginning, CSC has been an atypical outpatient practice. The complexity of disorders and the cultural context of providing primary and specialty care is certainly unique, but more importantly, innovative research and on-site advanced laboratory services have been an important focus.

While the laboratory at CSC originally focused on the practical application of inexpensive and rapid biochemical assays, such as urine organic acids and blood amino acid quantitation, today the CLIA-certified clinical laboratory has the capability to rapidly genotype patients for specific genetic variants and even sequence DNA.

The laboratory, clinical, and research teams at CSC focus on using the capabilities of the organization in practical ways that positively impact the natural history of a disease. The process of allowing patient needs to guide research that results in improved patient outcomes is called translational

medicine. This strategy has been successfully applied to a number of projects and disorders at CSC, but most powerfully for recent innovations in the care of Spinal Muscular Atrophy (SMA) — a progressive neurological disease typically caused by a deletion within the *SMN1* gene.

SMA is common worldwide, occurring in 1 in 10,000 births, but is even more common in Old Order Mennonite communities, with a frequency of around 1 in 3,600 births. The severity of the disease is dependent on the number of copies of the gene *SMN2* that are present in SMA individuals.

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THE PRACTICAL APPLICATIONS OF THE RECENT ADVANCES IN SMA CARE ARE JUST A FEW EXAMPLES OF THE INNOVATIVE PROGRAMS AND SERVICES PROVIDED BY CSC.

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Those individuals with two copies of the *SMN2* gene have SMA type 1, which is the most severe form of SMA. These children have onset early in infancy, are unable to sit or walk, and often die or require ventilator support by two years of age. On the other hand, individuals with three copies of *SMN2* typically have SMA type 2, which is a less severe form of SMA. These children are able to sit unassisted but are unable to stand or walk. Historically, the only option for SMA care was symptom management.

The landscape of SMA treatment has changed significantly over the last three years. In late 2017, two articles were published in the *New England Journal of Medicine* showing the efficiency of two treatment options — one is an antisense oligonucleotide that increases the effectiveness of the *SMN2* gene product and is delivered intrathecally into the cerebral spinal fluid (CSF) via lumbar puncture every four months after initial loading doses. The second is a gene replacement therapy.

At CSC, we were interested in giving Spinraza® (the antisense oligonucleotide treatment option mentioned above) to our existing patients with SMA type 1 and type 2 to hopefully halt or slow the progression of the disease. However, we immediately ran into a roadblock. Most older children and adults with SMA have severe scoliosis and spinal fusion, which makes it difficult, if not impossible, to perform a lumbar puncture to access the CSF in order to give the Spinraza®.

CSC partnered with Nemours/A.I. duPont Hospital for Children in Wilmington, Del., to develop a system for drug delivery where an indwelling catheter would be placed in the CSF and attached to a port anchored to a rib that sits under the skin. This allows Spinraza® to be administered without the need to perform a lumbar puncture every four months. CSC was able to expand this program, and the results from the first ten 10 subjects treated with this novel system were published in the *Journal of Pediatric Orthopaedics* in late 2018. Initial observations show the catheter system to be well tolerated and effective. This strategy is impactful locally for existing CSC patients as well as SMA patients across the world, demonstrating a clear model of translational medicine in action.

The disorder is recessive, which means that both parents are carriers of the *SMN1* deletion, and an affected child has



two damaged copies of the *SMN1* gene. Outside of treating existing patients, CSC is also able to harness its laboratory capabilities to identify adults who are carriers of SMA so affected children can be treated as soon as possible. Thanks to funding it received, CSC was able to carrier test 2,177 healthy adults in 15 months, identifying 318 carriers, and nine couples where both spouses are carriers for SMA. This resulted in nine infants being genetically screened by our laboratory within the first day of life, and treatment started rapidly in three SMA infants.

Pediatric Neurologist at CSC and PAMED member Vincent Carson, MD, explains, “Identifying couples who are carriers for SMA allows us to discuss treatment options and develop a game plan before a child is even born. The ability to diagnose infants with SMA on day one of life in our laboratory allows us to put that game plan into action quickly. This strategy provides affected newborns with the best possible chance to have a good outcome.”

The practical applications of the recent advances in SMA care are just a few examples of the innovative programs and services provided by CSC. The dedication of CSC’s 22 staff members to the more than 1,100 active patients served by the organization is a testament to how integrated, advanced laboratory capabilities, used in a timely and practical manner, coupled with a high-quality and creative clinical service, can produce innovative and impactful benefits for patient families. ●



### **Adam Heaps, MS, MBA,**

is the executive director of the Clinic for Special Children in Lancaster. You can learn more about CSC on its website at <https://clinicforspecialchildren.org>.





# MEET KEITH TAYLOR

Keith Taylor is the senior director of partnerships and practice support for PAMED's PA Clinical Network. In this role, he is charged with introducing the Network to physicians and office managers who share our vision for independent physician practices. He is also responsible for pursuing business development and fostering relationships with anyone interested in high-value care. He has been working in the PA Clinical Network for just over a year.

**Keith agreed to sit down and share some of his impressions about the PA Clinical Network.**

**Q. WHAT DO YOU EMPHASIZE WHEN YOU FIRST INTRODUCE THE NETWORK TO PHYSICIANS WHO HAVE NOT HEARD ABOUT IT?**

**Taylor:** The first thing I do is better understand their challenges in the health care environment they're working in. While they have many concerns, a common theme is that they believe independent physicians have special challenges that are not shared by large health systems, including modest contracting expertise and poor access to health information technology that allows them to measure and manage value for their patients.

**Q. IN MANY PRACTICE SETTINGS, THE OFFICE MANAGER IS THE FIRST POINT OF CONTACT. WHAT HAVE YOU LEARNED IN TALKING TO THESE INDIVIDUALS?**

**Taylor:** They are hard-working professionals who are very much in tune with their practice and their patients. They are looking for alternative solutions to joining with large and well-financed health care systems. They are fiercely independent.

**Q. YOU'VE MENTIONED THAT WHEN "THE HEAD STARTS NODDING" IN THE OFFICE YOU'RE VISITING, YOU KNOW YOU'VE MADE A SPECIAL CONNECTION. WHAT DO YOU MEAN BY THAT?**

**Taylor:** The office manager and the physicians' interests are lined up with what PAMED, through the PA Clinical Network, is offering. That offering is a way for them to do more than just keep their head above water in a health care environment that is under rapid transition. They don't want just to survive; they want to thrive.

*continued on page 17*

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AT THE PENNSYLVANIA MEDICAL SOCIETY

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**Q. WHAT ARE THEY TELLING YOU ABOUT THE INCREASING EMPHASIS ON QUALITY AND COST?**

**Taylor:** They have told us repeatedly that they don't feel as if they are competing on a level playing field. Access to information systems, contracting expertise, and the sharing of best practices with like-minded colleagues would give them the ability to demonstrate that they are also high quality and low-cost advocates for their patients.

---

**Q. IT PROBABLY TAKES SEVERAL CONVERSATIONS BEFORE A PRACTICE WILL JOIN THE NETWORK. HOW LONG DOES IT TAKE?**

**Taylor:** These smart office managers work very hard in very long days. Getting in front of them is the first challenge. It may take as many as four or five follow-up communications by phone or in-person meetings with the office manager and the physicians before they have all the information they need to make an informed decision. Most choose to join at that point. On average, this process can take six months.

“Access to information systems, contracting expertise, and the sharing of best practices with like-minded colleagues would give them the ability to demonstrate that they are also high quality and low-cost advocates for their patients.”



**What is the PA Clinical Network?**

To learn more about the PA Clinical Network, visit [www.pennsylvaniacin.com](http://www.pennsylvaniacin.com). You can email Keith at [ktaylor@pennsylvaniacin.com](mailto:ktaylor@pennsylvaniacin.com) or call him at (814) 360-6622.

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**Q. WHAT DO YOU LIKE ABOUT YOUR JOB?**

**Taylor:** The face-to-face collegiality with community-based physicians with a need that I can meet. It's rewarding being able to walk into a clinical practice with a solution to a problem that they've been grappling with for years.

---

**Q. WHAT'S THE BIGGEST CHALLENGE ABOUT YOUR JOB?**

**Taylor:** We are running a business that anticipates that we will be able to deliver increased patient value in the future. That is a business risk that they need to feel comfortable with. In addition, I represent a "start-up" company that has to prove itself every day.

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**Q. HEALTH CARE REFORM IS ALSO PRESENTING A LOT OF UNCERTAINTY. IS THIS COMPLICATING YOUR JOB?**

**Taylor:** Uncertainty complicates any job, and health care is not immune to that. However, physicians and office managers have been dealing with shifting regulations and broken promises for years. They believe that in the end, good patient care will win. I agree.

---

**Q. IS AWARENESS OF THE PA CLINICAL NETWORK GROWING?**

**Taylor:** Yes. Word of mouth, the support of the county medical societies, and the participants in our network referring their colleagues is helping to grow visibility. We're also getting better at social media and building brand awareness. One of the insurance companies we work with has referred practices to us because they believe we can increase quality. In addition, there is an electronic health record company that has begun to work with us.

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**Q. TELL US MORE ABOUT YOURSELF.**

**Taylor:** I'm from and still live in rural central Pennsylvania. I've worked in health care for more than two decades, including the pharmaceutical industry, where I worked with both large and small clinical practices in diabetes and population health. When I'm not talking with doctors' offices, I'm walking golf courses. I also volunteer my time as a high school wrestling coach. ●

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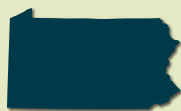
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# HAVE YOU HEARD OF **DR. VIRGINIA APGAR, DR. CHARLES DREW, LUIS MIRAMONTES, OR PERCY JULIAN?**

BY LETITIA COSBERT, MD

## WHAT WOULD MEDICINE BE WITHOUT APGAR SCORES, THE BLOOD BANK, ORAL CONTRACEPTIVE PILLS, OR CORTICOSTEROIDS?

These are just a few examples of items essential to medicine and its advancement that were created, discovered, or invented by a woman, black men, and a Mexican man. Somehow, despite overt discrimination, lack of resources, and limited support, these people and many more were able to bring forth ideas that changed medicine. Yet, few know of them.

Current census data states that 50.8 percent of the population are women, 13 percent are black, 18 percent are Hispanic or Latino, and 5.9 percent are Asian. According to 2018 data from the Kaiser Family Foundation of allopathic medical school graduates, only 6.5 percent of doctors are black, 6.2 percent are Hispanic, and 23 percent are Asian.

The data alone shows what we already know — representation of every ethnicity is not equal in medicine for many systemic reasons and barriers. However, what the data does not tell us is how many of those graduates stay in medicine or are given opportunities for advancements that could change the course of medicine.

Diversity and inclusion are “hot” item words that seem to be making their rounds. It is not about meeting a quota anymore. It is about true integration, on every level, from the lowest rung to the top. Only with full saturation will organizations and communities be able to relate personally to someone who has differences, and also be able to react and create in that space for the advancement of all. One common misconception is that diversity means being a minority. We all have different backgrounds, beliefs and values, and views. Diversity is about having all of that in one place.

Inclusion is where the real growth happens. You can have everyone in one place, but if they do not have a voice or their opinion does not matter, there is no point. Inclusion is about creating an environment where differences are not only respected but also valued and celebrated. A poor example that is the current standard is having a group with only one minority, or a “token.” The opinion of that person only becomes important when the subject is about their minority group, rendering this individual as one-dimensional and placing their worth in only one aspect of who they are and what they know.

Being in a space where one is respected, feels safe to share their viewpoint, and that viewpoint is valued is priceless, especially for minorities who have historically and continuously been underrepresented and underserved. Over generations, minorities have been told they cannot achieve anything and have not contributed anything. Meanwhile, the people mentioned above are never discussed in history classes and are all but erased, unless you look for them.

There is an energy that comes from knowing there is someone who looks like you and, when faced with similar events, was able to do something innovative. Couple this with support and respect, and we could have collaborations that lead us to advancements beyond our dreams. Patient care could progress to a new level, where needs are fully met, and patient trust is given more freely. Additionally, our work environments could reflect what we do in our profession: seeing one another's value, embracing differences, growing and learning, and working toward a common goal of healthier communities. ●



*Letitia Cosbert, MD, is a PAMED member and a family medicine physician in York. She is passionate about the topics of diversity and inclusion in medicine.*



# BERKS COUNTY MEDICAL SOCIETY FINDS PARTNER FOR NEW NATURE RX INITIATIVE

BY T.J. HUCKLEBERRY | EXECUTIVE DIRECTOR | BERKS COUNTY MEDICAL SOCIETY

When asked to solve a difficult problem, the old cliché is to “think outside the box.” Well, for the Berks County Medical Society (BCMS), it was just a matter of thinking outside.

In November 2019, BCMS and Berks Nature, the county’s leading conservation and environmental organization, kicked off a new and exciting program called **Berks Nature Rx**. The program is an easy way to introduce (or re-introduce) nature into one’s weekly routine. BCMS and Berks Nature believe that doctors, patients, and the community, in general, need to utilize the great outdoors to help prevent disease, and as a therapy for physical and mental challenges.

In short, the Nature Rx program urges doctors to encourage and motivate their patients to get outdoors by “prescribing” 120 minutes/week outdoors to benefit their mental and physical health. There are just four similar programs in Pennsylvania,

according to *ParkRx.org*, an organization that advocates for and tracks the effects of the programs.

When studying our current county needs assessment data, obesity — especially child obesity — diabetes, and mental health were Berks County’s areas of major concern. It was clear that the solution to all of these issues could be addressed through outdoor activity.

To kick off the program, Berks Nature hosted Michael Suk, MD, chairman of Geisinger Health System’s Musculoskeletal Institute and a member of PAMED. Under former president George W. Bush, Dr. Suk spearheaded an initiative in the U.S. Department of the Interior to develop a link between public health and recreation. Dr. Suk was also joined by a panel of BCMS members to discuss the correlation between the outdoors and best medical practices.

A dedicated website, [www.berksnaturerx.com](http://www.berksnaturerx.com), was also announced during the panel discussion. It provides information on places to visit as well as outdoor community activities. Moreover, the site also offers a link to [www.greaterreadingtrails.com](http://www.greaterreadingtrails.com), which provides a list and map of every trail and park system in Berks County.

As an extra incentive to residents and patients, Berks Nature Rx offers free gifts to those who reach 500 self-reported minutes.

Spending time outside can be medicine, and this medicine is free! As our day-to-day life continues to be dominated by digital apparatus and high-paced living, it’s crucial that dialogue and partnerships between the nature and medical community exist. BCMS is proud to be working with Berks Nature to provide a Berks Nature Rx to our patients and residents. ●

# ADDRESSING PRESCRIPTION DRUG ABUSE TAKES A MULTI-FACETED APPROACH, AND EDUCATION IS AT THE CORE

BY TONYEHN VERKITUS | EXECUTIVE DIRECTOR | LUZERNE COUNTY MEDICAL SOCIETY

A primary source of frustration in finding ways to solve big problems is navigating institutional loopholes and tackling minutiae. The Luzerne County Medical Society has found a way to work with county stakeholders to develop quick solutions to some of the area's biggest problems.

In December 2018, when Luzerne County District Attorney Stefanie Salavantis asked me to contact the Drug Task Force Coordinator about training, I had no idea what was in store for the county medical society. As chair of professional education for the Luzerne County STOP Coalition, formed to reduce the number of lives lost to overdose, it was not outside of my purview.

On March 21, 2019, physicians, pharmacists, district and U.S. attorneys, DEA agents, and fire and police chiefs attended the first medical and law enforcement roundtable discussion on opioids and addiction in Luzerne County. The purpose of the first meeting was to provide a venue for an open discussion about the goals of law enforcement, the concerns of health care providers, and the gaps in understanding between the two.

After the first roundtable, all involved felt that for this group to be effective, actionable items that did not require permissions of the various groups needed to be put in place. During the second meeting on Aug. 28, 2019, a plan was put in place.

The Luzerne County Medical Society developed a working partnership with the Wilkes-Barre City Health Department in the previous year, which helped to fund opioid education for health care providers. Due to the first year's success, the health department asked the medical society to draft a proposal for a much larger grant that could potentially be renewed for two years.

With this in mind, I proposed three primary focus areas to the roundtable — Community Education, Professional Education, and Pharmacist Leaders — each to be deployed in three phases over three years.

**Community Education**, with the help of Christopher Connor, DO, a pain medicine specialist and PAMED member, and Luzerne Drug & Alcohol, will inform community members how they can prevent substance abuse, recognize addictive behavior, and find and share resources. The messaging, displayed on billboards, buses, and television, will be positive, unbiased, and directed to all segments of the population, not just those dealing with addiction.

**Professional Education** will provide opportunities for health care, treatment, law enforcement, and legal communities to gather both formally and informally to share information and resources, while also fulfilling continuing education needs. By creating multi-professional learning opportunities, providers can discuss gaps and develop solutions with individuals outside of their professional silos.



**Members of the Luzerne County STOP Coalition**

**Pharmacist Leaders** were recognized as an underutilized resource with access to all levels of society. Unlike health care providers and law enforcement, they are more likely to be viewed as an ally, allowing an opportunity for behavior modification and positive communication. Through academic detailing, the group hopes to develop a group of pharmacy leaders who can promote harm reduction and act as advocates for patients.

The Luzerne County Medical Society has already planned four professional education opportunities for 2020 with topics ranging from decreasing the risk of opioid withdrawal to human trafficking and harm reduction. As we finalize the details of the grant with the Wilkes-Barre City Health Department, we look forward to beginning work on other focus areas. We are thrilled with the response we are getting from other organizations in the community that want to contribute to the work we've started. ●



# Improving the “Health” of Health Care

*Prescription: Mentorship and Diversity*

By Natalia Ortiz-Torrent, MD, and Johanna Vidal-Phelan, MD





Female physicians make **76 cents** for every dollar earned by male physicians.<sup>1</sup>



Research shows that there are only **105** Latino physicians per **100,000** Latino patients.<sup>4</sup>



The Latino population is the **fastest** growing ethnic group in Pennsylvania.<sup>6</sup>

Embarking on a career in the field of medicine is a highly personal journey, one that is fraught with many challenges. Without mentors and sponsors, many of us would never have had the opportunity to achieve our professional goals. Mentorship plays a critical role in molding and shaping the next generation of physicians.

Are we doing enough to support the new and under-represented minorities that desire to pursue a career in medicine? Developing a culture that supports and addresses the health care needs of growing ethnic and racial groups in the U.S. requires a commitment to diversify the physician workforce.

Under-represented female minorities face additional challenges when choosing a career in medicine, including compensation inequity, gender bias, discrimination, and few mentors in leadership positions. The junction of gender and race compounds the effect of biases related to compensation and career opportunities.

According to the Association of American Medical Colleges (AAMC), **female physicians make 76 cents for every dollar earned by male physicians**, even after adjusting for age, years of experience, and specialty. Leadership and mentors are also limited, where **fewer than 20 percent of medical school deans and department chairs are women**.<sup>1</sup>

Unfortunately, the health care workforce doesn't adequately reflect the demographic characteristics of the U.S. population. According to the *Journal of Academic Medicine*<sup>2</sup>, the proportion of Latino physicians continues to drop, while the **Latino population continues to grow, accounting for 18 percent of the U.S. population**.<sup>3</sup> Research shows that there are only 105 Latino physicians per 100,000 Latino patients, compared to 315 white physicians per 100,000 white patients.<sup>4</sup> While current census data projections indicate 24.6 percent of the population will be Latino by 2035,<sup>5</sup> the Latino physician shortage has worsened over the past 30 years, negatively impacting cultural competency and language-concordant patient care.

This shortage of Latino physicians will also affect Pennsylvania, as the Latino population has increased to approximately 896,000 (Census data, July 2017), representing the fastest growing ethnic group in Pennsylvania, and the 13th largest in the nation.<sup>6</sup> **There is an urgency to increase the supply of Latino physicians**, with mentorship and sponsorship playing a critical role.

Two PAMED members are committed to addressing this situation, and the statistics, by increasing the diversity of health care in Pennsylvania. Through sharing their own stories, **Natalia Ortiz-Torrent, MD**, and **Johanna Vidal-Phelan, MD**, hope to inspire the next generation of medical students, residents, and health care professionals to passionately commit to a career in the field of medicine.

<sup>1</sup>[www.aamc.org/news-insights/aamc-launches-new-initiative-address-and-eliminate-gender-inequities](http://www.aamc.org/news-insights/aamc-launches-new-initiative-address-and-eliminate-gender-inequities)

<sup>2</sup>[www.ncbi.nlm.nih.gov/pubmed/25629948](http://www.ncbi.nlm.nih.gov/pubmed/25629948)

<sup>3</sup>[www.pewresearch.org/fact-tank/2017/09/18/how-the-u-s-hispanic-population-is-changing/](http://www.pewresearch.org/fact-tank/2017/09/18/how-the-u-s-hispanic-population-is-changing/)

<sup>4</sup>[https://journals.lww.com/academicmedicine/fulltext/2015/07000/Latino\\_Physicians\\_in\\_the\\_United\\_States\\_1980\\_2010\\_20.aspx](https://journals.lww.com/academicmedicine/fulltext/2015/07000/Latino_Physicians_in_the_United_States_1980_2010_20.aspx)

<sup>5</sup>[www.pewresearch.org/fact-tank/2017/09/18/how-the-u-s-hispanic-population-is-changing/](http://www.pewresearch.org/fact-tank/2017/09/18/how-the-u-s-hispanic-population-is-changing/)

<sup>6</sup>[www.pewresearch.org/hispanic/fact-sheet/latinos-in-the-2016-election-pennsylvania/](http://www.pewresearch.org/hispanic/fact-sheet/latinos-in-the-2016-election-pennsylvania/)



# The Resiliency of a Born Mentor

Dr. Natalia Ortiz-Torrent

Natalia Ortiz-Torrent, MD, knew she wanted to be a doctor since childhood. Her father, born in 1920, was not what many would consider a “traditional” father. A self-made man, he expected his daughters to pursue a college education. Dr. Ortiz’s parents - her first mentors - instilled in her the values of perseverance, resilience, and determination, while her mother specifically taught her how to save for her education.

Applying and being accepted to medical school in Puerto Rico was initially very challenging and competitive. As part of her journey, Dr. Ortiz first decided to pursue a career in chemistry so that she could gain both research and employment experience. Her college mentor, **Rosita Baez, PhD**, advised her to pursue a research position at the University of Puerto Rico’s Cayey campus. Research with another mentor, **Juan Estevez, PhD**, led to several presentations that would ultimately culminate in attending and participating in the American Chemical Association (ACA) national meeting.

Thanks to the sponsorship of her mentors and the ACA, Dr. Ortiz was accepted to a summer research job through the National Scientific Association at Mississippi State University, under the guidance and mentorship of **William Henry, PhD**.

Despite numerous opportunities to work as a board-certified chemist, Dr. Ortiz’s professional focus shifted when she was accepted to Puerto Rico’s Ponce School of Medicine. It was during her third-year medical rotation in psychiatry that Dr. Ortiz found her career path in psychiatric medicine. Because there was only one psychiatry residency program in Puerto Rico, Dr. Ortiz decided to apply to mainland U.S. programs and matched with Temple University Health System in Philadelphia.

Moving to Pennsylvania was exciting for Dr. Ortiz, but also represented a significant challenge. Dr. Ortiz worked hard improving her English language skills, learning a new culture, and adapting to life without her family support system. There were long hours of work and a stressful residency life. Dr. Ortiz emphatically recalls, “I don’t miss the 36-hour shifts.”

The population was tough and angry, which was very different from her hometown of Cayey, Puerto Rico, where people always greet one another courteously. **Dr. Ortiz was mocked because of her accent and told on countless occasions to “go back to her country.”**

During these challenging times, Dr. Ortiz remembers her car being impounded and how she almost lost her residency position due to an initial struggle to pass her USMLE Step 3 Board exams.

Dr. Ortiz also experienced many financial challenges during her residency training, such as being unable to renew her lease and having to move in with a friend. It was amid these trials, however, that her mentors stepped up and helped her navigate each problem. **Dr. Ortiz’s mentors listened to her, empowered her, and provided the sustaining support she needed to continue pursuing her career in medicine.**

When Dr. Ortiz graduated from her residency program, she began working as an attending immediately. She faced many difficulties, as she would need to prove herself as a young Latina, double-board certified instructor, working as a psychiatry consultant to a full-rank professor.

Fortunately, Dr. Ortiz also had mentors at work. Around this time, she realized the importance of networking within the Latino community to gain experience as a leader. **Mr. Raul Serrano**, a recognized community leader in Philadelphia, was a mentor who introduced Dr. Ortiz to several community engagements and opportunities. Returning to her Latino roots nurtured Dr. Ortiz’ soul, with experiences that reminded her of the numerous philanthropic efforts undertaken by her parents.



As Dr. Ortiz's parents aged in Cayey, she committed to taking care of them. Since Dr. Ortiz couldn't obtain commensurate employment by returning to Puerto Rico, her parents chose to move to Delaware County to live with her. Dr. Ortiz confesses that work-life balance has been a challenge.

"The importance of prioritizing my health care became obvious when I developed sudden unilateral hearing loss," she says. Thanks to the support of her employer, allowing her a degree of flexibility, and faithful friends who were always there for her, Dr. Ortiz has survived the tough times.

Many years have passed, and Dr. Ortiz looks back on all her accomplishments with a sense of humility and gratitude to the people who helped her become the person she is today.

**Above all these titles, roles, and accolades, Dr. Ortiz defines herself as a mentor.** Dr. Ortiz believes that mentors are people that guide and teach professional and personal skills, exemplifying how to balance work with life, and modeling how to take care of ourselves. Dr. Ortiz can certainly state with sincerity and conviction, "I am thankful to my mentors. A toast to them."



**Drs. Johanna Vidal-Phelan (left) and Natalia Ortiz-Torrent (right)**

*"I am thankful to my mentors.  
A toast to them."*

**Dr. Natalia Ortiz-Torrent**





# Up to the Challenge

Dr. Johanna Vidal-Phelan

Dr. Johanna Vidal-Phelan with Mr. Hector Valdez during “Cafe con Leche” at WLCH 91.3 FM addressing health topics relevant to the Central PA Latino community.

Growing up in Puerto Rico, Johanna Vidal-Phelan, MD, knew from an early age that she would pursue a career in medicine. **Her first mentor was Humberto Vazquez, MD**, her very own pediatrician. Dr. Vazquez quickly recognized her aptitude in science and provided her with constructive advice and consistent support during her high school years in Puerto Rico. Dr. Vazquez also offered invaluable guidance when the time came to select a college with a strong pre-med program. He upheld her in her choice to attend a college in the mainland U.S. At the age of 17, Dr. Vidal-Phelan left her home in Puerto Rico and began her physician journey as a pre-med student in Boston, Mass.

**While in college, Dr. Vidal-Phelan experienced, for the first time, what it means to be a minority.** With a thick accent and a limited mastery of the English language, she faced entirely new challenges upon moving to Boston. She knew she wanted to attend medical school, but also understood that she would be competing with excellent students who had the opportunity to take advanced classes during high school that were not available to her. Dr. Vidal-Phelan realized immediately that she would need to excel in classes taught in her second language; communicate effectively through reading, writing, and speaking in English; and rapidly adapt to a very different culture.

She vividly remembers when a professor told her that she should not apply to medical school because her English “was not good enough.” **The challenges of these years made Dr. Vidal-Phelan even more passionate and committed to a career in medicine**, and she didn’t mind the sacrifices required to excel academically.

Early in her college years, Dr. Vidal-Phelan had the opportunity to work with **Dennis Smith, PhD**, her histology professor and second mentor. Dr. Smith witnessed her dedication and hard work and quickly supported her dream of becoming a physician. Dr. Smith took the time to become Dr. Vidal-Phelan’s mentor in college, sponsoring her senior honors thesis and encouraging her to pursue research as part of her pre-med activities. Dr. Smith attended Dr. Vidal-Phelan’s thesis dissertation and proudly wrote her a letter of recommendation as part of her medical school application process. Dr. Smith’s mentorship, along with timely encouragement, support, and guidance, helped give Dr. Vidal-Phelan the hope and self-confidence she needed to continue the fight to realize her dream of attending medical school.

Dr. Vidal-Phelan applied to and was accepted by several medical schools. She chose to attend Robert Wood Johnson Medical School in New Jersey because of the strength of their primary care program. Upon beginning medical

school, **Dr. Vidal-Phelan quickly realized she was one of the few selected medical students of Latino descent.**

Still determined to be a physician, Dr. Vidal-Phelan was committed to navigate the intricacies and challenges of medical school successfully.

To her surprise, many of the patients in her third- and fourth-year rotations were of Latino descent. Her ability to relate to her patients, understand their culture, and fluently communicate in her native Spanish proved to be a welcome advantage. **Dr. Vidal-Phelan’s bilingual fluency also allowed her to assist, on numerous occasions, as a translator and to provide insightful support in complex medical cases.** It was during the third year of medical school, on her family medicine rotation, that Dr. Vidal-Phelan met her next mentor, **Jeffrey Brenner, MD**. Dr. Brenner worked as a family physician in Camden, NJ, and he devoted countless hours to mentoring medical students in primary care.

While working at Dr. Brenner’s office, Dr. Vidal-Phelan began to hone her clinical skills under the watchful eye of a gifted mentor. When the time came to develop a list of potential residency programs, Dr. Brenner encouraged Dr. Vidal-Phelan to consider the University of Washington’s Pediatric Program at Seattle Children’s Hospital. Dr. Brenner had trained at a Seattle-based family medicine program and knew the excellent reputation of the

University of Washington's pediatric program. On the advice of her mentor, Dr. Vidal-Phelan participated in a fourth-year medical school sub-internship rotation at Seattle Children's and fell in love with the academic program. After a successful first-choice match, Dr. Vidal-Phelan moved to the Pacific Northwest to begin her training as a pediatrician.

In Seattle, Dr. Vidal-Phelan became one of two Latino residents in her program. While living there for almost seven years, she enjoyed every opportunity to educate her patients, peers, and attendings about Puerto Rico, a commonwealth of the U.S. In Seattle, it was common for Dr. Vidal-Phelan to be asked questions regarding her accent, whether she needed a Visa or Green Card to work in the U.S., and why

someone raised on a sunny tropical island would want to do her training in the often overcast Pacific Northwest.

As with the early primary care experiences in Camden, NJ, Dr. Vidal-Phelan undertook her pediatric continuity clinic in an area of Seattle with significant social determinants of health. It was here that she continued to learn from the immigrant families of Africa, Southeast Asia, and Central America. Dr. Vidal-Phelan was mentored by several attendings during her pediatric training in Seattle, but it was **Lenna Liu, MD, MPH**, at her continuity clinic who made the most lasting impact.

Dr. Liu was an inspirational leader and mentor, demonstrating daily that pediatric patients, and their respective families, need compassion and kindness. In moments when Dr. Vidal-Phelan experienced self-doubt, **it was Dr. Liu who took time from her busy schedule to encourage her never to give up, believe in her skills, and continue to fight for her dream of becoming a pediatrician.** Dr. Vidal-Phelan remains forever grateful for the mentorship she received as a pediatric resident.

As an attending, Dr. Vidal-Phelan returned to the East Coast to be closer to her family. It was at Children's Hospital of Philadelphia that Dr. Vidal-Phelan had the opportunity to work with **Esther Martinez, MD**, a medical director originally from Cuba, who is well regarded in the Latino community. Dr. Martinez took Dr. Vidal-Phelan under her wing and challenged her to continue growing as a general pediatrician. Dr. Martinez remains a powerful example to Dr. Vidal-Phelan of clinical acumen, resilience, and tenacity, advocating not only for her patients but for fellow members of our own profession.

**It was Dr. Martinez's dedication and tenacity that encouraged Dr. Vidal-Phelan to learn more about the health care industry,** leading her to

return to graduate school and complete her health care-focused MBA.

Dr. Vidal-Phelan will always realize that her path has been forged by hard work and intense sacrifice, yes, but it was a path well-lit by those who had gone before her. Dr. Vidal-Phelan's mentors and sponsors will never be forgotten for their kindness and gifts of guidance that can only be repaid by passing on what she has received to the physicians and health care workforce of the future.

The journeys of Dr. Ortiz and Dr. Vidal-Phelan may have been filled with distinctive challenges and struggles, but they are both highlighted by the amazing dedication of multiple mentors and sponsors that recognized their immense potential and encouraged them to continue growing.

Both Dr. Ortiz and Dr. Vidal-Phelan are witnesses to the importance of diversity and inclusion to improving the field of medicine, both as a sustainable career path and in its ability to provide culturally competent care to increasingly diverse patient populations. Dr. Ortiz and Dr. Vidal-Phelan are taking on the critical responsibility to encourage and mentor the next generation of physicians.

**What steps are you taking to improve the overall "health" of our health care system? ●**

Natalia Ortiz, MD, DFAPA, FACP, FPCP, is associate professor of psychiatry, chief of consultation and liaison psychiatry, and medical director of the Psychosomatic Medicine Clinic at Temple University School of Medicine and Hospital. She is the president of Society of Ibero Latin American Medical Society and president-elect of the Philadelphia Medical Society.

Johanna Vidal-Phelan, MD, MBA, FAAP, is a practicing pediatrician at Hamilton Health Center, an FQHC in Harrisburg, and senior medical director in pediatrics at UPMC Health Plan.

Have a story to share?  
Email us at [PAPhysician@pamedsoc.org](mailto:PAPhysician@pamedsoc.org).



**Drs. Martinez and Vidal-Phelan**

*Dr. Martinez took Dr. Vidal-Phelan under her wing and challenged her to continue growing as a general pediatrician.*



# HEALTH CARE INNOVATION in ACTION



In the fall of 2019, PAMED awarded \$500,000 in grants to physicians and organizations in a new program that encourages innovation in health care.

Recipients from Allentown, Harrisburg, Lancaster-Lebanon, Philadelphia, Pittsburgh, and West Chester each received between \$33,368-\$80,000. Applications were reviewed, and eight winners were selected by a committee of PAMED physician members.

“Our physician members care passionately about providing the best care to their patients, and many have innovative ideas for how to do that,” said PAMED President Lawrence John, MD.

“We are proud to support these projects and look forward to seeing the impact they will have on lowering the cost and raising the quality of care for patients in Pennsylvania.”

IN THIS ISSUE OF *PENNSYLVANIA  
PHYSICIAN*, WE HIGHLIGHT SOME  
OF THE WINNERS.





# 3D PRINTED MODELS IN PHILLY: WHERE OLD MEETS NEW

By Jeff Wirick, Director of PR and Digital Communications, PAMED



**Michelle Ho, medical student**

A sturdy, 10-foot tall vault door anchors the basement at 925 Chestnut St. in Philadelphia. It's one of the last remaining signs that this majestic building served as one of the nation's Federal Reserve Bank locations starting in the late 1800s and as a bomb shelter during the height of the Cold War.

Walk through the historic space today, and you'll see the health care of tomorrow.

Computers display MRIs and CT scans. A few feet away, 14 3D printers stand ready to turn those 2D images into life-sized models of a patient's organ.

Physician innovator Kristy Shine, MD, PhD, stands off to one side of the room, holding a bi-colored plastic uterus model with red regions highlighting tumors with a propensity to bleed. She explains how an obstetrician might use this 3D model as a planning tool to avoid the tumors and this blood loss during a cesarean operation.

The dental industry pioneered the use of 3D printed models for pre-surgical planning several decades ago. Its application to other health care specialties is growing, thanks to creative research spaces like Jefferson's Health Design Lab.

"The reaction to our models from patients and physicians is anecdotally very positive," Dr. Shine says. "People are excited about 3D printing technology as a tool to improve health."

But what kind of impact does it have on surgeons' ability to provide better outcomes or a patient's ability to understand and consent for a procedure?

Dr. Shine is leading a project at Jefferson's Health Design Lab that is devising a tool to measure its impact. Part of this project will be funded through PAMED's first annual Innovation Grant.

Robert Pugliese, PharmD, the lab's director, says the Health Design Lab already prints 3D models for 10 different surgical specialties, despite beginning its program just three years ago.

"Ultimately, our philosophy in 3D printing has always been to put the user first and to understand what is the value-add to our clinicians, our learners, and our patients," he says. "3D printing

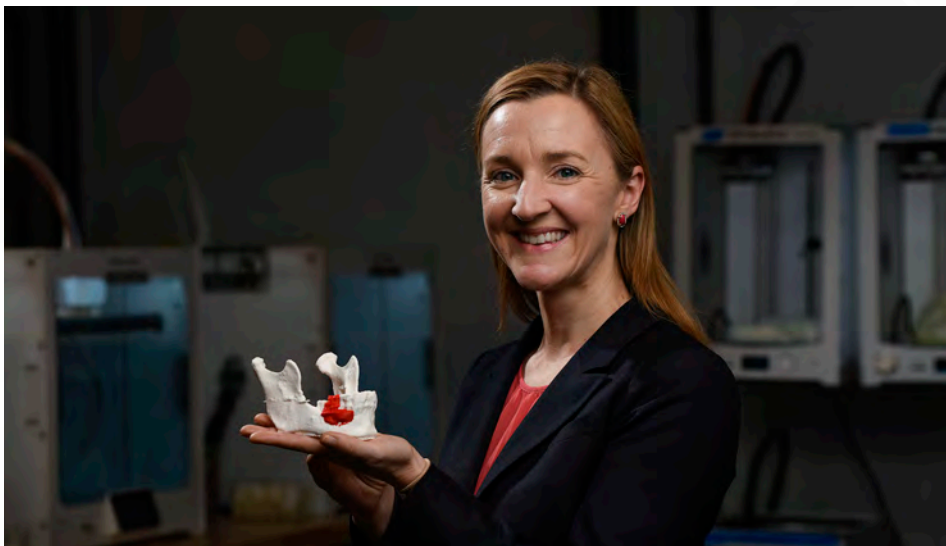
technology is evolving rapidly and now offers varying levels of complexity at a fraction of its former cost, making it a truly accessible technology."

The lab also serves as a place to foster creativity and collaboration in innovation and introduces medical students and residents to health design. Michelle Ho, a medical student at Jefferson taking a gap year to serve as the Health Design Lab's 2019-20 research fellow, is participating in the PAMED-sponsored 3D printed models project.

"The most useful knowledge for us is having a deep understanding of anatomy and pathology," Ho says about using computer software to turn MRI/CT images into 3D printed models. "For many people, when you're looking through the scans, it's unnatural to see anatomical structures slice by slice in two dimensions. One of the things we spent a lot of time in medical school learning is how to identify certain structures and imaging features. This helps to create 3D models that are more intuitive for people."

Creating a tool to measure the impact of 3D models in health care could further standardize its use among students, trainees, surgeons, and patients, Dr. Shine says.

**"PEOPLE ARE EXCITED ABOUT 3D PRINTING TECHNOLOGY AS A TOOL TO IMPROVE HEALTH."**



**Dr. Shine holding a 3D printed model of a patient's jaw bone. The red represents a tumor.**

"3D printed models can really help physicians communicate with patients," Dr. Shine says. "Holding their diseased or damaged organs in their hands while a physician points and explains makes their condition and/or surgery plan easier to understand. They can truly wrap their heads around what is happening inside of them for the first time — what their pathology is, where

their tumor is located, and how it's impacting or will likely soon impact the rest of the anatomical structures in their body.

"For surgeons, these models can give tactile feedback that isn't possible by looking at 3D images. That can be helpful during both pre-surgical planning and intraoperative decision



**Another 3D printed model**

making. You can look at the problem from different angles and judge depths and contours in a more intuitive way. These models enhance the use of our senses, and that more complete experience offers a tool we just haven't had before."

## INNOVATION GRANT AWARD WINNERS

**The projects highlighted are just a few of PAMED's first Innovation Grant award winners. The other funded projects include:**

### **RENÉE CASSIDY, MD** **West Chester**

Funding will support education and collaboration activities for the Regional Overdose Prevention Coalition, which addresses the opioid crisis in southeastern Pennsylvania. The coalition is comprised of individuals representing public health, health care, law enforcement, and the community.

### **ARVIND VENKAT, MD, AND JESSE PINES, MD** **Pittsburgh, Allegheny Health Network Research Institute**

In collaboration with U.S. Acute Care Solutions, funding will be used to implement a software solution to address 1) lack of systematic assessment of communication and treatment in the acute care setting and 2) under what circumstances patient problems occur after being discharged from an emergency department.

### **KIMBERLY LEGG-CORBA, DO** **Allentown**

Funding will be used to grow the newly formed Pennsylvania Direct Primary Care Association. This nonprofit aims to raise awareness and develop education about the direct primary care practice model, where patients pay a flat monthly fee (instead of using health insurance) to receive more time with their family physicians.

### **GWENDOLYN POLES, DO** **Harrisburg, South Central PA Sickle Cell Council**

Funding will be used to improve patient outcomes in South Central Pennsylvania for patients with sickle cell disease. By hiring additional staff, the organization can help increase patient adherence to medication and reduce emergency department visits and inpatient hospitalizations for this mostly Medicaid-insured population. The organization sees patients in 26 counties.

**PAMED congratulates all of the Innovation Grant Award winners and applauds them for their efforts to improve patient care in Pennsylvania. Learn more at [www.pamedsoc.org/InnovationGrants](http://www.pamedsoc.org/InnovationGrants).**

# HELPING INTERNATIONALLY TRAINED HEALTH CARE PROFESSIONALS RECLAIM THEIR CAREERS IN THE U.S.

By Rachel Damrauer, Director of Member Communications, PAMED



Seventy-seven internationally trained health care professionals from 11 countries — such as Cuba, Ethiopia, Poland, Germany, Brazil, and Papua New Guinea — are part of a collaboration between the Literacy and Learning Success Centers of Lancaster-Lebanon, and a network of South Central Pennsylvania community organizations and volunteers. They are working to provide services to internationally trained health care professionals to support them in their effort to reclaim health care careers in the U.S.

Daniel Weber, MD, a bilingual OB/GYN with 35 years of experience in medical education, is serving as the director of medical education for the project, which is in part being funded by an Innovation Grant from PAMED.

“When we started the program, every one of the doctors came in with their head down, and they would whisper ‘I was a doctor in Cuba, and now I work in a factory,’” says Dr. Weber. The pilot medical ESL program began in 2016 with only a few doctors who had recently immigrated from Cuba. It’s an idea he refers to as “simple and naive, yet beautiful.” Now, four years later, it has grown into the International Healthcare Professionals Program.

Thanks to the PAMED Innovation Grant, the program was able to expand significantly the intensive English instruction for health care professionals. In addition, the program now offers a wider range of career opportunities in collaboration with local partners, including medical assistant and phlebotomy certification, medical interpreter training, legal immigration support, simulated clinical experience, ACLS & PALS certification, and resume/job interview preparation.

“To have us together in a room talking medicine even though we may be struggling in English, we’re not struggling in the other language that all of the doctors speak, and that is the language of medicine,” says Dr. Weber. At least a third of the physicians and dentists speak three languages, and most have served in three or more countries prior to settling in Pennsylvania. Their linguistic and cultural fluency will prepare them well to serve a diverse patient population in Pennsylvania.

They [the volunteers] are not only helping us with English, but they are taking care of us as a family,” says participant Dr. Ovis Garcia, who is enrolled in the second-degree RN and BS program at the Penn State Harrisburg campus.

“When I came here [to the U.S.], I started working in a factory to be able to pay bills, to do something with my

life,” he says. This program was a huge change for him. “I feel like I’m still dreaming,” he says, gesturing that he sometimes pinches himself and asks himself, “Is this real?”

Dr. Weber also reflects on the profound impact this has had on the internationally-trained health care professionals who participate in the program.

“In order to learn a new language, it really helps to believe in yourself again,” says Dr. Weber. “So, what the doctors told me is that this class — which looked like a medical ESL class — was food for the soul. They want to live as best they can the American dream, and they’re just so ready to give back to their community.”

The program also has a positive effect on the community. “We can also pay back to the community working here in Lancaster with the Spanish population,” says Dr. García.



Students Tsehay Sima and Abezash Sukessa learn English in a medical ESL class.



Dr. Weber proudly noted that one of the physician volunteers, Vinesh Dedhia, MD, had the vision to establish a medical Spanish program in the evening for the Penn Medicine/Lancaster General Health staff. The physicians from Cuba lead the classes, and the medical staff members have the opportunity to enhance their medical Spanish.

Dr. Weber is quick to point out that Cheryl Hiester, executive director of the Literacy and Learning Success Centers of Lancaster-Lebanon, and her staff embraced this pilot project, and provided the professional support and guidance for it to flourish as a valued community service within the Center.

This innovative program would not have been possible without the generous support of community partners, including Franklin and Marshall College, Penn State University's Harrisburg Campus Second Degree RN Program, Penn State University's Simulation Center at Hershey Medical Center, Lancaster Health Center, Penn State Dickinson Law, Computers for Refugees, and Country Meadows Retirement Communities.

"Being a PAMED member is about more than just writing a dues check," he adds. "The Innovation Grant we received is just one example of the value of being a PAMED member."

If you're not yet a PAMED member, Dr. Weber encourages you to learn more and join PAMED at [www.pamedsoc.org/Membership](http://www.pamedsoc.org/Membership).

## IMPROVING HEART FAILURE PATIENTS' LIVES THROUGH FOOD

**By Jeff Wirick,  
Director of PR and Digital  
Communications, PAMED**

Patients experiencing heart failure often learn the foods they should avoid to stay out of the hospital. But patients don't often hear about the best types of food that they should be eating.



That was the driving force behind a pilot project led by PAMED member Anna Marie Chang, MD, that will provide medically tailored meals to patients with heart failure. The project, funded in part by an Innovation Grant from PAMED, will strive to study how a better understanding of diet can impact a patient's long-term recovery.

The project team also includes Jefferson Health physicians Kristin Rising, MD, and David Whellan, MD.

"We always tell patients 'you can't eat this much sodium; you can't drink this much fluids,'" says Dr. Chang, director of clinical research at Jefferson Health's Emergency Department. "Patients don't know how to interpret that."

Dr. Chang's team at Jefferson Health is working with Meals on Wheels to create a four-week meal plan for about 30 participants in the Philadelphia area. Because patients with heart failure often have other health issues — for example, diabetes — the meals will be personalized and then delivered to their homes.

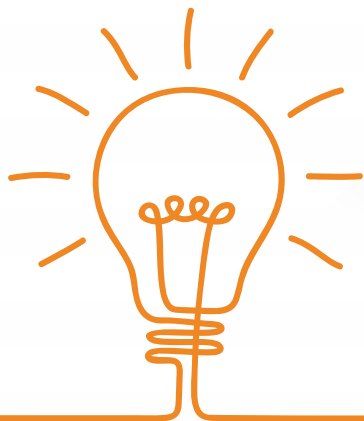
More medical organizations in Pennsylvania are supporting the "food is medicine" concept because the so-

called social determinants of health often impact a patient as much as their annual check-up.

Those incentive figures increase as private and public insurers consider paying for affordable housing and food vouchers to purchase fresh vegetables, and education screenings at doctors' offices. Studies such as this one could continue to show the financial benefits, in addition to the health benefits.

More than 1 million patients are hospitalized every year from heart failure, with 25 percent readmitted within 30 days. Part of Jefferson Health's study will include follow-up discussions with patients three months after they stop receiving meals. They will see if patients have made long-term changes to their diet and whether they've avoided hospital readmissions.

"While these 'food is medicine' programs are not cheap, they still are cheaper than hospital readmission," Dr. Chang said. "The idea is if we can prevent those readmissions by providing medically tailored meals, overall health systems and insurance companies would be saving money."



# A BETTER WAY TO DO ADVANCED CARE PLANNING DISCUSSIONS

By Jeff Wirick, Director of PR and Digital Communications, PAMED

Glancing at the chart, Kristin Rising, MD, could tell that the visit for her elderly patient with advanced dementia was part of an ongoing cycle of visits for infections, followed by emergency room evaluation, hospitalizations, and stints to rehab. Luckily, this visit provided Dr. Rising with time to talk with her patient's adult daughter who was his caregiver and health care proxy for medical decision-making.

"I asked about whether she thought the treatments were in line with what he would want, or whether we should try to back off on aggressive medical treatments and make sure he was comfortable," Dr. Rising remembered. "(It was a conversation) she immediately embraced."

Dr. Rising and her research team at Jefferson Health in Philadelphia are hoping to create a tool that will ensure more physicians have support in these conversations with patients. The goal is to facilitate more effective and routine advanced care planning discussions to happen soon after patients are diagnosed with dementia. Thus, patients can be empowered to clearly communicate their goals while they still have cognitive function to do so. Their study, which is expected to be completed by late 2020, is funded by an innovation grant from PAMED.

The Jefferson research team includes PAMED members Brendan Carr, MD, Anna Marie Chang, MD, Brooke Worster, MD, and Barry Rovner, MD.

There have been other attempts to devise such tools to facilitate advanced care plan discussions between physicians and patients. Dr. Rising said what makes this project different is the extent to which patients will help create the tool.

They will engage extensively with patients and their caregivers through focus groups and one-one-one discussions with the research team to inform subsequent tool development.

Physicians don't always feel prepared for these conversations, said Dr. Rising, director of acute care transitions at Jefferson's emergency department.

"Time is limited, and these discussions take quite some time to help people talk about their fundamental goals," Dr. Rising said. "Our goal is to be able to streamline the initial part of the discussion. We will engage patients with dementia and their caregivers to help us identify the range of things that are important to include in this discussion and things that may be valuable to patients. We will then develop a tool that helps patients to prioritize these goals and values prior to a discussion with their primary care providers."

A tool that can successfully facilitate these conversations could not only impact patients' quality of life, but also relieve stress and burden on both their caregivers and clinicians as well as reduce costs from hospital readmissions.

In response to whether this tool will be disseminated outside of Jefferson, Dr. Rising responds: "My goal with all of my research is to ultimately directly improve patient care and experience. This is an incredibly important issue across our health care system. I certainly hope that this would be made available to the wider community." ●



Kristin Rising, MD



Health Care

Innovation Challenges  
and Opportunities from

RURAL

& URBAN

Perspectives





# CHRISTOPHER SCHEID, DO

## Family Medicine

### Lancaster

**Mental health services, dermatology, urgent care, and many various specialty services still have very limited access for patients in rural Pennsylvania.**

Telehealth options are improving; however, many insurance payers still do not reimburse adequately or at all for telehealth services. One of the ways that primary care is trying to get around this problem is by billing under the primary care provider onsite and then making a contractual payment directly to the specialty provider. There are many telehealth options available to patients who can afford to pay cash, but the payers are still a big problem.

Also, primary care providers in rural locations are increasingly being employed by large health care systems. This is good for providing an extended network of resources; however, many large health care organizations want all primary care providers to offer similar

services, regardless of location. For example, there may not be a need for skin biopsies, laceration repair, prenatal care, obstetrical care, etc. in an urban or suburban area due to the number of readily available specialists; however, rural patients may not have access to these services due to geographic restrictions. I have personally had several challenges as an employed physician, where I was capable of offering services in the primary care setting, but resources were not provided by the employing health care system.

We should be working to provide telemedicine services to primary care physicians in Pennsylvania so that they can offer a full range of services to their patients. Increased reimbursements for primary care would also certainly help.

I am currently doing remote phone and telehealth consultations for nurse practitioners and physician assistants that I supervise in urban, suburban, and rural areas of South Central Pennsylvania. We need the laws and

payer regulations to allow more remote supervision for primary care providers in rural Pennsylvania.

We are also quickly moving toward a primary care delivery model that is comprised of fewer and fewer physicians. Laws and payer regulations need to change so that physicians can remotely supervise multiple rural offices. Independent nurse practitioners will not be able to sign off on durable medical equipment, and certain prescriptions for patients enrolled in Medicare, Medicare contracted plans, and certain Medicaid plans. Ironically, politicians want independent practice for nurse practitioners, but fail to realize that most Centers for Medicare and Medicaid Services-linked payers require a physician to sign off on certain orders, equipment, prescriptions, etc. I foresee a single physician being the sole supervising physician for multiple rural offices, likely covering a large geographic area.





# JEFFREY FARMA, MD

## General Surgery, Oncology

### Philadelphia

#### **Working in an urban setting, we have a lot of access to new technology that helps improve patient care.**

At Fox Chase Cancer Center, we're involved in clinical trials for all stages of cancer — from screening to prevention to designing new treatments. Some of these trials are local, just at our institution, while others are national or international multi-institutional collaborations.

Patients who live in a rural setting may not have as much close-to-home access to these clinical trials. I see patients from all distances, from five minutes away to our international patients. There are also social disparities. A lot of these clinical trials — even if they are free to the individual — require the patient to take time off work and/or away from their family. If they have to travel far to a city for a clinical trial, they may be less likely to participate due to the financial strain and time limitations.

One example is our collaboration with the Colon Cancer Coalition's

Philadelphia chapter, a colorectal advocacy group. They awarded us grant funding for a clinical trial where we used a Fitbit device. The trial was designed to determine if we could improve patient outcomes by setting goals, tracking their activity before and after treatment, and identifying opportunities for interventions. Our hope is to use technology and novel devices like this to identify patients at higher risks of complications, allowing us to intervene in hopes of improving outcomes.

Another example of innovation is improving communication with patients, providers, and the home care nurses from a local home health agency. Our plastic surgeons have created a project to provide a much higher level of follow-up and home care to patients after breast reconstruction surgery in hopes of improving outcomes and decreasing readmission rates. They have created set times for virtual visits and an education module and checklist for the home care team to review with the patient during each visit.

We're also using novel techniques with endoscopies that allow our gastroenterologists to do procedures they were not able to do before.

Another innovation at Fox Chase is that we are using robotic technology to navigate and perform lung biopsies that previously could not be done, or the patient would need surgery to remove them. This allows us to detect lesions earlier or to biopsy patients and get them into treatment earlier rather than having to subject them to the risks of surgery, which is especially important when you have a patient who you don't believe could tolerate an operation.

These are just a few of the examples of innovations that have helped improve patient care and help move things out of the hospital to the home or community setting with the help of available resources.

From a technological standpoint, there is increased access to novel techniques and technology that may not be the same in a rural hospital or other rural setting. But, the goal is that these types of innovations are translatable to other areas — whether they are rural, suburban, or urban — and that physicians and health care institutions can learn from each other, regardless of their setting. ●







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office who support the priorities of the Pennsylvania Medical Society membership.



# RETURNING TO THE DAYS OF VENUE SHOPPING WOULD HURT PENNSYLVANIANS

BY CURT SCHRODER

The Legislative Budget and Finance Committee (LBFC) issued its long-anticipated report on the impact of restoring venue shopping to medical liability cases in early February. While the report was vague and inconclusive, it clearly demonstrates reasonable doubt on the need to return to venue shopping and does nothing to further the arguments of those advocating for this change. In fact, the report made a number of findings helpful to the medical community on the impact of the medical liability reforms of the early 2000s. Namely, the following:

- **Medical liability claims and payouts have fallen.**
- **Liability insurance rates rose rapidly until 2007, then declined once pre-reform cases worked their way through the courts. The shift in claims away from Philadelphia and Allegheny Counties was prominent. This was exactly what the venue reform of 2003 intended.**
- **The availability of medical professional liability insurance has increased since 2002.**
- **Since 2007, the cost of medical liability insurance has decreased and become more affordable.**



Curt Schroder (left), executive director of PCCJR, and Martin Raniowski (right), CEO/executive vice president of PAMED, discuss issues such as venue and how the two organizations can collaborate.

It is beyond dispute that venue shopping was a major factor causing the medical liability crisis in the early 2000s. The Pew Report clearly states that the liability crisis of the early 2000s was due in large part to an increase in the cost of claims. Allowing more cases to be filed in places like Philadelphia will only cause the cost of claims to rise again, putting pressure on the health care system and threatening the availability of high-risk services. We already experienced closures of maternity wards in the aftermath of the last liability crisis. We don't want to go back to the time when expectant mothers, newborns, and other patients couldn't find access to care or had to travel long distances to access care.

An actuarial report by Milliman, commissioned by PAMED and other members of the Pennsylvania Coalition for Civil Justice Reform (PCCJR), leaves no doubt of the high cost of returning to the days of venue shopping. Milliman's findings are dramatic and should concern every Pennsylvanian.

It is beyond dispute that venue shopping was a major factor causing the medical liability crisis in the early 2000s.

## From the report:

- **Statewide Impact:** The current average statewide Medical Professional Liability costs and insurance rates for physicians in Pennsylvania could increase by 15 percent.
- **Local/County Impact:** Many individual counties could see increases in physician Medical Professional Liability rates of 5 percent, while counties surrounding Philadelphia could see larger increases of 45 percent.
- **Physician Specialty Impact:** High-risk physician specialties, such as Obstetrics/Gynecology (OB/Gyn) and General Surgery, could experience additional cost and rate increases of 14 percent.

Milliman also states that these estimates are likely low as they do not account for other factors that could increase costs resulting from a venue rule change, such as the impact of health care provider consolidation in recent years. The Milliman report, performed by qualified actuaries who have vast experience in examining these issues, clearly demonstrates that a return to the broad venue rules, and the venue shopping that will result, will have a dramatic impact on medical liability premiums, the financial viability of health care providers, and patient access to health care.

PAMED has been actively engaged in this issue with PCCJR and other stakeholders that include The Hospital and Healthsystem Association of Pennsylvania and the Pennsylvania Healthcare Association. ●



Curt Schroder is the executive director of PCCJR. PCCJR is a 501(c)(6), not-for-profit, nonpartisan advocacy organization comprised of a diverse group of organizations and individuals committed to bringing fairness to Pennsylvania's courts by raising awareness of civil justice issues and advocating for legal reform. Additional information is available at [www.paforciviljusticereform.org](http://www.paforciviljusticereform.org), [www.facebook.com/paciviljustice/](http://www.facebook.com/paciviljustice/), or [www.twitter.com/paciviljustice](http://www.twitter.com/paciviljustice).

# ERIE DOCTOR PAVES THE WAY FOR THE NEXT GENERATION OF FAMILY PHYSICIANS

*Caitlin Clark, DO, is a family medicine physician with Allegheny Health Network (AHN) in Erie. She serves as the program director for the Saint Vincent Family Practice Residency Program. Dr. Clark is the recipient of the PAMED Everyday Hero Award for September 2019.*

While in her third year of medical school at the Philadelphia College of Osteopathic Medicine, Dr. Clark completed a rotation that she will never forget — one that inspired her and led to her decision to become a family physician.

During that rotation, she worked with a small family practice in Bloomsburg. She clearly recalls how impressed she was by the relationship the physicians in that practice had with their community.

Each fall, Bloomsburg holds a popular agricultural fair that temporarily shuts down many of the normal activities of the town. While Dr. Clark was working there, some of the practice's regular patients expressed concern about whether they would have access to their doctors during the event. The doctors were quick to reassure them that they would be available if needed.

"This is the profession I need to go into," she remembers thinking.

Dr. Clark enjoys the diversity of patients she treats and values the relationships her specialty allows her to develop. "Patients really look to family physicians to be the ones to coordinate their care," she says.

She has now been a practicing family physician in Erie for 20 years. After completing a residency at Saint Vincent Hospital, she joined the staff there in 2001.

A few years ago, Dr. Clark decided to take on a new challenge leading the residency program where she had once been a trainee. She is now entering her third year as program director of the Saint Vincent Family Practice Residency Program.

Dr. Clark feels that physician training has changed significantly since she was first starting in her career. "It is a different era of medical education," she says. "It's definitely a millennial generation."

She is committed to maintaining the program's strong footing. Dr. Clark and her team are continually working to innovate and adapt to meet the needs of today's learners.

Hands-on education is an essential part of the training that her program provides. Its simulation lab, for example, is an immersive learning opportunity for family medicine residents.

Dr. Clark re-tooled her program's traditional journal club format, adding a lighthearted twist that encourages participation. Her team creates a set of questions based on the journal club's reading assignments. Residents answer those questions in a "Jeopardy"-style format, earning points for correct answers. A winner is crowned at the end of each year.

"She has a clear vision for the residency program, and she navigates the challenges of being the program director with an artful hand," says her colleague Timothy Pelkowski, MD. "The residents and faculty feel in good hands with her at the helm."

While much of Dr. Clark's time is spent administering her residency program, making sure graduate medical



Caitlin Clark, DO

education requirements are met, and supporting her staff, she also continues to provide direct patient care two to three times a week.

Her time outside of her career responsibilities is devoted to family. Her husband, Chris Clark, DO, MHA, is a physician as well. He serves as president of AHN Saint Vincent Hospital. The couple first met while at medical school together.

Dr. Clark says she and her husband are focused on finding moments together as a family. Their children — Jacob, 17; Sarah, 14; and Adam, 11 — have all been involved with competitive swimming, although Sarah moved on to running as she entered high school. Over the years, the family has found that the weekends they spend at swim meets allow them to spend quality time with one another.

Dr. Clark also finds opportunities to pursue her enjoyment of running, participating in races ranging from 5-10Ks to the occasional half-marathon. She has also tried her hand at full marathons and triathlons.

The life of a busy physician seems to suit Dr. Clark. She loves the bustling environment of the training program, working with dedicated colleagues, and getting the chance to train the next generation of physicians.

"I wouldn't want to work in any other setting," Dr. Clark says. ●



# APPRECIATION FROM PATIENTS MAKES MEDICINE WORTHWHILE FOR THIS BETHLEHEM PHYSICIAN AND EVERYDAY HERO AWARD WINNER



**Linda Augelli-Hodor, DO**

*Linda Augelli-Hodor, DO, is a Bethlehem-based internist with Lehigh Valley Physician Group. She is the recipient of the PAMED Everyday Hero Award for October 2019.*

Dr. Augelli-Hodor has some simple but powerful advice for young physicians embarking on their careers in medicine: “Listen to your patients.”

She still clearly recalls the guidance of her internal medicine residency director. He emphasized that the most important part of a physical exam is the patient history. Dr. Augelli-Hodor has focused her 40-year career on asking the right questions and carefully listening to the answers she receives.

A Scranton native, Dr. Augelli-Hodor knew from an early age that she wanted to be a doctor and pursued

a pre-med track during her time as an undergraduate at Boston University.

She is a member of the Philadelphia College of Osteopathic Medicine’s Class of 1977 and was one of 20 women in her graduating class of 200. Her memories of her medical student experiences are fond, and she recalls her classmates as a collegial, close-knit group.

Following Dr. Augelli-Hodor’s graduation from medical school, she began her graduate medical training first at Allentown Osteopathic Hospital and then continued at St. Luke’s Hospital in Bethlehem. She’s been an integral part of Pennsylvania’s Lehigh Valley community ever since.

“It’s a very nice place to raise a family,” she says. She and her husband Robert have two children: Sarah, a graphic artist, and Nathan, an electrical engineer.

“The days were long. The appreciation from patients makes it all worthwhile.”

“We’re a sports family,” she says. She and her husband are partial season ticket holders for two local teams — the Lehigh Valley Iron Pigs and the Lehigh Valley Phantoms.

Although Dr. Augelli-Hodor has scaled back to part-time hours within the past year, she worked full time throughout her career. She says that wouldn’t have been possible without the help and support of her husband.

Dr. Augelli-Hodor has provided care in a variety of practice settings. For the first 12 years of her career, she owned her own practice. As her children reached school age, she began a 10-year period working at a health center that offered care for steel industry workers and their families. She then joined a primary care practice that became a part of Lehigh Valley Health Network in 2007.

“The days were long,” she acknowledges of her years as a full-time physician. “The appreciation from patients makes it all worthwhile,” she is quick to add.

Dr. Augelli-Hodor is proud of her rapport with patients. Many of the relationships she’s built have lasted for decades. “I’ve treated some of my patients for 30-35 years,” she says.

Internal medicine has proven to be a good match for Dr. Augelli-Hodor’s skills. She loves the fact that her chosen specialty allows her to care for the entire patient.

Over the years, she’s received many tokens of gratitude from patients — from thank-you cards to hand-knitted scarves. She values those relationships, and it’s clear that her patients feel the same way. ●

# PHYSICIAN, TEACHER, AND MENTOR: DANVILLE ORTHOPEDIC SURGEON INSPIRES HIS STUDENTS TO EXCEL



**Mark Seeley, MD**

*Mark Seeley, MD, is a pediatric orthopedic surgeon with Geisinger Medical Center in Danville. He is Geisinger's associate residency program director for orthopedic surgery. He also serves as an associate professor of orthopedic surgery at Geisinger Commonwealth Medical School. Dr. Seeley is the recipient of the PAMED Everyday Hero Award for November 2019.*

Even after a full day of patient care, Dr. Seeley frequently makes the hour and a half drive from his home base in Danville to Geisinger Commonwealth Medical School in Scranton.

He serves as faculty advisor to members of the school's Student Musculoskeletal Society, and he has made quite an impression on the medical students there.

Seven students from the group teamed up to nominate Dr. Seeley for the Everyday Hero Award. They shared

stories of his willingness to dedicate time helping them develop their careers by offering research guidance or advice on a CV.

"The medical profession is not an easy one to navigate, especially for those who do not have family members or friends in the profession," says Brad Garcia, a Geisinger Commonwealth medical student. "Dr. Seeley demonstrates what it means to serve as a physician, as a mentor, as a teacher, as a researcher, and as an overall awesome human being."

When asked why being an educator and mentor is so important to him, Dr. Seeley shared that his mother, a retired physical education teacher, is his inspiration. "She approached each day of her career trying to make everyone around her better."

When Dr. Seeley first started medical school at Jefferson Medical College in Philadelphia, he hadn't yet settled on a surgical specialty. In fact, his own experience working with a mentor was what led Dr. Seeley to his choice of pediatric orthopedic surgery.

While a medical student, he arranged to shadow Bill Mirenda, MD, chief of pediatric orthopedics for the Geisinger Musculoskeletal Institute. "I fell in love with his approach to patients," Dr. Seeley says.

That mentorship had such a profound effect on him that he ultimately returned to work with Dr. Mirenda following his residency at the University of Michigan and a fellowship at the Children's Hospital of Philadelphia.

He grew up in Troy, a rural community of fewer than 1,500 people located in the northeast corner of the state. Once he completed his training, it was important to him to practice in a rural

area where patients often have less access to sub-specialists.

He and his wife Andrea Seeley, MD, a pediatric geneticist at Geisinger, have established roots in Danville. The couple, who met on the first day of class in medical school, has three children and another on the way.

He takes a highly empathetic approach to caring for the children he treats. "It's hard to earn a child's trust," Dr. Seeley says. Establishing that trust is very important to him.

Johanna Dungca, a Geisinger Commonwealth medical student who recently shadowed Dr. Seeley, was impressed by the consistent patient-centered care he provides. "After only one day of shadowing him in clinic, I saw how he made connections with the kids he cared for," she says. "He would ask about school and sports. He took the time to ask about the parents' feelings, and he made the kids smile."

"While shadowing, one patient's mother was in tears of joy as she told me: 'Dr. Seeley saved my son's life. He wasn't supposed to be able to walk, and he saved my son,'" Dungca shared.

Dr. Seeley's schedule is a full one. He's up by 4:45 most mornings. His day starts early with patient rounds, and he sees patients in his clinic until late afternoon.

Despite the long days, he brings the same energy and passion to his teaching role that he has for his work with patients.

"I'm literally living my dream," he says, and he is inspiring the next generation to do the same. ●

# EMPATHY MAKES ME A BETTER DOCTOR, SAYS ONCOLOGIST AND PAMED EVERYDAY HERO



**George Garrow, MD**

*Oncologist George Garrow, MD, is the chief medical officer (CMO) for Primary Health Network in Sharon. He is the recipient of the PAMED Everyday Hero Award for December 2019.*

A focus on family has guided Dr. Garrow throughout his personal and professional life. "I was born to be a physician," he says. When he was a baby, his parents put a sign above his crib that read, "Our son, the doctor."

Dr. Garrow grew up in a loving, supportive home, and he wanted to make his family proud. That motivation continues to drive his success.

When he first started medical school at Penn State College of Medicine, his dream was to become the team doctor for the Pittsburgh Steelers. That direction changed after his eldest sister was diagnosed with advanced Hodgkin's lymphoma.

His experience observing the compassion his sister received from her doctors led him to specialize in oncology. His sister passed away from cancer, and he holds her memory close. "I take a piece of her with me to work every day," he says.

Empathy is central to Dr. Garrow's approach as a physician. He recalls an experience he had during his oncology fellowship at Vanderbilt University. He had been treating a hard-working truck driver who had lung cancer. It eventually became clear that treatments were no longer working, and Dr. Garrow referred the man to the hospital to coordinate end-of-life care.

Later that day, he was working on patient charts and reflecting on the experience. He became tearful thinking about how grateful he was that his patient and his family had let him be a part of their lives. Another oncology fellow noticed him and had a critical response, telling Dr. Garrow he would never make it as an oncologist if he allowed himself to become emotional like that.

That criticism did not deter Dr. Garrow. He became more resolved than ever to continue his empathetic approach. "Experiencing a patient's humanity makes me a better doctor," he says. "I wasn't just treating lung cancer; I was treating a person."

While working as an oncologist, he began to develop an interest in health care management. Over time, he began taking on leadership and executive-level roles.

Since 2016, Dr. Garrow has served as CMO for Primary Health Network, a regional health system in Western Pennsylvania. Primary Health Network is a Federally Qualified Health Center, an organization whose mission it is to provide health care services to individuals regardless of their ability to pay.

"I'm really excited by our mission," says Dr. Garrow. "I have an opportunity to give back to people in the community who haven't had the advantages that I've had."

As CMO, he is involved with projects to improve long-term health outcomes. Recently, his organization has teamed with Penn State College of Medicine on initiatives to investigate how social

factors like isolation and loneliness affect a person's overall health.

Under Dr. Garrow's leadership, Primary Health Network has also developed a Peer Response Team to assist clinicians and other staff members who are struggling with stress and burnout. "We find ways to support one another and find joy in what we do," he says. If a colleague is dealing with a patient's adverse outcome, for example, the Peer Response Team can step in to offer non-judgmental "friend-to-friend" help.

Outside of work, Dr. Garrow enjoys exercise and finds it a great way to maintain equilibrium and relieve stress. He teaches a group fitness class a few times a week.

His family continues to be the inspiration for everything he does. He and his wife Diane, a now-retired physician, met while in medical school. They raised two daughters who Dr. Garrow describes as "my greatest accomplishments."

Dr. Garrow and his wife own a small farm that is home to quite a few animals — horses, miniature donkeys, chickens, barn cats, and three miniature dachshunds.

He is deeply invested in his community and the people he serves. "It's such an honor for me to be invited into the lives of patients and their families," Dr. Garrow says. "I couldn't imagine doing anything else." ●





Adam Wasserman, MD

*Adam Wasserman, MD, is a family medicine physician with Gettysburg Family Practice. He also serves as a hospitalist and emergency department physician at WellSpan Gettysburg Hospital. Dr. Wasserman is the recipient of the PAMED Everyday Hero Award for January 2020.*

"I could never go back to a big city," says Dr. Wasserman. He grew up in Philadelphia but found a new home in the small, close-knit town of Gettysburg. Now, after almost 30 years working at Gettysburg Family Practice, he couldn't imagine being anywhere else.

He began to gravitate toward becoming a doctor at an early age. His father owned his own pharmacy. In those days, Dr. Wasserman says it wasn't uncommon for his father to receive late-night telephone calls from patients who needed prescriptions filled after being discharged from the emergency room.

When Dr. Wasserman was a high school student, his mother was diagnosed with cancer. He was impressed with the care she received from her doctors, and that experience solidified his decision to choose medicine as his career.

After graduating with a psychology degree from Johns Hopkins University, he went on to attend medical school at the University of Virginia. It was soon clear that family medicine was the right choice for him.

"In school, I liked everything," Dr. Wasserman says. He enjoyed treating patients of all ages and different conditions and was comfortable working in both hospital and outpatient settings.

## "BE APPRECIATIVE THAT YOUR PATIENTS CHOSE YOU," SAYS GETTYSBURG PHYSICIAN AND PAMED EVERYDAY HERO

The family medicine department at his school was a good one. The doctor in charge of the department was a very welcoming, experienced physician who ran his own practice, Dr. Wasserman recalls.

During his medical school years and continuing into his residency at Shadyside Hospital in Pittsburgh, he found plenty of inspiration from mentors who taught him how important it was to treat patients well and with empathy.

The HIV/AIDS crisis was at its peak in the U.S. while Dr. Wasserman was in training. There were still many unknowns concerning the condition at the time, and that uncertainty generated fear among some members of the public. He remembers working with one infectious disease doctor who made it a point of emphasis to shake the hands of his HIV/AIDS patients and offer kindness and care.

Dr. Wasserman says one of the major lessons he learned from his time in training was a simple one: "Be appreciative that your patients chose you." It's the same advice he would offer to a young physician just starting out. "It can't just be a job," Dr. Wasserman says. "You really owe something to your patients."

That concern and appreciation for his patients is what continues to drive Dr. Wasserman's work as a physician. His colleagues at Gettysburg Family Practice, which he joined just out of residency in 1991, describe him as selfless and dedicated to the practice of medicine.

He and his wife Diane quickly became a part of their adopted hometown. They raised their daughter Hannah in Gettysburg.

Dr. Wasserman believes that living and working in a rural area has afforded him opportunities he may never have had in an urban environment. In addition to his outpatient work at the practice, he also works at WellSpan Gettysburg Hospital as an emergency department physician and as a hospitalist.

"Here, I can still do ER work, have ICU privileges, do rounds in the hospital — it's wonderful," Dr. Wasserman says. He enjoys inpatient care and believes working in the hospital helps him keep up a different skillset.

For nearly 20 years, Dr. Wasserman was the Gettysburg High School team doctor on hand for events like football games and wrestling tournaments. When he first started as a team physician, many of his patients played sports at the high school. As a lifelong sports fan and athlete himself, it was the perfect role for him.

Although he no longer serves as a physician at games, he is still part of a group of doctors that helps with sports physicals for the school system.

He still maintains a busy schedule with his work at the hospital and the practice. The kindness and appreciation from his patients — and the teamwork and support of his colleagues — motivate him every day. "It's the people that keep me going," he says. ●

# THIS ENDOCRINOLOGIST AND PAMED EVERYDAY HERO IS A TIRELESS ADVOCATE FOR HER PATIENTS



## Tiffany Morton, MD

*Tiffany Morton, MD, is an endocrinologist with WellSpan Endocrinology. She serves patients from office locations in Chambersburg and Waynesboro. Dr. Morton is the PAMED's Everyday Hero Award recipient for February 2020.*

As an endocrinologist, Dr. Morton cares for patients who have a wide variety of hormone-related conditions — including hypo- and hyperthyroidism, adrenal gland issues, and osteoporosis.

One of the most common conditions she treats, though, is diabetes — a disease that affects millions of Americans. About half of her patients have been diagnosed with either Type 1 or Type 2 diabetes.

Working with diabetic patients requires a coordinated, team-based approach, Dr. Morton says. She recalls a piece of advice she received during her endocrinology fellowship at the University of North Carolina Hospitals. The head of her department — John Buse, MD — emphasized that “the most important part of seeing patients with diabetes is to be a cheerleader for them.”

Dr. Morton and her team at WellSpan Endocrinology work together to encourage patients who are dealing with the challenges of chronic conditions like diabetes and to assist them with tracking their progress over time. She credits her staff, including her nurse Misty, with helping her to be proactive in meeting patients' needs.

Dr. Morton first began to consider a career in medicine while still a high school student in Maryland. She enjoyed science and biology, and that interest led her to begin volunteering at a free clinic in her area.

She completed her medical school education and residency training at the University of Maryland. During her time in medical school, she began to gravitate toward endocrinology as her choice of specialty.

Endocrinology has proven to be a good fit for Dr. Morton. She enjoys having the chance to treat a range of conditions and to work with a diverse group of patients — both men and women, from young adults to the elderly. It is also a specialty that allows her to develop and maintain relationships with patients over time.

Among Dr. Morton's patients are women who have underlying conditions — for example, polycystic ovary syndrome

(PCOS) — that can make it difficult for them to conceive. Dr. Morton frequently works in collaboration with fertility clinics to assist those patients. She finds it very rewarding to see families realize their dream of welcoming a new baby into the world.

Dr. Morton and her husband Ash are parents to three children. Their oldest child is 5, and they also have 1-year-old identical twins. She is grateful that her work schedule allows her to prioritize having a family.

She typically works three and a half days a week and splits her clinical time between offices in Chambersburg and Waynesboro. Dr. Morton is happy to be able to provide endocrinology care to a more rural area. “Patients here are down-to-earth and very appreciative,” she says.

Family is very important to Dr. Morton. Her parents live nearby, and they are able to spend plenty of time with their grandchildren. “I have the best parents,” she says, noting how supportive they have been throughout her life.

That love and support has led to Dr. Morton's success as a physician. Even on her busiest and most challenging days, she says, being able to help patients makes it all worth it. ●

“Endocrinology has proven to be a good fit for Dr. Morton. She enjoys having the chance to treat a range of conditions and to work with a diverse group of patients — both men and women, from young adults to the elderly.

# NEW FACES CHANGING LIVES AT THE PHYSICIANS' HEALTH PROGRAM

■ BY HEATHER A. WILSON, MSW, CFRE, FCPP

The Physicians' Health Program (PHP) at The Foundation of the Pennsylvania Medical Society began 2020 with many new faces serving the medical professionals in our care. We are excited about these changes and enter the new decade with a renewed sense of purpose in this important work of positively impacting lives. Below are brief updates on our PHP staff. We look forward to continuing to help doctors in Pennsylvania on their journey to wellness.





**Tiffany Booher, MA, LPC, CAADC, CIP, CCSM**

In the fall of 2019, we welcomed **Tiffany Booher, MA, LPC, CAADC, CIP, CCSM**, as our new PHP director. Booher has been a part of the PHP team since 2013, most recently serving as case management supervisor. She has worked in the behavioral health field for more than 12 years. She is highly regarded for her commitment to our participants and her colleagues at the local, state, and national levels.



**Katie Thiemann, LSW**

In November, we welcomed **Katie Thiemann, LSW**, as a case manager. Thiemann holds a master's degree in social work from Temple University. Prior to joining the PHP team, she provided therapeutic and case management support for youth within the juvenile justice system at Dauphin County's Youth Advocate Program Community Treatment Center as a licensed social worker.

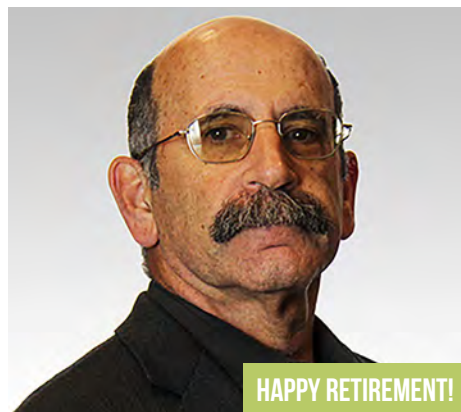


**Edwin Kim, MD**



**Raymond C. Truex Jr., MD**

In January, we welcomed **Edwin Kim, MD**, who joins **Raymond C. Truex Jr., MD**, as a medical director at the PHP. Dr. Kim currently serves as an assistant professor in clinical psychiatry at the University of Pennsylvania and as medical director of the Charles O'Brien Center for Addiction Treatment, an outpatient addiction psychiatry clinic. He also dedicates time to Mothers Matter, a Center of Excellence program that provides medication-assisted treatment to pregnant, postpartum, and planning mothers who are coping with opioid addiction, and sees patients at UPenn's general outpatient psychiatry practice. Dr. Kim will be instrumental in supporting our participants in their path to recovery.



**HAPPY RETIREMENT!**

**Jon Shapiro, MD**

In December, we bid happy retirement to Medical Director **Jon Shapiro, MD**. We are grateful for his dedication and devotion to the PHP, and for the lives he changed with his wisdom and thoughtfulness.



**Alice Dunkin, NCPT**

In February, we welcomed Assistant Case Manager **Alice Dunkin, NCPT**. She previously worked for the Pennsylvania Psychiatric Institutes' Partial Hospitalization Program. Dunkin will provide support for the daily activities of the case managers.

Although there may be some new faces at the PHP, our commitment to physician wellness in Pennsylvania remains as strong as ever. You can learn more about the incredible work happening — and the life-changing resources available — at the PHP at [www.paphp.org](http://www.paphp.org). ●

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Heather A. Wilson, MSW, CFRE, FCPP, is executive director of The Foundation of the Pennsylvania Medical Society. She also serves as deputy executive vice president of the Pennsylvania Medical Society. You can email her at [hwilson@pamedsoc.org](mailto:hwilson@pamedsoc.org)

# DO YOU KNOW YOUR LICENSE RENEWAL REQUIREMENTS?

BY ANDREW C. HARVAN

For physicians across Pennsylvania, it will soon be time to renew their medical licenses. Both allopathic physicians (MDs) and osteopathic physicians (DOs) renew their licenses on a biennial cycle, every even-numbered year.

For DOs, the renewal deadline is Oct. 31. For MDs, the renewal deadline is Dec. 31. The renewal fee for MDs is currently \$360, and the renewal fee for DOs is \$220. Active retired licensees renew on the same biennial schedule, with the same deadlines and fees. The State Board of Osteopathic Medicine recently proposed increasing its licensing fees. PAMED will update members of any finalized increases.

Note that your license is not considered renewed until processed by your licensure board and officially renewed by the board. Therefore, it is crucial that you do not wait until the last minute to complete your renewal requirements and submit renewal materials.

Here are some frequently asked questions that PAMED often gets asked:

## What are my CME requirements?

Both MDs and DOs must complete 100 hours of CME credits every biennial licensure cycle. Of these 100 hours, at least 12 must be in patient safety and risk management. For MDs, at least 20 credits must be *AMA PRA Category 1™*. For DOs, at least 20 credits must be AOA category 1-A.

Per Act 31 of 2014, all physician licensees are required to complete two hours, from a Pennsylvania Department of Human Services (DHS)-approved provider, on the topic of child abuse recognition and reporting as a condition of biennial renewal. There are no exceptions to this requirement. Note that these hours do not count toward fulfillment of the 100 CME credit requirement unless the course is

specifically approved for CME credits. PAMED has an online state-approved CME course for our members at [www.pamedsoc.org/CME](http://www.pamedsoc.org/CME).

Additionally, physicians seeking re-licensure, subject to certain exceptions, must also complete two hours of CME in pain management, identification of addiction, or the practices of prescribing or dispensing opioids. Physicians who do not have a DEA registration number and do not use the DEA registration of another individual or entity to prescribe controlled substances are exempt from completing this requirement. PAMED recently updated our opioids CME series, which you can access at [www.pamedsoc.org/CME](http://www.pamedsoc.org/CME).

The required opioid education and child abuse recognition and reporting training do not count toward the 12-hour patient safety/risk management requirement.

Active retired licensees are exempt from all CME requirements, except for the mandated two hours of child abuse recognition and reporting and two hours of opioid education. An active-retired licensee would be exempt from the required opioid education if they do not have a DEA registration number and do not use another individual or entity's DEA registration to prescribe.

Physicians applying for licensure in Pennsylvania for the first time are exempt from CME requirements for the biennial period immediately following initial licensure, except for the child abuse recognition and reporting and opioid education requirements. Initial applicants must submit, no later than 12 months after obtaining an initial license or certification, documentation acceptable to the licensing board of the completion of at least two hours of education in pain management or identification of addiction and at least two hours of education in the practices of prescribing of opioids. Initial applicants must take three continuing education credits from a DHS-approved course on the topic of mandated child abuse recognition and reporting vs. the two required for physicians renewing their license.

## How do I renew?

This year will be the second renewal period during which renewals are submitted exclusively online through the Pennsylvania Licensing System (PALS). PALS is a completely online process. Paper renewal applications are no longer accepted.

Renewal notices will be sent electronically through email to licensees in advance of renewal deadlines. To ensure that you receive all licensure notifications, please verify that your contact information is current in your PALS account. If you need assistance in accessing your existing PALS account or need to register for a PALS account, please visit [www.pals.pa.gov](http://www.pals.pa.gov).

To renew on PALS, licensees must answer a series of yes or no questions. It is important that licensees review their answers before submitting their application. Once submitted, a licensee cannot return to their application to correct any information. If an error

was made, licensees must upload a supporting document explaining and correcting the error.

## What if I do not renew in time?

Licenses not timely renewed will become expired. To bring a license out of expired status, a reactivation application must be submitted.

Reactivation applications are not available on PALS and must be submitted through the mail via a paper application. Reactivation applications can be downloaded from the State Boards of Medicine and Osteopathic Medicine's websites.

To reactivate a license, among other requirements, the applicant must:

- **Fulfill all CME requirements for the preceding biennial period**
- **Submit copies of their completed CME certificates**
- **Submit a current curriculum vitae**
- **Provide an official self-query from the National Practitioner Data Bank**

Review the reactivation application carefully as it succinctly describes all the steps you must complete and documents you must submit to reactivate your license successfully.

## Where can I find additional information?

PAMED has numerous educational materials to assist physicians with their licensure questions. PAMED also has a wealth of CME resources available to member physicians, including courses that meet the opioid education and child abuse reporting and recognition training requirements. You can access all of these resources at [www.pamedsoc.org/CME](http://www.pamedsoc.org/CME). ●

Andrew Harvan is PAMED's legal and regulatory analyst. Email him at [aharvan@pamedsoc.org](mailto:aharvan@pamedsoc.org).



# LICENSE RENEWAL CHECKLIST:

- ☐ **I know my license renewal deadline**
- ☐ **I have a PALS account**
- ☐ **I know how much the fee will cost**
- ☐ **I know my CME requirements**
- ☐ **I know where I must submit my renewal online**
- ☐ **I know what to do if I miss the deadline**
- ☐ **I know where to find additional information**



PATIENT SAFETY

CHILD ABUSE

RISK MANAGEMENT

CATEGORY 1

PATIENT SAFETY

PATIENT SAFETY

CHILD ABUSE

RISK MANAGEMENT

CATEGORY 1

PATIENT SAFETY

CATEGORY 1

PATIENT SAFETY

OPIOID CRISIS

CATEGORY 1

PATIENT SAFETY

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# ACCELERATE YOUR RETIREMENT SAVINGS WITH A CASH BALANCE PLAN

BY JOEL MYERS | FINANCIAL ADVISOR | WELLS FARGO ADVISORS

Physicians, like most highly compensated individuals, are often looking to save more for retirement, especially if it's tax-efficient. Currently, there are some significant challenges to highly compensated persons that are saving for their retirement. First, no one knows where income tax rates will be in the future. Second, options for before-tax savings vehicles and deferral limits within 401(k) plans are of limited value to high-income earners. Finally, after-tax savings are a somewhat tax-inefficient way for individuals to save significant amounts of money over a relatively short period.

While most are familiar with IRAs, 401(k)s, and pensions, frequently one of the overlooked qualified savings plan options available to physicians is a Cash Balance Plan. Cash Balance Plans may offer a way for physicians to put away significant amounts for retirement, reduce their taxes, and benefit employees all at the same time.

Here are some ways that a **Cash Balance Plan** may be the ideal retirement plan from a solo practitioner to a large specialty group practice.

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CASH BALANCE PLANS MAY OFFER A WAY FOR PHYSICIANS TO PUT AWAY SIGNIFICANT AMOUNTS FOR RETIREMENT, REDUCE THEIR TAXES, AND BENEFIT EMPLOYEES ALL AT THE SAME TIME.

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## Increase Retirement Savings

When a Cash Balance Plan is added to an existing 401(k), individuals may often be able to more than double their annual pre-tax retirement savings. Many find that they can squeeze 20 years of retirement savings into 10. This is especially important for those who may have gotten a late start in saving for retirement. Also, the account is portable in the event of job change or termination.



## Reduce Taxes

Money contributed to Cash Balance Plans is tax-deductible, and the earnings grow tax-deferred until it is withdrawn. At retirement, a Cash Balance account, if the plan allows for it, can be rolled into an IRA.



## Attract and Retain Partners and Employees

Cash Balance Plans require contributions to non-owner partners and employees. Money that would otherwise have gone to the IRS is now an incentive helping to attract and retain talented partners and employees. Additionally, participants have individual accounts allowing for an easy understanding of the benefit.



## Shelter from Creditors

Assets within a Cash Balance Plan are protected from creditors in the event of a lawsuit or bankruptcy. This is even more important in unpredictable economic times.



## Protect Retirement Savings from Market Volatility

Cash Balance Plans are usually tied to a very conservative benchmark, such as the Treasury rate, and have been able to avoid the volatility one may see within the equity portions of their 401(k)s. Cash Balance Plans grow through high contribution amounts while earning an interest rate that avoids taking on risk.

Because of the rigorous education requirements that physicians must go through before they start practicing, they typically start saving for retirement at a later point in their life compared to non-physicians of the same age. They also may spend a decade paying down student loans while building their practice. Cash Balance Plans ameliorate this savings discrepancy because of the additional acceleration of pre-tax savings that is permissible and may also further add additional tax benefits. The ideal

practice for implementing a Cash Balance Plan typically has a high stable income because funding it requires a five-year commitment. A Cash Balance Plan may allow physicians with high incomes to maintain their current lifestyle, accelerate their retirement savings, and defer paying income taxes until a future date, preferably at a lower rate within their retirement. Physicians are ideally positioned to benefit from the opportunity that a Cash Balance Plan has to offer.\* ●

\*Minimum participation requirements as condition of qualification:

- A Cash Balance Plan must benefit at least the lesser of the following:
  - 50 employees; or
  - The greater of 40 percent of all employees, or two employees
- Employers may exclude employees who:
  - Are younger than age 21
  - Have less than one year of service (1,000 hrs.)

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# ADVOCACY 101

## It's A Lot Easier than Organic Chemistry



### Advocacy...

You think it doesn't matter, right?

You claim that reaching out to your elected officials isn't worth your time.

One vote won't make a difference.

Well, you're mistaken.

There is no downside to professional advocacy. The process of political advocacy can be challenging and, at times, even downright frustrating. However, if you take the time to engage in the process, learn how the system works, and accept its limitations and potential outcomes, the process can be productive and rewarding.

It's widely understood and accepted that physicians are busy professionals whose workdays often begin before dawn and sometimes end long after sunset. What isn't widely known within the halls of the State Capitol is the intense, grueling, and complicated path a prospective medical student must endure to make it successfully across the finish line. More importantly, few policymakers understand the non-clinical complexities and countless bureaucratic hurdles that impede a physician's ability to care for their patients appropriately.

Here's where physician advocacy can play a key role in helping to guide the legislators to enact effective public policy. While PAMED and its lobbyists are a constant fixture in legislative offices in Harrisburg, working the "local angle" back home pays bigger dividends.

## So, what does it take to make a difference?

It's a simple three-step process:

### 1. First, know your elected officials.

Every physician, and for that matter, every citizen, should be able to identify their state senator and representative, along with their congressman and U.S. senators. Furthermore, are you registered to vote, and do you vote regularly? If you're not registered, do it, and, if you are, please vote!

### 2. Second, take time to get to

**know your legislators.** Make an appointment to meet them. You don't have to discuss a legislative issue on your first visit. The important thing is to develop a relationship. If you're in private practice, consider inviting them to visit your office to learn firsthand what happens behind the scenes, especially as it relates to insurance hassles like prior authorization.

### 3. Lastly, you should become involved in the political process.

That is to say, engage in a political campaign. Offer to host a small "meet and greet" in your home with some of your friends and colleagues. Offer to volunteer on the next campaign. While this last step may ultimately require a specific commitment of time on your part, it is invaluable in demonstrating your level of commitment to lawmakers.

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## PERSONAL RELATIONSHIPS BETWEEN LEGISLATORS AND THEIR PHYSICIAN CONSTITUENTS ARE THE HOLY GRAIL OF LEGISLATIVE ADVOCACY.

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Given the sheer volume of bills introduced in each legislative session, lawmakers are unable to digest the details of every bill. While PAMED legislative staff work day in and day out to inform and educate policymakers on these proposals, when a local physician reaches out to their representative or senator, the result is far more effective. Personal relationships between legislators and their physician constituents are the holy grail of legislative advocacy.

As a group, physicians have a unique ability to help shape legislative policy and sway public opinion. When appropriate, and at your discretion, discuss with your patients the legislation that may affect your ability to provide the level of care that you believe is best for them. More importantly, encourage them to join you in voicing concern to

their state representative or senator. Patients trust and respect your opinion. Give them the benefit of your knowledge when pending legislation could affect how you care for them. You may be surprised how much they'll appreciate it.

So, be part of the solution to better government. Get involved. Meet your elected officials and develop a trusting relationship that will benefit both of you. With the right touch, physicians can become a positive influence in helping to shape health care policy ... and unlike organic chemistry, there's no chance you'll contaminate your product and ruin your synthesis! ●

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David Thompson is PAMED's senior director of government relations and a registered lobbyist. You can email him at [dthompson@pamedsoc.org](mailto:dthompson@pamedsoc.org).



# THE BURDEN OF EHRs — IT'S TIME TO TURN THE CONVERSATION TO FOCUS ON SOLUTIONS

BY RICHARD SCHREIBER, MD

Physicians and other health care providers on the frontlines often refer to EHRs as burdensome and extraordinarily onerous – all the clicking, all the boxes to check, all of the federal regulations and documentation requirements, constantly switching back and forth between screens and tabs, knowing what you're looking for and being unable to find it, and then having to navigate your way back into the patient note and trying to combine it all. It's like having three filing cabinets with 100 folders in each that you have to put all in one place.

Some physicians also say that EHRs are too hard to learn and they aren't intuitive. You have to go to so many

screens just to get one thing done, such as prescribing a medication. Many EHRs were built out of financial and billing systems; they weren't designed for clinician workflow.

Perhaps the biggest physician complaint regarding EHRs – “It takes my eye off the patient. I have to be looking at the computer and entering things. It's just not good for the physician/patient relationship.”

And, because these things are true, we're fighting an uphill battle when we try to talk to physicians and other health care providers about the benefits of EHRs. Many have already decided that there is no way they could ever be helpful. But no one seriously wants to go back to paper records.

To that, I say, with all the challenges related to EHRs, remember that they provide you access to patient charts in real time. Older physicians can remember rounding in a hospital or being in their practice and not being able to find a paper chart.

EHRs have also decreased errors with respect to orders and prescriptions because there isn't the problem of the pharmacist trying to read the physician's handwriting on a paper pad. Since I started using electronic prescriptions, I never get any phone calls from the pharmacy anymore saying, “I can't read this.”

Physicians also need to learn about and take advantage of all the tools in their EHRs, such as templates. Talk to your



EHR vendor. There are often ways for example to bring information you use regularly to the front screen so it's all in one place.

Training and learning how to make the most of your EHR is about 80 percent of the solution. Also, after using an EHR for a few months, it is critical to circle back with your trainers to solidify the initial training and learn new techniques. It is also important for the trainer to observe your real time EHR use to see if you are using inefficient workarounds or workflows. Optimization sessions even years after initial use are fruitful.

So, I encourage my physician colleagues to take the time to talk to your EHR vendor. What problems are you

having? What would make it work better for you? You may be surprised that solutions to your biggest EHR headaches already exist. ●



Dr. Richard Schreiber, MD, FACP, FAMIA, is associate chief medical informatics officer at Geisinger Health System, chief medical informatics officer at Geisinger Holy Spirit, and regional assistant dean and professor of medicine at Geisinger Commonwealth School of Medicine. He is also a PAMED member.

## SOLUTIONS — MAKING EHRs WORK FOR YOU

### Training

- In-person initial training in a training environment with real, but anonymized patient data. Provision to access production (“real”) EHR prior to starting clinical duties to build personalization tools, templates, and personalized displays.
- Follow-up training after two-three months to brush up on initial training and to avert workarounds that new users invariably create.
- Optimization review and re-training after a year or so.

### Personalization

- Identify superusers in your specialty who create efficiency tools and have them share.
- Less savvy users may be more comfortable with less complex tools.
- Take full advantage of vendor-supplied tools.

### Documentation

- Contrary to much that clinicians may have read or heard, it is NOT necessary to repeat or copy/paste labs and imaging reports in order to justify billing. This takes time, contributes to annoying note bloat, and may be erroneous if you copy/paste or type the wrong data.

Instead, interpret the lab and rad data—I’m far more interested in what you think, and I can always look at the data myself.

### Problem lists (PLs)

- Keep them up to date. They help everyone, make notes more efficient, and assist in billing because they are coded. In the hospital, they make progress notes, consults, patient instructions, and discharge summaries so much easier.
- Insist your consultants in the hospital do their part.
- Insist your colleagues in an office practice keep the PL up to date.

# YOUR MINDFULNESS JOURNEY — EIGHT IDEAS TO GET STARTED

BY CANDACE GOOD, MD

Mindfulness is a commitment to live in the present — noticing a moment, finding gratitude in difficult times, and caring for yourself during the journey.

Here are eight ideas to get you started:

**1. Define mindfulness and make it your own.** What does being present mean to you?

**2. Recognize that mindfulness is a choice.** Our world moves at a fast pace, and we are pulled in many different directions with email, texts, voicemail, and social media. There is a lot working against us. A mindfulness practice can be a daily intention to notice. Are you giving from a state of depletion? Choose to unplug for a few minutes.

**3. Listen to a song.** When is the last time you just sat and listened to a song from beginning to end? Pick a song you enjoy and just listen. No driving, checking your phone, or working out. When the song is over, play it again. Did you notice anything new?

**4. Take a seat and practice meditation.** You can practice meditation seated on a chair or the floor. If you choose a chair, ideally, it's a straight chair and you can sit with your feet on the floor. Your spine is away from the back of the chair so you are supporting yourself. If on the floor, ideally, you'll be on a cushion to elevate yourself a few inches off the floor. When comfortable, draw one heel close to the body and drape the other leg in front of it. If you still feel like a pretzel, try sitting higher, or kneel while sitting back on an even

fatter pillow, high enough to ensure no knee strain.

**5. Practice good breathing techniques.** We are meant to breathe from our bellies, not our chest. Relaxing the abdomen allows more room for the diaphragm to contract. The diaphragm drops, giving the lungs more room to fill up with air. When this happens, we naturally breathe more gradually and deeply. A more complete breath is breathing from the abdomen, filling the lungs with air, and then breathing out with a little extra drawing in of your belly button at the end. There is no need to strain and allow yourself to slow down as needed. Ideally, you are breathing in and out through the nostrils. Next, notice if your inhales and exhales are equal. You can do this by counting. If you breathe in for 10, try to balance the breath by exhaling to the count of 10. Over time, your exhales may become longer.

**6. Download a mindfulness app,** like Headspace. Headspace is the exclusive meditation provider of PAMED. The \$65 annual subscription is free for PAMED members.

**7. Journal and take time to reflect.** Thin, inexpensive lined journals are easy to find in a five-pack online. Keep one in your bag, by your bed, or in the car so you have a place to collect thoughts or moments of gratitude. Maybe you want to process a difficult situation.

**8. Take your phone for a walk.** A gratitude journal doesn't have to be pen and paper. Take pictures of



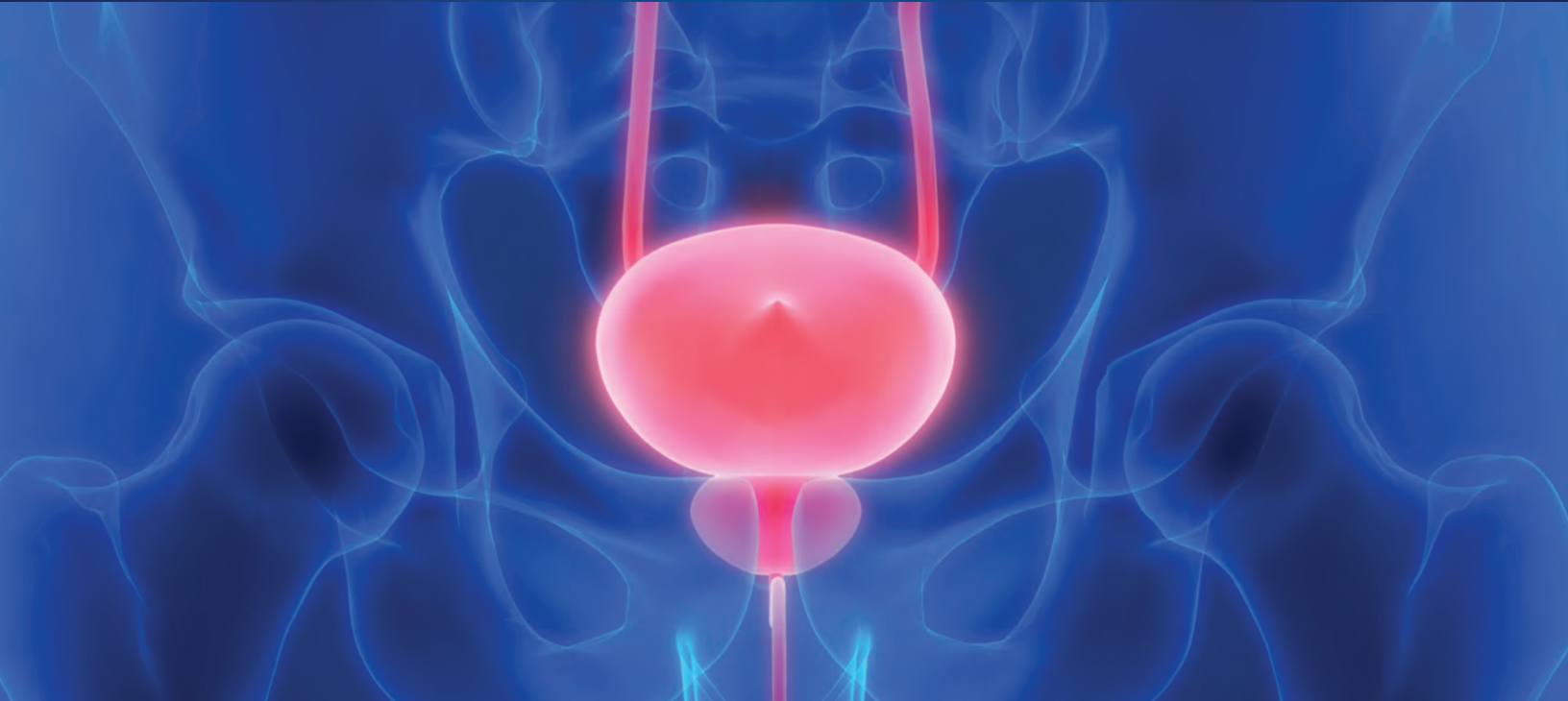
**Dr. Good is a PAMED member and a psychiatrist in State College. She is also an author, business owner, and advocate. She founded Sig: Wellness, LLC in 2018 to make breathing, meditation, and conscious movement more accessible.**

things you notice and scroll back through them later.

Learn more on my website at [www.howto shrinkashrink.com](http://www.howto shrinkashrink.com), where I offer a regular mindfulness blog. ●

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