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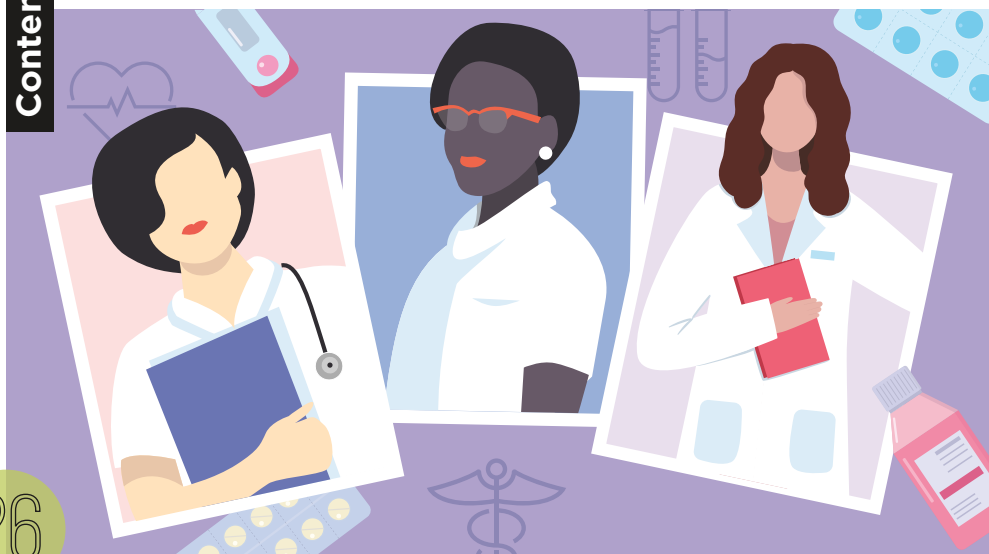


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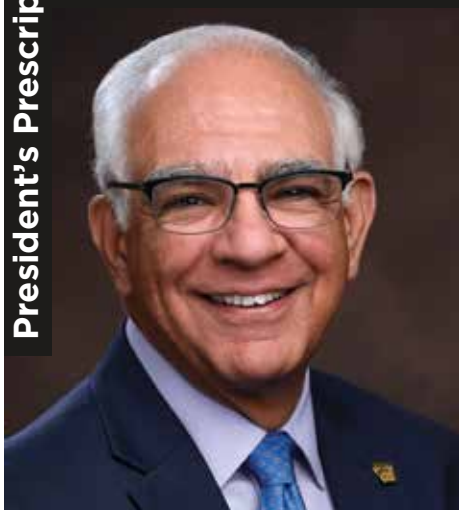
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Lawrence John, MD
2019-2020 President, PAMED

ENSURING PHYSICIAN WELLNESS THROUGH THE UNCERTAINTY OF COVID

When I started my one-year term as the PAMED president in October 2019, it was difficult to imagine the challenging year that lay ahead. I was ready to engage in a dialogue about physician wellness and burnout.

Along the way, COVID-19 provided another enormous stressor that will have long-lasting effects on many of my colleagues. The pandemic underscored the importance of conversations about wellness and the need for PAMED to fight for systemic changes that ensure physicians have a voice in how health care advances into the future.

Over the past year, I have met with members, legislators, and media throughout Pennsylvania. I have done dozens of interviews with reporters and penned editorials on topics like physician-led team-based care, medical liability, prior authorization, and the stigma of mental health.

Physicians on the frontlines of the pandemic have had to figure out how to care for patients while keeping their own families safe. Many have become infected with coronavirus while treating patients. Still others have watched the future of their medical practices threatened by months of decreased patient volumes and severe shortages of personal protective equipment (PPE).

Physicians absorb new information on COVID-19 every week while caring for patients with limited treatment options. These unknowns are made worse by the threat of lawsuits and an ineffective executive order from Gov. Wolf that only provides protection in limited practice settings.

As the pandemic grows, the governor and lawmakers are besieged by competing interest groups vying for their attention. Without a consistent presence at the state capital, our voices will be lost.

That is why PAMED needs your continued support and engagement. Please renew your membership for 2021 at www.pamedsoc.org/renew and inform us about your daily challenges. Not yet a member? Learn more and join at www.pamedsoc.org/ArtofMedicine.

I want to express my appreciation to the PAMED staff, who ensured that our organization continued to run smoothly and serve our members during this most disruptive time. I could not have led PAMED through this turbulent year without their hard work and expertise. ●

Lawrence John, MD
2019-2020 PAMED President

MEDICINE IS A NOBLE PROFESSION,
AND THOSE WHO DEDICATE THEIR LIVES
TO IT SHOULD DO SO WITH THE JOY THAT
COMES WITH CARING FOR PATIENTS.

I also spoke at county medical societies and health systems about physician wellness and burnout. Those presentations — live and virtual — provided encouragement so that we can make a measurable difference in the health of our colleagues.

Medicine is a noble profession, and those who dedicate their lives to it should do so with the joy that comes with caring for patients. Unfortunately, the COVID-19 pandemic and its effects will only exacerbate stress and burnout in our profession.

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EDITORIAL

Executive Vice President:

Martin P. Raniowski, MA, FCPP, CAE

Deputy Executive Vice President:

Heather A. Wilson, MSW, CFRE, FCPP

Editor-in-Chief: *Rachel Damrauer, MPA*

Senior Director, Membership, Communications,
and County Relations: *Claire Shearer*

CREATIVE

Design:

graphcom

Stacy Bolden

SALES

Sales Representatives:

Kylee Myers, (717) 420-2243

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1219 Chambersburg Road

Gettysburg, PA 17325

Phone: (800) 669-1664

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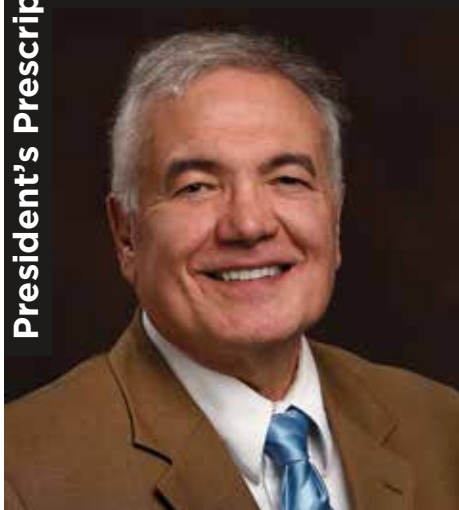
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**Michael DellaVecchia, MD, PhD, FFAO, FACS, FICS, FASLMS, FCPP
2020-2021 PAMED President**

GET TO KNOW YOUR 2020-2021 PAMED PRESIDENT

Michael DellaVecchia, MD, PhD, FFAO, FACS, FICS, FASLMS, FCPP, an ophthalmologist from Philadelphia, will become PAMED's 171st president on Oct. 24, 2020. Learn a little more about him in this Q & A.

TELL ME ABOUT YOURSELF

All four of my grandparents immigrated from Italy in the early last century. They had no formal education but taught themselves to read and write. My parents spent most of their formative years during the Depression and were only able to attend school to the fourth grade when they were then placed into full-time work.

Their marriage was delayed by World War II, where my father served in the Army and experienced D-Day and the Battle of the Bulge. They were very bright people and read constantly. My mother had a great acumen for organization and an innate business sense. My father was extremely handy and was able to build or repair things that were necessary at the house. We seemed to have a philosophy that said, "If it broke, you fixed it, or you learn to do without it." At an early age, they impressed upon me value, knowledge, and education since they were denied that pathway. I grew up with their philosophy: "Education is not your right, it is your opportunity, so don't mess it up."

That philosophy always stuck with me, and I was fortunate enough to earn academic scholarships for my entire career. I know if I were ever faced with the tuition bill, it meant that I would have to go back to the General Electric factory in Southwest Philadelphia permanently, as I did in the summer during my undergraduate years.

After graduating LaSalle College with a diversified Bachelor of Arts degree in physics/math, I was headed to graduate school to continue my education in physics when I decided that I wanted to become more medically oriented. I knew that medicine was becoming more of a science rather than just an art. I was awarded a full fellowship to the renowned School of Biomedical Engineering at Drexel University. I was able to work side jobs as a graduate teaching/research assistant and caretaker at an animal facility to bring some extra money home to help with my family.

As part of our graduate instruction, we took our anatomy and physiology courses at Temple University School of Medicine. For my performance, there was encouraged light to medical school, which I entered after completing my master's degree at Drexel. While at medical school, I also continued research for my PhD degree. Upon graduation from Temple, I completed residencies in anatomical and clinical pathology and served a one-year surgical pathology fellowship. At that time, I realized I missed the patient contact. With my physics and engineering background, ophthalmology seemed like the logical choice. Fortunately, an incoming resident to Temple's Ophthalmology Department canceled and a position immediately opened for me. While being a full-time resident at Temple, I simultaneously completed my research at Drexel and was awarded a PhD in biomedical

engineering/biophysics at the same time I completed my third residency.

Since that time, I have worked in all aspects of medicine: private practice, corporate, academics, and research. I became politically involved with various medical societies as part of giving back to my profession. I served as president and now on the Board of Trustees of the Philadelphia County Medical Society. I am a fellow and have served on the Board of Trustees of the College of Physicians of Philadelphia. I am a delegate to the American Medical Association and past president of the Metropolitan Philadelphia American College of Surgeons. I am also presently on the Board of Governors of the American College of Surgeons.

I tried to get several people to run for the presidency of PAMED but had the tables turned on me when the coalition was formed to have me run for the office.

In my little spare time, I do volunteer work, my own house renovations, and work on classic hobby cars.

WHAT IS YOUR VISION FOR PAMED THIS YEAR? WHAT WILL BE YOUR TOP FOCUS AS PAMED PRESIDENT?

I ran on a platform of transparency, accountability, and responsibility.

WellDone

Congratulations to WellSpan doctors selected as a “Top Physician Under 40.”

We applaud your accomplishments and thank you for your skill, leadership and willingness to go the extra mile for our patients and communities.



Sri Lakshmi Yeruva, MD
Oncologist

WellSpan Medical
Oncology & Hematology
Chambersburg & Waynesboro



Khatuna Gurgenchashvili, MD
Neurologist

WellSpan Neurohospitalists
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I intend to adhere to those attributes, as well as having the Board and staff adapting them and their responsibility to the membership.

WHAT CHALLENGES FACE PENNSYLVANIA PHYSICIANS IN THE COMING YEAR?

The challenges that face us as physicians are not limited to Pennsylvania and are too numerous to mention here. There are great universal problems such as reimbursement, scope of practice, continuing education in a rapidly changing and developing technological field, and diversity within our membership and its ever decreasing numbers.

WHY IS ORGANIZED MEDICINE IMPORTANT?

Our strength will be in our numbers. We must represent all aspects of the practice of medicine as we advocate for our profession and patients, but our members must be active and not passive. We each have a responsibility to the profession and our future colleagues.

SOME YOUNGER PHYSICIANS HAVE ASKED ABOUT THE “OLD BOYS’ NETWORK” CONNOTATION THAT ORGANIZED MEDICINE HAS HISTORICALLY HAD. HOW DO YOU REACT TO THAT NOTION?

I agree that historically medicine was part of “the old boys’ network.” But history cannot and should not be rewritten for whatever its gravity may be. What is important is not the past but the future. What is equally important is active members who participate, whether they be early career physicians, specialists, active practice physicians — independent or employed — retired physicians, residents and fellows, or medical students.

The future of medicine is in our hands at the present. It may not always be that way. So let’s not lose this “opportunity.”



Michael DellaVecchia, MD, PhD, FAAO, FACS, FICS, FASLMS, FCPP
2020-2021 PAMED President

HONORING THE GREAT PHYSICIANS OF PENNSYLVANIA

I couldn't be prouder of our physician members across Pennsylvania as they continue to risk their lives on the frontlines of COVID-19. Every day, physicians do great things, and their response to a global pandemic has been no exception — from taking world-class care of patients, to helping educate the community and beyond. And, it's not just physicians — in this issue, you'll also read about how some of PAMED's medical student members advocated during COVID-19 on page 36.

This issue of *Pennsylvania Physician* highlights many physicians deserving of recognition, including our Everyday Heroes, Heroes on the Frontlines of COVID-19, Top Physicians Under 40 Award winners, the Distinguished Service Award winner, and the Physician Award for International Voluntary Service winner. Learn more about our award winners starting on page 17. Congratulations to them all! And it's not too late if you know of a physician member deserving of recognition; please nominate them for one of PAMED's many awards at www.pamedsoc.org/awards.

In honor of September's Women in Medicine Month, you'll hear from women on PAMED's Board of Trustees and in leadership positions on PAMED's Women Physicians Section about the difficulties they've faced throughout their journey as women in medicine. They also provide advice in overcoming challenges as well as getting female physicians involved in organized medicine, particularly in leadership roles. Read more on page 26.

You'll also learn about some cutting-edge initiatives our members are taking on, such as one member who stepped up his telemedicine usage to treat opioid-addicted patients with withdrawal management when they could not come into his office due to COVID-19. You can learn more about this trailblazing member on page 58.

In this issue, you'll also read how your PAMED and its staff never missed a beat, continuing to advocate and work hard for our valued members, even though our work setting changed from our offices to our homes.

I want you to know that PAMED is here for our members — we are advocating on behalf of you and your patients; offering the CME you need to renew your license this year, including opioid abuse, child abuse, and patient safety and risk management (www.pamedsoc.org/CME); and helping you navigate the challenges you face daily.

PAMED sprang into action to develop valuable and timely resources for our members related to the COVID-19 pandemic in our online COVID-19 Resource Center — www.pamedsoc.org/coronavirus — such as reopening guidance, regular email or text updates, a telemedicine reference sheet, and much more! Learn more about how PAMED continues to advocate for you during the pandemic on page 14.



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

We couldn't do it without you! If you're a member, thank you for your support. We hope that you'll continue your membership and renew for 2021 at www.pamedsoc.org/renew.

Not yet a member? Learn more and join today at www.pamedsoc.org/ArtofMedicine and strengthen the collective voice of organized medicine. ●

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



Life changing medicine starts with **life changing doctors**

UPMC is proud to recognize its *Top Physicians Under 40*:

Prabhjot Bedi, MD, FACP, UPMC East
Rutul J. Dalal, MD, FACP, FIDSA, UPMC Williamsport
Diwakar Davar, MD, UPMC Hillman Cancer Center
Elizabeth Mohan, MD, UPMC St. Margaret
Dominick A. Motto, MD, UPMC Passavant
Yana G. Najjar, MD, UPMC Hillman Cancer Center
Kathryn E. Palisoc, DO, UPMC Pinnacle
Ganga R. Ranasuriya, MD, FCCP, UPMC Williamsport
Brielle M. Spataro, MD, MS, UPMC Shadyside
Roby A. Thomas, MD, UPMC Hillman Cancer Center

UPMC is also proud to recognize **Manda Null, DO**, UPMC Lititz, as a *COVID-19 Everyday Hero*.

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Affiliated with the University of Pittsburgh School of Medicine, UPMC Presbyterian Shadyside is ranked among the best hospitals by *U.S. News & World Report*.



EMERGENCY PREPAREDNESS: PLANNING FOR THE INEVITABLE (A STATE OF READINESS)

BY SHARON DESANTIS

The events of this past year in health care have been called “unprecedented.” No matter your role in the industry, we have all become more aware of the need to be prepared. Whether it’s the next pandemic, weather disasters, patient emergencies in your office, loss of EHR functionality, or a cyber-attack on your systems, having plans in place that are well designed and periodically ‘stress-tested’ will help ensure your readiness.

You may already have an emergency response plan or a continuity of operations plan, or perhaps you’ve recently made it a priority knowing its importance. There are plenty of organizations with resources to help: The Centers for Medicare and Medicaid

Services (CMS), Occupational Safety and Health Administration (OSHA), and the Centers for Disease Control and Prevention (CDC) are just a few. While CMS regulations only apply to facilities and not physician offices, it remains best practice to build your plan. With proper planning and training for emergency situations, health care providers and staff can minimize risks and potentially prevent adverse outcomes.

We may not have expected to navigate a pandemic in our lifetime. Nevertheless, we have become more aware not only of the need for planning, but being able to respond quickly. There are three basic areas on which to focus when building your emergency response plan:

1. Risk assessment and planning
2. Policies and procedures
3. Training and drills

A comprehensive plan now can greatly reduce the risk of an unfavorable outcome later.

RISK ASSESSMENT AND PLANNING

Security Breach: Security Risk Assessments (SRAs) help you prevent data breaches and protect patients’ health information. SRAs are also necessary for HIPAA Security Rule compliance. HealthIT.gov offers an online SRA tool designed for small- to medium-size practices, but larger practices can also use the tool. It offers features like a progress tracker, threats and vulnerabilities rating, detailed reports, and business associate and asset tracking.

Loss of EHR Functionality: If you currently use an EHR, you know there’s no good time to lose access to your system. Moving to downtime procedures quickly will make for seamless patient care. Know what your method of communication will be to immediately notify all staff of the system status. You will need

to have a process for scheduling patients, check-in and check-out, and taking payments. If you see new patients, how will you handle them? Assigning them a temporary medical record number is a common tool. Have paper copies on hand for chart notes, prescription pads, referral orders, consent forms, new patient forms, and anything that is electronic. Develop a process for transferring the data into the EHR once it regains functionality.

Environmental/Violence/Health Emergencies:

The actions taken in the first few minutes of an emergency, such as a weather emergency, an active shooter, or a patient fall, are critical. Identify the high-risk probabilities for natural disasters in your area; the state of Pennsylvania might see a hurricane or tropical storm, but is your area prone to any other types of emergencies? What is your proximity to any potential hazards? The threat of violence in the workplace, such as an active shooter, is unpredictable and evolves quickly. These situations are typically over before law enforcement arrives on the scene, so pre-planning is vital. It is critical to assign employees specific responsibilities before an emergency presents itself in your office.

POLICIES AND PROCEDURES

A component of all risk assessment is the consideration that failing to have a comprehensive emergency plan could lead to heightened liabilities. Look to your insurance carrier to assist in risk assessments and staff training. Also, develop relationships with local law enforcement so you know who to call if there is an emergency.

Decide who will be responsible for developing your plan and what the chain of command is. Design job action sheets for your staff. What triggers the emergency plan to go into effect? Craft contingency plans for vaccine storage and post an evacuation plan. Keep your patients informed; what methods of communication are available to you to avoid unnecessary use of the local emergency department?

It's also important to implement policies to routinely inventory and test emergency equipment and ensure you have adequate supplies that are not beyond their expiration date. Develop checklists to document the results of these inspections.

Ensure that you develop written policies and review them periodically. All staff should know the location of emergency plans. New staff should be familiarized, and a review at staff meetings is also best practice.

TRAINING AND DRILLS

The hope would be that you never have to use your emergency/disaster plans, but that's not realistic. You don't know when you'll need them, so education and drills are the key to having staff ready when the time comes. Running drills, or stress tests, helps those involved prepare for reality and find the gaps and failures. Otherwise, they may feel incentivized to make everything look good rather than make sure your plan works when you need it. It's possible you'll find areas to modify each time you drill. ●

Sharon DeSantis is a practice support specialist at PAMED. You can email her at sdesantis@pamedsociety.org.

Great communities deserve great doctors.

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

Three AHN Saint Vincent doctors were named 2020 Top Physicians Under 40. Congratulations!

Amrita Chakraborty, MD
Palliative Care

Joshua Czerwinski, DO
Elk Valley Family Medical Center

Stephanie Larson, DO
Emergency Medicine



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DID YOU KNOW?

Did you know our knowledgeable Practice Support Team is here to answer member questions on topics like regulations, reimbursement, claim denials, and more?

Have a question or need help with an issue? Contact us at (800) 228-7823 or KnowledgeCenter@pamedsociety.org.

THE PA CLINICAL NETWORK CONTINUES ITS SUCCESSFUL LAUNCH, DESPITE A CHALLENGING ENVIRONMENT

PAMED's PA Clinical Network launched Pennsylvania's only statewide physician-led clinically integrated network (CIN) in a health care marketplace dominated by large and regional hospital systems. Pennsylvania's health insurers are keenly interested in paying for value, or value-based care (VBC), and are shifting reimbursement away from traditional fee-for-service.

In many areas of the country, VBC income now comprises the majority of provider income. However, independent physicians have been absent from the planning for VBC. One response is a physician-led CIN. A CIN is any provider organization that uses proven protocols and measures to improve patient care, decrease costs, and demonstrate value to its patients.

Pennsylvania's insurers welcome the opportunity to contract with the approximately 100 primary care physicians and 70 advanced practice clinicians (APCs) of the PA Clinical Network. PAMED's CIN, the PA Clinical Network, reflected its founder's nonprofit mission by allocating 70 percent of future value-based income to its physician participants; this tellingly contrasts with the less favorable terms of 50 to 60 percent offered by for-profit or hospital-led CINs.

By 2019, the Network had developed the legal framework, internal governance, and signatory authority to sign up a total of 159 physicians and APCs, 102 of which provide primary care for more than 150,000 Pennsylvanians. Five health insurer contracts for the calendar year 2020 cover approximately 24,000 patients. These contracts will

be further developed for 2021; the PA Clinical Network is optimistic that additional insurers will come to the table.

Internal programs are preparing member practices for high performance in value-based contracting for their patients. This includes:

- Implementation of team-based care management using distance as well as in-person patient support
- Access to a network-wide population health-based health information technology platform
- Support aimed at increasing awareness of the importance of coding and pursuing patients' quality-care gaps across the care continuum

The PA Clinical Network is also continuously seeking out additional ways to assist its practices. A more popular program that the PA Clinical Network offers members is their Medical Professional Liability Insurance program. The Network has negotiated an exclusive group-purchasing option for medical professional liability insurance. This has achieved a savings of approximately \$5,000 per practice. Specialist physicians have seen even greater average savings. The PA Clinical

Network also offers members marketing support, including expertise that will increase visibility and name recognition for the physicians and their practices.

Thanks to its five contracts, the PA Clinical Network is poised to further develop its value-based opportunities. These opportunities include 1) consolidating the multiple insurers' measures into a more limited and effective set of incentives, 2) evolving its current contracts to include greater gainshare provisions, 3) offering its network to additional Pennsylvania insurers and, most importantly, 4) building on the success of the current network by joining with additional independent physicians who are committed to succeeding in value-based care for their patients.

The impacts of COVID-19 on the PA Clinical Network have been widespread. In March 2020, Pennsylvania Gov. Tom Wolf issued stay-at-home orders and canceled all non-elective medical care. PA Clinical Network staff pivoted to support telehealth, including working with our insurer partners to clarify their coverage policies and billing codes. The Network also assisted practices in accessing financial aid programs as well as developing best practices to allow in-person care as the restrictions began to be lifted. ●

To find out more about the PA Clinical Network, including information on how to join, please contact Keith Taylor, Senior Director of Partnerships & Practice Support, at (814) 360-6622 or at ktaylor@pennsylvaniacin.com. You can also log onto www.pennsylvaniacin.com or find us on social media across all major sites, including LinkedIn, Facebook, and Twitter.

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PA Clinical



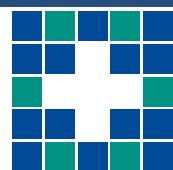
If we can do this in 90 Days, imagine what we can do for your practice...



In just three short months, the PA Clinical Network - brought to you by PAMED - announced major new contracts with the health plans shown plus Gateway Health Plan and Highmark Health. Each features innovative, favorable terms that help over **170** of our members cover **25,000** patient lives.

Impressed?

The PA Clinical Network is now accepting enrollment for new practice members. Take advantage of the new shared savings programs by becoming a member today. Contact Keith Taylor at (814)-360-6622 or ktaylor@pennsylvaniacin.com. Learn more at www.pennsylvaniacin.com and follow us on social: @PAClinical and #PAClinical.



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

PERSIST, PERSEVERE, PREVAIL

BY GWENDOLYN A. POLES, DO, FACP

This article also appears in the fall issue of PHP Update, a publication of The Foundation of the Pennsylvania Medical Society, alongside additional commentary on this important topic by Ericka Pinckney, MS, NCC. Visit www.foundationpamedsoc.org/home/about-us/publications to read more.

In the mid-1950s, a 3-year-old African American girl told her mom she wanted to be a “missionary surgeon doctor.” Now a retired physician, her memory goes back to approximately 7-years-old, always wanting to be a “missionary surgeon doctor.” From hence did that language come? How did a 3-year-old toddler form that phrase given the era and that her parents were not well educated? Was it because she heard the word “doctor” at the hospital or “missionary” at church? Hmmmm...she developed theories over the course of her career.

Despite racism, sexism, classism/caste (a word Americans don't like to admit exists here), and physical disability, she persisted, persevered, and prevailed. Between hospitalizations, frequent clinic appointments, and regular blood transfusions, she graduated in the top two percent of her high school class, completed her bachelor's degree at Franklin and Marshall College (F&M) in 3.5 years, and graduated from the Philadelphia College of Osteopathic Medicine (PCOM). Her teachers, school counsellors, nurses, and physicians told her to pursue a more “realistic career.” Girls — let alone poor, African American girls — were not supposed to be physicians. In contrast, her parents told her to study hard to get a scholarship and her church prayed for her health and supported her goal. Did I mention that this aspiring physician had Sickle Cell Disease? Even then she had to learn self-advocacy to prevent conflict between clinic visits and school.

I am that three-year-old that had the audacity to dream big and work hard at achieving my dream, my calling. Between my family, church, and the Christian faith that I embraced, I was able to endure the racism, sexism, and classism that persists in America. Although my undergraduate college experience was academically challenging, more importantly it was psychologically and emotionally grueling. F&M had turned co-ed two years prior to my matriculation, but did not welcome women nor minorities. Out of more than 500 students, 20 were African American. Students, administrators, and professors displayed overt racism. I persisted, persevered, and prevailed, fighting new barriers that were intentionally designed to derail my calling.

Fast forward to eight years after graduating from college when I entered PCOM whose culture was in stark contrast to my undergraduate experience. With some exceptions, administration, classmates, and professors were kind and supportive. What a breath of fresh air! Then during clinical rotations, the racism, sexism, classism, and ageism rose their ugly heads. Again, I persisted, persevered, and prevailed, but it was still exhausting.

Residency was physically challenging, but I remained relatively healthy even completing an on-call night which resulted in working 36-hours with fever, chills, and sweats due to a breast abscess. For young physicians in those days, you absolutely could not call

out sick and there were no “work hour restrictions.” The predominate patient population at my hospital was wealthy, white people, so here we go again. I was assumed to be the dietary aid — “Can you take my tray?”; the “TV Girl” — “I'm so glad you're here to turn my TV on” to which I politely replied, “I'll tell your nurse, I'm Doctor Poles, how are you today?” Then, “you're too young to be a physician.” (I was in my 30s, but I'll take the compliment.)

I persisted, persevered, and prevailed — I became the Chief Resident!

The last place I wanted to relocate to was Harrisburg — I swore I would never return to Central PA given my horrendous experiences at F&M and in Lancaster. Never say never, as the saying goes.

Prior to relocating, a white man confirmed my worst fears and advised me to live on the East Shore versus the West Shore, otherwise called the “White Shore” — his words. Then I arrived and quickly experienced racism within the medical community and area at large. Examples included nurses refusing to help find patients' charts or refusing written orders, security guards repeatedly stopping me when coming back at night to see a patient, being ignored in leadership meetings, and being called the “N” word standing in line at a department store.

Although I and others will persist and persevere, African Americans cannot prevail alone. Our profession takes

“

I urge you to take steps to evaluate how you have participated in the continuance of the status quo or have actively sought to tear down the institutional and structural racism in the systems in which you work, the community where you live, the faith community you embrace, and the governmental policies you support.

pride in being a healing profession and “doing no harm,” so why are we (you) not helping to actively heal our profession? Health disparities are not new. They stem from structural and institutional racism. Racial implicit and explicit biases persist.

The percentage of African-American physicians has decreased from an average of seven percent from 1978-2008 to five percent in 2018 (AAMC Diversity in the Physician Workforce Facts & Figures 2010; 17th Report of COGME). Minority representation in academia and leadership is dismal at best. The “ball” is no longer in my court or the court of minorities aspiring to, pursuing a career in, or currently in the practice of medicine.

I urge you to take steps to evaluate how you have participated in the continuance of the status quo or have actively sought to tear down the institutional and structural racism in the systems in which you work, the community where

you live, the faith community you embrace, and the governmental policies you support. Physician heal thyself for the sake of all. ●

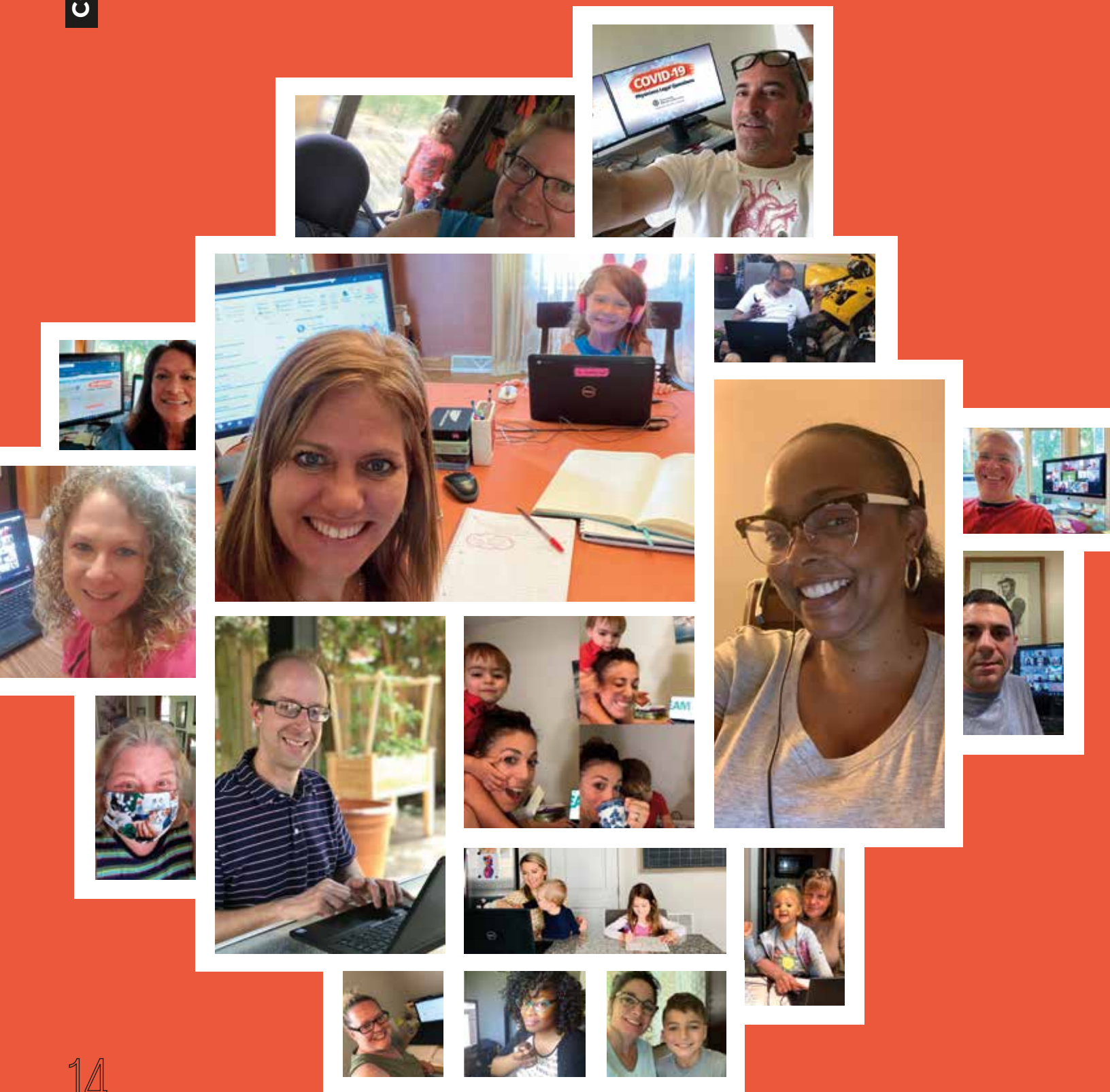
Gwendolyn A. Poles, DO, FACP, is a member of the Foundation of the Pennsylvania Medical Society Board of Trustees.



Check out PAMED’s Healthy Communities page, where Dr. Poles shares her passion of helping patients with sickle cell disease. PAMED was proud to award a 2019 Innovation Grant to the South Central Sickle Cell Council.

www.pamedsoc.org/health

POSITIVE GAINS FOR PENNSYLVANIA PHYSICIANS IN THE AGE OF COVID-19



COVID-19 has flipped our world upside down. As your advocate, PAMED didn't miss a beat in working to keep our membership on target. One day we were in the office, the next we were working safely at home. PAMED's advocacy, education, and customer service continues on behalf of physicians, practices, and patients.

When the flow of news about COVID-19 became overwhelming, we stepped in to share the information that was most relevant to you. More than 60,000 people have visited our COVID-19 Resource Center website, first launched in February. You can access it at www.pamedsoc.org/coronavirus.

In addition to receiving our weekly *Dose* e-newsletter, PAMED members can sign up for our COVID-19 Briefing for news delivered by text or email. Our Knowledge Center staff has also offered personalized assistance to hundreds of members.

While we can't always be at the Capitol in person, we are committed to advocating for our physicians. Despite the obstacles, we have been able to achieve notable successes.

Medical Liability for Certain Physicians Who Treat COVID-19 Patients

Since the first COVID-19 case in Pennsylvania was confirmed, we have advocated for liability protections for physicians on the front lines who are risking their lives. They should not be exposed to the additional risk of a lawsuit.

Gov. Wolf issued an executive order granting limited immunity to certain health care practitioners that work in specific types of health care facilities such as hospitals. While the order is a good first step, we are concerned that the order did not cover practitioners in outpatient settings. We will continue to advocate for immunity protections for all practitioners.

Waiving Administrative Requirements for Licensing

PAMED advocated in favor of certain temporary licensure waivers to enable physicians to treat COVID-19 patients. We were pleased that the Department of State made allowances for retired physicians to return to practice and for expedited temporary licensure to practitioners licensed in other states. Allowances were also made to permit GMTs in their final PGY year to obtain an unrestricted license sooner.

Practice Reopening & Resuming Non-Urgent Procedures

At PAMED's urging, the state issued guidance in early May for health care practitioners in settings such as physician offices to resume non-urgent care.

When we heard from member practices about their challenges with obtaining the PPE needed for safe reopening, PAMED took action and compiled a list of PPE suppliers. You can find this list at www.pamedsoc.org/ppe.

We also created a "Best Practices for Reopening a Medical Practice" to help our members navigate financial considerations, staffing issues, and safety precautions.

Practices are also delivering care by telehealth more than ever before. Our Telehealth Reference Sheet helps keep members up to speed on the latest insurer telehealth policies.

We also heard from our members who were experiencing challenges getting patients back to the office. We developed tools to help physicians communicate with their patients and get them back to their office for important appointments.

All of these resources and more are available at www.pamedsoc.org/coronavirus.

What's Next?

We don't yet know what course the pandemic will take next or when a vaccine will be available. What we do know is that PAMED stands ready — whether we're at home or at the office — to help our members navigate the challenges that lie ahead. ●

TO LEARN MORE, GO TO WWW.PAMEDSOC.ORG/ARTOFMEDICINE.

Help the Pennsylvania Medical Society honor excellence in medicine in 2021!

Everyday Hero Award (*Monthly award*) — Recognizes physician members who go above and beyond in providing patient care.

2021 Pennsylvania Top Physicians Under 40 Award — Recognizes early career physician members who are up-and-coming leaders.

2021 Distinguished Service Award — Recognizes physician members for their lifetime achievements in medicine.

2021 Physician Award for Community Volunteerism — Recognizes physician members for volunteerism in their community.

Don't Delay — Nominate *Today!*

www.pamedsoc.org/Awards

Nomination Deadline for All 2021 Awards: Jan. 15, 2021



20/898



PAMED members have access to all the CME needed to renew their license this year:

- ★ **Opioids Education** — Choose from online, on-demand courses addressing prescribing or dispensing opioids, managing chronic pain, or identifying addiction and referral to treatment.
- ★ **Child Abuse Education** — An online, on-demand state-approved course
- ★ **Patient Safety/Risk Management (PS/RM)** — PAMED's CME is designed to meet PS/RM requirements, including our *CME Consult* publication offering 6 PS/RM credits per issue.

Access CME, licensure FAQs, and more: **www.pamedsoc.org/CME**



PAMED RECOGNIZES EVERYDAY HEROES ON THE FRONTLINES OF COVID-19

PAMED's Everyday Hero Award showcases talented physicians who probably don't view themselves as heroes, but to patients and colleagues, they are. During the COVID-19 pandemic, we recognized even more physicians as Everyday Heroes.

PAMED thanks all of its member physicians for their dedication, expertise, and tireless devotion to Pennsylvanians during this time.

Here are a few who were nominated by colleagues as an Everyday Hero on the Frontlines of COVID-19.



Jill Owens, MD

Dr. Owens, a family physician for more than 20 years, is currently president and CEO of Bradford Family Medicine. She has been an active voice on Facebook and other social media platforms to show the proper way to wear face masks in public and encourage people to stay home during the peak weeks of the pandemic.

"Providing accurate information is vital during this pandemic," says 2019-2020 PAMED President Lawrence John, MD. "Communities look to their health

care experts to stay informed and stay safe. Dr. Owens is a shining example of how physicians can keep communities informed."



Carol Encarnacion, MD, and Frank McLaughlin, DO

Drs. Encarnacion and McLaughlin are both physicians at Meadville Medical Center.

Dr. Encarnacion, an infection prevention specialist, has provided invaluable leadership in helping the community prepare for COVID-19, says Dr. Denise Johnson, chief medical officer at Meadville Medical Center.

"She has been involved in every aspect of our planning and implementations," says Dr. Johnson, who nominated

both physicians for this recognition. "Carol is kind, compassionate, and extremely modest."

Dr. McLaughlin has been at Meadville Medical Center for almost 18 years and serves in many leadership roles within the health system. He recently spearheaded the development of the flu evaluation center, the area's first outpatient COVID-19 testing site in the region. It is open seven days a week and provides quick evaluation and testing of patients with flu or COVID-19 symptoms.

This has enabled physician practices and the emergency department to conserve personal protective equipment (PPE), Dr. Johnson says.

"Dr. McLaughlin is one of the medical center's top physician leaders," Dr. Johnson adds. "He is a great mentor to the young physicians in the program."

Manda Null, DO



Dr. Null, an anesthesiologist from Lititz, has been instrumental in organizing a multidisciplinary COVID-19 emergency response team at UPMC Lititz.

"She has dedicated an unprecedented amount of time and energy to ensure that the patients and staff are educated to the details of caring for patients inflicted with the virus," says Dave Simons, DO, who nominated Dr. Null for this recognition. "Her leadership and dedication have helped us adapt quickly to the new challenges that have been thrust upon the entire hospital."



Matthew Berger, MD

A psychiatrist from Moosic, Dr. Berger kept his practice open during the pandemic and continues to serve the mental health needs of patients who are particularly impacted by such a catastrophic event. Dr. Berger specializes in caring for patients with mood disorders, psychotic disorders, personality disorders, and addiction.

Colleagues say Dr. Berger embodies everything that is needed in times of crisis.

"He has remained calm, optimistic, and reassuring at a time when many people react with fear, isolation, and anger," says colleague Patricia Reynolds. "He serves as a steady voice that reminds his patients and staff that this too shall pass, and we are in it together. He walks the walk with his staff and is very much both the captain of the team but also deep in the trenches." Reynolds and her staff nominated Dr. Berger for this award.



Eric Bradburn, DO

Dr. Bradburn, a critical care trauma surgeon from Lancaster, has assumed additional leadership roles to prepare

Penn Medicine Lancaster General Health for the COVID-19 pandemic. These have included the development of a team-based intensive care unit contingency schedule to allow for the care of critically ill patients during the pandemic.

"The deployment of these teams has educated providers so that they can function during a crisis and has significantly improved teamwork and communication between departments," says physician colleague James Lamberg, DO, who nominated Dr. Bradburn for this recognition. "This has not only prepared us to handle the pandemic, but likely has long-lasting positive benefits for the institution as a whole."



Raghavendra Tirupathi, MD

As medical director at Keystone Infectious Disease in Chambersburg, Dr. Tirupathi has led initiatives to alleviate the shortage of PPE for his medical staff and make COVID-19 testing more widely available to patients. Dr. Tirupathi also helped initiate a convalescent plasma treatment program in Chambersburg Hospital in collaboration with the Mayo Clinic to treat severely sick COVID-19 patients.

Dr. Tirupathi has been quoted as an expert in the field by news and TV outlets throughout Pennsylvania and the nation, including the *Harrisburg Patriot-News*, *Allentown Morning Call*, *Pennsylvania Newsmakers*, and *MSN*. In addition, he provided guidance on COVID-19 to more than 100 school administrators throughout Pennsylvania and has advised nursing home and local government officials. ●



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Donald E. Martin, MD

LEBANON COUNTY DOCTOR EARNS PAMED'S DISTINGUISHED SERVICE AWARD FOR LIFETIME ACHIEVEMENT

Donald E. Martin, MD, an anesthesiologist from Lebanon County, was named the 2020 recipient of PAMED's Distinguished Service Award.

The Distinguished Service Award is considered the highest honor a member can receive from PAMED.

Its first recipient in 1956 was Jonas E. Salk, MD, who was recognized for his achievements in developing the anti-polio vaccine. Since it was first awarded, PAMED's Distinguished Service Award has honored 29 Pennsylvania physicians and two non-physicians.

"Dr. Martin has been a notable author, educator, and advocate for physicians and patients over a distinguished career," says Lawrence John, MD, 2019-2020 president of PAMED.

"He has represented Pennsylvania medicine well and is extremely deserving of this award."

Dr. Martin's early career focused on education.

As a faculty member at Penn State College of Medicine, he co-edited, with Frederick A. Hensley, Jr, MD, the book "A Practical Approach to Cardiac Anesthesia." It was published in five editions between 1989 and 2013 and translated into four languages.

He also helped train more than 300 residents during his 35 years at Penn State and has followed the careers of many of them who have remained in Pennsylvania and active in PAMED.

In 1990, Dr. Martin worked as a health policy fellow with then-U.S. Sen. John Heinz. He had the opportunity to work on the staff of the Senate Finance Committee during a time of major changes in federal health policy and health insurance.

This fellowship changed his career direction. After leaving his fellowship, he became an outspoken advocate for the essential role of physicians in directing the clinical work of allied health professionals, particularly nurse anesthetists and nurse practitioners, and in controlling the growth of the power and wealth of health insurance companies and pharmaceutical supply chains.

Dr. Martin completed his medical training at Jefferson Medical College in 1976, and then his residency training in anesthesiology and a fellowship in cardiac anesthesiology and operating room administration at the University of Pennsylvania in 1980.

Following his training, he joined the faculty of the Department of Anesthesiology and Perioperative Medicine at Penn State, where he served as vice chair for academic and professional development, interim chair, and associate dean for administration.

His involvement in organized medicine included time as the anesthesiology representative to PAMED's Interspecialty Section, Task Force on the Definition of Medical Practice, Specialty Leadership Cabinet, and the Highmark Medicare Carrier Advisory Committee. He served as secretary-treasurer, president, and a member of the Board of Directors of the Pennsylvania Society of Anesthesiologists. ●



PHILADELPHIA SURGEON WINS STATEWIDE AWARD FOR INTERNATIONAL VOLUNTARY SERVICE

Eric C. Gokcen, MD

Eric C. Gokcen, MD, an orthopedic surgeon from Philadelphia, has been named recipient of PAMED's Physician Award for International Voluntary Service.

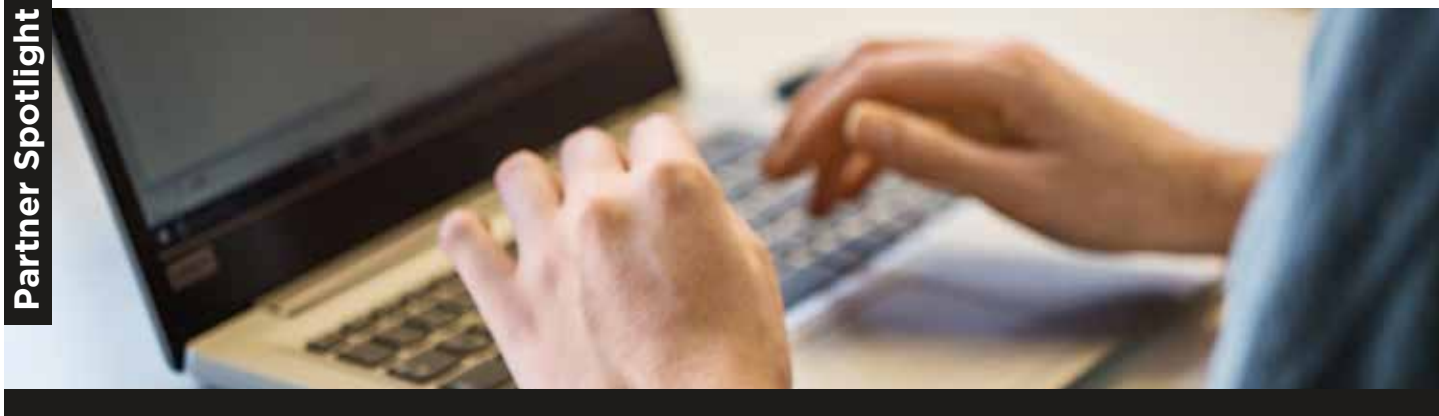
Dr. Gokcen invested seven years of his career improving the lives of the poor in developing African countries such as Kenya and Ethiopia, where he performed thousands of surgeries for children with disabilities.

While there, Dr. Gokcen also started two internationally accredited orthopaedic surgery residency programs. His work was recognized by the Ethiopian Parliament.

Since returning to the U.S., he became director of global orthopaedic surgery and an associate professor of orthopaedic surgery and sports medicine at Temple University. He regularly takes residents on short-term medical mission trips to Africa to expose them to the needs of the developing world.

Dr. Gokcen has become an expert on international medical education in the developing world and has presented at national events. ●

“The most rewarding aspect of my time in Africa was being able to see children’s lives transformed by the surgeries and care they received at our hospital. Even now as I think about it, I am overwhelmed with a sense of gratitude to have been able to impact these children in such a profound way. I am honored that PAMED would select me as the recipient of the Physician Award for International Voluntary Service.”



OFFICE ERGONOMICS

BY AMERITRUST

The key to preventing work-related neck and back injuries is to evaluate your workstation and make sure it is ergonomically correct and promotes good posture. The discomfort and pain from slouching at a desk all day is very common, with many office workers suffering pain at least once a week. If you are working at an ergonomically incorrect workstation or practice poor posture, you can suffer from neck, shoulder, wrist, and elbow discomfort.

GOOD POSTURE TIPS

Avoid unnecessary discomfort at work by focusing on your posture and making your workstation ergonomically appropriate.

Typically, aches and pains from office work stem from physical stress due to prolonged and awkward positions, repetitive motions, and overuse. When applied to your workstation, these helpful tips will help promote good posture and correct ergonomics.



Chair position

Adjust the height of your chair so that your feet rest comfortably on the floor, with your knees about level with your hips, making sure your seat is not pressing against the back of your knees.



Back support

Keep your backbone straight, shoulders back, abdomen and buttocks pulled in, and chin tucked. If your chair does not allow this, try placing a cushion between the curve of your lower back and the back of the chair.



Computer monitor

Position your monitor 18 to 30 inches from your eyes. The top of your screen should be at eye level or below so you look slightly down at your work. If glare is a problem, turn off some or all overhead lights and close blinds if possible.



Headsets

Use a headset if you frequently talk on the phone and type or write at the same time.



Wrist rest

Keep your wrists in a straight, natural position when using your keyboard. Do not use your wrist rest while typing. Use it to take occasional breaks from typing.



Mouse

Place your mouse to the side of your keyboard so you do not have to reach too far to use it.

PREVENTION

Sitting at a desk all day, even with the best posture and ergonomics, can still be stressful on your body. On average, your body can only tolerate one position for about 20 minutes before needing readjustment. Taking a one-minute break every 20 minutes is helpful.

At AmeriTrust, we are committed to helping you establish a strong safety program that minimizes your workers' compensation exposures. Contact us today at (913) 266-5134 to learn more about our OSHA compliance, safety program, and accident investigation tools and resources. ●



This Work Comp Insights is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel or an insurance professional for appropriate advice. © 2011, 2019 Zywave, Inc. All rights reserved.



When was the last time you evaluated your workers' compensation coverage?

AmeriTrust zero-down program extended to January 1, 2021.

There is no better time than the present to evaluate your current workers' compensation coverage. AmeriTrust Group, Inc. has extended its zero-down payment relief program until January 1, 2021.

In April of 2020, AmeriTrust announced a zero-down payment relief opportunity for qualifying new* business accounts in response to COVID-19. Under this plan, PAMED members seeking competitive workers' compensation coverage can take advantage of a convenient 11-installment payment plan with the first payment due 30 days after the policy effective date and monthly thereafter.

To learn more or to get a quote for the PAMED workers' compensation program, call us today at (800) 825-9489.

**New qualifying admitted commercial property and casualty insurance accounts on direct billing are not required to make any down payments or first-month payments on their insurance policies.*



A PASSION FOR PROTECTION

RISK MANAGEMENT AND COVID-19

BY GINGER KELLEY

The COVID-19 pandemic has immeasurably changed the practice of medicine. As practices and facilities reopen, physicians and staff must be prepared to address the potential risks for COVID-19 exposure and infection to patients. Staff may be reluctant to return to work, and patients will understandably be fearful. Developing updated infection control practices can help alleviate those fears, as well as mitigate liability risk, when patients and staff are educated on the measures your practice has implemented. There are also challenges associated with implementing new telehealth services and encouraging patients to return to the office.



The stress this places on health care workers also needs to be recognized and addressed.

NORCAL Group has developed a comprehensive Pandemic: COVID-19 Resource Exchange — norcal-group.com/pandemic — that is available to the public. This site includes a complete downloadable risk management telehealth toolkit, as well as a customizable, sample telehealth consent template. A collection of resources, checklists, and guidance for reopening your practice has been curated to address the needs of most medical practices.

Perhaps the most important resources are those addressing COVID-19 Healthcare Workforce Wellness — norcal-group.com/pandemic/covid19-wellness. These have been prepared specifically to address the stress and challenges experienced by frontline workers caring for patients with COVID-19. But provider wellness was a serious concern even before the onset of the pandemic, and NORCAL Group had already assembled resources to address the serious impact of burnout, second victim syndrome, and the need for heightened awareness and a systematic response. NORCAL Group's Professional Wellness page — norcal-group.com/wellness — is also available to all site visitors and is continually

expanding with additional resources addressing the various factors contributing to stress amongst our health care community.

NORCAL Group's passion for protecting physicians and health care professionals from potential liability is rooted in risk management. For many years, NORCAL Group has been producing publications addressing risk issues identified through continuous assessment of NORCAL Group claims experience. These Claims Rx publications are designed to provide guidance, lessons learned, and tips to avoid liability. We are proud to announce that a full resource listing library is now available on our website in the Claims Rx Directory at norcal-group.com/claimsrx. All of the publications are available to our policyholders, many of which are eligible for ACCME credit, but we are now making those issues that are no longer CME-eligible available to the public and featuring a complimentary sample of a current issue as well.

We invite PAMED members, their practice administrators, and staff to visit these various resource opportunities and wish everyone well as we continue the challenge of recovering from this unprecedented experience. ●

NORCAL Group is PAMED's valued partner for medical liability insurance.



Virginia (Ginger) Kelley, MHA, ARM, CMPE, CPHRM, FASHRM, is the regional manager of risk management for the eastern region of NORCAL Group. Her health care experience spans more than 30 years. Ginger's practice management experience offers a unique perspective on physician office and medical clinic risks and exposures, including professional liability and a variety of patient safety and compliance challenges.

CALENDAR OF EVENTS

LEARN ABOUT UPCOMING EVENTS

Please note that these dates/meeting formats & locations may be tentative given COVID-19.

PAMED Board of Trustee Meetings

- Oct. 21 & 25, 2020
- Feb. 2-3, 2021
- May 4-5, 2021
- Aug. 10-11, 2021
- Oct. 29 & 31, 2021
(in conjunction with PAMED's 2021 House of Delegates)
- March 6-7, 2021
(Spring Board Retreat)

www.pamedsoc.org/Board

House of Delegates

The 2020 meeting will be held virtually on Oct. 24, 2020.

www.pamedsoc.org/HOD

Save the date for the 2021 House of Delegates Oct. 29-31, 2021, Hershey, Pa.

2021 Year-Round Leadership Academy

- February – November 2021, scholarships available through Nov. 30, 2020

www.pamedsoc.org/YRA

2021 Practice Administrator Meetings

- Watch PAMED's website for dates for the spring and fall 2021 meetings:

www.pamedsoc.org/ManagerMeeting

- Foundation of the Pennsylvania Medical Society Virtual Medical Records Course

Joint Offering with KStar and LifeGuard Program

Oct. 26-27, 2020

www.foundationpamedsoc.org/lifeguard/CME

www.pamedsoc.org/calendar ●

Celebrating Members, Membership, and Medicine:

Renew Your PAMED Membership for 2021!

Your PAMED membership this year has truly made an **impact**.

How?

Your support made it possible for us to **advocate, educate, and navigate** on behalf of physicians statewide on emerging issues related to COVID-19 such as medical liability immunity, PPE availability, and telehealth.

Why Your Continued Support Is Needed:

We stand ready to help the physician community navigate the COVID-19 pandemic so that we emerge stronger than ever before.

Your membership will help ensure that we are able to **continue developing resources** for physicians and advocating effectively for your needs.

Learn more & renew your PAMED membership for 2021:
www.pamedsoc.org/ArtofMedicine



PAMED's Women Physicians

PAVE THE WAY FOR FUTURE GENERATIONS



To celebrate Women in Medicine Month (September) and highlight several bright, trailblazing female physician leaders, we talked to the women who serve on PAMED's Board of Trustees, as well as the chair and vice chair of PAMED's Women Physicians Section.

We asked them about the challenges they've faced throughout their journeys as women in medicine, their advice for young women considering a career in medicine, and the best way to get women physicians involved in organized medicine, particularly in leadership roles.

Here's what they had to say.



Maria Sunseri

MD, FAASM

MEDICAL SPECIALTIES
TRUSTEE

1. What are the challenges that you've faced as a woman in medicine, and what have you done to overcome those challenges?

I have found that most people underestimate me, at least in part because I am a woman. This was frustrating initially, but only served to propel me further. I knew that I had to have the sheepskin (five board certifications) to prove that I had the knowledge and work extra hard to show that I could do the work. I regret none of this. It only served to make me better.

2. If you could change one thing for women in medicine what would it be?

Learning how to find your authentic voice, not a reactionary voice, or a mob voice, early in your career. Oh, and that pay gap is a must! This is 2020, and we still earn less for the same work, even accounting for the difference in part-time vs. full-time jobs, etc.

3. What advice do you have for young women who are considering a career in medicine?

If you love science and working intimately with people, then get some experience to see if a career in medicine might be right for you. Do not do this for the money or for anyone else's expectations.

4. What is the best way to get women physicians involved in organized medicine and particularly in leadership roles?

"Be the change you want to see." To get younger women involved, I believe it will take more regional meetings and issues that attract them, as they may have young families. Later in life, I think it is word of mouth and feeling welcome that will bring women out.



Sherry Blumenthal

MD, MSED, FACOG

WOMEN PHYSICIANS
SECTION TRUSTEE

1. What are the challenges that you've faced as a woman in medicine, and what have you done to overcome those challenges?

I had huge challenges getting admitted to college as a premed woman in 1962, having to be better than men to get admitted, so I gave up initially and then applied to medical school in 1977.

I was asked interview questions about how I felt about doing a rotation out of town and leaving my 5-year-old son and husband for six weeks. I experienced having my loan reduced because my husband had a job, childcare issues being ignored, extra expenses of commuting to school, and having grades lowered because of my gender or because I refused sexual advances. Other challenges I've faced have included overt sexual advances in residency, discrimination by the department chair and some male colleagues when in practice, and difficulties in the OR with nurses if I acted appropriately as "captain of the ship."

To overcome these challenges, I networked with close female physician friends, refused to quit, and eventually learned to stand up for myself. I had to realize that I could not be liked by everyone no matter what I did because of intrinsic and explicit bias.

2. If you could change one thing for women in medicine what would it be?

Women should be judged equally, paid equally, and given equal opportunity — equality in practice, not rhetoric.

3. What advice do you have for young women who are considering a career in medicine?

Believe in yourself, make choices that work for you, and support each other.

4. What is the best way to get women physicians involved in organized medicine and particularly in leadership roles?

Make us feel welcome and empowered, give us the ability to advance using our unique skills, do not expect us to fit into a male model that does not work for us, and level the playing field.

In closing, we must support each other. As Madeleine Albright, first woman U.S. secretary of state said, "What people have the capacity to choose, they have the ability to change."



Amy Pare

MD, FACS

13TH DISTRICT TRUSTEE

1. What are the challenges that you've faced as a woman in medicine, and what have you done to overcome those challenges?

The biggest challenge is finding role models — people that are like you. It's hard since women have kids at different times, are in different specialties, and sometimes there is competition. Some programs were known for not taking women since small specialties could not afford to have a person out on maternity leave.

2. If you could change one thing for women in medicine what would it be?

Providing childcare at the hospital, including childcare for sick kids, in a wing that is staffed with a nurse. There would be little truancy, and women wouldn't have to use sick time to care for a sick child. Women love to work — it's what we do.

3. What advice do you have for young women who are considering a career in medicine?

Do what you love. You will never work harder. There will be tough times. Your situation will never be the same as others. There are always new challenges. Don't settle — you will never forgive yourself. Be happy. Don't work expecting things to get better; make them better now.

4. What is the best way to get women physicians involved in organized medicine and particularly in leadership roles?

Offer childcare at meetings. We have food at meetings. Come and allow your kid(s) to sit in the corner and play. There needs to be a social acceptance of bringing your kids. Your kids need to see that you work and have responsibilities. A happy mom is a good mom. Women have so much to offer — hard work and ideas — yet they are often stifled.

Best wishes!

Enjoy the ride; you will never go back.



Candance Good, MD

SIXTH DISTRICT TRUSTEE

1. What are the challenges that you've faced as a woman in medicine, and what have you done to overcome those challenges?

I would say my main challenge was my own self-criticism. I had my daughter early in my residency program, and I was learning to be a doctor and a mother at the same time. For many years, I felt I was failing at both as I couldn't keep up with my own expectations. If I would have paused to consider my own needs rather than trying to make everyone else happy, I may have spoken up sooner and been a better advocate for myself and my patients. By dedicating time to mindfulness, I learned how to protect my energy.

2. If you could change one thing for women in medicine what would it be?

More mentoring opportunities.

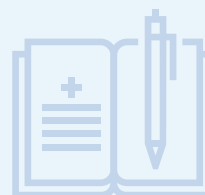
3. What advice do you have for young women who are considering a career in medicine?

Even if you don't think you are a perfectionist, you probably are. Medicine demands it. Practice self-care

and self-compassion. No one has it all together all the time, and life is rarely balanced. You'll need to set some limits on your practice and be kind to yourself when it comes to meeting family obligations. Being a physician is not your sole identity; develop an interest outside of medicine — it will help you stay a doctor!

4. What is the best way to get women physicians involved in organized medicine and particularly in leadership roles?

Even if you aren't gunning for a position in the C-suite, look for training opportunities, like the PAMED Year-Round Leadership Academy (www.pamedsoc.org/YRA.) Learning the language of business and exploring your own leadership and conflict resolution style will help you feel more confident when an opportunity arises.





Danae Powers, MD

PAST PRESIDENT
(2018-2019)



1. What are the challenges that you've faced as a woman in medicine, and what have you done to overcome those challenges?

My experience goes back many decades, and overall the biggest challenge was the loss of networking opportunities and the absence of mentors who could advise me. The system had no expectation that a female would be in the physician role. Some examples: we had no female call rooms when I was a resident; there was a weekly sports league for the attending and residents, but it was male only; and once during the first day on a new job, the chairman told me that he had voted against hiring me as he believed "a woman could not do this work," but that he was outvoted by the other men who were impressed by my credentials.

2. If you could change one thing for women in medicine what would it be?

Make women more assertive when advocating for their careers and opportunities.

3. What advice do you have for young women who are considering a career in medicine?

My advice is to network, stay positive, and think how far we have come.

4. What is the best way to get women physicians involved in organized medicine and particularly in leadership roles?

We need first to have a mentoring or engagement experience for women physicians and medical students, both members and non-members, where they can actively participate in organized medicine by attending meetings, legislative activities, or networking programs. Add to that a second parameter of creating positive practice changes that can be ascribed to the efforts of organized medical societies.



Karen Rizzo

MD, FACS

WOMEN PHYSICIANS
SECTION CHAIR,
2015-2016 PAMED PRESIDENT

1. What are the challenges that you've faced as a woman in medicine, and what have you done to overcome those challenges?

Managing a demanding professional career and raising a family have been the most challenging aspects of my career. It is clearly possible to do both well. Being organized, efficient, and able to frequently multitask helps keeping both your personal and professional life on track. Having a supportive spouse that shares in the parenting responsibilities is important as well.

2. If you could change one thing for women in medicine what would it be?

Pay parity for women in medicine is long overdue and is a problem that is continuing to improve but should be universally accepted for all specialties and practice models.

3. What advice do you have for young women who are considering a career in medicine?

I encourage all women interested in medicine to pursue their dreams and fulfill

their professional aspirations. As more women continue to be educated, the opportunities for professional advancement will continue to grow. Financial independence and a strong work ethic will lead to success in most areas, but having a supportive family helps with managing the complexities.

4. What is the best way to get women physicians involved in organized medicine and particularly in leadership roles?

Being a mentor and role model for the next generation of women physicians is an important responsibility. Being supportive and able to share experiences and struggles helps others to manage challenges in their professional and personal development. As chair of the PAMED Women Physician Section, I encourage all women in medicine to learn more about effective networking, opportunities for leadership roles in organized and academic medicine, and options to inspire and promote.



**Eileen
Moser, MD**
PRIMARY CARE TRUSTEE

1. What are the challenges that you've faced as a woman in medicine, and what have you done to overcome those challenges?

I've had my share of comments that one could find limiting. For example: an uncle suggested that I ought not to become a physician since it would take a medical school position away from a man (really!); an older male cousin, who was very influential in his business, just could not understand, in his very diplomatic and caring way, why I would not just want to settle down and have babies (I was unsuccessful in explaining it to him); a medical school teacher mocked my use of a microspatula in biochemistry lab as not knowing "which tools to use" as a woman (for the record, there were no regular spatulas available, and I was being innovative — and I called him out on it as a father of three girls); a faculty member, who, when I brought in a home-baked cake for a party, quipped, "Yes, she can bake, but can she be a good physician?" (I was just too horrified to reply, and it took me years to bring another cake to work); a senior faculty member, when I was a resident, would leer when I had a dress on — I think he thought it was complimentary. Yes, my women friends, we all have these stories, and mine are mild compared to others! Yet, I had parents who believed in me and a consistently supportive husband. I was lucky. And here's the thing — I believe in myself.

You define who you are. You define who you will be. The number of people who are invested in your success far outnumber the occasional person you will find who just does

not "get it." So, know your worth, know what you bring, and don't let anyone stop you from becoming everything you can become!

2. If you could change one thing for women in medicine what would it be?

We are getting there, but I would lift any real or imaginary limits that might keep you, as a woman, from being all you might be — whatever that is for you.

3. What advice do you have for young women who are considering a career in medicine?

For women interested in a career in medicine, I would advise you to think deeply about your own "North Star." What is your life's purpose or calling? Then, consider it in terms of different domains — work, family, community, spirituality. Then, lift limits and do some "blue skies" thinking. Write down your vision for yourself at five and 10 years. Do not let someone else's lack of imagination translate into what you might see yourself evolving into.

4. What is the best way to get women physicians involved in organized medicine and particularly in leadership roles?

Physicians are generally "givers" and want to help the world become a better place. I think women often need to be asked, and if asked, they will step up to the plate. So, I would encourage each of us who is in the position of nominating a woman for a position to do just that.

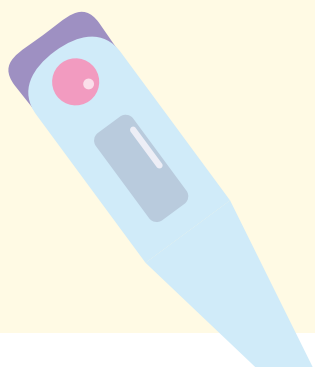




Madalyn Schaefgen

MD, FAAFP

PRIMARY CARE TRUSTEE



1. What are the challenges that you've faced as a woman in medicine, and what have you done to overcome those challenges?

I attended Jefferson Medical College at a time when it was still only 16 percent female, at a time when most other medical colleges in the U.S. were about 1/3 female. Jefferson had only integrated women by a court order in 1961. It was still a male-dominated school, with mostly male professors and fraternities. The surgical rotations still had the signs for physicians and nurses on the changing rooms, and I, of course, was separated into the nurses' quarters for changing while the other residents and physicians discussed the case in the male locker room. I needed to be more assertive in asking questions and also needed to push myself forward (literally) in order to be able to see over and around the others and to learn.

In my residency, there was one female out of six residents in each of the three years. The females were a tight knit group, and got together frequently. Each year, at the first gathering, the new female intern was passed down a pair of boxing gloves to assist her in fighting her way through residency, and was given a lot of support. I was the first female resident to become pregnant in training. My quest for extra time off or home-based research rotation post-delivery was not granted. I was unable to take more than the four weeks of ACGME allowable vacation, as I was unable to extend my time in residency due to my U.S. Air Force (USAF) commitment. Still, I believe that the requests help pave the way for future changes. Even attempts at expressing milk at work was done in the bathroom and without regard for any breaks. It was amazing that I was able to continue to breastfeed my baby for another 3.5 months after returning to work!

I was able to finish my family medicine residency, spend three years in the USAF, and then return to civilian life where I worked part-time for more than a decade and had two more children. I was able to tailor my job(s) around my family life.

For many years now I have been working full time. I have been involved in organized medicine, trying to make the profession better for those who come after me. Getting together with other physicians across the state and country who have a similar passion gives me the energy I need

to work for positive change. Also, having a husband who supports my endeavors helps tremendously.

2. If you could change one thing for women in medicine what would it be?

Probably the one change I would wish for women in medicine is the same that I would wish for any woman in any profession — that you be judged for your knowledge, care, and professionalism without regard for your gender.

3. What advice do you have for young women who are considering a career in medicine?

My advice to young women is to do what brings you joy. Know that whatever career you choose, you may get conflicting advice from others, and you need to go where your passion leads you. Know that there will be roadblocks along the way, but that perseverance and support of others will get you through. I asked my daughter how to answer this, as two of my three children are family physicians. She wrote that I asked her if she was sure that that was what she wanted to do, and that I provided her with the experiences like shadowing to understand what life in medicine is like. She said: "You led by example. You enjoyed and found meaning in your work. You were the proof that stereotypes about women in medicine were not true (e.g. couldn't have time for family, would be difficult to get into medical school, etc.) And you always made me feel that anything I wanted to do was possible with some hard work." I have never regretted my decision to be a family physician.

4. What is the best way to get women physicians involved in organized medicine and particularly in leadership roles?

Just like a hike up a mountain starts with the first step, so with organizations. Start meeting with county societies or specialty societies or showing up at the state meetings and talking to others. I started with a friend calling me up and asking me to join him at a state family medicine meeting in Harrisburg. I joined a committee, then became chairman, then moved into leadership positions on the board, as speaker, as president of the Pennsylvania Academy of Family Physicians, and onto other organizations including PAMED.



**Hannah
Do, MD,**

**WOMEN PHYSICIANS
SECTION VICE CHAIR**



1. What are the challenges that you've faced as a woman in medicine, and what have you done to overcome those challenges?

One of my biggest challenges is that I am often underestimated. Standing at 5'2, soft spoken, young, and female, I don't look the part of what people traditionally think their doctor should be. I often get mistaken as non-physician staff.

To overcome this, I take it one patient at a time by listening intently and providing the best medical care that I can. My desire to prove myself and break the mold is what drives me to be a better physician every day.

2. If you could change one thing for women in medicine what would it be?

I would advocate for protected paid maternity leave. The time after childbirth is not a "vacation." During this period, a woman is recovering physically, adapting to multiple psychological and social changes. It doesn't make sense that many companies in the corporate world recognize the

challenges faced by women in balancing a career and personal life by offering protected paid maternity leave, and yet this is not something that has been widely adopted in the medical field.

3. What advice do you have for young women who are considering a career in medicine?

Take the time to tune out the Internet, social media feeds, and the barrage of emails to get to know yourself. Find your passion, and if that is medicine, it will fuel you. If you go down this path, just know that you can't have everything, but you can have enough.

4. What is the best way to get women physicians involved in organized medicine and particularly in leadership roles?

I believe the best way is through increasing the number of opportunities available, engaging in topics relevant to women, and fostering strong mentorships. I am fortunate to be where I am now due to all the work of those women who came before me.



**Lynn Lucas
-Fehm, MD,**

FIRST DISTRICT TRUSTEE



1. What are the challenges that you've faced as a woman in medicine, and what have you done to overcome those challenges?

Women have all had different experiences and challenges. We are unique in our abilities, responses, and aspirations. However, from a big picture point of view, all women have had to learn to interact and develop their skill sets in a health care system that was developed by and built from the viewpoint of male physicians. This includes the educational curriculum, method of patient care delivery, and workplace environment. I sometimes wonder how the health care system would have developed if women physicians had been integrated into the development of our health care system.

As far as overcoming challenges, I have found that the best way to succeed is to be adaptable.

2. If you could change one thing for women in medicine what would it be?

I cannot possibly limit what I would change to one thing.

3. What advice do you have for young women who are considering a career in medicine?

For women considering a career in medicine, I would say "seize the day." The number of women entering our field means that our voice is and will continue to be strong. Bring your fresh ideas and contribute to the development of the future health care system. In order to provide quality care, we need to address the changes that are occurring in diagnosis and treatment of disease while also addressing social determinants/issues. The future generation of physicians will play an integral role in this evolution.

4. What is the best way to get women physicians involved in organized medicine and particularly in leadership roles?

There is nothing more satisfying to me than to see our young physicians proudly speaking at the House of Delegates, discussing resolutions and health policy. I think that the best thing those of us in leadership can do is to make it clear that we want to hear from our young physicians. We should encourage their enthusiasm while supporting them. ●

KEEPING IT LOCAL: MEMBER CREATES NEW FACE SHIELD DURING PANDEMIC, BOOSTS ERIE ECONOMY

BY RACHEL DAMRAUER, DIRECTOR OF MEMBER COMMUNICATIONS, PAMED

As an Ear, Nose and Throat (ENT) physician, Jack Anon, MD, saw an unmet need for PPE innovation beyond its limited supply. “We had to think about how you safely examine the patient, particularly with a fiberoptic scope, when you’re routinely examining areas of the nose and mouth, which adds an additional level of exposure,” he says.

That’s when Dr. Anon had what he called an “aha moment” – if the patient wore a face shield, doctors could better isolate the patient from the surrounding environment.

The pathway from concept to product was quite the evolution. Dr. Anon described this process as a “family affair,” since he worked with his wife, Ellen Anon, PhD, to approach a local plastics company with the idea. Together, they brainstormed and came up with a variety of prototypes.

“We came up with a design and name, started the paperwork, and became an LLC, all in one week,” he says.

The company created for this project is called Aspeus – a clever combination of the Greek word for shield, “aspída,” and the Latin word for shield, “clypeus.”

Designing the shield was an exercise in precision, just like tuning a musical instrument. They had to make sure it was long enough to work but not so long that it got in the way, ensure that the foam was the appropriate thickness so it didn’t bump into the patient’s face, design the double strap to help keep face shields in place, and perfect the shield’s proprietary folding bottom shelf, which is designed to dramatically reduce the chances of small airborne particles coming into contact with the wearer.

In April 2020, Eli N. Perencevich, MD, MS, and others wrote an article in the American Medical Association’s JAMA publication, “Moving Personal Protective Equipment into the Community: Face Shields and Containment of COVID-19.” This article outlined the key components of effective face shields.

“We used this article as a guide, checking off the boxes when designing our face shield,” says Dr. Anon.

While it started as a product designed to help better protect patients, the target audience was soon expanded to include health care providers, teachers, and people who can’t wear a traditional face mask.

In addition to creating a much-needed product, Dr. Anon is also proud of doing his part to help his local economy in Erie. The face shields are all made locally, and they used local businesses to help with start-up operations.

PAMED applauds Dr. Anon for his innovative efforts. You can learn more about his face shield at <https://aspeus.com>. ♦

<https://jamanetwork.com/journals/jama/fullarticle/2765525>



PAMED member and co-creator Jack Anon, MD, wearing the face shield.



PAMED member resident Ellen Ko-Keeney, DO, Ear Nose & Throat Specialists of Northwestern Pennsylvania, wearing the face shield.



PAMED member resident Carter Denne, DO, Ear Nose & Throat Specialists of Northwestern Pennsylvania, wearing the face shield.

A STRONG, PROACTIVE INSURANCE PARTNER

Founded and Led by Doctors

The Doctors Company has a long history of transforming our industry and service to the profession. Today, as health-care delivery continues to undergo unprecedented change, it's more important than ever to have a strong, trusted partner that helps you focus on what you do best—delivering care. That's why we're taking the mal out of malpractice insurance.

We are leading the industry in how we support the medical profession and partner with those providing care. We are committed to serving our members by being:

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Your defense is anchored by a promise to never settle a claim without your written consent. And if a frivolous suit is ever brought against you, our defense of your livelihood and reputation will be fierce and uncompromising. Seasoned advocates will support you throughout the litigation process, and we will give you the skills necessary to be a strong player in your own defense.

Patient Safety and Risk Management

For more than 40 years, we have been fiercely committed to protecting the practice of good medicine for members. Members have access to a wealth of resources, including industry-leading programs that help doctors and practices implement effective protocols, resulting in significantly fewer allegations of malpractice.

And the industry's largest claims database gives us an unparalleled understanding of lawsuits against doctors. This data-driven approach enables us to anticipate emerging trends and deliver innovative patient safety tools to help our members reduce risk. You can earn continuing education credits through our complimentary on-demand and web-based courses in which we share insights on keeping your patients safe.

Rewarding Members

We believe that you deserve more than a little gratitude for a career spent practicing good medicine. That's why we created the Tribute® Plan in 2007 to reward members for their loyalty to The Doctors Company and for their commitment to superior patient care. We were the first national medical malpractice insurer to offer this type of benefit, and we have paid more than \$100 million in Tribute awards to over 9,000 members—and the highest award paid to date is \$147,692. Eligible members also participate in our generous multiyear dividend program, which has returned over \$430 million in dividends.

Innovative Coverage for Today's Practice Environment

Our national perspective and local experts enable us to anticipate emerging threats and deliver innovative solutions. No matter how you practice, we'll be there for you with expert guidance, resources, and coverage.



Serving those
who provide care.

IT'S IN OUR DNA.



**SHINING A LIGHT ON
RISKS AND TRENDS
THAT OTHERS
CAN'T SEE**

COVID-19 Update from The Doctors Company

The Fight to Protect the Practice of Good Medicine

The Doctors Company was founded on the principles of protecting and defending the practice of good medicine and safeguarding patient access to healthcare. We work continuously to balance the scales of justice so doctors can make decisions based on the best outcomes for patients, rather than on the ever-present threat of litigation.

Through our advocacy efforts, we engage with the legislative, rule-making, and judicial processes to advocate at the state and national levels. We defend reforms that are in place, prevent legislation from being enacted that would undermine the defense of our members, and take opportunities to enact new measures to limit liability exposure for our members and physicians across the country.

We are committed to providing our members with the best imaginable service. That's malpractice insurance without the mal.

About The Doctors Company

Founded and led by physicians, The Doctors Company is relentlessly committed to advancing, protecting, and rewarding the practice of good medicine. The Doctors Company takes the mal out of malpractice insurance by helping hospitals and practices of all sizes manage the complexities of today's healthcare environment—with expert guidance, resources, and coverage.

The Doctors Company is the nation's largest physician-owned medical malpractice insurer, with 80,000 members and more than \$6 billion in assets, and is rated A by A.M. Best Company and Fitch Ratings.

CALL 800.421.2368
VISIT thedoctors.com

Serving You as You Care for All of Us

As COVID-19 has continued its spread throughout the communities in which we all live and work, The Doctors Company remains focused on serving our members and providing expert resources and guidance to all those providing care.

During the first week of the crisis, our experts created the COVID-19 Resource Center for Healthcare Professionals, an industry-leading site that helps us share important information and support the healthcare community. The center includes original, actionable information for patient safety in the medical office and risk management strategies on a number of medical practice topics, tips for practicing telemedicine and for telephone triage, consent forms, webinar recordings, and more. Experts update the content frequently. Please visit thedoctors.com/covid19.

We focused on our members from the beginning. For those whose practices were affected by COVID-19, we adjusted premium installment due dates to avoid any break in coverage if they were unable to make payments. Over a single weekend, a team developed a new policy to cover retired members returning to volunteer during the emergency. Because of their selfless determination to deliver care to those most in need, our retired members received coverage at no cost.

We have also intensified efforts to advocate for broad liability protections on behalf of the medical profession—so those who provide care during this public health emergency are free from worrying about the scourge of malpractice litigation.

Today, tomorrow, and every day, The Doctors Company will be prepared to respond to your needs—from questions about patient safety and best practices, to advocating rational health policy, to protecting our members from malpractice litigation. We will continue to provide 24/7 consultation services even as we strive to keep our employees safe.

Your practice and commitment to delivering care are our priority. Our mission to advance, protect, and reward the practice of good medicine has never been more important. We are proud of the medical care you're providing.





FINDING PURPOSE

BY MUSTFA K. MANZUR AND EMILY MAPELLI

Over the past 10 years, there has been a transformative movement in undergraduate medical education to emphasize direct patient care experience early and often. However, by the middle of March, with the COVID-19 pandemic striking its initial blow, medical students across Pennsylvania were quickly moved to virtual instruction and relieved of their patient care responsibilities. American Association of Medical Colleges (AAMC) guidelines advised all students to be removed from direct care of COVID-19 patients. At a time when almost all patients were COVID-19 positive, we were unable to do our part in medicine on the frontlines. It was jarring to not be able to support clinical care in the hospital wards and help during the most challenging moment in modern medicine.

Across the state, though, it quickly became obvious that while medical students were sidelined, we were not just sitting by the proverbial water cooler at the end of the bench and chewing the fat. Instead, groups of medical students at each school

launched coordinated efforts to gather, manufacture, and distribute PPE, which was, at the time, acutely in short supply.

Notably, Ramie Fathy, a fourth-year medical student at the Perelman School of Medicine at University of Pennsylvania, founded the Philadelphia Organization of Health Professions Students (POHPS) (pohps.org). This interdisciplinary, collaborative organization has been at the forefront of leading students to find purpose through non-medical volunteerism to support frontline physicians, nurses, therapists, aides, and others.

Some students informally opened their homes to clinicians who needed a place to quarantine away from their families while caring for COVID-19 patients. Others offered their services as tutors and babysitters to the children of frontline clinicians. Because the conversations our peers were having always were focused on identifying more ways to give back and do our part, PAMED's Medical Student Section (MSS) found our purpose in this moment through advocacy for medical students. With the support of PAMED, we drafted letter after letter and reached out directly to major stakeholders with call after call to coordinate a national

IT IS UP TO US, AS MEMBERS, TO ENGAGE ORGANIZED MEDICINE TO ENSURE WE HAVE THE SUPPORT WE NEED SO WE CAN FOCUS ON WHAT MATTERS MOST — LEARNING AND PRACTICING MEDICINE.



“The transition from medical school to intern year of residency training is notoriously difficult.

Medical students move from having a relative luxury of time to explore the intricacies of physiology and practice building patient relationships, into the intern’s managerial role of overseeing every minute detail required for the coordination of patient care planning and discharge. Perhaps one of the aspects that I have found most difficult has been the limitations of time available to spend at the patient bedside. This is a common frustration felt by many

interns. Many of us are called to medicine for our love of caring for others. As an intern, my time is my limited resource. Putting in orders, writing notes, calling consults and case managers easily fills the day, making extra time spent with the actual patient a rarity. This is made all the worse in the time of COVID. Now, we are intentionally limiting patient contact to prevent the spread of disease within the hospital.

I started my residency not only during a pandemic but on a COVID service. I am continually told by my senior residents and attendings that ‘none of this is normal,’ as their exhaustion is communicated in their PPE-covered eyes. Interestingly, this IS my normal. I have only known COVID medicine as a physician. ‘It is not normal for a healthy young person to be sitting up talking to you, telling you they are feeling ok, to require intubation due to respiratory failure hours later,’ my senior said today as we transferred another COVID+ patient to the ICU.

Despite the pressures of residency and the complexities the pandemic adds to life in the hospital, I am hopeful. I am proud to be able to serve my community as a physician during this historic and global moment. I am inspired by my colleagues’ work and dedication. Moreover, as a PAMED Board of Trustee member, I am excited by the opportunities to impact change when the medical system as a whole is at its most vulnerable.”

Gillian Naro is a first-year resident at Thomas Jefferson University Hospital in Philadelphia. She graduated from Penn State in May 2020 and was previously the Medical Student Section Trustee on PAMED’s Board.

advocacy effort to recognize the contributions of medical students and ensure residency opportunities would not be curbed by a focus on service during the pandemic.

While PAMED and the American Medical Association (AMA) are at the forefront of advocacy in medicine, these are institutions driven by the will of their membership. Medical students have faced unprecedented challenges during this pandemic. We have worked together, both in and outside of organized medicine, to overcome these challenges. In a way, we have found our voice and will continue this momentum through advocacy and volunteerism. It is up to us, as members, to engage organized medicine to ensure we have the support we need so we can focus on what matters most — learning and practicing medicine.



Mustfa Manzur, MPH, MS, MS3, is a medical student at Thomas Jefferson University Sidney Kimmel Medical College. He serves as the PAMPAC representative on PAMED’s MSS Governing Council.



Emily Mapelli, MS3, is a medical student at Drexel University College of Medicine. She serves as chair on PAMED’s MSS Governing Council.

Both are PAMED members. 

MEET YOUR PAMED VICE PRESIDENT CANDIDATE

F. Wilson Jackson III, MD



F. Wilson Jackson III, MD

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

Employed and Academic

Pennsylvania is blessed to have a rich medical tradition that dates as far back as Dr. Benjamin Rush, a signer of the Declaration of Independence and Surgeon General for the Continental Army. Dr. Rush was not only a physician educator but also a social reformer. Our commonwealth's physicians have always been civic leaders. Many employed physicians in Pennsylvania are part of larger institutions that make up a robust medical educational system throughout our state. Common to all their mission is education.

As such, employed and academic physicians are in a position to advocate and speak for all physicians in our state. As an organization, PAMED needs to leverage their expertise and prominence. To paraphrase, however, PAMED needs to ask not what they can do for us, rather, what PAMED can do for them. As an organization, the professional priorities of employed and academic need better contextualized in order for PAMED to allocate resources to meet their needs.

Practicing Physicians

Practicing physicians have been the roots and core to the medical profession. Demographics and evolving trends have shifted the paradigm such that independent physicians compose an ever-smaller fraction of practicing physicians. At the same time, they are a passionate and essential voice of our profession. I am part of that crowd, working in a small sub-specialty practice in the southcentral part of our state.

Practicing physicians are uniquely positioned to understand the interplay between patient care, public and private sector reimbursements, and practice economics. They are particularly impacted by consolidation and the convergence of large health delivery systems who are also becoming payers.

In some ways, independently practicing physicians are an important counterbalance to this emerging trend. They understand the triangulated economic tension of insurance reimbursement, practice economics, and delivering quality care.

PAMED needs to recognize current demographic realities, but also recognize that this constituency has historically engaged in organized medicine and been a large part of PAMED's

prominence and success. We need to find a way to advocate for those of our members who wish to remain private and are feeling increasingly pressured and threatened by the market forces of consolidation and payer referral policies.

Early Career Physicians

Early career physicians face great challenges and, in particular, challenges for their time. After a substantial investment in time, money, and effort, they are finally beginning the career they worked so passionately toward. They may also have competing priorities of young families, student debt, and community, civic, or religious commitments. This group in general seeks to achieve a life-work balance.

At the same time, however, they have contributed substantial sweat equity and need to recognize the importance of bringing their voice and energy to address the near and long-term growth and societal position of the profession they have worked so hard to become part of.

Connecting with this vital sector needs to recognize the demands on their schedule and find ways to engage them on their terms and, particularly, leveraging current and evolving means of online communication and social networking platforms.

Medical Students

Medical students will become part of a vocation that remains uniquely regarded in our communities. As an organization, we need to communicate to students the importance that their voice brings to our profession. They will become the bearers of the next generation of physicians. Their voice and energy needs harnessed.

As a state, we are blessed to have so many medical schools, and PAMED can become a vehicle for them to come together and advocate for the future of their career. To do so, we need to connect and communicate in ways that resonate with them. We need to understand the professional lives they see before them and determine how a mentorship within PAMED can help them realize those goals.

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

PAMED needs to remain thoughtful stewards of the good works and vision of our preceding leaders. I sat on the membership task force that wrestled with this very issue. We deliberated how to determine a price that brought value. As prior chair of the PAMED Finance Committee, I learned firsthand the balance between endowment investment returns and dues revenue to effectively budget the robust activities of the organization.

I have been particularly impressed by the diligence and integrity the PAMED leadership and staff have brought to the process. Determining the optimal price point for dues has no “right answer.” Finding the optimal balance between a dues amount that is manageable for most physicians and achieves the value proposition for the price of membership will evolve as the organization and profession evolves. I do believe it appropriate to continue to scale dues based on where a member is in their career, but by the same token, not make the membership schematic needlessly complex.

The House of Delegates (HOD) and Board of Trustees should set guidelines and expectations around membership so that staff internal to the organization, who understand the dynamics of membership recruitment and retention, can best execute on membership.

Dues are just one factor in the successful membership campaign. The organization needs to remain focused on the value proposition for each potential member.

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

A representative system is one model of governance. Given the challenges of physician time and the reality that it is often the efforts of those strongly committed to a cause that tend to carry the water, our current HOD process provides a fairly broad voice of membership.

To remain effective, however, it is essential that the delegates communicate with their constituents and aggregate their collective voice to bring to the HOD and Board deliberations.

By the same token, one of the consequences of the COVID-19 related pandemic was the rapid adoption of telemedicine. Physicians of virtually all specialties and throughout their career spectrum engaged telemedicine. We need to leverage this experience to improve communication and participation within the organization. Physicians quickly learned and adopted to this technology.

The October 2020 House of Delegates meeting will be virtual. This will bring the organization a unique opportunity to learn how to utilize the electronic platform to connect members. We should not squander this opportunity. As an organization, we should study the process and canvas our members on how to build upon this experience. It is conceivable that we may ultimately have a more engaged membership as a result.

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

PAMED should remain broadly inclusive. As the saying goes, we are stronger collectively. Wisdom is learned, and experience should not be deferential to those actively practicing medicine. By the same token, there needs to be the right balance between actively practicing and retired physicians and it is particularly incumbent on those retired or non-practicing to recognize their perspectives may not

be fully representative of the current practice although their perspectives bring important dialogue to the process. Additionally, many previously practicing physicians move into non-clinical leadership positions. Health care delivery has become sufficiently complicated that physicians who are part of the administrative component bring an important voice to the policies and activities of PAMED.

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

Citizens in our rural communities need the same access to and excellence of care as that available in our urban and suburban areas. PAMED needs to work with the state legislature and governor's office to find ways to recruit and retain physicians to the rural parts of our community. Once established, PAMED can bring the rural practicing physicians into the broader medical community and find ways to further recognize the importance of what they do on behalf of their patients.

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

The SARS-CoV-2 global pandemic has presented an unprecedented challenge to the global and local medical communities. We need the linked and collaborative efforts of our public, private, and academic sectors to bring a coordinated effort toward our common goal of managing this unique health crisis.

Ultimately, the battle will be won on the ground by the direct efforts of the local health systems. Physicians need to lead these efforts, and PAMED is uniquely positioned to communicate a centralized message and coordinate delivery efforts. Local physicians throughout our commonwealth have and need to continue to lead. PAMED needs to remain and emerge as a leading voice of the coordinated work between the Department of Health, public and private insurance payers, the large health delivery systems, and private physicians. ●



40

TOP PHYSICIANS UNDER

The 45 physicians honored as this year's PAMED Top Physicians Under 40 represent 19 different medical specialties. Winners were nominated by colleagues and selected by a committee of PAMED members.

This select group has demonstrated a significant amount of success early in their medical careers, says 2019-2020 PAMED President Lawrence John, MD. "The future of Pennsylvania medicine is very promising," Dr. John says. "We're excited to recognize these outstanding individuals and look forward to seeing the difference they will make in their communities for years to come."

ALLEGHENY COUNTY

PRABHJOT SINGH BEDI, MD

MONROEVILLE



Dr. Bedi is a hospitalist affiliated with UPMC East. He is president-elect of the Pittsburgh Chapter of the Society of Hospital Medicine. Dr. Bedi has an interest in

the transition of patient care from the hospital to the home setting, communicating closely with outpatient providers and serving in advisory roles for home nursing programs. Colleagues recognize him for his leadership on issues like antibiotic stewardship.

DIWAKAR DAVAR, MD

PITTSBURGH



Dr. Davar is a hematologist/oncologist with UPMC Hillman Cancer Center and an assistant professor at the University of Pittsburgh Department of

Medicine. He specializes in managing advanced melanoma and developing early phase studies to test novel immunotherapeutic approaches to treat advanced cancers. His research into the role of metabolism and the microbiome in cancer outcomes has been presented at large cancer conferences.

ARUN GEORGE, MD

PITTSBURGH



Dr. George is a resident in Allegheny Health Network's Anesthesiology Residency Program. He is an advocate for the use of multimodal analgesic

techniques to minimize the use of opioids during the perioperative period. He developed an innovative airway management maneuver to assist rural clinicians and out-of-hospital paramedics. Dr. George is a member

of the Society for Neuroscience in Anesthesiology's Trainee Engagement Committee.

ELIZABETH A. MOHAN, MD

PITTSBURGH



Dr. Mohan is a family physician and geriatrician with UPMC St. Margaret Geriatric Care Center. She sees patients in the outpatient, inpatient, and nursing facility

settings, focusing her care on the aging population in her community. Dr. Mohan also serves as associate program director of UPMC St. Margaret's Geriatric Fellowship Program.

DOMINICK A. MOTTO, MD

PITTSBURGH



Dr. Motto is a surgeon with UPMC Passavant. He is a dedicated advocate for patients, and colleagues note his willingness to spend extra time addressing the

concerns of the patient, family, and medical staff. Dr. Motto also trains surgical residents in his role as clinical assistant professor of surgery at the University of Pittsburgh. Physician trainees view him as a skilled educator and mentor.

YANA NAJJAR, MD

PITTSBURGH



A medical oncologist with UPMC Hillman Cancer Center, Dr. Najjar specializes in the treatment of melanoma. She leads innovative clinical trials and is

focused on developing combinations of immunotherapy and targeted therapy to treat advanced melanoma. She also serves as an assistant professor at the University of Pittsburgh School of Medicine. Colleagues recognize her for the compassionate care she offers to patients and their families.

CHRISTIE REGULA, MD

PITTSBURGH



Dr. Regula is a dermatologist and Mohs surgeon practicing with Vujevich Dermatology Associates. During her fellowship, she received the American College

of Mohs Surgery's Theodore Tromovitch Award, given annually to a fellow for outstanding research. She co-founded Sun Smart Pittsburgh, a charitable organization whose mission is to promote sun safety and skin cancer prevention by providing complimentary public sunscreen dispensers.

BRIELLE M. SPATARO, MD

PITTSBURGH



Dr. Spataro is an internist with UPMC General Internal Medicine at UPMC Shadyside. She is passionate about medical education and women's health. Dr. Spataro

serves as director of ambulatory education at Shadyside Hospital's internal medicine program. She is also an associate program director for the UPMC Internal Medical Residency Program.

ROBY A. THOMAS, MD

PITTSBURGH



A hematologist/oncologist with UPMC Hillman Cancer Center, Dr. Thomas has a clinical focus on genitourinary malignancies, gastrointestinal malignancies, and

benign hematology. He participates in clinical trials and novel treatments for his organization's cancer patient population. Dr. Thomas also works with researchers from Carnegie Mellon University in developing machine learning and artificial intelligence to better understand cancer.

HANNAH DO, MD

You are very active in community outreach. Can you share more about your efforts as a member of the Doylestown Hospital Cancer Committee to increase colon cancer screening for those who are underinsured?

I believe that colon cancer can be prevented through quality screening. Colonoscopies are not only diagnostic but can be therapeutic as it allows for removal of polyps. Thus, I feel very passionately about getting people screened appropriately, even if they are underinsured.

Through the cancer committee at Doylestown Hospital, we also work in an interdisciplinary fashion to host a community outreach event to increase access to colon cancer screening.

As a recent participant in PAMED's Year-Round Leadership Academy, what lessons from the experience have you incorporated into your day-to-day work as a physician?

The Year-Round Leadership Academy was such an intense and immersive experience over the span of nine months. Before, I was focused on just providing quality patient care. This course got me out of my comfort zone by opening my eyes to a new model of physician leadership.

I learned how to really listen, engage others, and build relationships, which is instrumental to good teamwork and collaboration. I incorporate this into my day-to-day work almost unconsciously now.

Furthermore, I sought out mentors not just in GI but also in other arenas such as finance and quality improvement. Through the course, I also met other physicians in all different types of specialties who work throughout Pennsylvania. Through our group exercises, it was refreshing to see how one could view the same issue from different lenses and come up with various solutions to the same problem. Overall, I would highly recommend this course to others.

Editor's Note: Learn more and register for PAMED's 2021 Year-Round Leadership Academy at www.pamedsoc.org/YRA. Scholarships are available; apply by Nov. 30, 2020.

Hear more from Dr. Do about the challenges she's faced as a woman in medicine and how she strives to overcome them on page 32. Dr. Do is also the vice chair of PAMED's Women Physicians Section.

BUCKS COUNTY

HANNAH HUONG DO, MD

DOYLESTOWN



Dr. Do is a gastroenterologist with Doylestown Health Gastroenterology. Her clinical interests include nutrition/metabolic support, colon cancer

treatment, and viral hepatitis. In 2018, she received a Pennsylvania Patient Safety Authority "Focus on the Patient" Award for her initiative to standardize operating room setup for gastroenterology patients to reduce procedure times. Dr. Do is vice chair of PAMED's Women Physicians Section.

CENTRE COUNTY

SEAN B. O'DONNELL, MD

STATE COLLEGE



Dr. O'Donnell is a hematologist/oncologist with Penn State Health's Cancer Care Partnership at Mount Nittany Medical Center. He has taken a lead role in the

development of clinical trials. Dr. O'Donnell is a dedicated physician advocate within organized medicine as a member of PAMED and the Pennsylvania Society of Oncology & Hematology (PSOH). He is co-chair of the legislative committee for PSOH.

DAUPHIN COUNTY

DAVID ERMAK, DO

HERSHEY



Dr. Ermak began his career in vascular neurology with Penn State Health. He also offered tele-stroke care to patients at outlying hospitals. He was the IT liaison for his

neurology department, an assistant professor in Penn State's neurology department, and medical director of quality and patient safety for his organization.

In the spring of 2020, he was hired by Geisinger Health in Danville to oversee acute stroke services for all of its hospitals and tele-stroke network.

CHRISTIE REGULA, MD

You are a co-founder of Sun Smart Pittsburgh, a charity that promotes sun protection and skin cancer prevention through the installation of public sunscreen dispensers. Can you share more about Sun Smart Pittsburgh's mission and what led you to create the organization?

Skin cancer treatment makes up the largest portion of my practice. We know that the best way to prevent skin cancer is through sun protection. In talking with my patients, I realized that there is room for improvement in educating the public on the proper use of sunscreen.

Public sunscreen dispensers serve as a reminder to reapply sunscreen while outdoors and provide sun protection to those that might not otherwise have it. To date, we have installed 27 public sunscreen dispensers in local parks, helping to make sun protection convenient and accessible to all.

You have participated in the American Society of Dermatologic Surgery's Future Leaders Network. What were some of your major takeaways from that experience?

The American Society of Dermatologic Surgery's Future Leaders Network is a year-long leadership program centered around a mentor-mentee project. My mentor was Sue Ellen Cox, MD, a dermatologist from Chapel Hill, N.C. Our project brought outdoor sunscreen dispensers to the Special Olympics of North Carolina Summer Games. The experience allowed me to learn how to collaborate with larger non-profit organizations and to lead my own non-profit, Sun Smart Pittsburgh.

Even on your most challenging days, what about medicine keeps you going?

We all have challenging days in medicine. The thing that I like to remember in these circumstances is that

I am the leader of my team. My attitude and, in turn, the attitudes of those around me, have a huge impact on the experience my patients will have.

Having a surgical procedure can be very anxiety-provoking. I know that, by staying focused on patient-centered care, we can ease their fears and provide them with an excellent experience.

NEERAV GOYAL, MD, MPH HERSHEY



An otolaryngologist with Penn State Health Otolaryngology, Dr. Goyal specializes in the surgical management of head and neck

cancers. He serves as Penn State Health's director of head and neck surgery and as team leader for head and neck surgical oncology disease. Dr. Goyal is actively involved with training medical students, residents, and fellows. He is an executive council member of the Pennsylvania Academy of Otolaryngology.

ASHUTOSH KUMAR, MD HERSHEY



Dr. Kumar is a pediatric neurologist with Penn State Health. He serves as director of his organization's pediatric neuromuscular program.

Dr. Kumar is a lead physician at the Pediatric Muscular Dystrophy Association Care Center at Penn State Hershey Medical Center, where he cares for children with a wide range of neuromuscular disorders. He is also an assistant professor of pediatrics and neurology and has been recognized as a top educator in his department.

GAYATRA MAINALI, MD HERSHEY



Dr. Mainali is clinical director of Penn State Health's Division of Pediatric Neurology. She also serves as assistant professor of pediatrics and neurology for Penn

State Health and has been recognized by her health system for her work as an educator. Dr. Mainali works to reduce barriers to care for her patients with complex health problems through initiatives such as developing new scheduling protocols to reduce the waiting period for appointments.

DENNIS J. WARFIELD, JR., MD

HERSHEY



Dr. Warfield is an anesthesiologist with the Regional Anesthesia and Acute Pain Management team at the Penn State Health Hershey Medical Center. He is also a clinical

instructor for residents and fellows. Dr. Warfield has introduced anesthesia processes at his health system that have led to a reduction in opiate use during the perioperative period. He was elected to serve as an alternate delegate of the American Society of Anesthesiologists.

BRAD ZACHARIA, MD

HERSHEY



A neurosurgeon with Penn State Health, Dr. Zacharia serves as director of brain tumor and skull base surgery for Penn State Health Hershey Medical Center and as

co-director of neuro-oncology at Penn State Cancer Institute. He has introduced cutting-edge treatments for benign and malignant tumors of the brain, spine, and skull base to his community. Dr. Zacharia is actively involved with several regional and national neurosurgical societies. He is also an educator and mentor for residents, fellows, and students.

ERIE COUNTY

AMRITA CHAKRABORTY, MD

ERIE



Dr. Chakraborty is a palliative care physician affiliated with AHN Saint Vincent Hospital. Her colleagues note the dedicated care she provides to patients who are managing end-of-

life issues. She is also involved with the Saint Vincent Family Practice Residency

Program. Her enthusiasm for resident education will ensure that the skills and support she offers to patients are passed down to the next generation of physicians.

JOSHUA D. CZERWINSKI, DO

GIRARD



Dr. Czerwinski is a family medicine physician with Elk Valley Family Medical Center, part of Allegheny Health Network. He is dedicated to offering patient-centered care to

rural patients in his community. He is a faculty member at a family medicine residency. Colleagues note the rapport he has developed with his trainees.

STEPHANIE A. LARSON, DO

ERIE



Dr. Larson is an emergency medicine physician affiliated with AHN Saint Vincent Hospital. She is an advocate for patients in her community who are suffering from

opioid use disorder and other substance use disorders. She has worked to streamline the "warm hand-off" process to help patients find addiction treatment opportunities.

ANAND POPURI, DO

ERIE



A pulmonary and critical care physician with LECOM Health, Dr. Popuri specializes in advanced bronchoscopy and the treatment of breathing

disorders such as asthma and COPD. He works to advance pulmonary diagnostics and treatments in order to increase access to care for patients in the Erie region. Dr. Popuri is devoted to educating students and residents in current pulmonary practices to help shape the lives of future physicians.

INGRID RENBERG, MD, MPH

ERIE



A forensic psychiatrist, Dr. Renberg works with the Pennsylvania Department of Corrections as chief psychiatric medical officer. In her role, she

oversees institutions with a diverse patient population of male and female inmates, provides direction to psychiatrists and psychiatric nurse practitioners, and offers direct patient care. Dr. Renberg also serves as a district representative for PAMED's Women Physicians Section.

FRANKLIN COUNTY

KHATUNA GURGENASHVILI, MD

CHAMBERSBURG



Dr. Gurgenchashvili is a neurologist with Parkway Neuroscience and Spine Institute and WellSpan Neurology. She serves as medical director of

neurology services at Parkway Neuroscience and Spine Institute. Dr. Gurgenchashvili also serves as a neurohospitalist at a community hospital, striving to improve access to care in her community. She is involved in medical student education, nationally and internationally, and often hosts exchange students.

SRI LAKSHMI HYNDAVI YERUVA, MD

CHAMBERSBURG



Dr. Yervu is a hematologist/oncologist with WellSpan Health. She runs a breast tumor board in which specialists involved in cancer care meet to develop an

individualized cancer care plan for patients. Dr. Yervu has authored

SEAN MORGAN, MD

One of your responsibilities is to staff Lackawanna County's only physician response vehicle in your role as medical director for Pennsylvania Ambulance. Can you share more about your experiences providing emergency medical care in the field and what you enjoy about it?

One of my proudest professional accomplishments has been the creation of the physician response vehicle in Lackawanna County. The goal of this project was to bring resources from the emergency department out into the field and use it to supplement the excellent care being rendered by the pre-hospital providers.

Having a physician on the scene of an emergency helps ensure that the patients get the best possible care even if the patient is not transported to the emergency room. The thing I enjoy most about working in the field is the

challenge of having to adapt to caring for patients in different environments including the back of a moving ambulance, or on a bathroom floor in a house, or in the front seat of a car involved in a motor vehicle collision.

You're an active member of several hospital committees at Geisinger Community Medical Center. What inspires you to get involved with leadership roles at your hospital?

When I took the job as an emergency department physician in July 2016 at Geisinger Community Medical Center, I had no intention of being a leader. However, over time, I noticed that things could be done better to help with physician wellness and to improve the patient experience. Being able to sit upon and be active on many of the hospital's committees allowed me the opportunity to spark discussions that would lead to change.

What truly inspires me to be involved is taking pride in my ability to identify a problem, develop a plan to fix it, and watch the plan be executed.

Even on your most challenging days, what about medicine keeps you going?

Medicine is a unique profession where you have the opportunity to truly make a difference. It's a field where you take care of people regardless of what they look like or how much money they may not have.

Making a difference is not always about saving lives — it's also about being an advocate for your patient, educating them on how best to care for themselves, as well as ensuring they are comfortable in their final moments of life. The relationships formed and the memories made are what keep me returning day after day.

numerous abstracts and publications in her field. She also serves as clinical assistant professor of medicine at Penn State College of Medicine and trains third-year medical students in internal medicine and hematology/oncology.

LACKAWANNA COUNTY

SEAN G. MORGAN, MD

SCRANTON



An emergency physician, Dr. Morgan is assistant medical director of the Emergency Department at Geisinger Community Medical Center.

He serves on many of his hospital's committees, including the Trauma & EMS Committee and the Sepsis Compliance Committee. Dr. Morgan also

works with EMTs and paramedics in the pre-hospital setting to care for patients in their homes or at the scene of an injury.

JUSTIN G. TUNIS, MD

SCRANTON



Dr. Tunis is a sports medicine physician with Geisinger Scranton - Orthopaedics and Sports Medicine. He is passionate about medical education and serves as associate

program director for Geisinger Northeast Sports Medicine Fellowship Program. He is also an assistant team physician for the Scranton/Wilkes-Barre RailRiders baseball team and the Wilkes-Barre/Scranton Penguins hockey team. Dr. Tunis is a member of the Lackawanna County Medical Society Board.

LANCASTER COUNTY

VINCENT J. CARSON, MD

LANCASTER



A pediatric neurologist with the Clinic for Special Children, Dr. Carson specializes in treating children with genetic disorders. Many of Dr. Carson's

patients are from Amish and Mennonite communities. In addition to his clinical responsibilities, he conducts research and has designed and implemented a new, safer way to deliver Spinraza treatment to patients with spinal muscular atrophy.

RUTUL DALAL, MD

You serve as medical director for UPMC Susquehanna's Department of Infectious Diseases. Can you share more about your responsibilities in that role, including in helping your health system address COVID-19?

As the medical director and chairman of infection prevention and control for over the last seven years, I have seen and addressed many infectious health crises — Ebola and COVID-19 being the more notable ones. I have many responsibilities, but most important of them is to make sure that our hospitals remain safe.

I ensure that our health care-acquired infections remain low so that we can keep our patients safe. I make and develop policies to contain infectious agents; review any surgical site infections; make strategies on how to reduce them; and make sure infectious agents are not transmitted through our products such as blood, plasma, and infusates.

Also, I address issues that pertain to the safety of our health care personnel such as providing them appropriate personal protective equipment, making sure they are up-to-date with the recommended immunizations, and following appropriate protocols if they get exposed unknowingly to infectious agents.

My responsibilities include educating communities about the current health care crisis, making them aware of the risks associated with them and how to remain safe. This is especially important in the current COVID-19 health crisis. Currently, we are all inundated with so much information through media, which can create fear, apprehension,

and anger. One needs to sift through all this information and use science to nail down the message to the public so that they understand the magnitude of the situation, take personal responsibility to keep themselves safe, and, at the same time, get armed with the latest information to allay their anxieties.

During the current crisis, I had to make and implement policies to keep our health care staff safe, especially when they are caring for COVID-19 patients. I needed to deploy proper treatment guidelines for COVID-19 patients so that they can recover quickly. I worked on policies to keep our environmental service personnel safe so that they don't get exposed to the virus while they are trying to keep our hospitals clean and safe.

Most importantly, we had to instill confidence in our communities that our hospitals are safe for them to come in for other non-COVID-19 related illnesses, as there was a lot of fear among them that they might get the SARS coronavirus infection if they come into the hospital. We had to instill confidence in our public that, although this virus is highly transmissible and contagious, there are certain steps that can be taken to minimize these risks so that we all can remain safe.

You're involved in a variety of community outreach initiatives to educate people about health topics like immunizations, HIV/AIDS, and Lyme disease. Why is it important for you to volunteer your time for these outreach efforts?

Yes, I do a lot of outreach activities and volunteer activities. There are a lot of myths, fears, and anxieties associated with these conditions. As a physician leader, I think it's my responsibility to dispel the fears and rumors. Infectious disease physicians like myself are inherently well-trained educators. If we want to achieve success on stemming or controlling these infectious agents, it's important to educate the general public. Without their support, it is almost impossible to mitigate these infectious agents.

ELDRA DANIELS, MD, MPH

MT. JOY



Dr. Daniels is a sports medicine physician with Penn State Health. While a resident in Penn State's Family Medicine Residency Program, he received the

Joseph P. Bering Award for Excellence in Patient Care. Dr. Daniels is involved with his community and has made several appearances on local news broadcasts to discuss health-related issues. He has also co-authored several papers on sports medicine topics.

LEHIGH COUNTY

CHRISTOPHER MELINOSKY, MD

ALLENTOWN



A neurologist with Lehigh Valley Health Network, Dr. Melinosky specializes in vascular neurology and neurocritical care. He has collaborated with paramedics on an

initiative to provide emergent teleneurology services through Lehigh Valley Hospital's Mobile Stroke Unit. Dr. Melinosky has participated in outreach programs at local nursing homes to address stroke prevention and treatment. He is also a mentor for medical students and residents.

LYCOMING COUNTY

RUTUL JAGDISH DALAL, MD

WILLIAMSPORT



An infectious disease doctor, Dr. Dalal is director of the UPMC Susquehanna Infectious Disease Department. He leads his

organization's Antibiotic Stewardship Program, Clostridium Difficile Control Task Force, and Catheter-Associated UTI Task Force. He has been selected as an Infectious Disease Society of America fellow. Dr. Dalal also serves as an infectious disease consultant for the Little League World Series, held yearly in Williamsport.

GANGA RUVINIE RANASURIYA, MD

WILLIAMSPORT



Dr. Ranasuriya is a pulmonologist and critical care physician with UPMC Susquehanna. Her colleagues note her willingness to take time to ensure her patients are

fully informed about their treatment options. Dr. Ranasuriya is active in efforts to raise public awareness about lung health. She speaks at seminars for her community and participates in television interviews for local news channels.

MONTGOMERY COUNTY

JASON C. YOU, MD, PHD

WYNNWOOD



Dr. You is an intern with Lankenau Medical Center's Internal Medicine Residency Program. His research has received NIH funding. Colleagues note

his passion for advocacy and medical/clinical research. In 2021, he will be a neurology resident at Harvard University.

MONTOUR COUNTY

SHIKHAR AGARWAL, MD

DANVILLE



Dr. Agarwal is a cardiologist who leads the structural heart disease program at Geisinger Medical

Center. Before joining Geisinger, he served as the chief fellow in interventional cardiology at the Cleveland Clinic. Dr. Agarwal has led his organization's efforts to grow programs for procedures such as transcatheter aortic valve replacements, mitral valve repair, and Watchman occluder implantation. He is dedicated to advancing cardiac care in rural areas of the state.

PHILADELPHIA COUNTY

AYAN CHATTERJEE, MD, MSED

PHILADELPHIA



An ophthalmologist with Kremer Eye Center, Dr. Chatterjee is a fellowship-trained cataract and glaucoma surgeon. He specializes in numerous

advanced techniques for treating cataracts and glaucoma, including the use of cutting-edge laser-assisted surgeries. He serves as a faculty member at Wills Eye Hospital and is a Clinical Assistant Professor at Thomas Jefferson University.

ANUPRIYA DAYAL, MD

PHILADELPHIA



A radiation oncology resident with Fox Chase Cancer Center, Dr. Dayal is a health policy advocate. In 2019, she provided testimony at the AMA House of

Delegates in support of physicians affected by the closure of Hahnemann University Hospital. Dr. Dayal was selected as a 2019 AMA Women Physicians Section Inspiration Award recipient. Her colleagues recognize her commitment to patient care, resident health, and medical advancement.

LEE M. JABLOW, MD

PHILADELPHIA



Dr. Jablow is an emergency physician with Tower Health's Chestnut Hill Hospital. He is the chair and medical director of emergency medicine for his hospital. He has served in leadership roles for numerous committees in order to advance quality initiatives for his health system. He has championed an effort for his clinicians to receive waiver training to prescribe buprenorphine in order to assist patients with opioid use disorder.

ROBERT J. KUCEJKO, MD, MBA, MS

PHILADELPHIA



A surgical resident, Dr. Kucejko is a trainee at Thomas Jefferson University's Department of Surgery. He represents PAMED's Residents and Fellows

Section as a member of PAMED's Board of Trustees. Dr. Kucejko was an advocate for residents and fellows who were affected by the recent closure of Hahnemann University Hospital. Colleagues note his willingness to take time to help them and his community.

CHRISTOPHER J. LEE, MD

PHILADELPHIA



Dr. Lee is an internal medicine resident at Pennsylvania Hospital in Philadelphia. He is involved with developing screening programs for

familial hypercholesterolemia (FH) and is working on detecting FH among the Pennsylvania population. He is designing a trial aimed at identifying and treating undiagnosed FH patients, with the goal of eventually expanding screening to patients' at-risk family members.

MINDY RABINOWITZ, MD

PHILADELPHIA



Dr. Rabinowitz is an otolaryngologist with Thomas Jefferson University Hospital. She leads efforts to build her organization's successful rhinology and skull base research program. She helped start Jefferson's Women in Otolaryngology group. In 2018, she became the co-director of the sinus program developed for Jefferson's medical outreach in Haiti. Dr. Rabinowitz serves as a dedicated mentor and advocate for trainees at Jefferson.

SANJAY SREERANGAPALLE REDDY, MD

PHILADELPHIA



A surgical oncologist with Fox Chase Cancer Center, Dr. Reddy serves as assistant program director for his organization's Complex General Surgical Oncology

Fellowship Program. Dr. Reddy is passionate about improving care and outcomes for pancreatic cancer patients. He is involved in numerous clinical trials and participates in community outreach efforts concerning treatment and prevention of pancreatic cancer.

NAMRATA VIJAYVERGIA, MD

PHILADELPHIA



A gastrointestinal medical oncologist with Fox Chase Cancer Center, Dr. Vijayvergia specializes in treating neuroendocrine cancers. She is the principal investigator on multiple national and local clinical trials related to neuroendocrine and rectal cancer. Dr. Vijayvergia is also actively involved with training resident and fellows.

She participates in community outreach, lecturing locally on prevention, education, and treatment of GI malignancies.

SCHUYLKILL COUNTY

CHRISTIAN D. SHUMAN, MD

POTTSVILLE



A family medicine physician with Geisinger Pottsville Community Medicine, Dr. Shuman serves as the site lead for his practice. He is a member of a task force which

reviews how registered nurses across Geisinger's system respond to patients who call in with acute issues. He is also the head physician in his department's convenient care location, acting as a liaison for its providers and monitoring quality control of the lab.

WASHINGTON COUNTY

ANTHONY CUNEO, MD, PHD

MCMURRAY



Dr. Cuneo is a physiatrist with The Orthopedic Group. During his final year of residency at Temple University, he was named resident educator of the year.

Dr. Cuneo works to address the opioid crisis by offering non-narcotic, non-surgical treatment options for pain. He provides cutting-edge treatment options such as ultrasound and fluoroscopic guided injections. He also serves as supervising physician on Monongahela Valley Hospital's pain management committee.

MINDY RABINOWITZ, MD

As a faculty member of Jefferson's Otolaryngology Department, you have spearheaded numerous research projects within your department. What are some of your current projects?

My research falls heavily on skull base and orbital disease. Most recently, my interests have focused on trying to answer the question of appropriate timing and safety of CPAP initiation after endoscopic skull base surgery. We have developed a novel model to measure the pressures generated in the sinuses by various delivered CPAP pressures. We have shown that, in the cadaveric model, most CPAP pressures do not disrupt a variety of skull base repairs. Many of my current studies seek to provide objective data with which to help guide clinical guidelines for post-operative CPAP after endoscopic skull base surgery.

You teach medical students, residents, and fellows. What do you enjoy most about being an educator and mentor?

I love seeing my residents, fellows, and medical students grow throughout the years and mature into proficient, intelligent, skilled, and creative young surgeons and academicians. The greatest gift is to see them succeed and surpass me!

In 2018, you became the co-director of the sinus program developed for Jefferson Health's medical outreach in Haiti. Can you share a few details about the program and your role?

Starting the sinus program in Haiti was one of the most rewarding experiences of my career. We worked with our head and neck colleagues who had started a program there to secure donations of basic sinus surgery equipment.

We then brought all equipment to Haiti, and along with one of my rhinology colleagues, we spent our time there taking the Haitian ENT residents and attendings through actual cases and teaching them how to manage some of the basic and complex pathology they

see. They were extraordinarily quick at picking up the techniques we taught, and it was amazing to see how much a small donation of our time, effort, and equipment made to their ability to best care for the complex disease they see in their population.

JULIE L. ORLOSKY, DO

BURGETTSTOWN



Dr. Orlosky is a family medicine physician with Cornerstone Care, a nonprofit network of Federally Qualified Health Centers. Colleagues note her willingness to

go above and beyond to care for her patients, always taking time to explain results and often calling specialists to discuss a patient's case. She offers patient-focused care with an emphasis on preventive medicine.

YORK COUNTY

KATHRYN E. PALISOC, DO

YORK



Dr. Palisoc is a hospitalist with UPMC Pinnacle Memorial Hospital. She serves as vice chair of her organization's Department of Medicine as well as hospitalist site

medical director. Dr. Palisoc is a member of several committees at her hospital, including as chair of the Critical Care Committee. She is also involved with organized medicine and is vice president of the York County Medical Society. ●

EYE SURGEON'S 50-MILE RUN RAISES MONEY FOR FOOD BANK

David Almeida, MD, MBA, PhD, a vitreoretinal eye surgeon from Erie, was named PAMED's Everyday Hero in July.

With a young family and a busy work schedule, finding time to exercise became challenging for Dr. Almeida. After his family moved to Erie in 2019, he started running during early morning hours and it quickly developed into a passion.

The ophthalmologist turned his new hobby into a noble cause. PAMED awarded Dr. Almeida with July's Everyday Hero Award after his 50-mile run in late May raised nearly \$6,000 for the local Second Harvest food bank.

"Physicians have been leaders in helping make people's lives better during these tough times," says Lawrence John, MD, 2019-20 president of PAMED. "Dr. Almeida serves as another example of a physician making a difference. We salute Dr. Almeida for all of his efforts."

Dr. Almeida was born in Portugal and grew up in Toronto, Canada. He first trained as a pharmaceutical researcher before becoming an ophthalmologist specializing in vitreoretinal surgery.

In 2019, Dr. Almeida joined Erie Retinal Surgery, Inc., which diagnoses and treats all medical and surgical conditions of the vitreous, retina, and macula. Erie quickly felt like home for Dr. Almeida, as well as for his wife, Jasmine, and their three children, Max, Leo, and Paloma.

"My parents always instilled in me the idea that wherever you are, you have to make your community better," Dr. Almeida says. "You can't just use resources without giving back. That place should be better because you're there, not the other way around."

Dr. Almeida was a competitive squash player for several years. His new interest in running has grown to the point where he now trains for ultra-marathons, which can stretch to as many as 100 miles at a time.

He completed the 50-mile run for Second Harvest in 8 hours and 17 minutes — his personal best at that distance. About 40 people contributed money to his fundraiser.

"It was kind of like, 'I'll run so you don't have to,'" Dr. Almeida says with a laugh. "There are plenty of miles for everyone. The first 47 miles were hard; the last three were easy."

He earned a PhD in pharmaceutical drug research at the University of Szeged in Hungary and an MBA in health care management at George Washington University. He then completed his medical degree and ophthalmology residency at Queen's University in Canada before doing a vitreoretinal diseases/surgery fellowship at the University of Iowa.

"There were so many potential diseases that needed new treatments," Dr. Almeida says of why he switched from pharmaceutical research to medicine. "To be able to restore vision to people is very rewarding." ●



David Almeida, MD, MBA, PhD

"Dr. Almeida serves as another example of a physician making a difference. We salute Dr. Almeida for all of his efforts."

**-Lawrence John, MD,
2019-20 President of PAMED**

PHILADELPHIA SURGEON AND PAMED EVERYDAY HERO IS DRIVEN BY A SENSE OF SERVICE



Dane Scantling, DO, MPH, EMT-P

Dr. Scantling is a trauma, critical care, and emergency surgery fellow at the University of Pennsylvania in Philadelphia. He is the recipient of PAMED's Everyday Hero Award for April 2020.

"My path to becoming a doctor was not a straight line," says Dr. Scantling, a physician entering his final year of fellowship training.

While he wasn't always sure he would pursue a career as a physician, he has had an unwavering interest in public health and a desire to help others. He became an emergency medical technician while he was an undergraduate and was drawn to that work by the sense of service embodied by his fellow EMTs.

He earned a master's of public health degree and went on to complete his medical school education at the Philadelphia College of Osteopathic Medicine. When it came time to choose

a specialty, he gravitated to surgical residency and then on to trauma, critical care, and emergency surgery fellowship. "It gives you the ability to quickly impact someone's life," he says.

Recently, Dr. Scantling led a successful effort to gain his colleagues' support for the opening of independently funded pilot programs to study the effectiveness of safe injection sites. Cities like Philadelphia have proposed the creation of these sites where people with substance use disorders can use illicit drugs with trained staff ready to respond in case of an overdose.

In October 2019, at PAMED's House of Delegates meeting, Dr. Scantling proposed a resolution to support these pilot programs. That resolution was approved by physicians and medical students at the meeting and adopted as PAMED policy.

While Dr. Scantling sees the effects of drug abuse on his patients, the reason he became involved in the issue is a personal one.

His sister-in-law died at age 26, alone and at home, following an accidental heroin overdose. She struggled with addiction for years prior to her death but had been sober for nearly a year before her relapse. He saw how his wife's close-knit family was affected and came to believe that if his sister-in-law had access to a safe injection site, she would still be alive.

"Safe injection sites keep people alive long enough to stop using," he says. "All of the scientific evidence supports them."

Through his work as a physician, Dr. Scantling is always looking for new ways to support his patients and his community. His specialty enables him to help a wide variety of patients — from gunshot victims to patients with complex medical conditions.

This spring, his medical training expanded to include something he hadn't anticipated just a few months earlier — treating COVID-19 patients. Dr. Scantling spent a month at his hospital's COVID unit during the height of the pandemic. "That experience will stay with me for the rest of my life," he says.

It was the first time during his training that he had to deal with so many unknowns, given that there is still so much the medical community is learning about COVID-19. "What we did was changing day by day, hour by hour," he says. He noticed a remarkable level of collaboration between hospitals and intensive care units across the U.S. and the world as doctors shared experiences and treatment strategies.

With just one more year of training to go, Dr. Scantling is looking forward to the next chapter in his career. He enjoys doing research, particularly with a public health-oriented spin. After seeing the devastating effects of gun violence on his own patients, he is focusing on gun violence prevention.

Wherever Dr. Scantling's path leads him next, one thing is certain — he will remain committed to serving his patients and to finding public health solutions that will make his community better. ●

“That experience [treating COVID-19 patients] will stay with me for the rest of my life.”

“TO BE GOOD DOCTORS, WE MUST BE GOOD HUMAN BEINGS FIRST,” SAYS SAYRE CARDIOLOGIST AND PAMED EVERYDAY HERO



Saurabh Sharma, MD

Saurabh Sharma, MD, is a preventive cardiologist and a clinical lipidologist with Guthrie, a health system based in Sayre. He also serves as a core faculty member of Guthrie's cardiovascular fellowship program. Dr. Sharma is PAMED's Everyday Hero Award recipient for March 2020.

"Trust is always earned, never given," says Dr. Sharma. That is why he makes sure he always greets his patients with a smile, listens carefully to what they have to say, and acknowledges their fears and concerns.

"Sometimes as physicians, we forget what it is like to be on the other side — to be on the receiving end," he says. When his own father became ill and needed a heart valve replacement, Dr. Sharma gained a greater understanding of how important it is to empathize with the concerns of patients and family members.

His experience helping his father through his procedure also inspired him to become a cardiologist. At that time, he had already graduated from medical school at Manipal University. He worked as a physician at a local community hospital in India but hadn't yet settled on a specialty.

A native of Agra, located in the Indian state of Uttar Pradesh, Dr. Sharma wanted to be a physician from an early age. He says his parents helped show him a clear path to success and helped him to achieve his goal.

In 2009, Dr. Sharma and his wife Deepali moved to the U.S. so that he could begin his cardiology training. "Her immense love for me and her sacrifices helped me reach where I am today," he says of his wife. They supported one another through her battle with cancer — which she fought and won.

He completed residency training at Maimonides Medical Center in Brooklyn, and then completed fellowship training first at the Mayo Clinic in Rochester, Minn., and then at Einstein Medical Center in Philadelphia.

In August 2017, Dr. Sharma joined the staff of Guthrie as a preventive cardiologist and a clinical lipidologist. "It's been almost two and a half years since I have been practicing here, and I simply love it!" he says. He admires the camaraderie and respect between Guthrie employees.

Practicing in a rural area is a fulfilling experience for Dr. Sharma. He likes being able to develop strong personal connections with his patients. "I have had patients who send me a thank-you card, and reading those small notes of appreciation is the most satisfying feeling in the whole world," he says.

Building a rapport with patients is a priority for Dr. Sharma. He uses techniques such as motivational interviewing to get a better understanding of the challenges his patients face.

Motivational interviewing involves connecting with patients in a non-judgmental way to understand their history and experiences. Helping patients reflect on the reasons why they engage in behavior that could be harmful to their cardiac health allows him to connect with patients on a deeper level and work with them to find solutions.

"I take immense pleasure in talking to my patients about various approaches they can take to prevent cardiovascular diseases like heart attacks and strokes — including by controlling risk factors like high blood pressure, high cholesterol, diabetes, obesity, and tobacco use," he says.

He typically sees patients during office hours three days each week. On other days, he reads tests and performs procedures such as transesophageal echocardiograms and cardioversions.

He also makes a point to keep up with the latest research. In his field, new research trial results are released frequently, and new technologies are invented each year. At Guthrie, Dr. Sharma is currently the principal investigator for three clinical trials.

Dr. Sharma is also a core faculty member of Guthrie's cardiovascular fellowship program. He precepts fellows during his office hours.

"Teaching has always been my passion," he says. The fact that Guthrie is a teaching hospital is one of the things that drew him there. "I'm responsible for making good cardiologists," Dr. Sharma notes with pride.

His advice to trainees newly embarking on a career in medicine is to remember that while the journey may be filled with hard work and sacrifices, it will be rewarding. "Most importantly," he says, "we must remember to be good human beings first to be good doctors."

"The feeling that I was able to help my patients somehow and they feel better now, that their pain is gone and their quality of life has now improved, are some of the things that make me feel proud of my profession and make me ready with a lot of energy for the next day," says Dr. Sharma.

Ultimately, being able to come home to his wife and his nine-year-old daughter Niyati, who greets him with a hug every evening, makes it all worthwhile. ●

THIS CAMP HILL DOCTOR AND PAMED EVERYDAY HERO LOOKS TO INSTILL HOPE IN PEOPLE'S LIVES



Kawish Garg, MD

Kawish Garg, MD, is the medical director of the sleep medicine department at Geisinger Holy Spirit in Camp Hill. He is PAMED's Everyday Hero Award for May 2020.

"People who suffer from mental illness are feeling hopeless," says Dr. Garg. "I want to instill hope in people's lives." He chose to specialize in psychiatry — and, ultimately, to sub-specialize in sleep medicine — because he saw an opportunity to help patients reclaim their lives.

"Mental health issues affect not just individuals but also families and society as a whole," he says. In the U.S., approximately 1 of every 5 adults experience mental illness each year.

When considering a specialty, he realized that he could make a significant difference in people's lives by training to provide much-needed mental health care.

Dr. Garg grew up in Faridkot, in the state of Punjab, India. One of his major sources of inspiration for becoming a doctor was his father, who was a high school principal. His father had dreams of being a physician himself and encouraged his son to follow that path.

In 2004, Dr. Garg completed his medical school education at Government Medical College in India. He trained as a psychiatry resident at the University of North Dakota in 2012 and then completed a sleep medicine fellowship at the University of Minnesota the following year.

"Sleep and mental health are strongly tied to each other," Dr. Garg says, noting that sleep is essential for both mental and physiological health.

After his fellowship training, Dr. Garg moved to Pennsylvania and took on a leadership role as medical director for Keystone Behavioral Health in Chambersburg. In August 2016, he joined Geisinger Holy Spirit, where he currently serves as medical director of his organization's sleep medicine department.

Dr. Garg sees patients at Geisinger Holy Spirit's outpatient sleep medicine clinic. He treats a wide variety of sleep disorders such as narcolepsy, insomnia, and sleep apnea and also oversees the functioning of the clinic's sleep lab.

Since he arrived in Pennsylvania, Dr. Garg has been actively involved in his community. He has organized mental health awareness events and has appeared on TV news programs to educate the public about sleep disorders.

For the past four years, he has been a member of the Central PA Psychiatric Society and served a year-long term as president of that organization from May 2018 through April 2019. "It was a good learning experience for me," Dr. Garg says of his time as president. He was able

to provide input on state and federal bills that could have an impact on health care.

He also serves on the Board of Directors for the Pennsylvania Sleep Society. Dr. Garg's participation in organized medicine has opened his eyes to how laws and regulations affect his profession and his patients.

Recently, due to the COVID-19 pandemic, Dr. Garg and his colleagues have had to adjust their schedules to accommodate telehealth visits with patients.

He has seen that COVID-19 has had an impact on mental health and sleep patterns for his patients. Dr. Garg encourages them to maintain their daily routines as much as possible and recommends exercise and meditation as ways to ease stress and anxiety.

Dr. Garg admires his colleagues at the sleep medicine clinic. He appreciates their dedication and their ability to face challenges and keep the clinic operating smoothly.

He credits his wife Shefali Gupta, MD, with his success. They have always supported one another. Dr. Garg and his wife have two young children, ages 7 and 3. He loves spending time with his family and with a close circle of friends he has developed during his time in Central Pennsylvania.

Dr. Garg's guiding principle as a physician is a simple but essential one. He firmly believes that he can help patients improve their lives. "Seeing patients get better is my major motivation," he says. ●

FOR THIS HARRISBURG SURGEON, MEDICINE'S GREATEST REWARD IS SEEING PATIENTS RETURN TO HAPPY, HEALTHY LIVES



Andrew Richards, MD

Andrew Richards, MD, is a colon and rectal surgeon with UPMC Pinnacle in Harrisburg. He is the recipient of PAMED's Everyday Hero Award for August 2020.

For Dr. Richards, practicing medicine is a family legacy that goes back generations - His father, paternal grandfather, and great-grandfather were all physicians.

Growing up, he was immersed in the world of medicine. His father was a general surgeon and a family practitioner who owned his own practice. His mother, a registered nurse, ran the office which was attached to the family home.

Dr. Richards chose to follow in his father's footsteps and pursue a career as a surgeon. He is a graduate of Bucknell University and Cornell University Medical College and completed his residency at St. Luke's-Roosevelt Hospital Center in New York City. He received his fellowship training in colon and rectal surgery at the Greater Baltimore Medical Center.

After his fellowship, he joined Larry Sollenberger, MD, at his practice in Harrisburg. Dr. Richards has been caring for patients in the Harrisburg region for 28 years.

He sees a variety of patients - men and women both young and old - who have a wide range of health concerns from more complicated illnesses like inflammatory bowel disease and cancer to smaller issues such as hemorrhoids.

A typical week for him involves procedures like colonoscopies, office hours several days per week, and rounds at local UPMC hospitals.

It is important for him to make sure his patients feel comfortable and that they have the chance to be involved in decision-making for their treatment.

"I try to provide explanations with user-friendly language to help them understand what is happening to them in what is often a very stressful time in their lives," Dr. Richards says. "Sometimes a bit of humor can make all the difference," he notes.

He also credits his colleagues with providing excellent care. His office manager Wendy has been with him since he began practicing and is among those on his team who offer additional support for patients.

Dr. Richards and his wife Elizabeth have raised two children - daughter Emily and son Harrison. Emily is continuing the family tradition of medicine in her work as an orthopedic physician assistant.

He also views his patients as an extended family of sorts. Dr. Richards has had the good fortune to care for three generations of patients. "It makes it seem like you are part of their family," he says.

It is clear his patients appreciate the care and attention they receive from him. Dr. Richards' office is filled with memorabilia and small gifts that he has received from them over the years.

He enjoys being part of the lives of his patients and their families. "My greatest reward is to see a patient successfully endure treatment or surgery and then return to a happy, healthy life," says Dr. Richards. ●

“My greatest reward
is to see a patient
successfully endure
treatment or surgery
and then return to a
happy, healthy life.”

**-Andrew Richards, MD,
Recipient of PAMED's
Everyday Hero Award for
August 2020**

PHILADELPHIA PEDIATRICIAN SERVES AS A TRUSTED MESSENGER ON HEALTH CARE FOR UNDERSERVED COMMUNITIES

Pediatrician Elana McDonald, MD, FAAP, is the owner and chief medical officer of three Philadelphia-based practices: Memphis Street Pediatrics, Pizzica Pediatrics, and Castor Pediatrics. She is the recipient of PAMED's Everyday Hero Award for September 2020.

When it comes to establishing relationships with her patients and her community, Dr. McDonald is a firm believer in what she calls the **Three Ts**.

She serves as the **trusted** messenger on health issues to help patients **translate** those messages into action, and become advocates for their health. Ultimately, that approach can lead to **transformational** outcomes.

"If individuals don't trust the messenger, they won't trust the message," she says.

She points to the Tuskegee Syphilis Study as one example of why there continues to be distrust of the medical establishment. That study, conducted by the U.S. government from 1932-1972, enrolled African-American sharecroppers from Alabama, deceiving participants by telling them that they were receiving free health care. Many of the men were given placebos in place of effective treatment for syphilis and were not informed of their true diagnosis.

Dr. McDonald and her identical twin sister Delana Wardlaw, MD, a Philadelphia-based family physician, have joined forces to serve as trusted messengers for underserved communities in Philadelphia. Together, they are known as "Twin Sister Docs."

While Drs. McDonald and Wardlaw have gained increased national and local media attention with the COVID-19

pandemic, they have been health care advocates for years. They participate in community events to help empower communities that have been affected by health care disparities, racism, and implicit bias.

The Twin Sister Docs make frequent appearances on television and radio broadcasts and share their message via social media. Throughout the pandemic, they have provided the latest information about the coronavirus and have volunteered with free COVID-19 testing events in Philadelphia.

Dr. McDonald carries her message of the three Ts to her daily practice as a pediatrician. She has been providing care to underserved communities in Philadelphia for more than 20 years.

Five years ago, she took on a leadership and business role by purchasing her practice. She is now the owner and chief medical officer for three pediatric practices in the city.

She credits mentors with helping pave her path as a physician. While still an undergraduate at Temple University, she completed an internship with a pharmaceutical company that enabled her to work with eight African-American physicians in different specialties.

"That opportunity was priceless," she says of the internship. "It made me realize my dream was attainable."

After graduating from Penn State College of Medicine, Dr. McDonald completed a pediatric residency at St. Christopher's Hospital for Children. She knew that she wanted to work with children, so pediatrics was an easy choice.



Elana McDonald, MD, FAAP

Dr. McDonald spent her first year as an attending physician at a practice on the suburban Main Line. She quickly realized, however, that it was not where her services were needed most. She soon joined a practice in the city of Philadelphia, where she continues to be a dedicated, passionate advocate for her patients.

"I have a chance to have an impact on my patients from birth to age 21," she says. She is proud that her chosen profession enables her to make an impact not only on the lives of children but also on entire families.

Dr. McDonald is married and has two boys, ages 13 and 16. "My sons and husband are my priority, they keep me focused and balanced," she says. "Being a mom has helped me be a better doctor."

Some of the most gratifying experiences of her professional life are when former patients bring their own children to see her.

"I'm on my second generation," she notes with a laugh. "Patients I saw when they were ten are now bringing their own children to see me."

"I know that I am making a difference in their lives," says Dr. McDonald. Through her community advocacy and the care and attention she offers to patients, Dr. McDonald is setting an example that will resonate for generations to come.

"Representation is important," says Dr. McDonald. "It is important for young girls and boys to see doctors that look like them." ♦

STICKING TOGETHER AS FRANKLIN SUGGESTED

BY DAVID THOMPSON

With the General Election right around the corner, chances are that most of you can't wait because the political ads are driving you crazy! Everywhere you turn is another "attack ad" from one candidate or another. You know, the commercials featuring color images of the "good" candidates with American flags, apple pies, and puppies, with their opponents shown in grainy black-and-white images that look more like mug shots. We've all seen them.

The democratic process, especially modern-day elections, can be downright ugly — name calling, taking quotes out of context, and accusations barely substantiated by the fine print disclaimers at the end of the ad. But as ugly as it is, in the long run, the democratic process works.

A word of caution — do not get sucked into the rhetoric, the mudslinging, and the name calling. Look at the makeup of today's legislature in Pennsylvania. As our founding fathers envisioned, it is representation by the people and for the people. Among them are former truck drivers, attorneys, nurses, realtors, funeral directors, accountants, restaurateurs, small business owners, and lay ministers. Their educational backgrounds range from the Ivy Leagues to the "school of hard-knocks."

Despite their unique individuality, and despite public perception, all 253 lawmakers have one thing in common — they want to do what's best for their constituents, and they want re-elected so that they can keep doing it.



That's where you, the voter, can make a difference. Educate yourself about the candidates running in your area. Meet with them to discuss the issues that matter most to you, understand and accept their perspective, and then vote accordingly. A few years ago, a current member of the House won his primary election by one vote. As the adage goes, every vote counts. Be the one counted, not the one complaining.

Now the tough part. Engage with your wallet by joining PAMPAC. As Ben Franklin famously said, "We must, indeed, all hang together or, most assuredly, we shall hang separately."

Campaigns are expensive and being part of a collective effort to help "pro-physician" candidates get elected is satisfying and does make a difference. PAMPAC has a long history of positively affecting the outcomes of elections. We have played pivotal roles in countless campaigns.

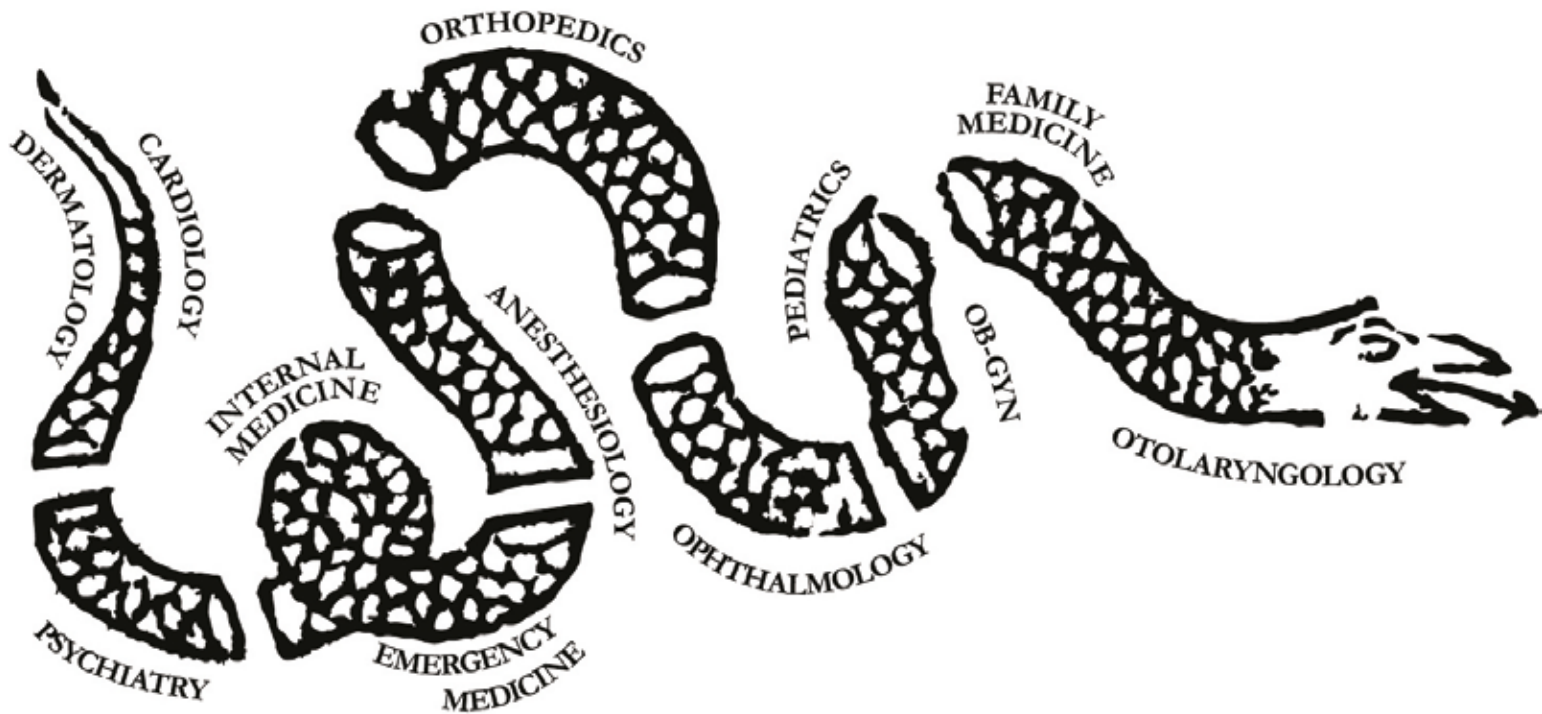
But our effectiveness is limited to the resources available to us — that's the "sticking together" part!

If you want PAMPAC to be aggressive, if you want us to make a difference in more races, if you want better results, you can't sit on the sidelines pointing fingers. Embrace the process. Engage in the process. And, most importantly, support the process with the same passion that you support your profession.

The political landscape can change, but not without your help. Contribute generously to PAMPAC, and heed Franklin's advice. ●

David Thompson is PAMED's senior director of government relations. You can contact him at dthompson@pamedsoc.org. Learn more about PAMPAC and join at www.pampac.org.

EMBRACE THE PROCESS. ENGAGE IN THE PROCESS. AND, MOST IMPORTANTLY, SUPPORT THE PROCESS WITH THE SAME PASSION THAT YOU SUPPORT YOUR PROFESSION.



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Pennsylvania Medical Political Action Committee

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

Learn more and join at www.pampac.org

Corporate contributions are prohibited. Contributions to PAMPAC are not tax deductible.

THE EFFECTIVE EXPANSION OF TELEMEDICINE DURING COVID-19 TO TREAT ADDICTION PATIENTS



George Kolodner, MD, an addiction psychiatrist and PAMED member, has devoted his career to striving to make addiction treatment more accessible — something that became even more important when COVID-19 hit and his patients could no longer come into the office for treatment.

Forty-six years ago, Dr. Kolodner began his quest to develop an alternative form of treatment for substance use disorders after noticing that many people either didn't know about or couldn't access existing treatments.

At that time, there also was a wide belief that the only way to get effective addiction treatment was to go to a hospital. Dr. Kolodner says he began to “push the envelope” with outpatient treatment — particularly intensive outpatient (IOP) rehabilitation and withdrawal management — addressing access barriers such as time of day, geographic location, and finances.

“Treatment may be great, but if people can't access it, it's basically non-existent,” says Dr. Kolodner.

Fast forward to several months ago when COVID-19 hit the U.S. Dr. Kolodner says that, as the state and several insurance companies began to

relax the web of restrictions that kept telemedicine tied down, clinicians in the field of addiction medicine increased their focus on using it effectively.

Prior to COVID-19, a patient would be brought into the office to have withdrawal medication administered to them on an hourly basis under medical staff observation. When patients could no longer come into the office due to COVID-19, Dr. Kolodner would call in a small prescription for the patient, and they'd be given instructions to take the medication at home where they'd be monitored by video. In doing this, they learned several things:

1. Telemedicine and virtual care for addiction medicine are not only doable, but also effective.

The whole reason for withdrawal management is to get people into follow-up treatment, says Dr. Kolodner. The focus is on making sure people don't see withdrawal management as stand-alone. Without follow-up treatment, Dr. Kolodner says the relapse rate is about 90 percent. During COVID-19, when people couldn't be brought into his office for withdrawal management, Dr. Kolodner says that, through telemedicine, they had the same percentage of patients proceeding with follow-up treatment as they did when the patient was in their office for treatment. During the first four months of virtual treatment, they had 120 patients and successfully transitioned 82 percent to ongoing, follow-up treatment.

2. It is important for the addict to have a responsible person at home who will take control of the medicine and follow the directions provided by the medical staff — dosing it to the patient appropriately. It's also important to provide support to

that person, as they may be dealing with the addict pressuring them throughout the process for more medication.

3. Bedside manner — even virtually — is essential.

As they started using telemedicine more for outpatient withdrawal management, Dr. Kolodner noticed that even though the medication was physiologically the same as what they'd administer in the office, they needed to enhance their bedside manner to mimic an in-person visit as much as possible.

So, what got Dr. Kolodner interested in the field of addiction medicine? It was while serving as a staff psychiatrist for the U.S. Navy that Dr. Kolodner witnessed recovery from alcoholism for the first time at a Naval residential rehabilitation program. Motivated by this experience, he became interested in replicating this success in an outpatient setting.

After leaving the Navy in 1973, Dr. Kolodner designed and implemented the first IOP addiction treatment program in the country. He founded Kolmac Outpatient Recovery Centers, which established a new level of care — intensive outpatient treatment. Since then, his primary focus has been on developing outpatient treatment strategies for managing withdrawal and rehabilitation services for people with substance use disorders. ●

Dr. George Kolodner is a board-certified addiction psychiatrist who specializes in the intensive outpatient (IOP) treatment of substance use disorders. He founded Kolmac Outpatient Recovery Centers in 1973, which now has offices in PA, MD, VA, and Washington D.C. Today, he serves as the Medical Director at Kolmac, where he works to increase awareness of IOP and keep Kolmac on the cusp of leading-edge treatment. Dr. Kolodner is also a clinical professor of psychiatry at both the Georgetown University School of Medicine and the University of Maryland School of Medicine. He is also a PAMED member.



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U.S. News & WORLD REPORT

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TWINDEMIC OF COVID-19 AND INFLUENZA — WHAT TO EXPECT AND HOW TO PLAN

BY RAGHAVENDRA TIRUPATHI MD, FACP AND SWETHA ARETI, MD

The COVID-19 pandemic has had a deep impact on several fronts and has had far-reaching consequences beyond the spread of the disease itself and efforts to quarantine it. As the SARS-CoV-2 virus has spread across Pennsylvania and around the globe, it has reminded the masses about the important role our physicians play as leaders on the frontlines against this invisible enemy.

COVID-19 has already shown that it can bring our entire health care system to the brink, from large city hospitals with overwhelmed ICUs to the small primary care practices in rural communities. Independent physician practices make up a sizable portion of the health care workforce in the commonwealth.

Physician-led practices are preparing for the upcoming fall and winter, which could be a challenging season given we do not have a safe and effective vaccine yet in sight. Influenza epidemic every year causes significant morbidity and mortality, with 12,000-61,000 deaths annually since 2010. We are now confronted with the looming threat of a “twinemic,” with co-occurring Influenza and COVID-19, further straining our already stretched health care capacities and leading to a major alarm among public health personnel.

Many human respiratory viruses — influenza, other human coronaviruses, and respiratory syncytial virus (RSV) — follow seasonality and cause winter outbreaks. SARS-CoV-2 will most likely be no different from its cousins. Dry winter air improves the stability and transmission of respiratory viruses, and respiratory-tract defense mechanisms may also be hampered by inhaling dry air helping viral invasion. People are more likely to stay indoors for a prolonged duration during winter, which may further facilitate droplet and aerosolized transmission.

Around the world, epidemiologists are constructing immediate and long-term projections to help facilitate preparation, and potentially mitigate, the impact of SARS-CoV-2. Although their forecasts and timelines vary, the community agrees on a few things. COVID-19 is here to stay, with us being in it for the long haul. The future depends on a lot of unknowns, including whether people develop lasting immunity to the virus either by natural infection or by an effective vaccine, seasonality, and most importantly, the choices made by individuals and/or community.

Recent well implemented lockdowns in several countries have successfully demonstrated that behavioral changes

can reduce the spread of COVID-19 if most people comply. It's promising to note that personal behavioral changes, such as handwashing, social distancing, and wearing masks have continued beyond strict lockdown, helping to stem the tide of infections. Even though Influenza and SARS CoV2 are vastly different pathogens, both viruses are primarily transmitted by respiratory droplets. The adoption of these non-pharmacologic interventions would be expected to influence the incidence of both infections to varying degrees as we head to winter.

We are only as strong as our weakest link and persisting these behaviors over time might be a challenge as pandemic fatigue sets in. The COVID-19 pandemic has created perhaps the most challenging time for science communication in decades. It is our responsibility as physicians to counter and dispel myths and false truths about these measures, reinforce good behaviors, and emphasize the need to continue the same for individual and greater good, during every patient encounter regardless of the setting.

Durability of immunity following infection has also been a subject of great debate and curiosity recently.



It is our responsibility as physicians to counter and dispel myths and false truths about these measures, reinforce good behaviors, and emphasize the need to continue the same for individual and greater good, during every patient encounter regardless of the setting.

If the immunity lasts less than 40 weeks, we may expect annual outbreaks of COVID-19 just like influenza, as opposed to peaks every other year if the durability is longer than 100 weeks. However, in reality, there is a huge knowledge gap on durability and researchers need to follow infected study participants for a long time to figure out the same. It is also possible that we see a continuous “slow burn” type of transmission instead of clear peaks and troughs.

Although no specific clinical manifestations reliably distinguish between early influenza disease and COVID-19, it will be important to identify the viral etiology in clinical practice. Early institution of appropriate antiviral therapy for Influenza or COVID-19 requires timely confirmation of diagnosis with testing.

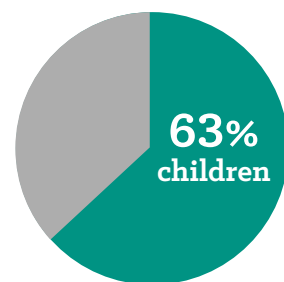
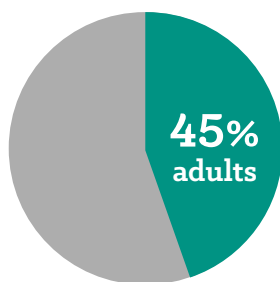
Dexamethasone is now the standard of care for hospitalized patients with COVID-19 on ventilatory support, but steroids are not recommended in management of severe influenza. The syndrome caused by each virus follows a different course – patients with influenza typically experience most severe symptoms during the first week of illness whereas patients with COVID-19 may experience a longer duration of symptoms with a peak during the second or third week of illness. Distinguishing between the viruses could allow clinicians to provide patients with anticipatory guidance. Accurately identifying the virus has important infection prevention implications, including appropriate guidance

regarding isolation and quarantine, return to school and work recommendations, contact tracing, and eventually for surveillance and estimation of contribution of each virus to the burden of respiratory disease. This season will be different in the fact that any patient with respiratory symptoms should at a minimum receive SARS CoV2 testing in contrast to prior years, when patients were solely managed based on clinical criteria. Co-infections with SARS CoV2 and Influenza have also been documented and hence, ruling in one infection will not rule out the other. The preferred diagnostic algorithm is also not clear with question of whether initial testing should include both viruses or whether influenza testing can be added after SARS-CoV-2 results return. Many of these decisions will also rely on the availability of testing, which has been the main bottleneck for good surveillance and has left us with much to desire for during these challenging times.

Innovative strategies of using rapid diagnostic point of care testing, such as antigen tests as the initial test with negative tests reflexed to send out PCR testing in patients with high clinical suspicion and pretest probability, could be one of the ways primary care offices can navigate testing challenges. A number of manufacturers are

modifying existing assays to allow for point of care multiplex testing of influenza, SARS-CoV-2, and respiratory syncytial virus using a single cartridge on anterior nasal swabs and saliva (instead of potentially aerosol generating NP swab) which may make specimen collection and testing rapid, efficient, and convenient among all age groups at primary care offices and acute care settings. Clinicians who cannot institute testing in their offices may collaborate with local health care systems with abilities to do so, facilitating care. We also need to be mindful of equitable access and barriers to testing for vulnerable populations, including racial and ethnic minorities, uninsured and underinsured patients, and patients with no reliable means of transportation while planning our efforts.

Finding a safe and effective SARS CoV2 vaccine has been a global and national priority. Operation WarpSpeed, an unprecedented public private partnership effort, launched by the HHS, DoD, and the private sector in May 2020 with a primary goal to develop, manufacture, and distribute tens of millions of doses of FDA approved, safe, and effective vaccine by end of 2020, with a longer-term goal of having 300 million doses of vaccine available to be administered by mid-2021. It is very prudent to accomplish this goal without curtailing the critical regulatory



DURING THE 2018-2019 FLU SEASON, ONLY 45 PERCENT OF U.S. ADULTS AND 63 PERCENT OF CHILDREN WERE VACCINATED.



For time sensitive information and resources, visit www.pamedsoc.org/coronavirus.

standards. Making a vaccine available before sufficient safety and efficacy data are available could significantly undermine COVID-19 vaccination efforts and seriously erode confidence in all vaccines in the current atmosphere of vaccine hesitancy and active efforts to undermine all vaccines, including any found safe and effective for COVID-19. The vaccine uptake among the masses and vulnerable populations will primarily depend on transparency and public trust built with respect to the process of vaccine development.

What we definitely have in our armamentarium is the time-tested seasonal influenza vaccine. Even though the influenza vaccine may not completely prevent flu, evidence clearly shows that vaccination is safe, can reduce flu severity and prevent hospitalizations – critical considerations at a time when the health care system is already burdened by COVID-19.

During the 2018-2019 flu season, only 45 percent of U.S. adults and 63 percent of children were vaccinated. The rates were lower among vulnerable populations too. The current push to increase vaccination will happen in a time and culture which is resistant to evidence based medicine and science. Misinformation and misrepresentation of facts regarding vaccines need to be countered and education pursued by physicians during every encounter with patients. We need to ask reluctant patients to reconsider their decision, emphasizing the fact that, that may in turn, make a hospital bed available for someone with COVID this year.

In a call to action, the Centers for Disease Control and Prevention (CDC) has urged physicians to leave no stone unturned in ensuring their patients get vaccinated. Physicians and health care professionals need to be good role models to the communities and patients they serve by first rolling up their sleeves for flu vaccines. State and federal government needs to ensure

that supply disruptions are minimal. Physician practices need to ensure adequate supplies and inventory of flu vaccine early in the season, with a goal of vaccinating at least 80 percent of their patients and prioritizing the very young, elderly, and vulnerable populations, before probable peak incidence in December 2020. Actively leveraging EMR, texting, and emailing capabilities to send periodic reminders regarding influenza vaccination is one way of educating patients and increasing uptake.

We all need to remember to first take care of ourselves and protect ourselves from acquiring the infection with masking and appropriate and diligent use of other PPE when indicated. Planning will be vitally important to the success of your practice remaining open. Guidance from cities, states, and the federal government should be adhered to and recommended measures should be in place all the time. PAMED's website at www.pamedsoc.org/coronavirus is a good source for time sensitive information and resources.

There will almost definitely be an exposure in a busy practice. Thus, it is prudent for physician practices to anticipate and plan for the same using CDC protocols on how to handle contact tracing, staffing, and cleaning if an employee, patient, or visitor who has been in the clinic is later diagnosed with COVID-19. Prescreening patients before office visits needs to continue in the winter. Building and leveraging telemedicine capabilities if not already done to minimize in-office visits and in turn decrease the risk of exposure should be a priority. A staggered appointment schedule as well as decreased seating in waiting rooms and common areas will help decrease overcrowding. Mandating masks for patients/family/visitors with very few exceptions while in health care institutions or practices is strongly encouraged.

There is a lot we do not know about the novel virus. We are all going to learn a lot in this influenza-COVID-19 season. However, wearing masks, social distancing, working from home, washing hands, cough etiquette, avoiding non-essential travel, and other strategies to minimize the spread of COVID-19 are necessary to lessen transmission of other respiratory infectious diseases as well. Reinforcing these behaviors among our patients is paramount to flattening the curve and keeping it that way, thereby, decreasing collateral damage. The southern hemisphere had a milder flu season in 2020, which is now being largely attributed to timely lock down and some of the above non pharmacologic interventions for COVID-19. We can definitely see a silver lining here and learn from their experiences to mitigate the spread, hoping that the winter of 2020-21 will not be that bad after all. ●

Dr. Tirupathi is the medical director of Keystone Infectious Diseases/HIV in Chambersburg, Pa., and currently chair of infection prevention at WellSpan Chambersburg and Waynesboro (Pa.) Hospitals. He also is the lead physician for antibiotic stewardship at these hospitals. He has been actively involved in a lead role in COVID-19 Incident Command at his institution. He has a teaching appointment as clinical assistant professor of medicine at Penn State School of Medicine.

Dr. Areti is currently working as a hospitalist physician at WellSpan Chambersburg Hospital. She is a member of the WellSpan Pharmacy and Therapeutics committee at Chambersburg and Waynesboro Hospitals. She has a teaching appointment as clinical assistant professor of medicine at Penn State School of Medicine.

Both Dr. Tirupathi and Dr. Areti are PAMED members.



LICENSE RENEWAL

We've Got You Covered!

CONSIDERING ACTIVE-RETIRED STATUS? WHAT PHYSICIANS SHOULD KNOW

BY ANDREW HARVAN

In Pennsylvania, physicians renew their licenses on a biennial cycle, with renewals occurring every even-numbered year. For physicians contemplating retirement, renewal periods are often a popular time to reconsider their licensure status.

PAMED often receives questions from physicians considering retirement about the active-retired licensure status. Retiring physicians have a few choices as to what to do with their licenses: they may decide to keep their license active-unrestricted but no longer actively practice, inactivate their license, simply not renew and let their license expire, or they can decide to change their status to active-retired. Many physicians who wish to retire choose to change their status to active-retired as opposed to inactivating their license completely or letting their license expire.

This article provides answers to the most frequently asked questions PAMED receives regarding active-retired status.

What Is Active-Retired Status?

Active-retired status is a licensure classification that allows Pennsylvania physicians to retire from active practice but still be able to provide some medical care to themselves and immediate family members.

Benefits of an active-retired license include exemption from the Medical Care Availability and Reduction of Error Act's (Mcare Act) requirement to maintain professional liability insurance and most continuing medical education (CME) requirements.ⁱ Active retired physicians must still comply with the state's opioid abuse and child abuse education requirements for license renewal. Note that active-retired

physicians also still need to ensure they have adequate professional liability tail coverage.

What Are the Practice Requirements of an Active-Retired License?

Active-retired licensees can only write prescriptions and provide care to themselves and immediate family members. The Mcare Act defines immediate family members as a parent, spouse, child, or adult sibling residing in the same household.ⁱⁱ

When writing prescriptions for themselves or immediate family members, active-retired physicians must still comply with all statutory requirements and applicable licensure board regulations. This would include all prescribing, note-taking, and record-keeping requirements.

Must Active-Retired Licenses Be Renewed? What Are the Requirements for Renewal?

Active-retired licenses are renewed every even-numbered year on the same schedule as an active-unrestricted license. The renewal deadlines are Oct. 31 for osteopathic physicians (DOs) and Dec. 31 for allopathic physicians (MDs). Active-retired licenses must also pay the same applicable biennial renewal fee as active-unrestricted licensees.

Physicians with an active-retired license are exempt from the 100-credit CME requirement that physicians with active status must meet. However, an active-retired licensee is required to complete two credits of approved training in child abuse recognition and reporting as well as two credits of continuing education, unless they meet a statutory exemption, of education in pain management, identification of addiction, or the practice of prescribing or dispensing of opioids. Physicians are exempted from the required opioid education if they do not have a DEA registration number and do not use the registration of another individual or entity to prescribe controlled substances. If you retain an active DEA registration but do not prescribe controlled substances, you are still required to fulfill the opioid education requirement.

All health-related licensees and certificate holders are considered “mandatory reporters” under Pennsylvania’s Child Protective Services Law (CPSL).ⁱⁱⁱ Pursuant to the CPSL, mandatory reporters are required to complete two hours of approved training on the topic of child abuse recognition and reporting as a condition of biennial renewal.^{iv}

The CPSL required training applies to all health-related licensees, regardless of whether they are subject to any other continuing education requirements of their licensure board. There are no exceptions to this requirement. Since active-retired licenses are a health-

ACTIVE-RETIRED STATUS IS A LICENSURE CLASSIFICATION THAT ALLOWS PENNSYLVANIA PHYSICIANS TO RETIRE FROM ACTIVE PRACTICE BUT STILL BE ABLE TO PROVIDE SOME MEDICAL CARE TO THEMSELVES AND IMMEDIATE FAMILY MEMBERS.

related license, licensees must complete two hours of approved training on child abuse recognition and reporting as a condition of biennial renewal.

Note that the required child abuse recognition and reporting course, as well as the mandated opioid education, must be completed every renewal cycle.

PAMED has its members covered with free opioid abuse and child abuse CME at www.pamedsoc.org/CME.

How Can You Change Your Status to Active-Retired?

You can change the status of your license to active-retired when renewing your license online through the Pennsylvania Licensing System (PALS).

If you change your status to active-retired while completing your renewal application on PALS, your license will remain active-unrestricted until its current expiration date. After the expiration date passes, it will change to active-retired.

You can also change the status of your license by submitting a status change application to your licensure board.

Can an Active-Retired License Be Reactivated?

If you have an active-retired license and would like to return to active practice beyond providing care to yourself and immediate family members, you will need to reactivate your license.

To reactivate a license, the physician must submit a status change application to their licensure board. There are certain requirements that applicants must complete before their license is reactivated, including fulfilling all CME requirements for the preceding biennial period, paying the applicable renewal fee, and submitting certain documentation.

Note that an MD license that has been inactive, expired, or active-retired for four years or longer requires a review by the full State Board of Medicine before reactivation. The Board may require the licensee to undergo a re-entry clinical skills assessment before reactivating the license.

In response to the COVID-19 emergency, the Pennsylvania Department of State temporarily waived a number of administrative requirements in order to allow retired practitioners to return to active practice more quickly. Under these waivers, continuing education requirements and reactivation fees were suspended.

MDs who reactivated their licenses under the COVID-19 waivers have an active-unrestricted license until Dec. 31, 2020. DOs who reactivated under the COVID-19 waivers have an active-unrestricted license until Oct. 31, 2020.

ⁱ For Mcare provisions see Section 711 of Act 13 of 2002; For CME provisions see 49 Pa. Code §16.19 for MDs and 49 Pa. Code § 25.271 for DOs.

ⁱⁱ See Section 103 of Act 13 of 2002.

ⁱⁱⁱ See 23 P.S. §6311.

^{iv} See Act 31 of 2014.

If such licensees wish to renew their reactivated licenses, they must fulfill all renewal requirements at the time of renewal, which includes completing all required CME credits and paying the applicable renewal fee.

Where Can I Find Additional Information?

PAMED has numerous resources to assist physicians with licensure questions and a wealth of CME courses available for member physicians. Please visit www.pamedsoc.org/CME to access all of these resources.

PAMED members with questions can also contact PAMED's Knowledge Center at (800) 228-7823 or KnowledgeCenter@pamedsoc.org.

Licensure resources are also available on the State Boards of Medicine and Osteopathic Medicine's websites. Access these resources at www.dos.pa.gov. ●

Andrew Harvan is PAMED's legal and regulatory analyst. You can email him at aharvan@pamedsoc.org.

REMINDER FOR PHYSICIANS IN ACTIVE PRACTICE RENEWING THEIR LICENSE



The deadline to renew your license is **Oct. 31** for DOs and **Dec. 31** for MDs.

HERE IS A QUICK CHECKLIST:

- 100 credit hours in 2019-2020 licensure cycle
- At least 20 credit hours in Category 1
- 12 credit hours in patient safety/risk management, either Category 1 or 2
- 2 credit hours in state-approved child abuse recognition and reporting
- 2 credit hours in pain management, identification of addiction, or the practices of prescribing opioids

Access the CME you need to renew your license, as well as FAQs, at www.pamedsoc.org/CME.

BEYOND BURNOUT: LASTING EFFECTS OF COVID-19 ON PHYSICIAN MENTAL HEALTH

BY EDWIN KIM, MD, MRO

A longer version of this article originally appeared in the summer 2020 issue of Connections newsletter, which can be found at www.foundationpamedsoc.org/home/about-us/publications.

Burnout is an issue familiar to medical professionals long before COVID-19. But the added stress of treating patients during a pandemic has made a huge impact on physician well-being around the country.

According to Christina Maslach and colleagues, who first developed the Maslach Burnout Inventory, burnout is a work-related syndrome involving emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment. In studies of both physicians-in-training and practicing physicians, rates of burnout symptoms now have been shown to exceed 50 percent (West et. al).

There are still many unknowns when it comes to the long-term mental health impact of treating COVID-19. We are anticipating a number of medical professionals on the frontline to experience traumatic stress. Left unchecked, the traumatic experiences of working in emergency rooms, hospital wards, or intensive care units can manifest as severe trauma/stressor-related disorders, including acute stress disorder (ASD) or post-traumatic stress disorder (PTSD).

The diagnostic criteria for ASD and PTSD overlap; however, ASD is diagnosed within the first month after exposure to the trauma. A PTSD diagnosis cannot be given until symptoms have lasted at least one month. While rates of ASD and PTSD vary based on the traumatic experience, survivors can show rates of ASD anywhere between six to 33 percent within one month of the trauma.

Post-traumatic stress in addition to an environment conducive to physician burnout can increase a medical professional's risk for diminished

function, dysfunction, and distress. Left unmitigated, the effects of either burnout or trauma/stressor-related disorders, such as ASD or PTSD, jeopardize the well-being and safety of physicians in the workplace and at home.

What matters most in this situation is not necessarily distinguishing between burnout and ASD or PTSD yourself. Rather, understanding the potential risk and remaining aware of possible signs and symptoms can help change the trajectory of the distress. Both stressors can operate independently or co-exist, exacerbating each other.

The next best step if you have concern about any emerging signs of burnout or PTSD is to reach out to a mental health professional. This can be through a trauma-informed counselor, therapist, psychologist, or psychiatrist who specializes in working with medical professionals. If you are part of a larger organization, then some viable options include inquiring with your Employee Assistance Program (EAP), designated Wellness Officer, or Wellness Committee or Group. Another good resource to find a mental health professional is by referring to the behavioral health coverage included with your medical insurance.

The Pennsylvania Physicians' Health Program (PHP) can also help physicians and other medical professionals, including trainees, physician assistants, and dental professionals, by connecting individuals with a list of clinicians in their area who can help assess, diagnose, and treat negative symptoms related to the aftermath of the current pandemic. To learn more, you can contact the PHP at (800) 228-7823 or visit www.foundationpamedsoc.org/physicians-health-program/physician-burnout-resources. ♦



Edwin Kim, MD, MRO, is a medical director at the Physicians' Health Program, part of the Foundation of the Pennsylvania Medical Society. He is also an assistant professor in clinical psychiatry at the University of Pennsylvania and medical director of the Charles O'Brien Center

for Addiction Treatment, an outpatient addiction psychiatry clinic in Philadelphia.

The PHP is here for you.

In this difficult time, the Physicians' Health Program staff members are committed to meeting your needs virtually. You may reach us the following ways:

- **Phone:** (866) 747-2255 or (717) 558-7819
- **Friday Phone (emergency calls only):** (717) 558-7817
- **Fax:** (855) 933-2605
- **Email:** php-foundation@pamedsoc.org

You may find additional resources addressing stress and burnout, including a free webinar, at www.foundationpamedsoc.org/physicians-health-program/physician-burnout-resources.

References West, CP, Dyrbye, LN, Shanafelt, TD. (Mayo Clinic, Rochester, MN; and Stanford University Medical Center, Stanford, CA, USA). Physician burnout: contributors, consequences and solutions (Review). J Intern Med 2018; 283: 516-529.

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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.

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THE POWER OF MINDFULNESS TO REDUCE PHYSICIAN BURNOUT

BY GEORGE GARROW, MD

Even in the era before COVID, the health care environment was emotionally taxing for many physicians, putting us at high risk for burnout, compassion fatigue, and even more serious mental health conditions. According to the American Medical Association, 42 percent of us experience some form of burnout during our careers. The added burdens that we now face as a consequence of the COVID public health emergency undoubtedly will further exacerbate the problem. The effects of burnout can also spill over into other areas and begin affecting our home and social life. So how can we continue making progress in reducing burnout? One answer may be simpler than you think.

Ever since the earliest days in my medical career, I have relied on yoga, meditation, and guided breathing to help me reduce stress and increase a sense of mindfulness. I have found so much benefit in these practices that I now teach classes regularly at my local health club. When practiced regularly, even for just 5-10 minutes a day, you may find they are helpful for you as well.

In addition to requiring just a few minutes of time, no special equipment is needed, and these exercises can be performed nearly anywhere. While we balance full patient schedules, administrative tasks, and life and commitments outside the office, the simplicity of yoga, meditation, and breathing practices make them ideal options for mental self-care.

“While we balance full patient schedules, administrative tasks, and life and commitments outside the office, the simplicity of yoga, meditation, and breathing practices make them ideal options for mental self-care.”

Here are several examples of techniques I've incorporated that you might find helpful to bring mindfulness into your day:



Before entering the office or driving home at the end of the day, sit in your car for 5 minutes with your eyes closed and breathe deeply.



Before your first patient, complete a series of yoga poses that you can do comfortably in your office.



Before or after eating lunch, listen to a 5-minute guided breathing or meditation video on your phone.



Ask the whole family to participate in a short yoga or meditation session before dinner. The American Academy of Pediatrics encourages parents to share mindfulness practices with children and teens to help them “unplug” and relax.

When practicing any sort of yoga, meditation, or guided breathing, keep the following in mind:



Tune in to your breath. You don't need to change how you breathe; just notice the natural flow of breathing in and out.



Let your mind wander. All sorts of thoughts may be going through your mind, and that is perfectly normal; when you find that happening, gently redirect your mind to your breathing.



Check in with yourself. At the end of your practice, ask yourself how you feel. This could be a great time to write in a gratitude journal.

In addition to stress reduction, all three practices can improve memory, focus, and decision-making. A highly focused mind and excellent recall skills help us become better physicians, so we reap a multitude of benefits from a regular mindfulness practice.

In a profession where it is both our nature and our commitment to care for others, it is absolutely vital that we also care for ourselves. Namaste! 🍀



George Garrow, MD, is an oncologist and chief medical officer for Primary Health Network in Sharon. He is a PAMED member and was also the recipient of the PAMED Everyday Hero Award in December 2019.

PAMED members can access a free one-year subscription to Headspace — a mindfulness and meditation app. Learn more at www.pamedsoc.org/MemberSavings.



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