



Lancaster Physician

Official Publication of Lancaster City & County Medical Society

TELE- MEDICINE

LOCAL PERSPECTIVES ON ITS PRESENT AND FUTURE

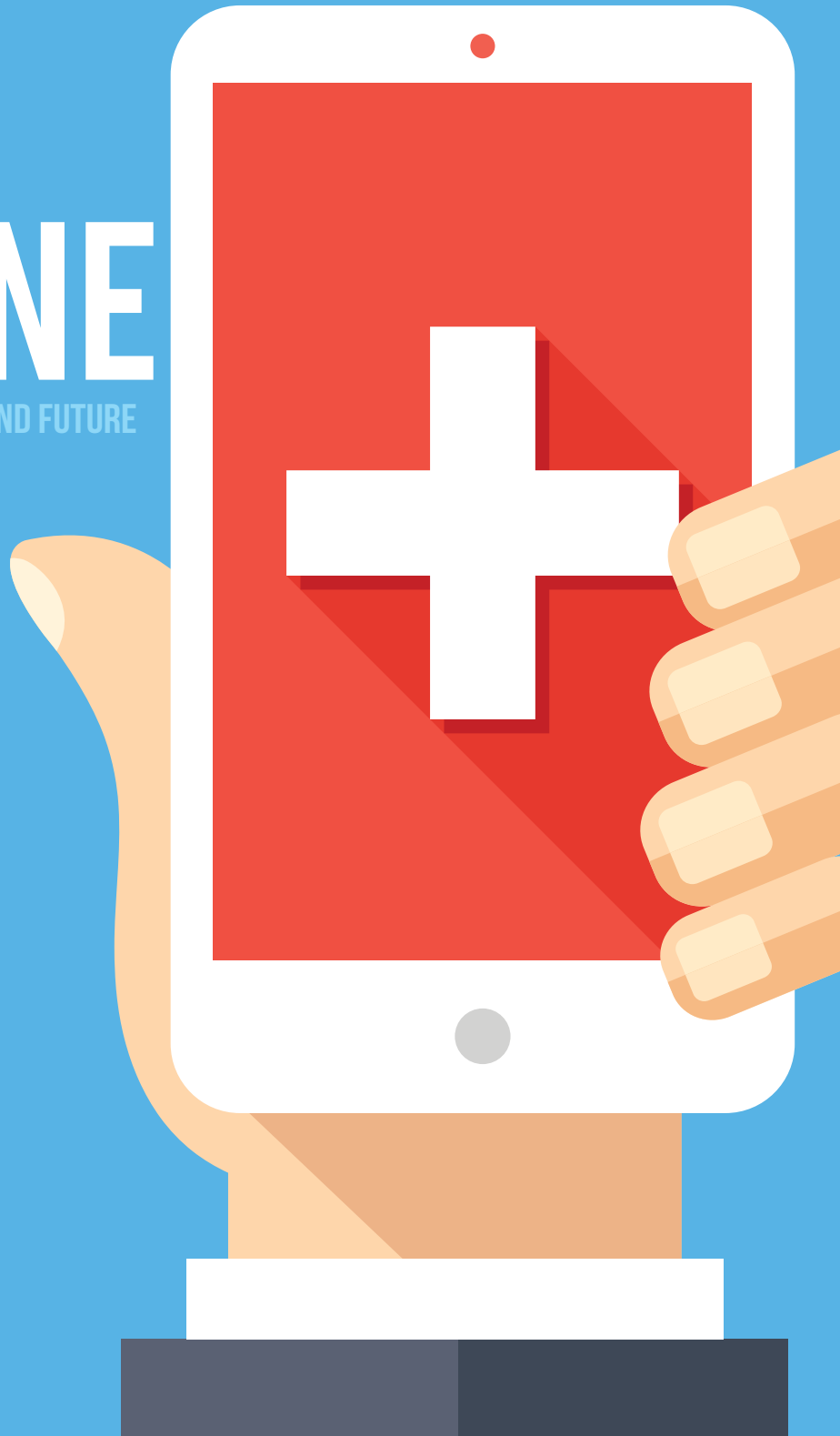
By Susan Shelly

INSURANCE PRIOR AUTH

Jeff Wirick

A STRATEGIC INVESTMENT IN
PENNSYLVANIA PHYSICIANS HAS
**PROMISE TO
PRESERVE
CHOICE**

Juan Sidorov, MD



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Lancaster Physician is a publication of the Lancaster City & County Medical Society (LCCMS). The Lancaster City & County Medical Society's mission statement: To promote and protect the practice of medicine for the physicians of Lancaster County so they may provide the highest quality of patient-centered care in an increasingly complex environment.

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Content Submission

The Lancaster Physician magazine welcomes recommendations for editorial content focusing on medical practice and management issues, and health and wellness topics that impact our community. However, we only accept articles from members of the Lancaster City & County Medical Society. For more information or submission suggestions, please email bgerber@lancastermedicalsociety.org.



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**David Simons, DO,
FAOCA**
President, LCCMS

The Pennsylvania Supreme Court published a landmark ruling on June 20, 2017 explaining a physician's duty to provide sufficient information to a patient directly to obtain legally valid informed consent. In *Shinal v. Toms*, 162A.3d 429 (PA 2017), the Supreme Court held that a physician's duty to provide information to a patient to obtain informed consent is non-delegable. A physician cannot rely upon a qualified assistant (including a nurse practitioner or physician assistant) to disclose the information required to gain informed consent.

At first blush, this ruling appears to really not change much of anything that we physicians want for our patients. However, many of us do rely on others to inform patients of the risks, benefits, and alternatives for the invasive procedures we perform.

Under current Pennsylvania law, a physician owes a duty to a patient to obtain the informed consent prior to conducting the following five procedures:

- **Performing surgery, including anesthesia administration**
- **Administering radiation or chemotherapy**
- **Administering a blood transfusion**
- **Inserting a surgical device or appliance**
- **Administering experimental medications or using a device or medication in an experimental manner**

Interestingly, to succeed in a claim for lack of informed consent the patient need only prove that:

- 1) The physician failed to disclose a relevant risk or alternative before obtaining the patient's consent for a covered procedure, and
- 2) The undisclosed information would have been a substantial factor in the patients' decision whether to undergo the procedure.

Now, as a result of the recent Supreme Court's decision, the patient may also succeed in a lack of informed consent claim if the physician did not personally relay the information to the patient. All of us recognize the importance of obtaining informed consent from patients prior to performing invasive

procedures, however, every physician and practice must now evaluate the impact this ruling has on their current informed consent policy and the potential disruption to their ability to offer team-based care to their patients. PAMED recommends the following:

- **Review practice policies and procedures with independent legal counsel.**
- **Review and, if necessary, revise medical staff policies and procedures.**
- **Participate in development and implementation of hospital informed consent policies.**
- **Ensure that all informed consent forms are properly executed and filed.**

Other helpful strategies may include procedure-specific consents, and signature witness verifications to confirm that physician informed consent has been obtained prior to any procedure.

This ruling is currently being challenged. PAMED, with support from the AMA, filed an amicus brief for the Superior Court's holding that information provided by a qualified assistant can be used to obtain a patient's informed consent for surgery.

An amicus brief is aimed at protecting the interests of individuals or organizations that are absent for the proceedings but whose interests are potentially jeopardized by the litigation. Amicus briefs are powerful and effective tools in developing public policy—including public health policy.

Stay tuned for further updates on this and other important matters impacting our daily professional activities and responsibilities. Rest assured that the LCCMS and PAMED are making every effort to continue to advocate for all physicians in our continued quest to provide excellent care to our patients.

As always, thank you for your membership and your continued support of the LCCMS. ■

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best practices

- Breakthrough Immunotherapy Treatment
- Breast Reduction
- Clinic for Special Children



Manufactured CAR T cells ready for infusion into a patient
PHOTO COURTESY OF PENN MEDICINE

BREAKTHROUGH IMMUNOTHERAPY TREATMENT *for Battling Advanced Leukemia*

Penn Medicine and Children's Hospital of Pennsylvania
Discovery Brings Hope to Young Cancer Patients

Local patients now have direct access to a groundbreaking new treatment for cancer.

that multiply and attack leukemia cells. The army of hunter cells can grow to more than 10,000 new cells for each single engineered cell patients receive, producing high remission rates in completely refractory leukemia and surviving in the body for years.

“[The original patient’s] cancer remains in remission, and in larger trials, we’re seeing overall remission rates over 80 percent, which is a remarkable improvement upon previous treatment success rates,” said lead investigator of the CHOP and global trials of the therapy, Stephan Grupp, MD, PhD, the Yetta Deitch Novotny Professor of Pediatrics at Penn and director of the Cancer Immunotherapy Frontier Program and chief of the section of Cell Therapy and Transplant at CHOP.

Dr. June said researchers hope the momentum behind the technology builds as they continue to investigate the abilities of personalized cellular therapeutics in blood cancers and solid tumors to help patients with many other types of cancer.

Trials are underway in the Abramson Cancer Center for adult patients with ALL, chronic lymphocytic leukemia, and non-Hodgkin lymphoma. Penn and Novartis also are investigating the next generation of CAR therapies for multiple myeloma, and for solid tumors, through trials in glioblastoma, mesothelioma, and ovarian and pancreatic cancers. Other CAR trials at Penn are exploring the technique for prostate cancer, melanoma, and triple-negative breast cancer.

“The FDA approval of Kymriah is an unprecedented launching point for the important field of immunotherapy,” Dr. Oyer said. “Penn is well on its way to being a world leader in the field. Lancaster patients will benefit from direct access to this and other breakthrough medical science.” ■

In a landmark decision for the field of cancer immunotherapy, the U.S. Food and Drug Administration recently approved a personalized cellular therapy for advanced leukemia developed by the University of Pennsylvania and Children’s Hospital of Philadelphia.

The chimeric antigen receptor (CAR) T-cell therapy, Kymriah™ (tisagenlecleucel) is the first therapy based on gene transfer approved by the FDA. Kymriah is approved for patients up to age 25 who have B-cell precursor acute lymphoblastic leukemia (ALL) that is refractory or in second or later relapse.

ALL is the most common childhood cancer. About 20 percent of the 3,500 pediatric and young adult patients diagnosed each year in the United States relapse or do not respond to conventional treatment.

Investigators at Penn’s Perelman School of Medicine and CHOP, who together led research, development and clinical trials of Kymriah in collaboration with Novartis, hailed the approval as a game-changer for the treatment of younger patients battling the aggressive blood cancer and a pivotal milestone in a new era of cellular therapies that treat cancer with a patient’s own immune system.

“This is a turning point in the fight against B-cell ALL that opens up opportunities for patients across the world who desperately need new options,” said Carl June, MD, the Richard W. Vague Professor in Immunotherapy in the department of Pathology and Laboratory Medicine at the Perelman School of Medicine and director of the Center for Cellular Immunotherapies in the Abramson Cancer Center.

Kymriah is now in routine and experimental use at CHOP and the Hospital of the University of Pennsylvania. It is expected to be available later this year through a network of certified treatment centers throughout the United States.

Medical Director of Oncology Randall A. Oyer, MD, said LG Health’s membership in Penn Medicine will provide local patients with immediate access to Penn oncology physicians to be evaluated for Kymriah treatment and expanded indications currently being studied in adults.

“Penn’s discovery of the world’s first living drug to treat cancer brings new hope to patients and families,” he said. “LG Health patients have direct access to this landmark discovery and other cutting-edge medical research.”

The new treatment modifies patients’ own immune T cells into “hunter” cells

For more information, including referrals,
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BREAST REDUCTION

**What It Is,
Who It Can
Help, and
What to
Expect**



BRYAN CICUTO, DO,
*Plastic & Aesthetic
Surgery Associates*

Breast reduction is a procedure to remove excess breast fat, glandular tissue, and skin to achieve a breast size in proportion with your body and to alleviate the discomfort associated with overly large breasts.

Overly large breasts can cause health and emotional problems. In addition to self-image issues, you may also experience physical pain and discomfort.

The weight of excess breast tissue can impair your ability to lead an active life. The emotional discomfort and self-consciousness often associated with having large pendulous breasts can be as important an issue as the physical discomfort and pain.

BREAST REDUCTION IS A GOOD OPTION FOR YOU IF YOU:

- Are physically healthy
- Have realistic expectations
- Don't smoke
- Are bothered by feeling that your breasts are too large
- Have breasts that limit your physical activity
- Experience back, neck, and shoulder pain caused by the weight of your breasts
- Have shoulder indentations from bra straps
- Have skin irritation beneath the breast crease

The decision to have breast reduction surgery is extremely personal. You will have to decide if the benefits will achieve your goals and if the risks of breast reduction surgery and potential complications are acceptable.

Your plastic surgeon will explain in detail the risks associated with surgery.

Some of the risks include:

- Unfavorable scarring
- Infection
- Changes in nipple or breast sensation, which may be temporary or permanent
- Anesthesia risks
- Bleeding (hematoma)
- Blood clots
- Poor wound healing
- Breast contour and shape irregularities

- Skin discoloration, permanent pigmentation changes, swelling and bruising
- Damage to deeper structures – such as to nerves, blood vessels, and muscles can occur and may be temporary or permanent
- Breast asymmetry
- Fluid accumulation
- Excessive firmness of the breast
- Potential inability to breastfeed
- Potential loss of skin/tissue of breast where incisions meet each other
- Potential partial or total loss of nipple and areola
- Deep vein thrombosis, cardiac and pulmonary complications
- Pain, which may persist
- Allergies to tape, suture materials and glues, blood products, topical preparations, or injectable agents
- Death of fatty tissue deep in the skin (fat necrosis)
- Possibility of revisional surgery

You should know that:

- Breast reduction surgery can interfere with certain diagnostic procedures.
- Breast and nipple piercing can cause an infection.
- Your ability to breastfeed following reduction may be limited.
- The breast reduction procedure can be performed at any age but is best done when your breasts are fully developed.
- Changes in the breasts during pregnancy can alter the outcomes of previous breast reduction surgery, as can significant weight fluctuations.

The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee. In some situations, it may not be possible to achieve optimal results with a single breast reduction procedure, and another surgery may be necessary.

Over time, your breasts can change due to aging, weight fluctuations, hormonal factors, and gravity.

You will be given specific instructions for breast reduction recovery that may include: how to care for your breasts

following breast reduction surgery, medications to apply or take orally to aid healing and reduce the risk of infection, specific concerns to look for at the surgical site or in your general health, and when to follow up with your plastic surgeon. Be sure to ask your plastic surgeon specific questions about what you can expect during your individual recovery period.

QUESTIONS TO ASK ABOUT WHAT TO EXPECT DURING RECOVERY:

- Where will I be taken after my surgery is complete?
- What medication will I be given or prescribed after surgery?
- Will I have dressings/bandages after surgery? When will they be removed?
- Will stitches need to be removed? When?
- When can I resume normal activity and exercise?
- When should I return for follow-up care?
- What does a breast reduction cost?

Many health insurance plans cover breast reduction surgery. Your plastic surgeon may need to obtain authorization from your insurer for the surgery. This may require a letter and the submission of photographs. Once authorization is obtained, you will be able to schedule your surgery.

You will be responsible for any co-pays or deductible required by your insurer. If your health plan does not cover breast reduction, you may decide to pay for the surgery yourself.

Where do you go from here?

Your better-proportioned figure will likely enhance your self-image and boost your self-confidence, but it's important to understand the procedure and know what to expect before you make the decision to move forward. If you've been considering breast reduction surgery, I encourage you to talk with your physician and a board-certified plastic surgeon to ensure it's a viable option for you. ■

We are republishing this article (originally published in our Summer 2017 issue) by Dr. Bryan Cicuto. Our selection of an inappropriate image used with the original article did not reflect the professional and sensitive nature of Dr. Cicuto's practice. We apologize for any misconstrued references to the contrary.

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WellSpan Philhaven staff members (front, from left) Dr. John Dolena, psychiatrist, and Jennifer Hailey, psychologist, provide services to children at the Clinic for Special Children in Strasburg. Millie Young (back left) is a nurse at the clinic, and Adam Heaps is the executive director.



WellSpan Philhaven and Strasburg's CLINIC FOR SPECIAL CHILDREN

A Partnership Responding to the Unique Needs
of Plain Community Families

When WellSpan Philhaven psychologist Jennifer Hailey initially sees young patients at the Clinic for Special Children in Strasburg, she needs a large office. The Clinic treats children, many from Plain community families, who have genetic disorders and may have behavioral health challenges.

“Any therapy for these children has to involve their families. That is part of their culture,” said Hailey, integrated behavioral health specialist for WellSpan Philhaven. “For the first session, I may see parents, multiple siblings, grandparents... it can range up to 12 or 13 people.”

A new partnership between WellSpan Philhaven and the Clinic for Special Children is an example of how two established medical organizations can come together to better serve patients with complex medical and behavioral health needs. For the past year, Hailey has seen patients at the clinic twice a month for therapy sessions. Her WellSpan Philhaven colleague Dr. John Dolena, a psychiatrist, has seen patients once a month, prescribing and monitoring medications.

Hailey has learned to be comfortable in that sometimes-crowded first visit with patients and their families. She also has learned to offer therapy that is culturally sensitive to the Old Order Amish and Mennonite families. She has learned to use appropriate language, for example avoiding asking children what makes them “proud,” which is not a trait the Plain community values.

“Instead, I might say, ‘What made you feel good about how hard you worked?’” Hailey said.

Mental health services are just one specialty service that the Clinic provides to its more than 1,000 active patients, for which it serves as a medical home. Adam Heaps, the Clinic’s executive director, said the organization has built a coalition of specialty services, including cardiology, audiology, orthopedic surgery, ophthalmology, and nephrology, offering them all under its roof. Plain community families usually do not have traditional health insurance and so often pay for services out of their pockets. They don’t drive cars and may have to arrange for transportation to the Clinic. The goal is to provide one-stop care in an efficient manner.

The Clinic’s partnership with WellSpan Philhaven came about because some of the genetic conditions the Clinic treats—including Maple Syrup Urine Disease, Fragile X, and Prader-Willi syndrome—may cause developmental delays and behavioral issues in young patients. Other patients may experience anxiety or depression while dealing with the physical challenges of their conditions. The children and their families have a need to develop coping, social, problem-solving, and communication skills.

I love that the Clinic is named the Clinic for Special Children.

That is how these families see their children.

“We recognized that mental health services were a need for our patients,” Heaps said. “Pediatric mental health providers are few and far between. Philhaven, as a prominent mental health provider in the area, was the obvious partner to help us with that.”

WellSpan Philhaven works to integrate behavioral health with physical health services in local communities across a five-county region. Its clinicians not only work in behavioral health inpatient units and outpatient therapy offices, but also in homes, schools, and WellSpan’s hospital emergency departments and its primary and specialty care physician offices. The partnership with the Clinic is a continuation of its work to improve mental wellness in southcentral Pennsylvania.

At the Clinic, Hailey sees a range of patients, from 2-year-olds to young adults. Most of their families have never experienced therapy and are sometimes a little nervous, but they trust the staff at the Clinic and are willing to try.

“As a therapist, I find it very encouraging that multiple people are learning and working with the children,” Hailey said. “Most therapy interventions work best when parents and family members are heavily involved and children have limits, structure, and a lot of emotional warmth and support.

“A lot of these children have really strong, stable family support systems and built-in support from their family and church network. When they start to learn these specialized skills—and everyone is learning them—they work extremely well.”

For example, Hailey worked with a little boy who has Prader-Willi, a genetic condition resulting in delayed development, behavioral

challenges, and an insatiable appetite, and that can lead to obesity. With his family, Hailey developed a stoplight system for foods, labeling them as red, yellow, and green. If the child reaches for red-light foods, the family says in a loving way, “Whoa! Put the brakes on!” Hailey and Dolena worked with a little girl with a congenital genetic issue, characterized by loud outbursts and aggressive behavior, offering behavior strategies and medication management. The girl now can get along with her siblings for prolonged periods, a “dream” that her family had for the child.

With other families, Hailey offers coping skills that are appropriate to their culture, encouraging children to spend time with animals on their family farms and to keep a journal or scrapbook to help them handle their emotions. Young women in Plain communities may reach out to others by writing “circle letters,” which travel from person to person. Prayer is also a cherished way to cope with feelings.

“Jen works with families to help them understand the child and interact with the child in a way that is helpful to everyone,” Heaps said.

For her part, Hailey has been struck by what she calls “the beauty of family” at the Clinic.

“I love that the Clinic is named the Clinic for Special Children,” she said. “That is how these families see their children. They see them as truly gifts from God, and they wouldn’t have it any other way. They want them to lead a happy and productive life. They see their unique differences as special.” ■

PROVIDERS UNITE!

**SOUTH CENTRAL PA OPIOID AWARENESS
COALITION UNITES PROVIDERS TO FIGHT OUR
STATE'S MOST PRESSING HEALTH CARE ISSUE**

ALICE YODER, R.N., M.S.N.

*Director of Community Health,
Lancaster General Health
Facilitator, South Central PA Opioid
Awareness Coalition*

Long seen as competitors, more than a dozen health care organizations in South Central Pennsylvania have banded together to combat one of the most pressing issues in modern medicine: treating chronic pain and other conditions while reducing dependency on opioids.

The South Central PA Opioid Awareness Coalition launched in May. Its inclusion of multiple health care entities and their affiliates is an acknowledgement of the common and pressing challenge we face.

Our goal is to reach out across systems—from emergency departments to primary care offices, through obstetric and other specialty practices and out into community pharmacies—to promote the safe use of opioids in our communities.

In our first weeks, we launched a resource-rich website (www.opioidaware.org) that aims to get doctors and pharmacists talking about the issues with colleagues and patients. Major initiatives include educating patients and providers about practices and behaviors that can lead to addiction, encouraging community members to lock up and properly dispose of unused prescriptions, and offering non-opioid alternatives for patients experiencing chronic pain.

By sharing ideas, we can hasten adoption of successful, evidence-based strategies and divide the effort of exploring promising new ventures.

THERE IS CLEARLY A NEED TO ACCELERATE INTERVENTIONS.

Hospitalizations for heroin or pain medication overdoses climbed to 3,299 statewide in 2016, up 79 percent from 2014, according to the Pennsylvania Health Care Cost Containment Council.

Those statistics don't include the staggering death toll attributed to opioids and heroin, often an illicit replacement

for those who've maxed out a medically necessary prescription.

Gov. Tom Wolf has estimated 4,500 deaths are possible this year. In Lancaster County, our coroner reported in September that we had already surpassed the total number of drug overdoses for 2016.

The heroin epidemic's devastating reach hasn't been lost on my colleagues near or far, who are willing to look beyond our typically competitive relationships to find life-saving solutions.

David J. Simons, DO, FAOCA, president of the Lancaster City & County Medical Society, says clinicians play a vital role in reversing the skyrocketing number of overdoses in south central Pennsylvania. He believes underlying chronic pain issues require a united front from caring doctors who can convince patients to try alternative therapies instead of doctor-shopping until they get a new prescription.

"We feel like we need to be part of this solution, to exhaust all non-opioid options before jumping to opioids," says Simons, who is also president of Pain Specialists of Lancaster. "Physicians now are understanding the medical dilemma, assessing the need to prescribe, doing routine testing and recognizing those more at-risk for addiction."

Shared messaging, one of the coalition's first goals, has made those conversations expected and more accepted by most patients, Simons says. The tone and approach of the messaging require careful balance, however, because opioids remain a life-changing, fully necessary treatment option for some patients.

Chris Echterling, MD, medical director for vulnerable populations for WellSpan Health, says sharing messages about changing the way opioids are used in pain management has been critical.

"When they see it everywhere, it's more powerful," he says of patients. "It's not about the individual doctor or the

individual patient. It's not about a judgment they think we're making based on a perception of that patient. It's a degree of standardized messaging that strengthens our entire effort."

Explaining the problems (a history of overprescribing, too many overdose deaths, and fears about the drugs' safety) and encouraging anti-abuse actions (asking for non-opioid care plans, locking up drugs, and disposing of extra medication) are all patient-forward ways for member organizations to protect patients without hurting their own bottom line.

Echterling chairs our coalition's clinical committee, which is tasked with adopting guidelines to follow. Many of our protocols are in line with the outpatient-oriented Centers for Disease Control and Prevention's 2016 Opioid Prescribing Guidelines (<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>). When situations arise that require additional input—such as how to treat patients in the emergency room or during in-patient stays—the subcommittee must agree on which other well-researched, scientifically based practices to follow and share with the membership.

Echterling acknowledges that it can be hard for regional providers to come together when they're used to fighting for patients and revenue.

He suggests others who want to strengthen their opioid addiction response on a regional level get started by looking for one "absolute win"—uniform public messaging, for instance—that won't leave any participating providers at a disadvantage.

Our coalition's charter members—representing all the major health systems in our seven-county area—worked together for about four months before publicly launching the effort.

Continued on page 14

BY SPEAKING WITH ONE VOICE, WE ALSO HOPE TO HAVE MORE EFFECTIVE CONVERSATIONS WITH LEGISLATORS, REGIONAL PAYERS AND LARGE INSURANCE COMPANIES WHO DICTATE PAYMENT FOR ALTERNATIVE CHRONIC PAIN TREATMENTS.

After working through the logistics, including scheduling of 7 a.m. phone calls and meetings, we focused on building trust and folding in new members whose presence will make our coalition even more influential.

In September, the coalition hosted its first public event, a day-long seminar designed for first responders, schools, health service providers, social service agencies, and employers. The goal was to help others recognize what regional health care providers and pharmacists are doing to reduce deaths from opioids and heroin, build connections, and inspire similar community-based approaches.

Topics included chronic pain management, mental health, pregnancy and newborn services, emergency room efforts, and steps for the future.

“Opioid addiction affects all sectors of society and does not discriminate,” says Robert Shipp, RN, vice president, population health strategies for the Hospital and Healthsystem Association of Pennsylvania. “When communities work together we become stronger in the process and connect in ways that will protect health and promote well-being for all.”

All of this work—behind the scenes, in person during meetings and public seminars—correspond with and support the great work also being done by comprehensive, countywide task forces.

By speaking with one voice, we also hope to have more effective conversations with legislators, regional payers and large insurance companies who dictate payment for alternative chronic pain treatments. Too many insurers provide prescription coverage for opioids but place limits on physical therapy benefits or disallow surgical options that offer some patients relief. Our hope is that we are able to leverage the power of our coalition to create a revised benefit structure.

Over the next months, we’ll be measuring our community reach through visits to the coalition website (www.opioidaware.org), downloaded resources, and requests for more information or further collaboration.

As we navigate the opioid and heroin crisis together, coalition members stand united in our commitment to raising awareness, educating patients and providers, and enhancing our community’s health and well-being. ■

THE SOUTH CENTRAL
PA OPIOID AWARENESS
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VISIT WWW.OPIOIDAWARE.ORG FOR DOWNLOADED RESOURCES,
AND REQUESTS FOR MORE INFORMATION OR FURTHER COLLABORATION.



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It's our pleasure to highlight a Lancaster City & County Medical Society member's "passion outside of practice" in each issue of Lancaster Physician. Beyond their commitment to health care, LCCMS members have many other talents, skills, and interests that might surprise you. In this issue, we're thrilled to feature Dr. Philip Bayliss from LGHP-Family & Maternity Perinatology and his passion outside of practice.

Philip M. Bayliss, MD



DR. BAYLISS AND SON PHILIP

Passion Outside of Practice: Bicycling

1. Would you briefly describe your passion outside of practice for those who might be unfamiliar with it?

Outside of my medical practice, I enjoy being outside riding bicycles, including road and rail trail circuits.

2. How did you develop an interest in your passion outside of practice?

My interest in bicycling was spurred on by my son. After a diagnosis and surgical treatment for cancer, he awoke in the recovery area and informed his mother and myself that he was going to ride a bicycle cross country to raise monies for cancer research and support programs. He wanted to help others with cancer

who did not have the ready access to care and information that he felt he was privileged to have through my profession. I chose to actively participate in his endeavor as much as possible. That meant buying my first bicycle since high school and learning and training to ride long distances in only seven weeks before joining him on the road. That summer, I rode approximately 1,500 miles of his 4,100-mile trip. He started a not-for-profit charity, Bike Towards the Cure, which raised over \$18,000 during the ride. Most of the donations were small dollar amounts from the people encountered on the ride route.

The initial cross-country ride was during the summer of 2010. A small group of local friends, Eric, Rachele, Kay, and Chris, taught me to ride that first year and then joined me to organize and run a local ride under the Bike Toward the Cure banner.

3. Why is this pursuit special to you?

Cancer has directly affected all my children, my parents, and many close friends. My medical practice involving high-risk obstetrics infrequently has to deal with cancer directly, so through bicycling I am able to give to this important cause. Riding has brought me personal satisfaction and a sense of well-being, which keeps me energized to keep up with a busy practice.

4. What else would you like readers to know about this?

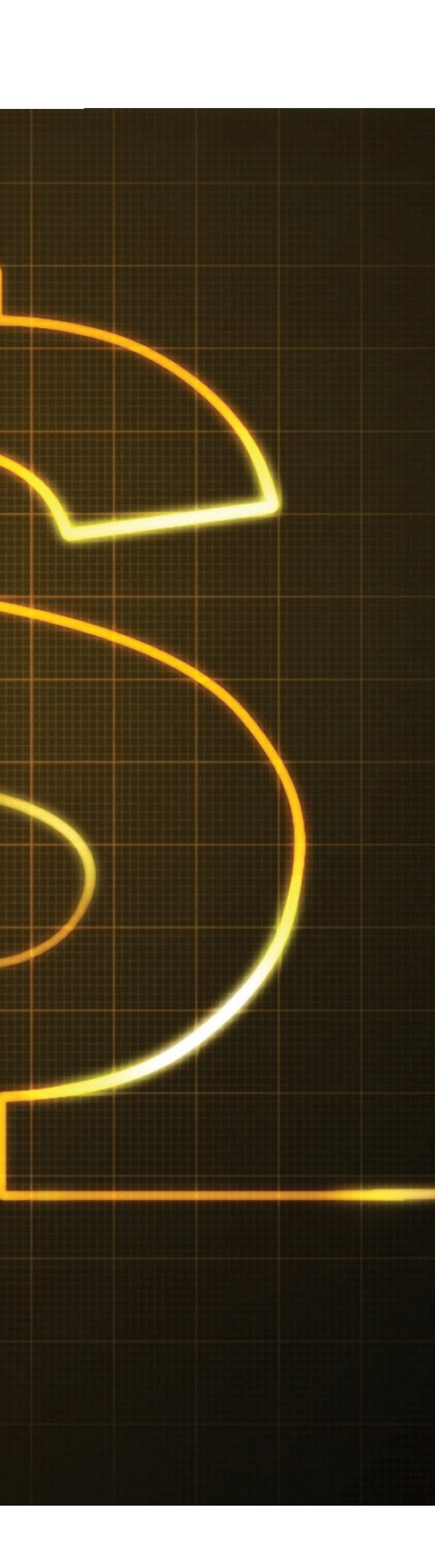
Our local Bike Towards the Cure ride, held annually for 5 years, now has raised over \$60,000 for local cancer programs. I am in debt to my friends for their support and all the riders and sponsors for their participation. The web site for Bike Towards the Cure is www.biketowardsthecure.org for those interested. ■

A Strategic Investment in
Pennsylvania Physicians has

PROMISE TO PRESERVE CHOICE



JAAN SIDOROV, MD
*CEO, The Care Centered Collaborative
at the Pennsylvania Medical Society*



In October of 2016, the Pennsylvania Medical Society committed \$15 million out of its endowment to fund the Care Centered Collaborative™. By unlocking this capital, the Society unlocked considerable value by committing itself to three goals:

INVEST IN PENNSYLVANIA PHYSICIANS:

While the Society's endowment has been expertly managed, deploying capital in partnership with physicians as they successfully manage their value-based reimbursement arrangements will result in other sustainable income streams. Patients will also benefit from higher value care, while physicians will be fairly compensated for delivering higher quality at lower cost.

PROMOTE INDEPENDENT PHYSICIAN-OWNED PRACTICE:

As large integrated hospital-dominated delivery systems continue to grow in Pennsylvania, there is emerging evidence that smaller physician-led practices—when organized into regional associations—can also provide high-value care. By investing in a care model that has the advantages of aggregation without the downsides of practice acquisition, patients will have another option when they seek medical care.

INCREASE THE RELEVANCE OF PHYSICIAN MEMBERSHIP IN THE SOCIETY:

In addition to important activities that include advocacy, education, and professional development, the success of the Collaborative will add to the Society's reputation as an important factor in the Commonwealth's health care marketplace. The Collaborative's initiatives will also further promote membership among all Pennsylvania physicians who, until now, haven't fully appreciated what the Society can fully offer.

HOW DOES THIS WORK?

The Collaborative has two go-to-market strategies:

Use its negotiating clout and the prospect of group purchasing to negotiate for lowest-cost and highest-quality services for Pennsylvania physicians. Until now, these economies of scale have been out-of-reach for smaller physician practices. For example, the Collaborative has secured the personalized services of Mingle Analytics for MACRA-MIPS reporting at a significantly discounted rate. In the last quarter of 2017, additional services will come on line, including claims submission, eligibility, co-pay management, appeals, referrals, human resource management, and payroll.

Deploy its capital to partner with physician organizations in value-based or risk-based contracting. Tying physician reimbursement to the achievement of population-wide quality goals or appropriately reducing avoidable utilization requires access to resources outside of the usual 15-minute office visit. These resources may include, but are not limited to, community-based non-physician personnel who can work with the patient outside of the clinic, or access to real-time data feeds that can target patients who are most vulnerable to avoidable emergency room visits in the coming month. While the up-front costs are considerable, the downstream savings are considerable. Patients will benefit from lower health care costs, but there will also be enough funding that can be shared with physicians. In other words, they will finally be compensated for the additional work of providing high-value care.

ACTIVITIES TO DATE

While the Collaborative is only a year old, it has a management team of seasoned health care executives with expertise in health care finance, business development, care management, and operations. They've engaged with a wide range of business leaders, health insurers, integrated delivery organizations, and provider groups. They're finding:

Business leaders are being buffeted by opaque pricing, increasing out-of-pocket expenses, and rising premiums. They are

Continued on page 20

Care Beyond Treatment



H. Peter DeGreen II, MD Emeritus,
Lena Dumasia, MD, and
H. Peter (Tracy) DeGreen III, DO

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Patient Advocacy

vitality interested in having physicians be a positive force for good and avoiding what many consider as the worst possible outcome of all: a single payer system;

Health insurers are more willing to engage in transformative reimbursement models that not only compensate physicians for the increased work associated with high-value care, but in risk-transfer arrangements that profitably put the providers' "skin in the game." They understand that not all insurance risk can be managed by physicians, but are willing to talk about limited risk-sharing arrangements that are win-win;

Integrated delivery organizations are reaching the limits of hiring physicians and are increasingly turning to affiliated arrangements with independently practicing physicians in their service area. They are vitally interested in having a sustainable "neighborhood" of economically sustainable practices that can serve their patient population and welcome the support of the Collaborative;

Provider organizations made up of independent physicians are not only surprisingly common in the Pennsylvania marketplace, but they are growing in size and sophistication. This is leading to an increasing appetite to develop "clinically integrated networks" (CINs) that can work with health insurers to develop their own specialized payment contracts that grow value and de-emphasize volume-driven payments. As an aside, because CINs may have greater control over the health care premium, health insurer payment denials over irritants such as the "Modifier 25" can be eliminated. What's more, CINs may assume responsibility for credentialing on a delegated basis, which could also eliminate the requirement of "maintenance of certification."

WHAT DOES THIS MEAN FOR PHYSICIANS?

As the rapid pace of health care accelerates, physician leadership is more important than ever. The Collaborative estimates that there are more than 10,000 independently practicing physicians in the Commonwealth. Their continued commitment to offering an important care option to Pennsylvania's patients is key to the success of integrated delivery systems and provides an area of opportunity for health insurers. As a result, we are "bullish" on independent physicians and look forward to partnering with them in any way we can. We would be happy to talk further with you. You can reach me at jsidorov@patientccc.com or through the Care Centered Collaborative website at www.patientccc.com. ■



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Chief

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David Campbell, MD

CLINICAL INTERESTS: Adult cardiac surgery, lung and esophageal surgery and mitral valve repair



Walter Pae, MD

CLINICAL INTERESTS: Minimally invasive valve repair and replacement, myectomy for hypertrophic cardiomyopathy, transcatheter aortic valve replacement and transcatheter mitral valve repair



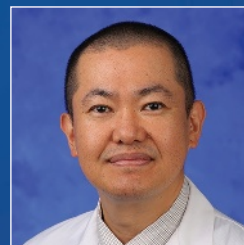
Behzad Soleimani, MD

CLINICAL INTERESTS: Heart transplant, left ventricular assist device, total artificial heart, coronary artery bypass surgery and arterial revascularization, thoracic aortic surgery and transcatheter aortic valve replacement



Edward (Ted) Stephenson, MD

CLINICAL INTERESTS: Heart valve repair and replacement, coronary artery bypass, thoracic aortic surgery, left ventricular assist device, heart transplant and transcatheter aortic valve replacement



Kentaro Yamane, MD

CLINICAL INTERESTS: Coronary artery bypass surgery, heart valve surgery, aortic root surgery, minimally invasive cardiac surgery, complex adult cardiac surgery, transcatheter aortic valve replacement, transcatheter mitral valve replacement, aortic surgery, heart transplant and ventricular assist device


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INSURANCE PRIOR AUTH DELAYS HARM PATIENTS

Doctors Must Be Part of the Solution

JEFF WIRICK,
Pennsylvania Medical Society

Insurance companies say they use prior authorization to prevent physicians from prescribing too much medication or ordering too many tests. But physicians say the use of prior auth has grown out of control—and few stories illustrate it better than that of Joe Stanziano.

Stanziano, who currently resides in Montgomery County (PA), owned a bakery in New Jersey. Ten years of carrying heavy bags of flour and working 18-hour days took a toll on his back.

Stanziano had just undergone his fourth back surgery in five years and was taking pain medication to help with his recovery. Things were progressing well enough for Stanziano to begin taking a smaller dose of the pain medication—a process known as “tapering” that could eventually allow him to wean off the medication altogether.

The problem is, Stanziano’s insurance company denied payment of the lower dosage that his neurologist prescribed. Hours turned into days and Stanziano continued to wait for his insurance company’s approval.

When his current allotment of pain medicine ran out, the withdrawal symptoms began.

“Cold sweats. Shaking. You don’t have control,” Stanziano described.

This wasn’t a one-time mistake by his insurance company.

Stanziano’s neurologist prescribed a lower dose of pain medication five times. It was denied five times for up to a week before it was approved.

As the delays grew longer and withdrawals continued, Stanziano opted to buy the medication out of own pocket. Each pill cost \$60.

“One could imagine a reason for (denying it) if we’re increasing the medication, but in Joe’s case we were gradually decreasing the medication,” said Daniel Skubick, MD, Stanziano’s neurologist. “In spite of the fact that we were doing the right thing (by lowering his dosage)—getting him off opioids—pre-certs would still be coming.”

Stanziano said he was never given a clear answer as to why his medication decrease required a prior authorization.

“You could talk to two different people (at the insurance company) in the same day and get two different answers,” he said. “Explain to me the logic—why are you denying it when we were trying to reduce (the medication)? Does it make sense to you?”

“Are you trying to cut costs, or are you trying to cut lives?” Stanziano continued. “I can understand trying to cut costs, but put them in my situation. Let them be on the medication for a certain period of time, and not be able to refill it, and have to go through what I went through.”

PRIOR AUTHS ON THE RISE

Physicians have seen a dramatic rise in prior authorizations over the past few years for a variety of treatments and medications:

Eighty-six percent of respondents to a Medical Group Management Association survey said that they experienced an increase in the number of prior authorizations over the past year.

Medical practices average 37 prior authorizations per week, per physician (taking up an average of 16 hours per physician), according to a survey from the American Medical Association.

A few years ago, “If a narcotic that we’re prescribing was thought to be at a very high

dose, you might have a pre-cert,” Dr. Skubick said. “But the prior auth would last 6-12 months, and it might occur occasionally. Now, over the last few years or so, fueled by the opioid crisis, we’re running into pre-certs whenever a change is made to the medication.”

The delays are proving costly to patients. Here are just two more examples:

Pittsburgh’s Jeff Duncan waited eight months for approval on an in-lab sleep study that he needed in order to receive treatment for his severe sleep disorder.

“What if I would have died with this?” he said. “Personally, I’m just irritated that the insurance companies have so much power over doctors trying to get their patients what they need.”

Pittsburgh’s Kristen O’Toole experienced delays in getting an MRI for her back pain. The weeks’ long wait allowed her undiagnosed multiple sclerosis to progress, and she is now in a wheelchair.

“If I had gotten the MRI earlier and started on the infusions, I really believe it could have kept some of these symptoms at bay,” O’Toole said. “Maybe I would have never ended up in a wheel chair.”

“The doctor knows there’s a problem here,” O’Toole added. “There’s something going on. And how is he going to know before he gets the data from the MRI?”

Dr. Skubick said his biggest frustration with the rise of prior authorizations is that it takes the clinical decision-making out of the hands of physicians.

“I think it is incredible that the insurance company would think that a person who has practiced neurology for 35, 40 years doesn’t know more than somebody on the other end without seeing the patient,” he said. “I’ve never had a pre-cert denied for any diagnostic study when I’m able to talk to a colleague that is a neurologist.”

“But I’m talking to people (at the insurance companies) who are not even doctors some of the time. And sometimes when you do get a doctor, you’re getting an internist or a gynecologist—what do they know about neurology? What do they know about the subtleties about whether an MRI is necessary?”

PHYSICIANS MUST BE PART OF THE SOLUTION

Oncologist Rick Boulay, MD, wrote a recent blog post for KevinMD: “Most patients are unaware of this, but your physician is likely your biggest advocate when it comes to getting your care covered.”

Similarly, physicians need to step up to support new legislation in Pennsylvania that aims to decrease patient wait times from prior auth.

HOUSE BILL 1293, INTRODUCED BY REP. MARGUERITE QUINN (R-BUCKS), WOULD:

- ▶ Increase transparency and consistency in prior authorization criteria.
- ▶ Establish standards for and reducing the overuse of prior authorization.
- ▶ Lessen manual processes and enhance the electronic exchange of information.
- ▶ Develop a standard prior authorization form.

The Pennsylvania Medical Society and its coalition of 50+ physician and patient advocacy organizations support HB 1293. But this legislation will only move with a strong grassroots effort from physicians, medical office personnel, and patients.

Continued on page 24

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Dr. Lisa Yoo, a graduate of Manheim Township High School and Franklin & Marshall College, is excited to live in her hometown of Lancaster and establish her practice of medicine.

She earned her medical degree at Lake Erie College of Osteopathic Medicine and completed her Residency and Fellowship in Gastroenterology at Hershey Medical Center. Dr. Yoo also graduated from a post-baccalaureate program in Interdisciplinary Medical Science at Drexel College of Medicine.

Dr. Yoo, who is fluent in Korean, enjoys scuba diving and is a second degree black belt in Tang Soo Do.

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A LOCAL PERSPECTIVE

JAMES M KELLY, MD

LGHP - Lincoln Family Medicine, Ephrata PA

I am ecstatic and relieved that PAMED is tackling reform of the prior authorization process. A significant portion of my workweek now includes contacting insurance companies to seek authorization for patient testing or medication. This process has become more frequent and cumbersome each year of my career. Repetitive authorizations for the same service, being placed on hold for 30-45 minutes, and denial of payment (even after an authorization) have become commonplace. The increase in administrative burden from authorizations has unfortunately decreased time physicians are available for direct patient care, thus limiting patients' access to appointment times with their physician.

Many prior authorizations are unnecessary hoops whereby insurance companies hinder appropriate quality care in the name of trying to control cost of care. A few recent examples from my practice include:

- ▶ A diabetic patient's change in insurance resulted in the need for authorization of a medication he had been taking successfully to control his blood sugar for approximately 3 years.
- ▶ A CT scan was denied for a 36-year-old patient with enlarged neck lymph nodes and a lung mass detected on a chest xray.
- ▶ A continuous glucose monitor was denied for a 21-year-old college student with documented problems with low blood sugars. In this case, the reason for denial was that the patient had not had a severe episode of low blood sugar causing her to become unconscious or have a seizure.

In each of these cases, my nurses contacted the insurance companies, and I either wrote letters or personally spoke to physicians at the insurance companies to obtain approval for the needed care. Insurance formularies that change yearly, variable authorization processes, and lack of standards as to what deserves authorization are drivers of the problem. I look forward to and will certainly be an advocate for PAMED as they pursue and hopefully solve this problem for Pennsylvania physicians. ■

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TELEMEDICINE



House calls could once again become a common practice among Lancaster County physicians.

More likely than not, however, house calls of the future will occur through the use of telemedicine instead of a physical trip to a patient's home.

Telemedicine, which employs telecommunication and information technology to enable providers to diagnose and treat patients from a distance, is being used in a variety of applications in Lancaster and surrounding counties.

While some providers already are communicating with patients at home in real time with the help of a camera on a smart phone or tablet, others are using telemedicine to transport patient information to specialists, who review it either immediately—as in the case of a stroke patient—or at a later time.

Experts agree that telemedicine is expected to continue to increase in both importance and popularity.

WellSpan Health has 10 telemedicine programs in place and about a dozen more in the planning stages, reported Kyle D. Letner, director of Connected Health.

The operation's primary use of telemedicine occurs in conjunction with the Visiting Nurses Association and is used to treat patients suffering from congestive heart failure who qualify for home health services.

Those patients receive a scale, blood pressure cuff, and an oxygen monitor that hook up to a system in the hospital, enabling practitioners to read information transmitted from patients' homes.

"So, for 60 days, those patients can be monitored at home," explained Letner. "It's been very effective in reducing readmissions."

WellSpan also is using telemedicine to monitor sepsis patients and in genetic counseling, and it has a robust tele-stroke program that gives suspected stroke patients access to specialists at any time of the day or night.

Another area in which telemedicine is looking particularly promising is psychiatry, according to Dr. Albert Fombu of WellSpan Philhaven.

Because actual physical examination is not necessary for psychiatric patients, telemedicine can be very effective. Patients in Elizabethtown can visit a portal equipped with a camera, from which they can communicate with doctors at Philhaven in Mt. Gretna.

"This enables us to see and hear our patients without them having to come to us," Fombu said. "Often, it's difficult for a patient to take time off work or to get a ride to Mt. Gretna. Telemedicine eliminates those barriers. I think it will be huge for this field."

Dr. Vito J. DiCamillo, medical director of urgent care at Lancaster General Health who is spearheading telemedicine efforts there, said telemedicine is being employed throughout the system in various areas of medicine, including ophthalmology, dermatology, genetics, concierge medicine, oncology, and urgent care.

In a pilot tele-retina program that recently got underway, cameras installed in primary care offices are used to photograph the retinas of diabetic patients. Those photos are sent to specialists, who are able to recognize problems.

Also successful is a tele-dermatology program in which photos of potential skin lesions are sent to and screened by specialists.

"A program like this could potentially save lives," he said. "A person for whatever reasons might avoid going to see a specialist. But, with this program, that initial, in-person visit to the specialist isn't always necessary. A primary care provider can get the information to the specialist to determine if follow-up care is needed."

At UPMC Pinnacle Lancaster and its sister hospital UPMC Pinnacle Lititz (formerly Lancaster Regional Medical Center and Heart of Lancaster Regional Medical Center, respectively) there are two telemedicine programs in place and more are being developed, according to Brooks Turkel, Marketing CEO of both hospitals.

A TeleStroke program in coordination with Penn State Health Hershey is in place on both campuses, Turkel said, as is

**EXPERTS
AGREE THAT
TELEMEDICINE
IS EXPECTED
TO CONTINUE
TO INCREASE
IN BOTH
IMPORTANCE
AND
POPULARITY.**

Continued on page 28

a TeleBurn program in conjunction with Lehigh Valley Medical Center.

"Those are what we currently have in place, and they've grown significantly over the past year," Turkel said. "We now are in the planning phases for other programs."

Dr. David Somerman, a hypertension and kidney specialist who practices at Lancaster-based Hypertension and Kidney Specialists, said that telemedicine has an important role in treating kidney patients.

"In our practice, a physical exam can be important, but mostly we're managing chronic conditions and often, a conversation with a patient is the thing we need most," Somerman said.

All patients must be seen personally when entering the practice, but after they've been examined and diagnosed and doctors have established a relationship with them, telemedicine often is advantageous.

"It eliminates the need for a patient to drive to the office or take time off from work," Somerman said. "In our practice, we strategically use it for patients who have been diagnosed and are undergoing treatment."

Another advantage, according to Somerman, is that telemedicine can be used to connect family members, patients, and physicians, enabling everyone to ask questions and understand their loved one's condition.

It also can be used to give doctors a window into their patients' homes in order to better understand the circumstances in which they live.

"I want to know if my patient's home is safe, and if there are other people around," Somerman said. "Technology can absolutely help physicians with patient engagement."

Telemedicine is profoundly important, explained DiCamillo, because it has the potential to provide specialized health care to patients regardless of their location.

TELEMEDICINE — PAMED'S PERSPECTIVE

With a growing number of services being provided via telemedicine technologies, there is a need for a set of safeguards and standards to support the appropriate coverage of and payment for telemedicine services. Geography, weather, availability of specialists, transportation, and other factors can create barriers to accessing appropriate health care, including behavioral health care. One way to provide, ensure, or enhance access to care given these barriers is through the appropriate use of technology to allow health care consumers access to qualified health care providers.

If properly regulated, telemedicine has the potential to improve patient access to care.

► LEGISLATION:

PAMED will support legislation that maintains the physician-patient relationship and enables telemedicine services to be reimbursed the same as in-person patient encounters.

► CURRENT STATUS:

SB 780 was introduced on June 22, 2017, and is now in the Senate Banking and Insurance Committee.

Telemedicine could be used to provide specialized medical advice from a remote location to medics working in a disaster relief situation, or expert care to someone in a rural location who does not have access to good health care.

"I look at it as population health," DiCamillo said. "We just want patients seen at the right place, at the right time and for the least cost to the patient. If telemedicine works best for that, let's get it into place."

Turkel agreed, saying telemedicine can make medicine more convenient and cost effective, especially in areas where there are shortages of specialists.

While the Lancaster area is home to a variety of talented specialists, there could at some point be a need for a doctor who is not positioned nearby. For instance, Turkel said, with the spread of the Zika virus, it is plausible that a Lancaster County resident may travel to an area affected by Zika, contract it, and return home.

"In a case like that, our physician community may very well have a real need to seek out the services of someone who specializes in tropical diseases," Turkel said. "That could easily be done through telemedicine."

While everyone agreed that telemedicine has a promising future, there are some stumbling blocks in the way of widespread use.

Not surprisingly, many insurances place restrictions on what types of telemedicine they will cover or what types of patients qualify for telemedicine coverage.

While Lancaster General is working to transition to real-time telemedicine, a scenario in which patients and doctors interact in real time, similar to using Skype or Facetime, insurers will only cover real-time telemedicine for patients who live in rural areas without access to personal visits, DiCamillo explained.

However, in June, State Senator Elder Vogel (R-Beaver) introduced legislation calling for lawmakers to “define key components of telemedicine, set telemedicine licensing requirements, and require that healthcare payers provide reimbursement for telemedicine services if they pay for the same service in person.”

A house companion bill also was introduced.

Turkel said he is confident that, when it becomes apparent that telemedicine can provide quality care at lower costs, insurers will come on board.

“I just think that the models haven’t caught up,” he said.

Another deterrent to the use of telemedicine could be that prospective patients do not have access to the equipment necessary to facilitate it.

However, insurance companies in some cases will pay for the equipment, and that coverage could increase.

Telemedicine will never replace personal, hands-on medical care, experts agree, but it is invaluable for filling in gaps of care and giving patients who do not have access to specialized care the services they need.

With telemedicine, specialized care can be delivered to more patients—meeting them where they live and work.

“When you need specialized care, the ideal circumstance is having the best professional right there with you in the room,” Turkel said. “But, from a community standpoint, it’s better to have that physician in a central location with access to information regarding a number of patients.”

Letner, who serves on a state committee focused on telemedicine, said the technology is still in the early stages, and he expects it to expand to include an increasing number of applications.

“Think about how the world has changed in terms of banking and travel and entertainment,” he said. “I tell people that I use a bank I never go to. Medicine will always have a need for personal patient-physician interaction, but the use of telemedicine is going to explode. And, when you start to dive into the possibilities, it’s really exciting.” ■

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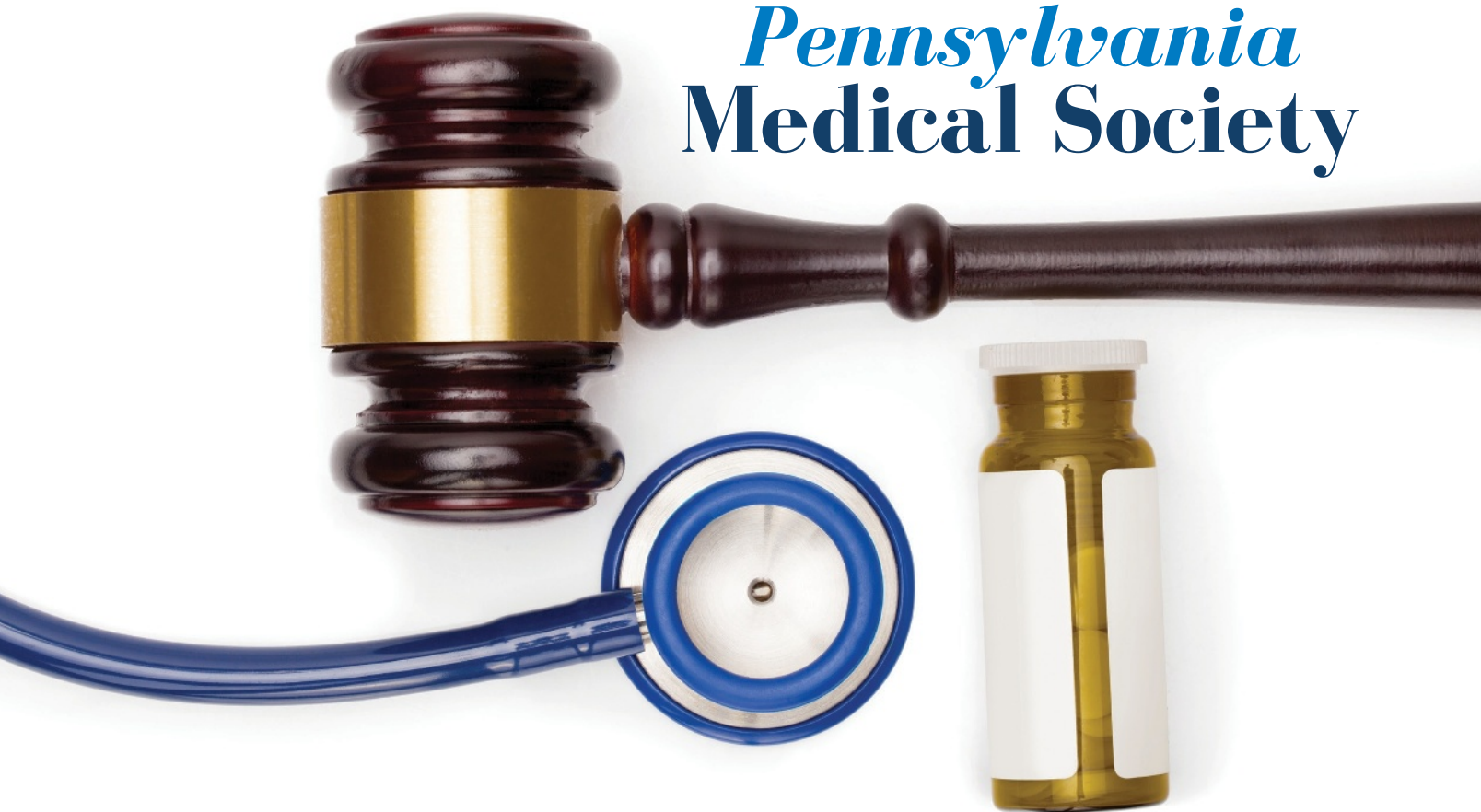
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Pennsylvania Medical Society



QUARTERLY LEGISLATIVE UPDATE SEPTEMBER 2017

On June 30, 2017, the General Assembly approved a nearly \$32B spending plan. The plan eventually became law without Governor Tom Wolf's signature. What the legislature has yet to accomplish, nearly three months later, is approval of a plan to raise the revenue for the state's budget. Most recently, the Senate rejected a proposal passed by House Republicans that omitted new taxes in favor of a series of one-time special fund transfers to the General Fund. The House bill differs from a previously passed Senate plan that, among other things, levies additional taxes

on natural gas producers, a proposal that lacks support in the House.

To reach a compromise between the two plans, the Senate has proposed that both chambers form a conference committee tasked with negotiating a deal for the Governor's desk. Considering the ongoing uncertainty surrounding this year's budget, the rating agency Standard and Poor's recently downgraded the commonwealth's credit rating from AA- to A+.

SB 25 – CRNP Independent Practice (Introduced by Senator Bartolotta)

Since its passage in the Senate this spring, neither SB 25 nor HB 100 granting independent practice to CRNPs have seen any movement. The legislation remains in the House Professional Licensure Committee. To date, Committee Chairman Mark Mustio has given no indication that he plans to bring the legislation before the committee for consideration.

In August, PAMED leadership met with the Pennsylvania Coalition of Nurse Practitioners to discuss the pending legislation and

the opposing organization's goals. Although no major agreement was reached, the discussion allowed both sides to clarify the rationale behind their respective positions.

Prior Authorization Legislation – Introduced by Rep. Marguerite Quinn (R-Bucks)

Representative Marguerite Quinn, along with 38 bi-partisan co-sponsors, introduced HB 1293 earlier this session. This legislation will improve transparency, accessibility, and the consistent application of prior authorization by including a standard definition. It will also significantly streamline the process by requiring insurers to make available an electronic communications network that permits prior authorization requests to be submitted electronically, and authorizations and adverse determinations to likewise be returned electronically.

Over the past several months, the government relations staff has worked closely with Representative Quinn in developing HB 1293 and making improvements over last session's version. Prior to its introduction, staff met with House members to explain the need for the legislation and to secure an adequate number of legislative sponsors.

A significant grassroots effort that asks physicians to engage patients is already underway. The goal of this initiative is for patients to ultimately share their medical challenges with the prior authorization process with their legislators.

HB 1293 has been referred to the House Insurance Committee. PAMED is now arranging direct physician contacts with committee members and continuing the process of educating legislators as to how prior authorization can negatively impact patient care. The next legislative goal is to secure a committee vote on the bill before the end of the year, if not sooner.

Pennsylvania Orders for Life-Sustaining Treatment (POLST)

In early September, House Majority Whip Bryan Cutler introduced House Bill 1196, the Pennsylvania Orders for Life Sustaining Treatment (POLST) Act. The introduction



of this legislation, which has such a highly regarded sponsor, represents a major step forward for a multi-year, collaborative effort that drew on the expertise of 27 health care and patient advocacy organizations. During a press conference this spring, Senator Gene Yaw also announced his intention to introduce similar legislation in the Senate. He is expected to formally introduce that bill soon.

To prepare for its introduction in the Senate, PAMED's lobbyists recently joined Daniel Kimball, MD, in meeting with Senator Lisa Baker, chairwoman of the Senate Health Committee, to whom the legislation will likely be sent. The meeting was quite productive and the Senator expressed interest

in addressing this issue. In the House, the POLST Act has been sent to the Judiciary Committee, but PAMED expects that it may soon be referred to the Health Committee.

Credentialing

In cooperation with the Hospital and Health Systems Association (HAP), PAMED was successful in securing the passage of House Bill 125 from the House Health Committee. The legislation was subsequently passed by the full House on May 24, 2017 (190-0). HB 125 will now be considered by the Senate Banking and Insurance

Continued on page 34

Committee, where it will continue to face strong opposition from the insurance industry.

Telemedicine

Last session, legislation was introduced in both the Senate and House of Representatives to provide statutory guidelines related to the practice of telemedicine. As expected, the bills did not move but succeeded in generating discussion among key stakeholders. This session, ongoing efforts (largely taking place in the Senate) to address concerns from all stakeholders have delayed formal introduction of legislation. Two primary issues, guaranteed reimbursement for telemedicine services and a question of mandating the availability of video (PAMED and HAP are opposed to audio only), slowed down the advancement of this issue.

Before the legislature recessed in July, Senator Elder Vogel formally introduced SB 780, a version that has the support of both PAMED and HAP. Representative Marguerite Quinn is expected to introduce a companion bill, with identical language, in the near term.

Federal Medical Liability Legislation

HR 1215 has cleared both the House Judiciary and the House Energy and Commerce committees. PAMED had previously sent a letter to the House delegation from PA as well as key congressional staff urging support for HR 1215. The bill may come up for a vote soon, but because it is identified as health care reform, it could be delayed. ■



For the most up-to-date information on advocacy priorities and legislative issues, please visit www.pamedsoc.org/advocacy.



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William Monacci, MD
James Thurmond, MD
Kristine Dziurzynski, MD

PHYSIATRISTS
Robert Roberts, MD
Jessica Mack, MD

Lancaster NeuroScience & Spine Associates

Physical Therapy Treatment for Migraines

With the addition of Jeffrey Bole to their Physical Therapy Team as the Director of Rehabilitation Services, LNSA now offers treatment for cervicogenic headaches and migraines. Along with the specialized treatment for headaches and migraines Jeff brings 20 years of experience and expertise in treatment of lumbar and cervical spine-related conditions.

Physical Therapy is an underutilized treatment for headaches for a variety of reasons including misdiagnosis, the public's perception of physical therapists' focus on musculoskeletal systems not strongly associated with migraines and the traditional reliance on pain medication as a first defense.

Many headache and migraine sufferers often experience concurrent neck pain, tension, stiffness, and/or discomfort with onset of symptoms. Muscles in the cervical region can become tense and tight from things like over use, static postural loading (like sitting at a computer), as well as trauma events. These tense and tight muscles can cause referred pain from the cervical region to head and facial regions, possibly triggering "migraines".

Treatment is focused on specific postural, ADL and work modifications, gentle joint mobilizations, soft tissue mobilization/myofascial release, and light strengthening and conditioning to improve postural control. The role of the physical therapist is to identify a mechanical trigger of the headache symptoms, restore mobility to the joints, correct muscle imbalances and manage their symptoms.

The challenge lies in determining the type of headache, determining the root cause and developing an appropriate treatment plan to empower headache sufferers to self-manage their symptoms.



Jeff Bole, MSPT
Director of
Rehabilitation Services



Andrew Snyder, MSPT
Lancaster Office



Don Keenan, DPT
Lebanon Office

Lancaster NeuroScience & Spine Associate
1671 Crooked Oak Drive, Lancaster (717) 569-5331 | 1510 Cornwall Road, Lebanon (717) 454-0061

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Penn Medicine

Lancaster General Health Physicians

Cardiothoracic Surgery

New expertise in cardiothoracic surgery

Lancaster General Health welcomes **Jeremy McGarvey, MD** to our Cardiothoracic Surgery practice, which specializes in surgical care of the heart and vascular system.

Dr. McGarvey is a fellowship-trained cardiothoracic surgeon with a focus on cardiac surgery. He joins a highly regarded practice that is a leader in developing new technologies and techniques.



Jeremy McGarvey, MD

Medical School: University of Pittsburgh School of Medicine

Residency: University of Pennsylvania Health System

Fellowship: University of Pennsylvania Health System

Faculty Appointment: Assistant Clinical Professor of Cardiac Surgery, Perelman School of Medicine, University of Pennsylvania Health System

Board Certified: General Surgery

Board Eligible: Cardiothoracic Surgery

Areas of Expertise

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- Thoracic aortic surgery
- Minimally invasive valve and aortic surgery

To make an appointment with our Cardiothoracic Surgery practice, please call 717-544-4995.

A referral is required.

For more information about LG Health Physicians Cardiothoracic Surgery, visit **LGHealthPhysicians.org**

LG Health Physicians Cardiothoracic Surgery

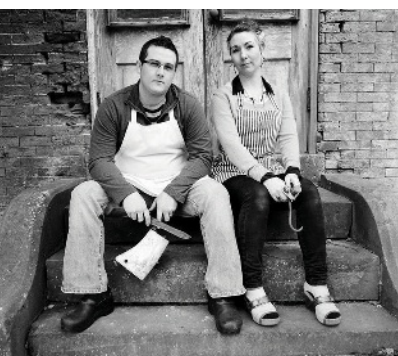
540 North Duke Street | Suite 110

Lancaster, PA 17602 | 717-544-4995



Rooster Street Butcher

reviewed by CHELSEA CAMBRIA, DO
Resident, UPMC Pinnacle Lititz



Apparently, butchers don't just cut meat anymore; they do a darn good job when preparing it, too. At least that is the case at Rooster Street Butcher. Ever since my family moved to Lancaster for my residency, Rooster Street has been our favorite place to eat delicious food.

From Saturday morning brunch to Friday night dinner, the quality doesn't get much better.

Glass walls in the back of the store allow you to see the butcher and the kitchen. It's all done in-house. Seating can be limited, especially during events in Lititz, but for an understandable reason; word of mouth has made Rooster Street Butcher a prized dining destination.

Their Roast Beef sandwich is unparalleled, and the shoestring fries with herb and Parmesan topping make it a perfect plate. Of course, the one-of-a-kind Bacon Burger, made with ground pork and ground bacon, is a must-have for any burger lover. They also have freshly cut meats, sausages, and bacon to make at home.

Not only is the food extraordinary, but also the staff is adept at reserving tables as people finish, so the next customers in line are served promptly. The space is bright and clean, and marble tabletops give the restaurant a refined feel.

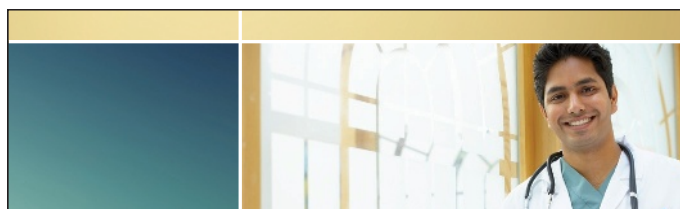
Our favorite time to enjoy Rooster Street is for brunch on Saturday mornings. Freshly squeezed juice, French press coffee, and toast with fresh jams and butter; is there a better way to start your weekend? And just a taste of the Egg Sandwich or the Chorizo Hash will keep you going back every chance you get like my family does. ■



Rooster Street Butcher

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Manning & Rommel Associates



From left to right: Adam R. Thode, MD; Catherine T. Rommel, MD; and Francis J. Manning, MD

The founding partners of Manning & Rommel Associates are Dr. Francis Manning and Dr. Catherine Rommel, and together they began serving the Lancaster area community in 2005. Previously, they were members of other area practices before opening their first office on Embassy Drive. As the patient volume increased, they quickly recognized it was time to plan for the future. In December of 2008, they opened their current office at 2115 Noll Drive in Lancaster. This office was designed to support additional patient exam rooms and diagnostic testing rooms. As they continued to experience growth, they added another ophthalmologist. Dr. Adam Thode joined the practice in 2015.

Manning & Rommel Associates offer a full complement of comprehensive medical and surgical eyecare including glaucoma, cataracts, diabetic retinopathy, and macular degeneration. They have a busy surgical practice that includes cataract and anterior segment surgery. They also offer laser surgery for various ocular conditions including glaucoma. In addition, they provide refractive surgery such as LASIK and PRK.

A full service optical shop for eye glasses and contact lenses is located onsite.

Their office is centrally located on Noll Drive, just five minutes south of the Lancaster General Health Campus, off either Good Drive or Rohrerstown Road (Route 741). Manning & Rommel Associates welcome new patients and accept most insurance plans. ■



MEDICAL SOCIETY FOUNDATION ANNOUNCES SCHOLARSHIP WINNERS

Three County Residents Awarded Funds for Medical School



ASHLEY L. VELLUCCI



BRIAN W. GROSS



EMMA K. BATCHELDER

LANCASTER – The Lancaster Medical Society Foundation, a Foundation of the Lancaster City & County Medical Society, recently awarded its 2017 scholarships to Ashley L. Vellucci, Emma K. Batchelder and Brian W. Gross, all of Lancaster.

Vellucci received a \$5,000 scholarship, while Batchelder and Gross both received \$2,500. They were selected through a competitive review process with submissions of more than 20 applications from across Lancaster County.

Vellucci, a Penn Manor and Shippensburg University graduate, is a first-year student at Tulane University School of Medicine in New Orleans. From her professional, clinical, and volunteer experiences, she learned the importance and difficulty in managing a patient's mental and emotional needs in addition to physical disease.

"It is the physician's ability to fulfill this humanistic role that compelled me to pursue a career as a physician," she explained. "A physician is responsible for more than a diagnosis. In a profession that relies on teamwork, I am excited to effectively manage my future patients' physical, mental and emotional health through inter-professional collaboration and patient-centered care."

In addition to her undergraduate research work and her numerous presentations and posters, Vellucci gained experience as a mental health direct support specialist at Community Services Group, an emergency room volunteer and trauma services research intern at Penn Medicine Lancaster General Health and as a Postbaccalaureate ITRA Fellow at the National

Institutes of Health/NINDS/NIB/VIS.

Batchelder is a recent Dickinson College graduate and a first-year medical student at the Penn State College of Medicine. From an early age, the thought of having knowledge of the human body and its workings thrilled her, and witnessing a family member's trauma as a child sparked her interest in medicine.

"For as long as I can remember, the sciences have captivated me," shared Batchelder, "and the ability to heal people with love and compassion resonated with me."

"I have seen the deep impact of quality medicine—consisting of strategic planning, knowledge, compassion, empowerment and advocacy. Medicine is a beautiful union between science and compassion. The union between these two seemingly disparate ideas is what drives my desire to become a doctor."

As an undergraduate, she completed an internship at the Lancaster Cancer Center and worked at the Dana Farber Cancer Institute in the Department of Medical Oncology.

Gross, a first-year medical student at The University of Vermont College of Medicine, saw his vision for a career in medicine take root during his post-graduate research fellowship at Penn Medicine Lancaster General Health. As a trauma research coordinator, he was exposed to a diverse array of both clinical and non-clinical experiences.

"This experience showed me more than just the inseparability of research and medicine," he explained, "it taught me the power and necessity of human connection

in promoting health and healing."

"I've come to realize that scientific research, combined with the power of human connection, could be a springboard for transforming the lives of real people. As a physician, I could play a key role both as investigator and motivator, promoting a holistic, humanistic approach to health and healing. This, above all else, solidified my decision to pursue a career in medicine."

Gross, a graduate of the Pennsylvania State University Schreyer Honors College, has also completed significant grant-funded research and community outreach, numerous peer-reviewed research publications, and abstract presentations.

Founded in 1991, the Lancaster Medical Society Foundation is a 501(c)3 nonprofit organization that was formed to grant scholarships to students from Lancaster County who are accepted at or continuing a medical degree at an accredited allopathic or osteopathic medical school.

Scholarship recipients exemplify good character, motivation, academic achievement, and financial need. Since its inception, more than \$224,000 in scholarships has been given to deserving local students. ■

For more information about the scholarship, how to apply, or how to make a gift to the Foundation, please visit lanastermedicalsociety.org, then 'Scholarship Foundation', or contact the Society at 717.393.9588.

FRONTLINE GROUPS FALL 2017

Frontline Practice Groups (with three or more physicians) have made a 100% membership commitment to LCCMS and PAMED. We thank them for their unified support of our efforts in advocating on your behalf and facilitating an environment for physicians to work collaboratively for the benefit of the profession and patients.

- Allergy & Asthma Center
- Cardiac Consultants PC
- Community Anesthesia Associates
- Community Services Group
- Dermatology Associates of Lancaster Ltd
- Eastbrook Family Health Center
- Eye Associates of Lancaster Ltd
- The Heart Group of Lancaster General Health
- Hospice & Community Care
- Hypertension and Kidney Specialists
- Lancaster Neuroscience and Spine Assoc
- Lancaster Physicians for Women
- Lancaster Radiology Associates Ltd
- LGHP – Manheim Family Medicine
- LGHP – New Holland Family Medicine
- LGHP – Susquehanna Family Medicine
- Manning & Rommel Associates
- Otolaryngology Physicians of Lancaster
- Patient First - Lancaster
- Pediatrix - UPMC Pinnacle Lititz
- Red Rose Cardiology
- Southeast Lancaster Health Services-Duke Street
- Southeast Lancaster Health Services-Hershey Avenue
- Surgical Specialists Of Lancaster
- Wellspan Family & Pediatric Medicine - Rothsville

LCCMS EVENTS 2017

10.19.17

Fall Legislative Breakfast

Cork Factory Hotel,
7 to 8:15 a.m.

11.07.17

Lancaster County Women in Medicine Networking Night

Koser Jewelers,
6 to 8 p.m.

12.09.17

Holiday Social & Foundation Benefit

Lancaster Country Club,
6:30 to 10 p.m.

Welcome...NEW MEMBERS

Ayesha Ahsan, DO

Resident, UPMC Pinnacle Lititz

Jennie M. Barbieri, II, MD

General Internal Medicine of Lancaster

Emma K. Batchelder

Student, Penn State College of Medicine

Elizabeth M.H. Clark

Student, University of Pittsburgh School of Medicine

Jonathan T. DeBoer, DO

Resident, UPMC Pinnacle Lititz

Marcia Gephart

Administrator, Dermatology Associates of Lancaster, Ltd.

Bashirat L. Giwa, MD

WellSpan Ephrata Community Hospital

Michael B. Hess, DO

Resident, UPMC Pinnacle Lititz

Sophia E. Horwath, MD

Resident, Lancaster General Health

Lucan W. Irwin, DO

Resident, UPMC Pinnacle Lititz

Brandon E. Johnson

Anesthesia Associates of Lancaster, Ltd.

Matthew S. Kerper, DO

Resident, UPMC Pinnacle Lititz

Bernard Lynch

Administrator, Dermatology Physicians, Inc.

Molly E. McCoy, DO

Resident, UPMC Pinnacle Lititz

Aisling O'Connor

Administrator, Cardiac Consultants

Hanna Kim Rizk, MD

Southeast Lancaster Health Services - Hershey Avenue

Elizabeth Ruszak, DO

Drs. Eichenlaub & May

Tara R. Secor, DO

Resident, UPMC Pinnacle Lititz

Reinaldo Trujillo, DO

Resident, UPMC Pinnacle Lititz

Samuel H. Werner, DO

Resident, UPMC Pinnacle Lititz

Congratulations...REINSTATED MEMBERS

Philip J. Billoni, MD

LGHP-Hospitalists

Colleen Matejicka, DO

LGHP-Arthritis & Rheumatology Specialists

Jared A. Nissley, MD

Lancaster General Hospital

Thomas C. Raff, MD

Penn Medicine Lancaster General Health Partners

Shawn E. Taylor

Administrator, Argires Marotti Neurological Associates of Lancaster

Travis C. Walker, MD

Resident, WellSpan York Hospital

Christopher G. Weese, MD

LGHP-Hospitalists

DEATHS

Robert M. Kemp, MD

Dr. Robert M. Kemp, 87, of Lancaster, passed away on June 1, 2017 at The Glen at Willow Valley. Born in Norristown, PA, he was the son of the late William & Minnie (Smith) Kemp. Dr. Kemp was the loving husband of 64 years to Mary R. (Challenger) Kemp.

He graduated in 1948 from Ephrata High School, in 1952 from Franklin & Marshall College, in 1956 from Temple Medical School. He then served an internship at St. Joseph Hospital, Lancaster. A veteran, he served as Lieutenant in the U.S. Navy from 1957-59. He then opened a medical practice in Willow Street, PA on April 11, 1960. Also in 1960, he became a member of the Lancaster City & County Medical Society, PA Medical Society, American Medical Association, Lancaster County Academy of Family Physicians, the PA Academy of Family Physicians and the American Academy of Family Physicians.

Then from 1960-2007, Dr. Kemp was an Active Staff member of St. Joseph Hospital and Courtesy Staff of Lancaster General Hospital. From 1965-1995, he served as a Lancaster County Deputy Coroner. He also became a charter member of the American Board of Family Medicine. Dr. Kemp was the Medical Director and a board member at the Teacher's Protective Mutual Life Insurance Company. He helped to establish and volunteer at the Water Street Rescue Mission Clinic. In 1995, Dr. Kemp retired from clinical practice. Between the years of 1999-2007, he was the Associate Medical Director of Lancaster Regional Medical Center, formerly St. Joseph Hospital.

Dr. Kemp made many other additional contributions to the community, which include: serving as preceptor for Rita Rhoads, Founder of Quarryville Birthing Center, Football Team Doctor for Lampeter-Strasburg High School & Lancaster Catholic High School, supervised clinical rotations for nursing students and took care of 2 floors of Conestoga View Nursing Home. He was active in the Lancaster County & PA Heart Association. He was also a member of the St. Mary's 1st Parish Council, served as Eucharistic Minister and Lector at St. Mary's and took communion to homebound parishioners. Dr. Kemp took care of many priests & ministers and their families. He was the company doctor at Safe Harbor. He was a member of the Professional Standards Review Organization. Dr. Kemp volunteered at the Willow Street Fire Hall, giving polio shots.



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with important

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and updates?**

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Visit our website at
www.lancastermedicalsociety.org



NGA VU, D.O.



LGHP-New Holland Family Medicine

Where do you practice and why did you settle in your present location or community?

I am a family physician at Family Medicine New Holland, one of the Lancaster General Health (LGH) outpatient offices. For almost 2 years, I've been working at this location. A circuitous path brought me to PA. I studied Broadcast Journalism and Policy Studies at Syracuse University. After working in college at the local NPR affiliate (still a public radio donor/supporter!), I worked as a paralegal, first at the University of Pennsylvania Health System corporate office then at Jefferson Health System. After I chose medicine over law, I did benchwork research at Johns Hopkins for the NIH for a couple of years and then went to medical school at New York College of Osteopathic Medicine. I met my husband, James Thurmond, MD, one of the neurosurgeons of Lancaster NeuroScience & Spine Associates, while I was in med school and he was in residency at UMDNJ. I completed my residency at an UMDNJ-affiliate hospital, Mountainside, which is now part of Hackensack. We moved to Lancaster because it is close to Philadelphia and my family.

I've worked at multiple locations since moving to Lancaster in 2009. I worked for other local, non-LGH entities, initially Heart of Lancaster (now a UPMC-Pinnacle hospital) at multiple office sites, and then I joined Eastbrook Family Health Center, part of Physicians Alliance, LTD (PAL), which is soon to be a Penn State Health office. The changes in our health care environment in the mid-state are dizzying! Medicine and health care are always transforming. We have to be protean physicians, able to adapt yet remain true to our calling and purpose. I have tremendous respect for all of the caring clinicians and value the relationships I've formed along the way.

What do you like best about practicing medicine?

The interpersonal relationships. People come into an exam room and share their most intimate issues, their vulnerabilities, their joys, and their sadness. It truly is an honor to be seated across from a person who has diabetes who trusts me to prescribe medicines to help her control her sugars, blood pressure, obesity, cholesterol, and to deal with her depression. I get to know each of my patients on a personal level. I tell each patient that I care for them with the respect and honesty that I'd treat a family member and with the compassion and earnestness that I'd hope a colleague would give to my family. I do my best to give evidence-based plans for treatment, and we work together to get to better health. We're all struggling to make it work on this planet. I make it a point to celebrate all small and big improvements along

the way. When the connections are made, I find the gains are bigger and longer-lasting because of our mutual trust and respect.

Are you involved in any community, non-profit, or professional organizations? If so, please list the groups:

I'm a member of the American Academy of Family Physicians as well as the Pennsylvania Academy of Family Physicians.

I serve on the School Board of my children's elementary school, St. Anne School in Lancaster.

I also serve on the Pastoral Council of St. John Neumann Church in Lancaster.

I've registered but not yet signed up for projects to help at Church World Service Lancaster, which works to help with refugee & immigration settlements.

What are your hobbies and interests when you're not working?

My family is my everything. I have four kids: Ava (age 8, in 4th grade), Zoe (age 6, in 2nd grade), Vinh (age 5, in kindergarten) and Vu (age 3, in preschool) plus three stepkids (college junior, high school senior, and a high school sophomore). In summers past, we've had seven kids in the house. We are a family always in motion, and the chaos is real, all the time. We sit down for family dinners together as much as possible, outside of my Thursday evening office hours or James's call schedule. We go around the table to share our favorite parts of the day, e.g., something new learned or a cool experience at school, a meaningful patient encounter, or an unexpected treat such as cupcakes at preschool. Teaching gratitude is essential.

To stay sane, I run, a lot, either 30-50 miles weekly or 5-8 hours weekly if I'm in heart-rate training mode. It's such an efficient way to burn calories and stress, take in the beauty of the outdoors, and experience other cities and towns. I believe we need to take care of ourselves, so we can then take care of those around us. No matter what we choose as our exercise, we should lead by example. I notice that I'm a better human being, more patient with my family and patients, when I can keep to a regular running schedule. I recently started on a quest to complete a marathon in all 50 states. I have many states to go. I'm also working toward completing the six Marathon Majors around the world. By the time this is published, I'll have completed the Berlin Marathon (and celebrated with beer afterward in Munich at Oktoberfest!) and will have checked off my 8th US state. Next year, I'll be doing Big Sur in California, and fingers are crossed for the London marathon lottery (yep, another Marathon Major), plus whatever two to three fall marathons my legs can handle.

I run because I love to cook and eat all kinds of foods. However, most recently I'm trying to eat less meat. Lancaster has a good variety of foods. I really appreciate creativity and ethnic diversity. I enjoy cooking at home and feel blessed that we have access to such amazing fresh produce and meats. At home, we have a small garden to teach our kids the importance of good health, sustainability, and environmentally conscientious.

Traveling indulges my interest in different cuisines and styles and allows me to run in different locales and learn about history and different cultures. I love exploring towns and treasures in the US as well as countries abroad. While I love sleep (admittedly, I don't get nearly enough) and understand that the body and mind need the restorative benefits of sleep, I must say I wish I didn't have to spend so much time with my eyes closed. There are too many things I want to do with my family, runs to get done, foods to eat, and cities and towns to explore.

For what reason(s) did you become a member of the Lancaster City & County Medical Society and what do you value most about your membership?

Medicine has changed in that rarely do I meet the specialists who care for and help our mutual patients. I seldom make it to the hospital staff meetings because, as a primary care physician, my work is in the office. I've enjoyed putting a name to the face at the women physicians' breakfast and meeting other physicians at the young physician happy hours. We need to support each other, make the connections that will ultimately help us grow into better clinicians, and help our mutual patients.

As physicians, we need to get involved! Health care continues to change and, unless we get involved and more committed, we'll continue to relinquish more autonomy to non-clinicians. I appreciate that LCCMS provides us with email alerts about local and state initiatives that impact how we provide care. I've decided that I can't complain about things unless I've rolled up my sleeves and tried to be a part of the process that is addressing the pressing issues. ■



Four Lancaster County Physicians Named to 2017

“PENNSYLVANIA’S TOP PHYSICIANS UNDER 40” LIST

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

In fact, the 41 physicians named to this year's Pennsylvania's Top Physicians Under 40 by the Pennsylvania Medical Society (PAMED) have demonstrated a significant amount of success early in their medical careers.

They were selected for the honor by a committee of physicians after being nominated by colleagues for their outstanding contributions to the practice of medicine and the delivery of patient care.

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

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

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

The four young physicians selected from Lancaster County include:



BRYAN CICUTO, DO

Dr. Cicuto is a plastic surgeon with Plastic & Aesthetic Surgical Associates in Lititz. He is credited with developing the plastic surgery service at UPMC Pinnacle Lititz and UPMC Pinnacle Lancaster. His efforts

In a state like Pennsylvania, the young talent we have throughout the health care spectrum is outstanding,

BUT THESE 41 INDIVIDUALS ARE GOING TO BE THE ONES TO WATCH IN UPCOMING YEARS.

have enabled breast cancer patients to stay local to receive reconstructive services.



MRINALINI MEESALA, MD

A cardiovascular disease specialist with The Heart Group of Lancaster General Health, Dr. Meesala has led educational events for providers, nurses, and residents regarding health in women. A dedicated clinician, she is described as a hardworking physician who is energetic and perseverant in her campaign to help women fight back against heart disease.



JUSTIN ROBERTS, DO

Dr. Roberts is an advanced heart failure and transplant cardiologist with The Heart

Group of Lancaster General Health. He was nominated for his ability to bring clinical trials to the community setting, providing access to advance care that was previously unavailable outside of major academic centers.



DAVID SOMERMAN, DO

Dr. Somerman is a nephrologist with Hypertension and Kidney Specialists in Lancaster. It was noted in his nomination papers from a colleague that he has become one of the area's leaders in recognizing an increasingly identified cause of acute kidney injury called atypical HUS. He has successfully diagnosed several cases, which often would go undiagnosed and untreated. The patients he has diagnosed with this condition have regained renal function and have been able to come off dialysis. ■

News & Announcements

UPMC Pinnacle Lancaster and UPMC Pinnacle Lititz Events

Annual Diabetes Education Day

When: Saturday, November 11, 2017

Where: UPMC Pinnacle Lititz Multi-purpose Room
1500 Highlands Dr., Lititz

Time: 10 a.m. – 1 p.m.

RSVP: Lunch provided; No RSVP required

Weight Loss Options Seminar

When: Tuesday, November 28, 2017

Where: UPMC Pinnacle Lititz Multipurpose Room,
1500 Highlands Dr., Lititz

Time: 7 – 8 p.m.

RSVP: RSVP online at www.goo.gl/wTK9fm

Putting The Pieces Back Together – Stroke Support Group

Provides stroke patients and caregivers the opportunity to openly and voluntarily discuss the frustrations, goals, experiences, and obstacles often faced with a stroke diagnosis.

When: First Wednesday of each month

Where: UPMC Pinnacle Lancaster, 3rd floor rehab unit
Sunroom, 250 College Ave., Lancaster

Time: 11 a.m. – 12 p.m.

Lancaster General Health Events

Pregnancy Yoga

In this class, you can enjoy a community of other mothers-to-be as you relax your body and mind through gentle postures, breath work, vocal toning, and meditation. Also, learn how to use yoga to prepare for your labor and delivery. THIS CLASS MEETS 6 TIMES. Cost for the 6-week class is \$78.00.

When: Saturdays – October 28; November 4, 11, 18; December 2, 9

Where: SOP 2100 Harrisburg Pike, 2nd Flr Atrium 2112, Lancaster

RSVP: Register online at <https://forms.lghealth.org/Classes>.

Lancaster WalkWorks Walking Group

Join a guided walking group every Monday as you walk 1.93 miles through the southwest portion of Lancaster City. This is a free activity.

When: Every Monday, starting on December 18

Where: Farnum Park Pavilion, Lancaster

RSVP: For more information, visit www.facebook.com/groups/lancasterwalkworks or email coalition@lightenuplancaster.org.

Freedom From Smoking® Group Classes

Ready to quit smoking but need help getting started? This seven-week class, developed by the American Lung Association and available through the Southeastern PA Tobacco Control Project, helps provide the support and tools necessary for adults who want to become tobacco-free. Program is free of charge.

Columbia Location

When: Tuesdays – October 17, 24, 31 and November 7, 14, 21, 28

Where: 306 North 7th Street, Columbia

Time: 6 – 7:30 p.m.

SOP Location

When: Tuesdays – November 7, 14, 21, 28 and December 5, 12, 19

Where: 2100 Harrisburg Pike, 2nd Floor Wellness Center, Lancaster

Time: 6:30 – 8 p.m.

RSVP: Register online at <https://forms.lghealth.org/Classes>.

Make Healthy Habits Stick – A Free Wellness 101 Class

Set wellness goals and learn to leave unhealthy habits behind, and stay motivated to live a healthier life. Classes are free.

Columbia Location

When: Monday, November 20

Where: 306 North 7th Street, Columbia

Time: 6:30 – 7:30 p.m.

Kissel Hill Location

When: Monday, November 13

Where: 51 Peters Road, Lititz

Time: 6:30 – 7:30 p.m.

Lancaster General Location

When: Monday, November 27

Where: 555 North Duke St., Lancaster

Time: 6:30 – 7:30 p.m.

RSVP: Register online at <https://forms.lghealth.org/Classes>.

WellSpan Health Lancaster County Events

Grocery Store Tour

Join a WellSpan Ephrata Community Hospital dietitian for a trip up and down the aisles of a supermarket to learn how to read food labels, comparison-shop, and make healthy choices.

When: Monday, October 23

Where: Yoder's Country Market, 14 S. Tower Road, New Holland

Time: 6:30 to 8:30 p.m.

RSVP: by calling (717) 721-8790

Knee, Hip Pain & Arthritis: Options for Pain Relief

Knee, hip pain and arthritis can make work and play difficult. Learn about the anatomy of knees and hips, conditions related to arthritis, and the importance of getting a proper diagnosis.

When: Monday, November 13

Where: YMCA at New Holland, 123 N. Shirk Road, New Holland

Time: 6 to 7 p.m.

RSVP: by calling 855-237-4222

Tobacco Free Living

This free tobacco cessation program is appropriate for people who smoke cigarettes, pipes, and cigars or use smokeless tobacco products. The program features group interaction and positive behavior change, including developing a quit plan, coping with urges, and preventing relapse.

When: Mondays, November 6 through December 18

Where: WellSpan Cocalico Health Center, 63 W. Church Street, Stevens

Time: 6 to 7:30 p.m.

RSVP: by calling (717) 721-8790

Surgery for Weight Loss

Learn more about the WellSpan Bariatric Surgery program, including pre-op education, surgical procedures, medical weight management, patient expectations, and outcomes.

When: Tuesday, December 5

Where: WellSpan Cocalico Health Center, 63 W. Church Street, Stevens

Time: 6 to 7:30 p.m.

RSVP: by calling (717) 721-8795

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