

LEHIGH COUNTY

Health & Medicine

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CANCER SUPPORT COMMUNITY PROGRAMS WORK

Just Ask **AMANDA K. BUSS**, Executive Director, Cancer Support Community of the Greater Lehigh Valley, and her family

**BONE AND JOINT
ACTION WEEK**

MENTAL ILLNESS
LET'S TALK ABOUT IT

LEHIGH COUNTY Health & Medicine



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Cover Photo: Amanda K. Buss, executive director of the Cancer Support Community of the Greater Lehigh Valley, poses with her husband, Mark Sivak, and daughter, Madalyn. Photo Credit: Beth Ravier Photography



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IN THIS ISSUE



BRUCE D. NICHOLSON, MD

Lehigh County Medical Society President



Hello, and welcome to another issue of *Lehigh County Health and Medicine*. We hope you have enjoyed our prior issues and found them educational. We look forward to hearing your responses and ideas, and we welcome your contributions.

In our fall issue you will find articles on a range of health issues, including lead levels in children, physical fitness for children, direct primary care and how it may benefit you, and protecting your hearing for National Protect Your Hearing Month.

New to this issue, and leading off its content, is a special section on non-profits. We reached out to several in our area to hear about what they do and how they benefit our community. We have an inspirational story from the Cancer Support Community of the Greater Lehigh Valley, and another from the National Alliance on Mental Illness. Learn more about these organizations, and the important work they do.

You'll also find an article on the benefits of breastfeeding, and information on the \$26.5 million in federal grants Pennsylvania received to combat opioid abuse. We have an article for National Traumatic Brain Injury Awareness Month. And, while the month of October promotes various health topics, did you know that World Arthritis Day, World Spine Day, World Pediatric Bone and Joint Day, and World Osteoporosis Day all occur in this month?

You'll hear from the president of Lehigh County Medical Society that medical marijuana can help with the opioid addiction epidemic, and there also is an opinion piece on healthcare and the Affordable Care Act.

Check out our Practice Management section for information on PAMED's new Care Centered Collaborative and how it may help with your medical practice. And, from the AMA, we bring you a piece on physician burnout. Also, don't miss the pieces on our most recent Humaneness in Medicine award and the 41 physicians' awards.

Thank you for reading, and we look forward to our next issue!

CANCER SUPPORT COMMUNITY PROGRAMS WORK

We Can Show You How



Perhaps no one better understands the value of the Cancer Support Community of the Greater Lehigh Valley than its executive director, Amanda K. Buss.

Diagnosed with breast cancer in 2006 when she was 28, Amanda fought it aggressively with surgery, chemotherapy and radiation. She shaved her head before her hair could fall out, and kept up a brave front for her then-4-year-old daughter, Madalyn.

Four years later, however, Amanda received the devastating news that the cancer had returned, metastasizing to her spine, liver, ovaries, bones and pancreas. More difficult chemotherapy and radiation followed, and with the new rounds of treatment, Amanda had another big worry.

Madalyn was by then 8, and far more aware of her mother's struggle than she'd been during

the first occurrence. She clung to her mother, turning down invitations from friends because she wanted to spend every minute with Amanda.

Amanda knew she needed help for her daughter, but didn't know where to turn. One day while waiting in her oncologist's office, she saw a listing of services of the Cancer Support Community of the Greater Lehigh Valley. Although hesitant, she decided to take Madalyn to a kids' support group there. In that group setting, Madalyn got to know other kids who were facing the same fears and uncertainties that she was. She saw other cancer patients who had no hair, and learned that she and her family were not alone.

Madalyn took a lot of comfort from the group, and it eased Amanda's burden to know that her daughter had found that support. Although Amanda had been initially reluctant to reach out to the Support Community, she soon realized

that it would be a lifeline for herself, her husband and their daughter. They remained involved with the group as Amanda continued to bravely fight cancer.

Four years later, she was hired as executive director of Cancer Support Community, a position in which she has served for nearly a year. Since her initial diagnosis, Amanda currently lives with metastatic breast cancer and will be in treatment for the rest of her life. Cancer Support Community has meant the world to Amanda and her family, and she is thrilled to serve as its director.

"I walk through the door every day, knowing that my efforts are helping others living with cancer and giving back to a community that helped me tremendously," Amanda said. "I couldn't think of a better place to work."

A REAL NEED

Each year, 9,000 people are diagnosed with some type of cancer in the Greater Lehigh Valley. Additionally, hundreds of friends, caregivers, and families also need support, education, and a connection to others sharing similar experiences.

Pennsylvania is ranked in the top five U.S. states for most cancer cases and most deaths caused by cancer. And for every number, there is a personal story: a trusted co-worker, a dear neighbor, a beloved cousin.

Many patients – from the newly diagnosed to those many years out from a diagnosis – experience varying levels of distress and depression, which can negatively impact patient responses. In fact, severe distress often leads to increased medical costs and, ultimately, poorer patient outcomes.

The Cancer Support Community's support groups, education programs, and healthy lifestyle classes help participants regain control to manage their health, reduce stress and isolation, and restore a sense of hope for a better quality of life during treatment and in survivorship. These support groups also frequently lead to better outcomes.

Cancer Support Community programs work. Experience developed over 35 years has created profound expertise. Research proves it.

The Greater Lehigh Valley organization – an affiliate of the international 35-year-old Cancer Support Community with 170 locations – opened in 2004 to ensure that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community through its emotional support groups, educational resources, and wellness classes designed specifically for cancer survivors and loved ones.

Increasingly, research shows that psychosocial support services are an integral part of comprehensive cancer care.

The Cancer Support Community uses cutting-edge research, best practices, evidence-based curriculum materials, and adherence to distinctive standards for psychosocial cancer programs to meet or exceed its goal: that 95% of program

EXHAUSTED AND DEPRESSED, MICHAEL, HIS WIFE'S CAREGIVER, SHAMBLED INTO A MONDAY NIGHT SUPPORT GROUP FOR CAREGIVERS, SPENT TWO HOURS TALKING AND LISTENING, AND LEFT – CHEERFUL FOR THE FIRST TIME IN WEEKS, AT NO COST TO HIM. 

participants improve the quality of their lives through increased knowledge and skills, as well as improved behaviors, intentions, and attitudes in five core areas: 1) decreased psychological strain, unwanted aloneness and stress; 2) increased access to educational information about cancer; 3) increased physical, mental, emotional, and social well-being; 4) increased feelings of hope, control, quality of life, knowledge, healthy behaviors; and 5) increased connections with others who share similar goals to feel less alone.

70 professionally led monthly programs draw 4,200 visits every year – no matter where they are treated – at no cost to the participants.

Each month, over 350 people of all ages, races, ethnicities, and socio-economic groups are drawn to the 70 programs offered, which include cancer-specific and general-cancer support groups for caregivers, teens and young adults, long-term survivors, and the bereaved. Therapeutic classes in journaling, meditation, art therapy, cooking, and gentle exercise like T'ai Chi and yoga address the fundamental issues that survivors and their families undergo.

Educational workshops on topics like clinical trials, genetic predisposition, pain and side-effect management, intimacy, lymphedema management, oral health, and skin care expand a participant's knowledge. And opportunities for social connections create strong bonds to strengthen participants' outlook.

Licensed therapists lead support groups; qualified instructors lead wellness activities like dance and karate; medical professionals lead educational programs.


In addition, there is a wig room where women select a beautifully crafted wig; a library with take-home material about many cancers in both English and Spanish; a family section with a special place for children to engage in art projects; a printed and online monthly program calendar; and an email newsletter with critical and light-hearted information about living with cancer.

All of these programs are available at our homelike setting near Allentown's airport, and all are welcome regardless of where they are being treated.

HOW CAN THESE PROGRAMS BE FREE?

Every program and resource at the Cancer Support Community is free to participants in order to remove barriers to accessing these services. About 44% of cancer patients report their concerns about the financial impact of cancer.

The Cancer Support Community operates entirely on contributions, and all funds raised are used locally in Northampton, Lehigh, Berks, Carbon, and Monroe Counties in PA, and Warren, NJ.

Private grants, corporate contributions, individual donations, and yearly special events – The Garden of Hope garden party, the Ride for Hope motorcycle ride, and the Wings of Hope butterfly release – support these vital programs. Other meaningful fundraising opportunities also occur during the year. 





SPECIALIZED REHABILITATION CARE for Brain Injuries

BY FRANK HYLAND, MSPT
Executive Director and Administrator,
Good Shepherd Rehabilitation Hospital

In the United States, more than two million people suffer traumatic brain injuries each year, many of whom are left with significant physical, intellectual, emotional, behavioral, social and vocational impairments. The Centers for Disease Control and Prevention estimates that at least 5.3 million Americans currently have a long-term need for help performing activities of daily living following a traumatic brain injury.

Traumatic brain injuries (TBI) occur when a sudden movement, such as a blow to the head, shakes the brain. Brain tissue is composed of billions of neural circuits that transmit information necessary for human behavior. When the brain is injured, there is a disruption of the transmission of information caused by a stretching and shearing of these neural circuits. TBIs can range from mild (concussions) to severe and can be sustained during automobile accidents, sporting accidents, falls and assaults as well as non-traumatic events, such as lack of blood supply or oxygen from aneurysms, tumors, etc.

After immediate or acute treatment, the focus shifts once patients are medically stable. Patients with brain injuries – and their loved ones – face the monumental tasks of accepting loss and then beginning the often long journey of recovery.

Patients, their family members and medical providers must work as a team to address the sometimes overwhelming symptoms and changes that can occur following traumatic brain injury. An organization that specializes in rehabilitation has the needed resources and experience to assemble the appropriate care team members to best help each patient's specific needs.

For patients suffering from TBI, specialized rehabilitation care by physicians certified by the American Board of Physical Medicine and Rehabilitation and those trained in brain injury puts the patients on track to make the best recovery possible and improve their quality of life. PM&R brain injury providers are specially trained to see the potential for recovery in all stages of TBI, regardless of whether patients have suffered a simple concussion or more traumatic injury. For all degrees of injury, meaningful gains are possible.

It is important for patients and their families to understand that brain injury rehabilitation is not just physical therapy offered in the inpatient or outpatient setting. Facilities that specialize

BRAIN INJURY SIGNS AND SYMPTOMS

Because every brain is slightly different, the symptoms of a brain injury depend upon a person's age, injury severity, their personality and ability to adjust. For some, the symptoms of a TBI are obvious, while others are subtle. Symptoms may take several days or weeks to appear and may include the following:

LASTING HEADACHES OR NECK PAIN

DIFFICULTY REMEMBERING, CONCENTRATING OR MAKING DECISIONS

SLOWED THINKING, SPEAKING OR READING

GETTING LOST OR CONFUSED

FEELING MORE TIRED AND LESS MOTIVATED THAN NORMAL

DRASTIC MOOD CHANGES

CHANGES IN HOW LONG OR WELL YOU SLEEP

LIGHT-HEADEDNESS, DIZZINESS OR LOSS OF BALANCE

NAUSEA AND/OR BLURRED VISION

INCREASED SENSITIVITY TO LIGHTS AND SOUNDS

LOSS OF SENSE OF SMELL OR TASTE

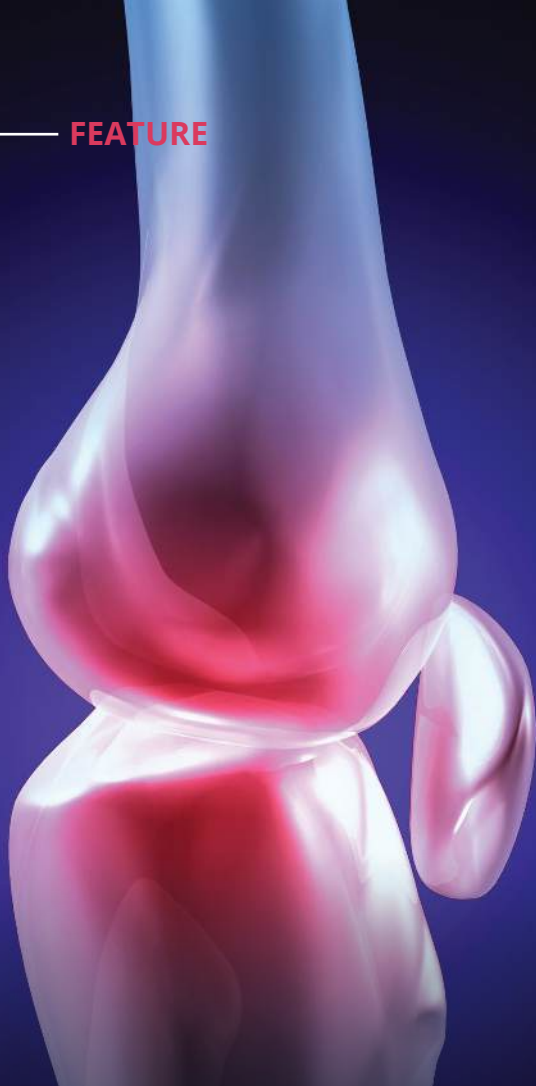
RINGING IN THE EARS



in rehabilitation are able to develop a comprehensive plan to address the patient's specific needs that may consist of physical, occupational, vision, speech and recreational therapy.

Vision therapy, for instance, helps to restore the lost sense of vision caused by a neurological injury. Through Good Shepherd's Vision Therapy Program, a neuro-optometrist evaluates visual deficits and develops a personalized plan of care that is updated monthly. Patients then work with specially trained occupational and physical therapists using computerized 3-D programs, touch screens, special lenses and prisms and balance equipment.

Another important consideration in traumatic brain injury recovery is the emotional aspect. Neuropsychologists who have expertise in how behavior and skills relate to brain structures and systems can administer specialized testing procedures to help understand how the brain is working. Equally important, they can help patients and their families cope with the often-tremendous life changes following a brain injury. +



BONE AND JOINT ACTION WEEK

BY OAA ORTHOPAEDIC SPECIALISTS

As a private practice devoted entirely to orthopaedics, Bone and Joint Action Week is a natural fit with OAA Orthopaedic Specialists in Bethlehem. Bone and Joint Action Week is an annual event that is observed every October 12-20 all over the world. The intent is to educate and raise awareness about not only the importance of musculoskeletal health, but also effective ways to prevent and manage conditions and injuries that affect our bones and joints.

Over the course of Bone and Joint Action Week, there are dedicated days to highlight specific musculoskeletal and rheumatic conditions:

OCTOBER 12TH | WORLD ARTHRITIS DAY

It is estimated that 70 million people in the United States have some form of arthritis. A common misconception is that all arthritis is the same. In reality, there are many different types of arthritis that can have unique causes and symptoms. Some less common types of arthritis include psoriatic, crystalline, and post-traumatic arthritis. The most common forms of arthritis are rheumatoid arthritis, and the one we often automatically associate with the disease, osteoarthritis.

Rheumatoid arthritis is a chronic autoimmune disease that attacks the lining of the joints. As a result, this can cause swelling, throbbing, joint erosion, and bone deformity. Osteoarthritis, on the other hand, is often referred to as degenerative joint disease or wear and tear arthritis. This form of arthritis occurs when the cartilage or cushion between joints breaks down leading to stiffness, swelling, and pain. When asked about osteoarthritis, Dr. Kevin Anbari shared what he experiences as a dedicated joint replacement surgeon: “Osteoarthritis is by far the most common form of arthritis. In my practice, I am seeing it more often because of the aging of the population, prior sports injuries, and higher rates of obesity among patients. Thankfully there are treatments that can help with the symptoms of arthritis. For many patients, knee and hip replacement can significantly improve a patient’s quality of life.” *Learn more about World Arthritis Day: worldarthritisday.org.*

OCTOBER 16TH | WORLD SPINE DAY

World Spine Day is observed annually on October 16th to raise awareness about spinal disorders and other conditions specific to the spine. Back pain is extremely common; so much so that 80% of the population will experience back pain at some point in their lives. Furthermore, next to the common cold, back pain is the second most common reason for a visit to the doctor.

This year’s theme of World Spine Day is “Your Back in Action” and the goal is to highlight the importance of physical activity and proper posture to practice good spinal health and help prevent injury. Among other injuries and conditions, back pain can be associated with disc degeneration, nerve compressions, or spinal deformities. Despite the causes of the symptoms, all back pain has the potential to impact one’s quality of life and be debilitating.

“Most back pain is related to degenerative conditions of the spine. Thankfully, these conditions are not serious and typically can be managed without surgery. The key to treatment is prevention; exercising regularly, weight control, avoiding smoking, and proper posture while sitting and lifting can all help prevent back pain. “Additionally, treatment with appropriate exercise based on “directional preference” are often very effective in managing episodes and flare-ups of back pain,” Dr. McConnell of OAA’s Spine Center of Excellence, shared. *Learn more about World Spine Day: worldspineday.org.*

OCTOBER 17TH | WORLD TRAUMA DAY

World Trauma Day is more popular in developing countries where an astounding 50% of road deaths could have been prevented with effective intervention after a traumatic injury or automobile accident has occurred. In those countries, the World Health Organization emphasizes three measures:

- 1 | immediate pre-hospital care;
- 2 | increased emergency management knowledge and training;
- 3 | adequate supply of pre-hospital care equipment and facilities.

While we are accustomed to life in a developed country, there are some key takeaways from World Trauma Day we should keep in mind to prevent a traumatic injury during our day-to-day activities:

do not drive when you are tired or under the influence
do not text and drive, and always remember to wear your seatbelt
drive safely, be mindful of road conditions, and try to avoid risk even if you are in a hurry
remember that every second is crucial for an injured person
accidents happen, but use extreme caution when the potential for a traumatic injury is present (i.e. fireworks or climbing a ladder)

OCTOBER 19TH | WORLD PEDIATRIC BONE AND JOINT DAY (PB&J DAY)

Pediatric Bone and Joint Day, also known as the fun and fitting acronym PB&J Day, focuses on important bone and joint-related conditions specific to adolescents. While there are some conditions, such as juvenile arthritis, that can impact the bone and joint health in our youth, the focus of this day during Bone and Joint Week is often focused toward athletic injuries. Given OAA's history in sports medicine, athletic injuries in children and young adults is commonplace at our practice.

The prevalence of athletic injuries affecting the bones and joints of our youth has progressively increased over the years. Many credit this to increased sport participation, increased detection with newer medical technology and education, increased focus on intense training to develop athletic skills at a young age, and sports specialization – a hot topic in the world of sports medicine.

The youth athlete can be more susceptible to injury when specializing in a sport at a young

age. An Aspen Institute study compiled of 1,200 youth athletes found that early specialization in sports is one of the biggest factors leading to an injury. The study observed youth athletes in early specialization that played one sport year-round. The results found that between 70%-93% of youth athletes specializing in a sport were more likely to get injured than youth athletes playing multiple sports. Focusing on one sport year-round does not give the muscles any rest. This lack of rest paired with the athlete constantly trying to improve his or her play causes a neglect to soreness, and can eventually lead to serious injury. These injuries can cause stress fractures and an array of injuries to the shoulders, knees, hips, back, and ankles. Chronic injuries can also occur when early specialization takes place because the athlete goes right back to doing the same sport that caused the injury in the first place.

As a fellowship-trained sports medicine surgeon, Dr. Kenneth Brislin of OAA's Sports Medicine Institute sees firsthand the impact sports specialization is having on youth athletics. "Our young athletes are choosing to specialize in one sport at earlier and earlier ages. The pressure to specialize comes from many sources including the child, parents, and coaches. We are seeing a disappearance of three-sport athletes that was once prevalent up to and including high school athletics. Today, young athletes and their parents fear that if they do not specialize early enough or get on the right team at the right age, they will miss the opportunity for a college scholarship or a championship season. Not only are our young athletes practicing more often, but many athletes will also do extra training above and beyond their sport practices. We are beginning to see injuries in children that were once exclusive to professional athletes. OAA and the orthopaedic sports community at large have begun to speak out regarding sports specialization and the rise in sports injuries. We need to realize that these athletes are children with developing bodies and developing minds. We need to remember to encourage and support these athletes as they develop their skills. My hope is that OAA can work to help prevent these sports injuries, stop the early specialization, and make children and their parents realize that it is okay to play more than one sport."

OCTOBER 20TH | WORLD OSTEOPOROSIS DAY

World Osteoporosis Day is dedicated to raising global awareness about prevention, diagnosis, and treatment of osteoporosis and metabolic bone disease. The goal is to put bone, muscle, and joint health on the global health agenda through healthcare professionals, the media, policy makers, and members of the general public.

Osteoporosis is a condition in which bones become weak and fragile from a loss of bone tissue due to various factors like age, hormonal changes, medications and vitamin deficiencies. One in three women and one in five men aged 50 years and over will suffer an osteoporotic fracture in their lifetime. Osteoporosis is a silent disease without symptoms until there is a fracture. Fractures can happen even without a fall or with trivial actions like sneezing, lifting a child, or moving furniture. Fractures caused by osteoporosis result in significant morbidity and loss of mobility.

Dr. Mythili Seetharaman of OAA's Rheumatology Institute provided this insight into osteoporosis: "Fractures from osteoporosis are more common than breast cancer, heart attacks, or strokes. However, the general awareness for this condition is far less. The key is to promote bone health from childhood with diet and exercise, age appropriate screening, identifying risk factors, fall prevention, and timely intervention." *Learn more about World Osteoporosis Day: worldosteoporosiday.org.*

To learn more about Bone and Joint Action Week or to see some available resources, visit the United States Bone and Joint Initiative's website (usbji.org). It is important to keep bone and joint health in mind not only during Bone and Joint Action Week, but also throughout the rest of the year so we can continue to avoid possible injuries or conditions that can inhibit our quality of life or activities we enjoy! +

With multiple locations in the Lehigh Valley, OAA Orthopaedic Specialists has been a dynamic provider of orthopaedic care and research for more than 40 years. The practice is comprised of 27 physicians and surgeons who diagnose and treat conditions related to the foot and ankle, hand and upper extremities, joint replacements, physical rehabilitation, rheumatology, spine and scoliosis, sports medicine, work injuries, and more.

MENTAL ILLNESS

LET'S TALK ABOUT IT

BY MARGARET MURPHY

One in five adults in the United States experiences mental illness in a given year. And yet the stigma and myths associated with mental illness keep many from acknowledging or discussing it, often leaving those living with mental illness feeling alone, unsupported, and reluctant to seek treatment.

Some people choose not to discuss their own illness, while others would like to but are hesitant due to concerns stigma creates, afraid of being misunderstood or judged, or that someone's negative reaction would increase their feelings of isolation and decrease their sense of self-worth.

Mental illness is a disease like any other and treatment is very effective. A combination of medication, counseling, and wellness activities along with education and support can be tremendously helpful. When stigma isn't a barrier, people can begin the journey to recovery by reaching out to someone they are close to. If a friend or family member living with mental

illness opens a discussion with you about their illness, your willingness to support them can help in many ways. Here are some examples of how talking about mental illness can help.

You can help lessen feelings of isolation. Many people living with mental illness feel terribly alone, as if they are the only one having this experience and simply having someone to listen and let the individual know they are not alone can make a difference.

You can encourage or support professional treatment. This should always be a goal for talking with someone who has an untreated mental illness. Supportive family and friends play a crucial role in successful recovery, but should never take the place of physicians and therapists.

Suicide is preventable. Another compelling reason to discuss mental illness is suicide prevention. While mental illness is only one of many risk factors for suicide, it is a prevalent one: about

90% of those who take their lives by suicide have a mental illness diagnosis. Alarming, rates of suicide, particularly among children and young adults, have risen dramatically over the past decade. According to the CDC, suicide is the second leading cause of death among 10- to 24-year-olds. The myth that talking about suicide with someone who has suicidal ideation will cause them to take their life is not true. Research demonstrates the opposite, that in fact, bringing this topic out in the open can prevent someone from taking their life by suicide through support and again, by assisting and encouraging them to get professional treatment. Approaching this in a non-threatening way can be literally life-saving. The Greater Lehigh Chapter of the American Foundation for Suicide Prevention, <https://afsp.org/chapter/afsp-greater-lehigh-valley-pennsylvania/>, or the National Suicide Prevention Hotline at 1-800-273-8255 offer other resources.

Avoid use of opioids for self-medication. Although not widely covered in the media, there is a distinct connection between opioid abuse and mental health issues. Results from a recent National Institutes of Health study showed that, in the past year, 6.3% of adults not diagnosed with mental illness had a substance abuse disorder while 18% of adults diagnosed with mental illness also had a substance use disorder. Awareness and education about mental health can lead to earlier intervention so that individuals can get appropriate treatment. This can be especially important for young people. About three quarters of cases of mental illness begin before age 24 and this age group can be particularly vulnerable to substance abuse.

Many resources are available for individuals living with mental health issues, their family members, friends, neighbors, health care providers and community members. Education and open communication are crucial to removing the stigma around mental illness. NAMI Lehigh Valley (NAMI LV) offers a free education program for individuals living with mental health issues and another for family members. These once-a-week, ten-week classes are evidence-based and use a combination of lecture, interactive exercises, and structural group processes to teach participants about mental health issues and how to facilitate recovery. NAMI LV's peer and family support groups meet monthly, providing opportunities for sharing experiences, challenges and successes with others in a positive, supportive setting. NAMI LV offers speakers on a wide range of mental health issues who can present to high schools and colleges, workplaces, faith communities, service and community groups. On-line resources are available through our website at www.nami-lv.org. For more information, please contact us at 610-882-2102 or info@nami-lv.org.

Getting rid of the stigma surrounding mental illness is not a simple task but it is an important one. It is only fair to people living with mental illness – who come from every age, race, gender, educational or socio-economic level – that we eliminate negative stereotypes and language, celebrate their contributions to society, and have open, positive, and supportive conversations about mental issues.

Margaret Murphy is director of NAMI Lehigh Valley, the local affiliate of the National Alliance on Mental Illness, an association of families, persons with mental illness, mental health professionals and other community members dedicated to providing hope and support for individuals dealing with the effects of serious and persistent mental illness.

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Allentown Board of Health Urges Area Physicians to

EXPAND TESTING FOR BLOOD LEAD LEVELS IN CHILDREN

Are there children in the Lehigh Valley with elevated blood lead levels that are not being detected? A study released in May 2017 states that current guidelines result in under testing of blood lead levels, and screening questionnaires can fail to identify children with elevated blood lead levels.

If these children are misperceived to be at low risk and are not screened, physicians may mistakenly believe that fewer patients in their practices need to be screened. The problem of undetected lead poisoning is real, and occurs across the United States.

Children aged 1 to 5 years are at highest risk for lead exposure and its ill effects. Without testing, patients are left to experience the consequences of continued exposure, which can include cognitive and behavioral impairments, and potentially other insults to a range of body systems.

An excellent comprehensive resource for physicians regarding lead, its effects on children, screening guidelines and management is the 2016 policy statement on Prevention of Childhood Lead Toxicity from the American Academy of Pediatrics.

The major source of lead in our community is the aging housing found in our region. Lead was added to interior and exterior paints until 1978. Layers of paint are then applied over the old paint, but as doors and windows open and close, paint deteriorates into dust that young children ingest.

Using a standard of 10 mcg/dL, a survey of U.S. housing built from 1978 to 1998 showed 2.7% contained one or more lead

paint hazards, rising to 11.4% of housing built from 1960 to 1977, 39% of housing built from 1940 to 1959 and 67% of housing built before 1940.

Lead is a known neurotoxin for which no safe level of exposure has been identified. The CDC adopted a reference value of 5 mcg/dL to trigger clinical and public health interventions based on the 97.5th percentile of blood lead concentrations in population surveys. Even low levels of lead, less than 5 micrograms per deciliter, are strongly associated with diminished academic abilities, attention deficits, and problem behaviors.

No treatments have been shown to be effective in ameliorating the permanent adverse effects of lead. Therefore, prevention of lead toxicity is by identification and elimination of sources of lead exposure. As members of the Board of Health in Allentown, we urge physicians to expand the current testing for lead.

In 2014, the CDC eliminated funding for health department lead screening. There have been further reductions and even elimination of funding for public health initiatives to educate the public, assist in management of cases, and to remediate housing units. This brings the public health task to detect and reduce lead exposure to the physicians in our community. If you do not detect levels of lead, the public health sector cannot take your place.

The Allentown Health Bureau (AHB) works with physicians to educate the family of any child with a blood lead level of 5 mcg or higher. Each report of a child with a lead

level of 10 mcg/dL or higher is investigated by a community health worker from the AHB. Despite no available funding, the Allentown Health Bureau has sustained a commitment to provide case management services if the blood lead level reaches 20 mcg/dL. The AHB followed 19 such children in 2016. In every case, the child resided in a unit where lead dust was present. Removing lead from a dwelling is difficult and expensive. Limited grants have been secured to remediate housing units. Besides lead abatement, frequent cleaning to remove dust and frequent hand washing can reduce risk, as will certain improvements in diet that can reduce lead absorption. Other less common sources of lead exposure include soil contaminated by lead, old or foreign toys and painted furniture, lead from parental hobbies or occupation, some ethnic folk remedies and candies, and ceramics.

The City of Allentown participates in a random water testing program conducted by the Lehigh County Authority. At this point, there is no reason to believe that water has been the source of childhood lead poisoning in Allentown. Families that have aging pipes are advised to seek water testing on their own or to use a lead filtering device on their faucets if they have a concern. Allowing water to run for a minute before consumption and using cold water rather than warm/hot water for formula preparation or cooking also reduces risk. +

Promote. Support. Protect.

THE BENEFITS OF BREASTFEEDING YOUR BABY

Did you know that UNICEF, WHO, AAP, and CDC recommend exclusive breastfeeding for the first 6 months of a child's life, and then continuing for 12 months or as long as mother and baby choose?

Breastfeeding is a natural and beneficial source of nutrition and provides the healthiest start for an infant.

BREASTFEEDING SAVES LIVES. Research shows that if 90% of families breastfeed exclusively for 6 months, nearly 1,000 deaths among infants could be prevented.

BREASTFEEDING SAVES MONEY. The United States would save \$2.2 billion per year. This is because medical costs are lower for fully breastfed infants than non-breastfed infants. Breastfed infants usually need fewer sick care visits, prescriptions, and hospitalizations. It would also save each family around \$1,500 due to formula and supplies.

BREASTFEEDING IS BETTER FOR THE ENVIRONMENT. Formula cans and bottles create more trash and plastic waste. Mom's milk is a renewable resource that comes clean, warm, and ready to use.

SO, HOW CAN WE HELP TO PROTECT, PROMOTE, AND SUPPORT THIS IN OUR COMMUNITY?

The Lehigh Valley Breastfeeding Coalition is here to facilitate community efforts to do these three things. We want breastfeeding to be the cultural norm in Lehigh, Northampton, and Carbon counties. We are a network of health care providers, nurses, community members, hospitals, business owners, and community based organizations working together to create a breastfeeding-friendly culture and environment among the hospitals, providers, business, community members, and local leaders.

- ▶ **There is support for breastfeeding families here in our community. If you or someone you know is having a problem breastfeeding, call someone before you quit.**
- ▶ **The Allentown Health Bureau has two Certified Breastfeeding counselors on staff ready to talk with you or come to your home.**
- ▶ **All hospitals have consultants and counselors on staff to assist you.**

And remember breastfeeding is protected by Pennsylvania's Freedom to Breastfeed Act and Fair Labor Standards Act.

We want everyone to recognize and encourage the importance of sustaining breastfeeding for the health of the community. +

Go to www.lehighvalleybreastfeeding.org for a list of local support groups, peer supports, and resources for you to call. Or call the national hotline at 1-800-994-9662.

You can promote breastfeeding by supporting Lehigh Valley Breastfeeding-Friendly businesses. Just look for this logo.





DIRECT PRIMARY CARE

WHAT IT IS AND HOW IT WORKS

BY KIMBERLY LEGG CORBA, D.O.,
OWNER, GREEN HILLS DIRECT FAMILY CARE,
A DIRECT PRIMARY CARE OFFICE

Direct Primary Care (DPC) has become an emerging practice model in the United States. According to Phil Eskew, DO, MBA, JD, the creator of DPC Frontier, which can be considered the largest resource available for direct care practices, there has been a significant increase in the number of DPC practices since 2014. On the DPC Mapper, available on www.DPCFrontier.com, Dr. Eskew recorded 125 DPC practices in the U.S. as of June 2014; DPC Mapper now shows 620 practices as of April 2017. Some estimates state there may be as many as 1000-1200 Direct Primary Care offices across the country. If the rate of growth continues at this pace, Dr. Eskew predicts that there will be 2000 DPC offices by 2020. And these are only the practices that he has been able to identify or have reached out to DPC Frontier to be added to this resource. It is suspected that there are many more that are not “registered” on DPC Mapper.

Physicians who chose this model opt out of Medicare, Medicaid and all other insurance contracts. There are “hybrid” DPC offices that still participate with Medicare/Medicaid and see the rest of their patients through a monthly membership. This is the defining difference between Direct Primary Care and Concierge Medicine. Concierge medical offices still participate with and bill insurance carriers while charging an annual fee which is usually larger than the total annual fee for a DPC membership.

At the core of DPC is the affordable monthly membership (averaging between \$50-\$60/month nationally), full price transparency, and value-added services such as in-house dispensing, labs and imaging. There are also prolonged visits, often 30-60 minutes. There are no co-pays or co-insurance, and most things done routinely in a PCP’s office are included with the membership. There are no hidden fees and patients are made aware of all fees/costs. Patients are seen the same or next day for acute issues with reduction of the need for visits to Urgent Care or the Emergency Room.

The Direct Primary Care office removes the third parties from the exam room. It returns the relationship to the patient and the physician. It gives people with 1) High-deductible Health Plans (HDHPs), 2) a lack of insurance and 3) folks with good insurance coverage more face-to-face time, great coordination of care and access to same day/next day appointments for acute issues. Due to the incredibly low prices for ancillary services, if the patient chooses

to utilize these benefits, there is no need for pre-authorizations and there are no denials of care although the patient may still use insurance for ancillaries. The model works extremely well with HDHPs. It harkens to the era of the major medical policies which covered catastrophic medical conditions. DPC believes that primary care does not have to be an insurable health cost. It should not bankrupt anyone and can be done with attention, access and affordability. By focusing on these three points, patients can stay healthier which in turns leads to less down-stream health care costs. One analogy is that an individual's car or homeowner's insurance does not cover routine maintenance such as oil changes, tire rotations, or the need for common household care. But if there is consistent maintenance, there can be less risk for major issues.

A frequently asked question is, "Doctor, how can you survive on those fees?" By removing the third parties and the associated bureaucratic burden from daily proceedings, office overhead drops, often by up to 40 percent. And because of less paperwork and a smaller patient panel size, the staffing requirements are decreased.

Direct Primary care offices have seen a healthy influx of patients with multiple chronic conditions. Quite often these patients have "fallen through the cracks" and require more time, attention and coordination. Alternatively, the less chronically ill also find value as DPC patients with the knowledge that they will see the same physician(s), know the staff, and have terrific access to appointments and after-hours concerns through texting and email virtual visits, and be afforded the value-added services of wholesale labs, imaging and medication.

There has been a growing national interest in the DPC model from employer groups looking to lower the cost of healthcare for their employees. Approximately 61% of covered workers are participating in a self-funded plan according to the 2016 Employer Health Benefits Survey from the Kaiser Family Foundation. Brokers may couple self-funded, or partially self-funded/level funded plans, with Direct Primary Care. By adding DPC to these plans, it is possible to save thousands on primary care services for employees. Additionally, the employees obtain services that strive to keep them as healthy as possible.

One excellent example is from Union County, North Carolina. In 2015 there were 30 DPC physicians in the state. Union County decided to offer DPC as an option to its workers as part of their health care benefits while still offering a traditional health plan as the other option. At the end of 2015, this public employer saved \$1.28 million in health care claims which amounted to \$260.00 per employee per month in the DPC group. Only 44% of Union County's employees subscribed to the DPC option, utilizing a large-scale direct care company for services. Total medical and prescription claims were analyzed in both groups.

The direct care company provided further analysis of the level of chronic illness in the DPC group for Union County: 50 percent had one chronic illness; 35 percent had multiple chronic illnesses; while over 90 percent of 55 percent that were classified as "moderately to severely chronically ill" had heavy engagement with their health care

provider. There was an average of three visits per year for patients with more than one chronic condition and an average of more than five visits per year for patients with more than three chronic conditions. Not only did Union County's pilot with DPC prove savings, it proved savings with access for the portion of patients who were chronically ill.

Direct Primary Care is an emerging model in the chaotic healthcare landscape of the U.S. As patients become better health care consumers and more acutely aware of cost, they are asking themselves, what are their health care dollars buying them? More Americans are finding value for an affordable monthly membership fee that costs less than a cable or cell phone bill. Imagine the possibilities. +

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GRAPEFRUIT: FRIEND OR FOE?

A Pharmacist's Perspective

BY KRISTIN MOTELY, PharmD, AND REBECCA VAYALUMKAL,
STUDENT PHARMACIST, UNIVERSITY OF THE SCIENCES AND
PHILADELPHIA COLLEGE OF PHARMACY

THE GOOD ←

Grapefruit, a popular citrus fruit, is both delicious in taste and offers many health benefits. The United States is one of the largest suppliers of grapefruit worldwide, producing over 60 percent of the supply. It is an abundant source of vitamin C, potassium, antioxidants, and fiber. This widely popular fruit is known for its potential benefits such as weight loss and cholesterol reduction. Fresh grapefruit is available from California and Arizona in many colors such as red, pink, white, and golden. Red grapefruit is known as the healthiest because it has the highest amount of antioxidants which help fight certain cancers like prostate and esophageal. Additionally, grapefruit extract was found to be effective against certain bacteria when treating urinary tract infections.

According to the American Heart Association, grapefruit can also lower risk of stroke in women and improves blood pressure and overall heart health. Red grapefruit has also been shown to lower cholesterol levels. Furthermore, grapefruit has high contents of water and fiber which promotes digestive system health and prevents constipation. The vitamin C component is beneficial to the skin and can lower the risk for asthma. All in all, this fruit is a real winner and offers many health benefits. However, it is important to realize that grapefruit has an ugly side; it causes many dangerous drug interactions.

THE BAD ←

There are more 80 drugs that can interact with fresh grapefruit or grapefruit juice in general, and over 40 drugs that cause very serious adverse

effects. One reason is because a substance in grapefruit blocks the ability of certain medications to break down in the body. If the medication cannot properly break down, its levels can build up. This leads to unwanted side effects of that medication. On the other hand, fresh grapefruit and grapefruit juice also contain a substance that blocks certain medications from working. Some people try to avoid these drug interactions by eating grapefruit or drinking grapefruit juice several hours before or after their medication. According to the Food and Drug Administration (FDA), even drinking grapefruit juice several hours before or after taking the medicine might still be dangerous. Therefore, the best way to avoid side effects is to limit grapefruit juice or fresh grapefruit consumption while taking certain medications.

When grapefruit blocks the drugs listed in the table above from breaking down in the body, the increased drug level can cause serious health problems with the heart, muscles, and kidney.

When statin medications for cholesterol cannot break down, this causes liver damage and destroys the muscle tissues which injures the kidneys.

Another example is heart complications that can occur when taking drugs that regulate heart rhythm, such as amiodarone, and certain cancer drugs. It causes a change in the rhythm of the heartbeat, which can be very dangerous and can lead to serious complications. Lastly, kidney damage can occur with immunosuppressant drugs, such as cyclosporine or tacrolimus.

THE UGLY

Most drugs that have a significant interaction with grapefruit are labeled on its packaging as such. Examples of common drugs that interact with grapefruit can be found below.

Cholesterol lowering drugs (statins)

Zocor (simvastatin), Lipitor (atorvastatin), Pravachol (pravastatin)

Blood pressure drugs

Nifediac or Afeditab (nifedipine), Plendil (felodipine)

Anxiety drugs

BuSpar (buspirone)

Arrhythmia drugs (heart)

Cordarone or Nexterone (amiodarone), Multaq (dronedaron)

Migraine drugs

Cafergot or Ergomar (ergotamine), Elavil (amitriptyline), Nimotop (nimodipine)

Immunosuppressant drugs

Prograf (tacrolimus), Rapamune (sirolimus), Sandimmune Neoral (cyclosporine)

Erectile dysfunction drugs

Viagra (sildenafil), Cialis (tadalafil), Levitra (vardenafil)

Grapefruit also causes issues that are not related to drug interactions. People with kidney disease should be careful about the amount of potassium they consume.

Grapefruit is rich in potassium which builds up in people with kidney disease. Also, people with gastroesophageal reflux disease (GERD) can experience an increase in heartburn symptoms because the fruit and juice is highly acidic.

THE RECOMMENDATION

Grapefruit is a wonderful produce that has a lot of health benefits. However, caution should be taken when using certain medications or with certain health conditions. The best way to avoid the issues that this citrus fruit causes is to avoid or limit it. If you are a grapefruit lover, ask your healthcare provider if there is another medication you can take that does not have an interaction. You can also explore some other fruits and juices. Always check with your pharmacist or other healthcare provider if you are not sure if it is safe. Grapefruit is certainly a friend. However,

if you fail to take the proper precautions, it can become your worst enemy. +

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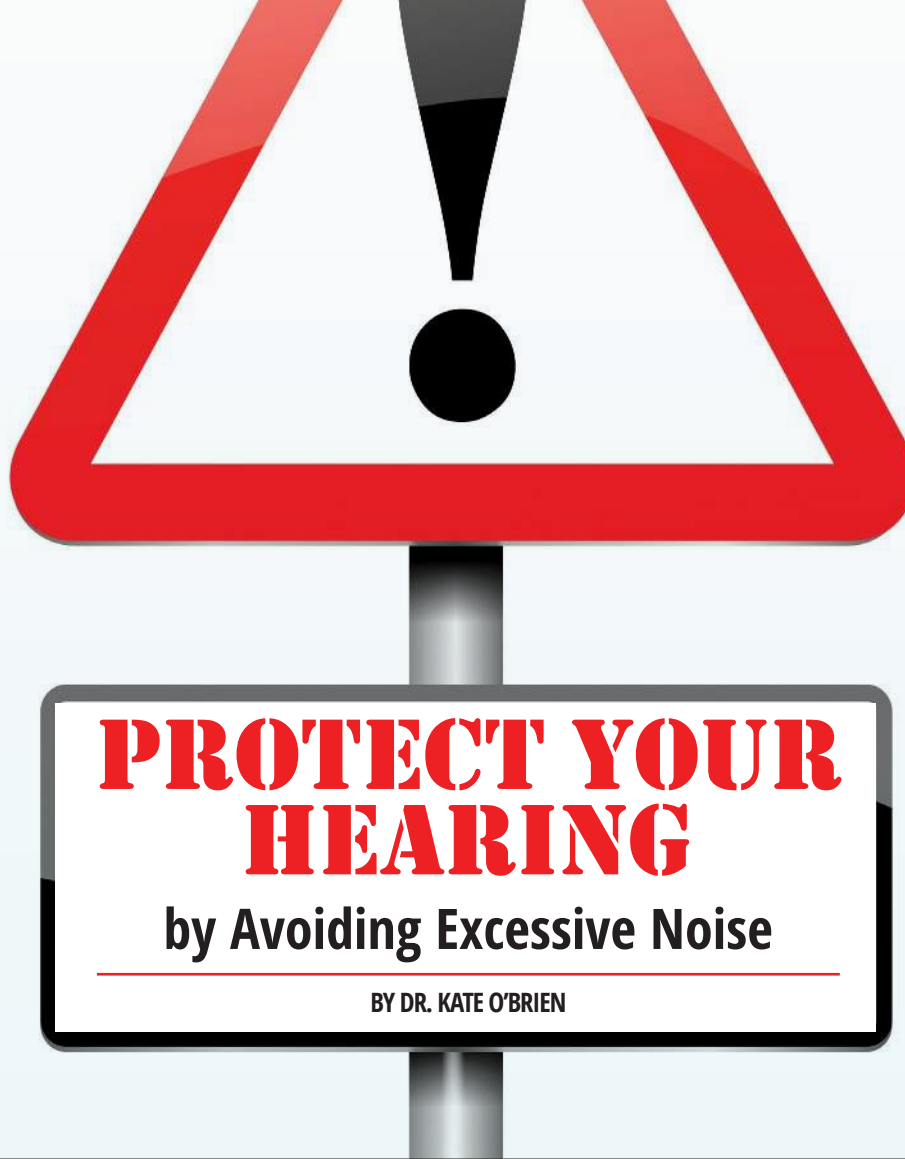
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PROTECT YOUR HEARING

by Avoiding Excessive Noise

BY DR. KATE O'BRIEN

You can permanently lose your hearing from prolonged exposure to noise! Twelve million Americans have hearing loss as a result of exposure to noise – noise-induced hearing loss. October is “National Protect Your Hearing Month,” and audiologists across the nation are encouraging Americans to protect their hearing by:

WEARING HEARING PROTECTION when around sounds louder than 85 (dB) for 30 minutes or more

TURNING DOWN THE VOLUME when listening to the radio, TV, or anything through ear buds or headphones

WALKING AWAY FROM LOUD NOISE

“Noise-induced hearing loss is caused by damage to the microscopic hair cells, or cilia, which are found in the inner ear,” explained Kate O’Brien, a doctor of audiology with Allen Ear, Nose and Throat Association in Allentown. “Cilia are

small sensory cells that convert the sounds we hear (sound energy) into electrical signals that travel to the brain. Once damaged, our hair cells cannot be repaired or grown back, causing permanent hearing loss.”

The loudness of sound is measured in units called decibels (dB). Noise-induced hearing loss is caused by prolonged exposure to any loud noise over 85 (dB), such as concerts, sporting events, lawnmowers, fireworks, cell phone music and MP3 players at full volume, and more. A brief exposure to a very intense sound, such as a gun shot near the ear, can also damage your hearing.

Hearing loss not only affects your ability to understand speech but it also has a negative impact on your social and emotional well-being. Noise-induced hearing loss can occur gradually over time and people don’t often realize they are changing the way they live to make up for the disability.

If you suspect you may have a hearing loss, make an appointment to see an ear, nose and



AN ENVIRONMENT IS TOO LOUD AND CONSIDERED DANGEROUS IF:

You have to shout over background noise to be heard

It is painful to your ears

It makes your ears ring during and after exposure

If you have decreased or “muffled” hearing for several hours after exposure, that is a sign of temporary and possible permanent hearing damage.

throat specialist or an audiologist. He or she will perform a hearing test to determine the type and severity of hearing loss you may have and provide options. +

PENNSYLVANIA TO GET \$26.5 MILLION

in Federal Grants to Combat Opioid Abuse

The U.S. Department of Health and Human Services (HHS) is awarding grants totaling \$485 million to help states, the District of Columbia, and U.S. territories combat the opioid abuse crisis. The funding is the first of two rounds of grants, with the second round to occur in 2018.

Pennsylvania will receive \$26.5 million in grants, the fourth largest grant amount provided for by the 21st Century Cures Act, bipartisan legislation signed into law in December 2016.

HHS says that states and territories were awarded funds based on rates of overdose deaths and unmet need for opioid addiction treatment. Pennsylvania has been hard hit by the crisis. Nationally, there were 33,000 heroin and opioid deaths in 2015, and 3,500 of those deaths occurred in Pennsylvania.

HHS Secretary Tom Price, M.D., sent a letter to governors, announcing the grants and providing more details on the administration's plans to combat opioid abuse. "We cannot continue to lose our nation's citizens to addiction," wrote Sec. Price. "Through a sustained focus on people, patients, and partnerships, I am confident that together we can turn the tide on this public health crisis."

In an April 24 news release, Pennsylvania Gov. Tom Wolf offered details on how the commonwealth plans to use the grant funding. The state's initial strategies will include:

EXPANDING Pennsylvania's integration of its Prescription Drug Monitoring Program data at the point-of-care, promoting ease-of-use of this data in clinical decision-making.

PROVIDING clinically appropriate treatment services to 6,000 individuals who are uninsured or underinsured.

EXPANDING implementation of warm hand-off referral practices to increase the number of patients transferred directly from the emergency department to substance use treatment.

EXPANDING treatment capacity for Medication Assisted Treatment for opioid use disorder.

IMPROVING quality of prescribing practices through prescriber education.

INCREASING the number of youth receiving evidence-based prevention and life skills education programs.

The state plans to establish eight treatment hubs, with physicians and medical professionals as well as other community support services working together to assist those with substance use disorders, reports Transforming Health. ➔

FROM PAMED
https://www.pamedsoc.org/tools-you-can-use/topics/opioids/general/CuresActGrant?utm_source=MagnetMail&utm_medium=email&utm_term=Griffiths&utm_campaign=Dose%20%2D%204%2F27%2F17



most children can benefit FROM STRENGTH TRAINING

BY JOANNE M. KOUREY

If you've ever watched young children play on a playground equipped with ladders, slides, rings, bars and chutes, you'll see them climbing, swinging, jumping, throwing, reaching and hanging.

And, while fun, it's really about exploration and growing – growing in agility, coordination, endurance and strength. So, why are there still doubts about resistance training for children? Why do few sports programs offer young athletes a quality resistance training experience? Why is childhood obesity at epidemic levels in the United States?

For years, people believed that strength training would negatively impact growth. The American Council on Exercise Fit Facts, quoted below, believes differently.

“Two of the most common misconceptions are that strength training may stunt the

growth of children, and that children should not lift weights until they are 12 years old. There is simply no evidence to support either of these statements. In fact, all of the major fitness and medical organizations in the U.S. recommend strength training for youth, assuming that basic guidelines are adhered to and that appropriate leadership is present.

“About the question of age, children can begin to train with weights as soon as they are able to accept and follow directions – usually around the age of seven or eight.” (Strength Training for Kids: A Guide for Parents and Teachers, American Council on Exercise Fit Facts)

Despite the evidence, some coaches and parents believe that strength training for children is unsafe. So, to get them in shape for sports, they prescribe calisthenics. Most young children, however, have difficulty

performing push-ups, dips, pull-ups and even sit-ups correctly or repetitively.

Actually, a well-designed moderate resistance training program provides a means for building specific strength in muscle groups that can improve kids' ability to perform calisthenics and protect the joints from injury. In fact, the American College of Sports Medicine states that 50 percent of pre-adolescent sports injuries could be prevented, in large part, by enrolling kids in youth strength and conditioning programs.

“Children and adolescents can participate in strength training programs, provided that they have the emotional maturity to accept and follow directions. Generally speaking, if children are ready for participation in organized sports or activities – such as Little League baseball, soccer, or gymnastics – then they are ready for some

type of strength training.” (American College of Sports Medicine, Avery D. Faigenbaum, Ed.D., Chair, and Lyle J. Micheli, M.D., FACSM)

If your child is overweight, strength training can be a very positive activity. Kids who are larger in size typically can handle more resistance than their lighter-weight peers, and the activity can provide them with a feeling of achievement they might otherwise not experience.

With the growing trend in sedentary pastimes, all kids can benefit from regular resistance training, as it more closely aligns with their activity preference to shorter periods of higher intensity effort. It helps reduce body fat and improves self-esteem. Plus, children can clearly measure success by their own performance-improvement, and not as compared with others.

In contrast to the adult physiological response to resistance training, strength in children is increased more by neurological improvement than hypertrophy (growth in muscle size). Therefore, the resistance training program should focus on skill development and efficiency with higher repetitions and lower resistance, as this has a better correlation to performance.

Kids involved in organized sports most definitely should be doing some form of structured resistance training, particularly in sports that involve a great deal of repetitive motion such as swimming, track, cycling, soccer, basketball and tennis. Resistance training for the young athlete improves overall performance, reduces risk of injury and builds confidence that carries over into competition.

What should you look for when enrolling your child in a resistance training program? Most importantly, the program should be supervised by a competent health-fitness instructor

TOP 10 REASONS Why Kids Should Strength Train

- 1 stronger muscles, bones, tendons and ligaments
- 2 reduces adult disease risk and improves health
- 3 reduces body fat and increases metabolism
- 4 enhances athletic performance-confidence
- 5 lowers injury risk and improves posture
- 6 increases physical functional capacity
- 7 improves psychosocial experiences
- 8 creates behavioral change
- 9 builds self esteem
- 10 improves academic performance

Keys to a Successful Resistance Training Program FOR YOUNG PEOPLE

Lead by a credentialed and qualified fitness professional

Planned and effective progression of movements

Skill focused and varied with sound progression

Modifications provided for individual needs

Resistance that is size and age appropriate

Uses an exercise log and self monitoring

Provides positive corrective feedback
Fun, engaging, social and motivational

who is credentialed and understands the unique growth and development needs of young people. Your instructor should be able to provide positive corrective feedback; appropriate exercise progressions; and create a fun and energetic atmosphere that makes each participant feel successful. +

Joanne M. Koury is the Senior USA swim and dry training coach at Lehigh Valley Aquatics in Bethlehem.



MEDICAL MARIJUANA

BY BRUCE NICHOLSON

During a time when the opioid crisis in Pennsylvania has led to greater scrutiny surrounding prescribing of opiates, patients seeking pain relief often face limited options.

Although the state has begun to address the opiate misuse problem and ensure they remain available as a treatment option, another type of pain-relief medication has become the de facto treatment for many patients: nonsteroidal anti-inflammatory drugs (NSAIDs).

While many people think that NSAIDs are relatively low-risk medications, a study by the American Journal of Medicine found that annually, around 107,000 Americans are hospitalized for gastrointestinal (GI) complications due to NSAID use.

And at least 16,500 NSAID-related deaths occur among arthritis patients alone. If the Center for Disease Control counted the number of fatal GI toxicity issues caused by NSAIDs in its National Vital Statistics report, it would be listed as the 15th most common cause of death in the United States.

Recent data surrounding heart disease and NSAID use has led the FDA to require labeling of all NSAIDs including those sold over the counter to warn patients of the potential cardiac risks. Several studies have produced substantial results showing that cannabinoids—the chemical compounds found in medical marijuana—reduce pain and are approximately 20 times more potent than aspirin as an anti-inflammatory.



Additionally, the National Academies of Sciences, Engineering and Medicine analyzed more than 10,000 studies on medical marijuana and found that short-term use of medical cannabis brought significant pain relief to patients, including those suffering from muscle spasms caused by multiple sclerosis.

Furthermore, medical marijuana offers patients relief from debilitating pain with little risk, particularly when using strains low in THC – the main mind-altering chemical found in marijuana.

Many patients have used this medication with minimal or no psychoactive effects, making this a viable option for the treatment of chronic pain and inflammation.

In 2017, Gov. Tom Wolf and state legislators enacted one of the most comprehensive medical marijuana programs in the nation.

Medical cannabis has been approved to treat 17 medical conditions in Pennsylvanians of all ages, including cancer, HIV/AIDS, epilepsy, autism, ALS, and PTSD.

Perhaps most significantly, chronic pain has also been included on the list of approved ailments – an important step that may help decrease the chronic use of NSAIDs.

Recent publications have also suggested that medical marijuana will decrease the misuse of opiates.

Pennsylvania has implemented stringent requirements to ensure safety around the production, sale and use of medical marijuana.

Medical marijuana will only be available in the form of pills, oils, topical creams, tincture, and liquid, and must meet FDA regulations.

Other forms of medication, such as vaporization and nebulization, will only be used when deemed medically appropriate. Dry leaf or plant forms commonly used for recreational use will not be permitted for sale in Pennsylvania.

If an individual is interested in obtaining medical marijuana from an approved dispensary, he or she will need a certification from a physician stating they suffer from one or more of the approved medical conditions. They will also need to register with the state and purchase a valid ID card.

Around this time next year, Pennsylvania will not only be able to offer patients a safe, effective form of pain management, but may also help curb the overuse of NSAIDs throughout the state. Residents should not have to sacrifice their health to find relief from pain. +

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PENNSYLVANIA PHYSICIANS HAVE A REVITALIZED PRACTICE OPTION, THANKS TO

CARE CENTERED COLLABORATIVE

BY JAAN SIDOROV, M.D.
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 (CCC). 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 well 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 healthcare marketplace. The Collaborative's initiatives will also promote membership among its physicians who, until now, haven't fully appreciated what the Society can fully offer.

HOW DOES THIS WORK?

THE COLLABORATIVE HAS TWO IMPORTANT GOALS:

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 coming quarter of 2017, additional services will come on line, including claims submission, eligibility, co-pay management, appeals, referrals, human resource management and payroll.

Deploy capital to help support 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 for an unnecessary emergency room visit 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.

PROGRESS TO DATE

Across the Spring and Summer, the Collaborative has met with and listened closely to physicians in practice, health insurers, integrated delivery organizations and leaders of provider organizations. Findings to date:

▶ **Business leaders are being buffeted by opaque pricing, increasing out-of-pocket expenses and rising premiums.** They are vitally 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 healthcare 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 healthcare accelerates, physician leadership is more important than ever. We estimate that there are more than 10,000 independently practicing physicians in the Commonwealth, and that they can continue to offer an important care option to Pennsylvania's patients, are key to the success of integrated delivery systems and are 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 our website at www.patientccc.com. +



Compassionate *and* Valuable Healthcare

BY GEORGE A. ARANGIO, MD

A civil society will care for its poor and elderly, its disabled and the mentally ill at the local level. The silent elephant in the room is the greater than \$700 billion per year of healthcare “inefficiencies” enabled by the Federal government. (1) “If we treated health insurance the same way we treat wages, we would raise about \$250 billion per year more.” (2) I favor local physicians effecting billions of dollars a year of efficiencies to pay for healthcare for the poor and elderly, disabled and the mentally ill of all ages.

Since 1964 Medicare and entitlement spending has escalated compounding at 9 percent per year. In 2010 the Congress enacted the Patient Protection and Affordable Healthcare Act (ACA). The Supreme Court sustained this ACA by defining the “individual mandate” a tax. (3)(4)

In 2016, USA National Healthcare Expenditures (NHE) increased by 5.8 percent, reaching \$10,000 per person. The Center for Medicare and Medicaid Services predicts Healthcare expenditures will reach 24% of gross domestic revenue (GDP) in 2024. (5)

The World Health Organization (WHO) listed Sweden and Taiwan as examples of quality healthcare. (6) In the USA we care for the highest risk patients and we use expensive technology; patient access is higher and waiting times shorter for elective care than in other countries.

Published comparisons of the USA to other health systems do not compare like countries and include subjective “value judgments.” (7)

Five percent of the U.S. population uses about \$90,000 dollars per person per year, or fifty percent of healthcare dollars. Processes to locally identify and to care for these patients are being developed. Fifty percent of the population uses about \$900 dollars per person per year or five percent of healthcare dollars. (8)

The 2010 ACA is the law of the land. The Congressional Office of Management and Budget estimates that the ACA has added more than \$100 billion per year to healthcare expenses and “...Insurance premiums are soaring by 25% on average nationally...” (9) The “individual mandate” forces more than 17 million healthy and uninsured citizens or their employers to buy insurance and enrollees would pay about

Editor’s note: This opinion piece reflects the views of the writer, and not necessarily those of the Lehigh County Medical Society.

\$5,000 per year in premiums. The ACA “lives or dies” on this annual \$85 billion of revenue.

The ACA has included multibillion dollar subsidies for mandated pre-conditions and elective healthcare. More than \$70 billion has been shifted from Medicare to subsidize increased outlays for Medicaid and tax credits for certain small employers. (10) In 2017 a Medicare and Medicaid \$1,200 billion deficit will be added to the Federal deficit. Some people judge U.S. healthcare as too expensive, wasteful and not valuable. Compassionate physicians, smart technology, and insurance companies have the ability to cure this problem.

An Independent Payment Advisory Board (IPAB) was appointed by the Executive Branch. (11)(12) The IPAB can modify physician payment and physicians who provide service for less money receive bonuses. (13) This “pay for satisfaction” may contribute to excessive laboratory studies and hundreds of billions of dollars of other “inefficiencies.”

In 2016 duplication of drugs and services and inefficiencies is estimated to be 26% of Healthcare spending. (14) The Congressional Budget Office states, “Federal health programs are growing at an unsustainable rate currently consuming 28 percent of the Federal budget.” (15) Experts report USA patients overuse health services and physicians over-prescribe healthcare. “Much waste is driven by the way U.S. healthcare is organized, delivered and paid for.” (16)

The 2017 the House of Representative passed the American Health Care Act (AHCA). The CBO estimates the Act would reduce federal deficits by an average \$23 billion a year and increase the people who are uninsured by an average 23 million in 2028. (17) These savings are budget dust in comparison to the waste and inefficiencies.

The 2010 ACA spreads the risk among all working citizens and favors older and high risk enrollees and patients with preconditions. The proposed 2017 Senate Better Healthcare Act rules that high-risk working enrollees should pay an age adjusted higher premium. (18)

I favor USA healthcare that is *affordable*.

To date, neither the failed 2017 AHCA, 2017 Senate Better Healthcare Bill and failed Skinny Healthcare Bill identified the over \$700 billion a year of waste. The \$700 billion in savings per year would more than pay for the dollars needed for high risk patients and patients with preconditions and citizens in the lower income quartiles on Medicaid. Physicians hold the “pen” that spends healthcare dollars. New healthcare must encourage physicians to eliminate waste and provide best evidence-based care for less cost.

It is estimated that tort reform, a uniform billing form, economies of scale, a uniform and secure electronic medical record system, a reduction in unnecessary drugs, use of generic drugs and competition would save more than \$180 billion per year. The Dartmouth Institute for Health and Clinical Practice and others report that eliminating all waste and abuse and changing how U.S. healthcare is managed can save more than \$700 billion a year. (19) (20)(21)(22)

Physicians should be allowed to practice medicine unimpeded by government. Physicians should provide price transparency for patients.


I favor USA healthcare that is affordable. It would include competition and free market

choice and catastrophic and elective care insured separately. State Medicaid and CHIP expenses would be budget neutral as is required by their constitutions.


States would cap Medicaid funds indexed to inflation. States would make Medicaid subsidies temporary for able bodied working age adults. Physicians would reduce hospitalizations for chronic diseases and transition frail and elderly to community care from nursing homes. Hospital networks and insurance companies would cut unnecessary administration. Insurance would be available and transferable across state lines and from job to job.

I favor healthcare that would be valuable. Value is defined as best evidence-based care and best results divided by dollars spent to achieve results. Healthcare would cover preconditions. New healthcare would eliminate government mandates for elective care. States’ Department of Justices would find and prosecute medical fraud. Electronic medical systems would decrease cost by expanded patient self-monitoring and telemedicine.

Continued on page 28



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Physicians would prescribe generic drugs, eliminate unnecessary drug prescriptions, eliminate unnecessary laboratory and diagnostic study prescriptions, eliminate unnecessary elective medical procedures, and eliminate unnecessary elective surgical procedures.

I favor sustainable healthcare for our children and grandchildren. Insurance companies would adjust premiums for age and risk. Income indexed subsidies (state block grants) for the poor would continue. Corporate and Individual charity and physician largesse should be encouraged.

Younger employees would phase into extended tax deferred Health Savings Accounts (HSA). Income indexed Federal tax credits would encourage tens of millions of healthy and employed young citizens to buy health insurance. At an actuary determined date new enrollees into Medicare would cease and at a calculated date attrition would end payouts from Medicare.

Physicians are teaching a culture of safety. Physicians and nurses are using anti-inflammatory drugs in place of addictive narcotics for chronic pain control. They are steering high risk infants and adults to “high volume centers.” Physicians and health care teams are using new information systems and using data to plan care and sharing data with other physicians. They are shifting healthcare dollars to “healthful eating and living.” (23) (24)

Valuable healthcare places the patient at the center of healthcare and offers same day appointments for care. Emergency rooms and urgent care centers must be for emergencies and urgent care. Valuable care provides plans for patients with similar needs, for example bundled cost for open heart surgery and back pain. Value is added by discouraging rewards to physicians for volume. Valuable physicians listen and use “words of comfort” to help treat patients. (25)

Physician healthcare teams can care for the poor and elderly, the disabled and the mentally ill and eliminate more than \$700 billion per year of inefficiencies. By improving the way U.S. healthcare is delivered and paid, Indiana, Rhode Island, Colorado and New York and 21 other states are making healthcare efficient and valuable. (26) Valuable medicine uses efficient technology to improve and lower the cost of healthcare. (27)(28)

We can care for the millions of genuinely needy citizens and have affordable local healthcare. As value and competition is added, insurance companies will provide competitive products and decrease premiums. Physicians and patients and technology can make healthcare compassionate, affordable, sustainable and valuable.

The silent “elephant in the room” is the greater than \$700 billion per year of healthcare “inefficiencies.” We press on. +

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Local physician wins

HUMANENESS IN MEDICINE AWARD

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Aminatou Akande, M.D., a fourth-year resident on obstetrics and gynecology with the Lehigh Valley Health Network, was named the recipient of the 2017 Humaneness in Medicine Award, presented by the Lehigh County Medical Society.

This award is presented to a Lehigh County medical resident or fellow who has best displayed the ideals of outstanding compassion in the delivery of care, respect for patients, their families, and health care colleagues, as well as demonstrated clinical excellence.

Dr. Akande was nominated for the award by Amanda Flicker, M.D., chief of obstetrics and OB/GYN residency program director at Lehigh Valley Health Network.

According to Dr. Flicker, “Throughout her years of training at Lehigh Valley Health Network, Dr. Akande has always demonstrated compassion and commitment to outstanding care for her patients, and she has the ability to tailor her approach to best suit the needs and understanding of her patients.”

Lehigh County Medical Society (LCMS) presents the award annually. Located in Allentown, LCMS represents physicians of all specialties on local issues. In coordination with the Pennsylvania Medical Society, LCMS also works to address health issues at the state capitol. +

AMA ALLIANCE PHYSICIAN FAMILY BURNOUT QUIZ

Is someone in your physician family suffering the symptoms of burnout? This quiz may help to provide some guidance. Physicians may fill out this quiz themselves or physician family members may answer the questions based on knowledge and observation of the physician. It is not uncommon for a busy physician to “miss” or even deny the signs of burnout, while a physician family member may be more aware of the warning signs than the physician. This quiz is designed to increase awareness by physicians and their families that professional intervention or additional self-care may be warranted.

DISCLAIMER: This quiz is only for use by adults 18 years or older. This quiz is for informational and entertainment purposes only. This information does not constitute and should not be relied on as professional advice. A trained health care professional should be consulted if burnout is suspected.

Mark the response which best describes the physician in your family:

(Multiple items are listed as “either/or” choices, rather than exclusively.)

- 1. Works constantly, takes little or no time for family and friends, and/or when home, isn't engaged with family members. Seems isolated. Disinterested in social engagement and/or interaction.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 2. Problems in personal relationships, serious issues with coworkers, feels misunderstood and/or underappreciated.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 3. Lack of compassion and patience for coworkers, patients and family members, overreaction to minor frustrations, prone to angry outbursts.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 4. Dreads going to work, discusses work in negative terms or not at all, expresses frustration over workload and/or health records, self-isolating from co-workers, lack of enthusiasm for new patients and/or procedures.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 5. Loss of self-esteem, questions training and skill, disproportionately affected by patients' suffering or loss of life, frustrated about lack of control over professional and/or personal issues, feels trapped.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 6. Chronic psychological, emotional or physical fatigue, insomnia, extreme exhaustion at the end of a day, lack of physical and/or emotional energy, increased stress level.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 7. Lack of concentration and/or attentiveness.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 8. Increased or new use of alcohol and/or drugs, and/or decreased use of healthy coping mechanisms.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 9. No longer engages in activities that increase health and wellbeing, such as working out, walking, outdoor activities, relaxation, etc.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 10. Talk of giving up medicine and/or retiring early, wishing he or she had chosen another career, concern about not making a difference, increased cynicism.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 11. No longer looks forward to planning and/or taking vacations, time off and/or outside-of-medicine activities.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always
- 12. Loss of interest in family, financial, and/or retirement planning.**
0 - Never 1 - Seldom 2 - Sometimes 3 - Often 4 - Always

NOW, ADD UP THE SCORE. Each response shows the number of “points” you receive for marking it.

Overall Score:

Like golf, the lower the score the better. In this case, lower scores indicate that the physician in your family is likely not suffering from a dangerous level of burnout. However, the signs of physician burnout are both gradual and cumulative and should be screened periodically. Physician families play an important role in the detection and prevention of burnout as well as supporting activities that promote physician resilience and wellbeing.

0-12



Green Light (0-12 points or 0-25%) – The physician is likely not suffering from burnout and is probably happy with his or her professional and personal life. Additional self-care and awareness are always valuable; information on how physician families can engage in activities to promote physician resilience can be found in the *AMA Alliance Guide to Physician Burnout and How to Effect Change*.¹

13-24



Yellow Light (13-24 points or 27-50%) – The physician should seek out information on methods of self-care and engage in more activities to increase personal wellbeing, such as getting more sleep and exercise and engaging in non-medical activities which bring him or her pleasure, especially family activities. The AMA's Steps Forward Guide to Improving Physician Resiliency² is a valuable tool, as is the *AMA Alliance Guide to Physician Burnout and How to Effect Change*.¹

25-36



Red Light (25-36 points or 52-75%) – The physician should seek assistance from a personal physician or trusted mental health professional, from a local or state medical society, health system, or the state's Physician Health Program. Important information is also included in AMA's STEPS Forward Preventing Physician Burnout Module³ and the *AMA Alliance Guide to Physician Burnout and How to Effect Change*.¹

37-48



Flashing Red Light (37-48 points or 77-100%) – The physician may be in need of immediate professional intervention from a personal physician or trusted mental health professional, from a local or state medical society, health system, or the state's Physician Health Program. Important information is also included in AMA's STEPS Forward Preventing Physician Burnout Module³ and the *AMA Alliance Guide to Physician Burnout and How to Effect Change*.¹

This quiz is not intended to be diagnostic; a trained health care professional should be consulted if burnout is suspected.

Resources:

¹ AMA Alliance Guide to Physician Burnout and How to Effect Change / www.amaalliance.org/physician-burnout

² AMA STEPS Forward Guide to Improving Physician Resiliency / <https://www.stepsforward.org/modules/improving-physician-resilience>

³ AMA STEPS Forward Preventing Physician Burnout Module / <https://www.stepsforward.org/modules/physician-burnout>

⁴ Online Physician Family Burnout Quiz / <https://www.surveymonkey.com/r/WHPQWTJ>

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