

LEHIGH COUNTY

# Health & Medicine

Official Publication of The Lehigh County Medical Socie



## HUNGER DOESN'T TAKE A SUMMER VACATION

*Mapping a plan to provide free  
food to kids all summer long*

BY MARC RITTLE  
United Way of the Lehigh Valley

*plus*

## GETTING YOUR BODY FIT AFTER CANCER

BY HAROLD MILLMAN, DPT, OCS, STAR/C,  
AND BRIGID GALLAGHER, DPT, STAR/C  
Bethlehem Rehabilitation Specialists, A Service  
of Good Shepherd Rehabilitation Hospital



# Surgery Center OF ALLENTOWN

## Your Preferred Choice For High Quality Care

The Surgery Center of Allentown is a state-of-the-art ambulatory surgery center providing low-cost services and high-quality care for over 10 years. Our board-certified physicians are committed to providing the highest level of personal care in a safe and comfortable environment.

We accept most major insurance plans, including Workers Compensation and High Deductible Health Plans.

---

To learn more about our specialty physicians or request an appointment, call **(484) 268-5232** or visit **[www.scoallentown.com](http://www.scoallentown.com)**

---

### Services include:

- Colorectal surgery
- Ear, nose and throat
- Hand surgery
- Interventional pain management
- Ophthalmology
- Orthopedics
- Podiatry
- Spine
- Sports Medicine



Accredited by  
Accreditation Association  
for Ambulatory Health Care, Inc.

## LEHIGH COUNTY Health & Medicine



LEHIGH COUNTY MEDICAL SOCIETY  
1620 W Highland St | Allentown, PA 18102  
610-437-2288 | [lcmdesc.org](http://lcmdesc.org)

### 2018 LCMS BOARD OF DIRECTORS

**Bruce D. Nicholson, MD**  
*President*

**Amanda Kathleen Brown, MD**  
*Vice President*

**George Hartzell, Jr., MD**  
*Trustee*

**Oscar A. Morffi, MD**  
*Treasurer*

**Charles J. Scagliotti, MD, FACS**  
*Secretary*

**CENSORS**  
Howard E. Hudson, Jr., MD  
Edward F. Guarino, MD

**TRUSTEES**  
George A. Arangio, MD  
Wayne E. Dubov, MD  
Kenneth J. Toff, DO

**EDITOR**  
**David Griffiths**  
*Executive Officer*

*The opinions expressed in this publication are for general information only and are not intended to provide specific legal, medical or other advice or recommendations for any individuals. The placement of editorial opinions and paid advertising does not imply endorsement by the Lehigh County Medical Society.*

*All rights reserved. No portion of this publication may be reproduced electronically or in print without the expressed written consent of the publisher or editor.*



### 4 IN THIS ISSUE

#### FEATURES

#### 6 WHAT IS CARPAL TUNNEL SYNDROME?

*By Lawrence E. Weiss, MD*

#### 8 KNOW YOUR RISK

**The Use of Smartphones in Patient Care**  
*By Suzette Benedick, MBA, CHC, CMM*

#### ON THE COVER

#### 10 HUNGER DOESN'T TAKE A SUMMER VACATION

**Mapping a plan to provide free food to kids all summer long**  
*By Marc Rittle*

#### 12 PERIPHERAL NEUROPATHY

*By Sleigh-Anne Piechta, DO*

#### 14 ESCHEW SELF PRESCRIPTION

**Foundation of the Pennsylvania Medical Society Physicians' Health Program Medical Director Shares Ethics Guidance**  
*By Raymond Truex Jr., MD, FAANS, FACS*

#### 16 LYME DISEASE IN PENNSYLVANIA

*By Alyssa Buczynski*

#### 19 PHYSIATRY

**Can Help Patients Regain Functional Abilities and Improve Quality of Life**  
*By Dr. Geeta Sathe*

#### 20 SURGICAL MISSION TO NIGERIA

**A Study in Contrasts**

*By Peter Vincent Rovito*

#### 22 LEARNING AND GIVING BACK to the Community at Hearts Clinic

*By Emily Du*

#### 24 GETTING YOUR BODY FIT AFTER CANCER

*By Harold Millman, DPT, OCS, STAR/C, and  
Brigid Gallagher, DPT, STAR/C*

#### 26 ANGEL FLIGHT EAST

**Helping Lift the Financial Burden of Travel for Medical Care**

*By Ellen Williams*

#### 28 HUMANENESS IN MEDICINE AWARD FROM LCMS

#### 29 QUARTERLY LEGISLATIVE UPDATE

#### 31 LCMS NEWS





**BRUCE D. NICHOLSON, MD**  
*Lehigh County Medical Society President*

Welcome to the summer edition of *Lehigh County Health & Medicine!*

Did you know that one in ten people in the Lehigh Valley do not have access to enough food, and one in four of them are children? Read up on this issue in articles on the Summer Meal program aided by the Lehigh Valley Food Policy Council and the United Way of the Greater Lehigh Valley. Another article discusses Peripheral Neuropathy, some of its causes and some of the things you may be able to do to help. Also learn about the HEARTS program that is run at the Broughal Middle School in Bethlehem.

As summer heats up and you are looking to spend time outside, make sure you read the article on Lyme disease. Don't miss the nice father and son story about a medical mission to Nigeria. The Lehigh County Medical Society announces the winner of the 2018 Humaneness in Medicine award. In addition, learn more about the medical specialty Psychiatry, including what these physicians do and how they can help you.

In our Practice management section, we have an article on the use of smart phones in the health care workplace. The Foundation of PAMED provides an article on the ethics of self-prescribing. Additionally you will find a quarterly legislative update from PAMED on what is happening involving medicine.

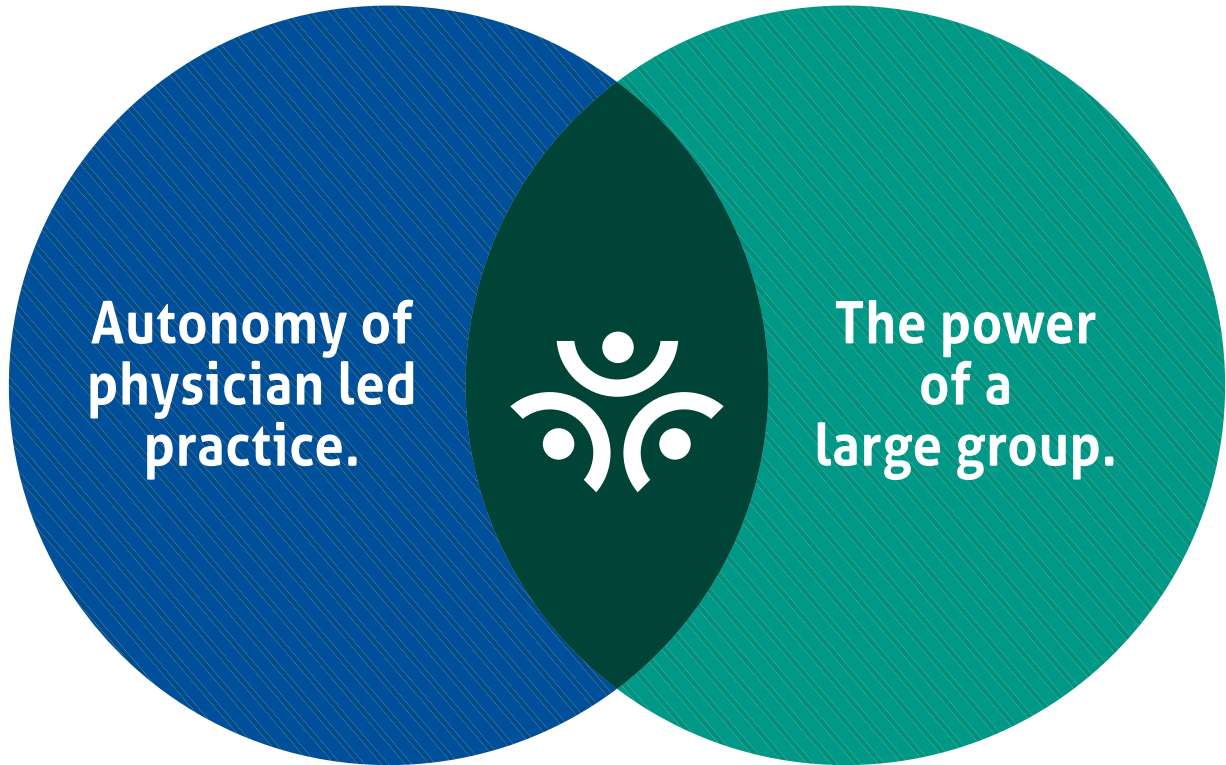
We continue to be interested in your feedback on the magazine, as well as what topics you might be interested in reading about. We hope you are enjoying the exchange about how medicine and wellness can help us form strong communities in Lehigh County.

Thank you for reading! +

---

# Yes, you can have the best of both worlds.

---



## Introducing our Clinically Integrated Network.

Led by your fellow Pennsylvania physicians, the Pennsylvania Medical Society's clinically integrated network (CIN) enables practices like yours to prosper in the evolving healthcare world.

**Want to know more? Visit [pamedccc.com](http://pamedccc.com)**

# WHAT IS CARPAL TUNNEL SYNDROME?

*Symptoms, Treatment, and More*



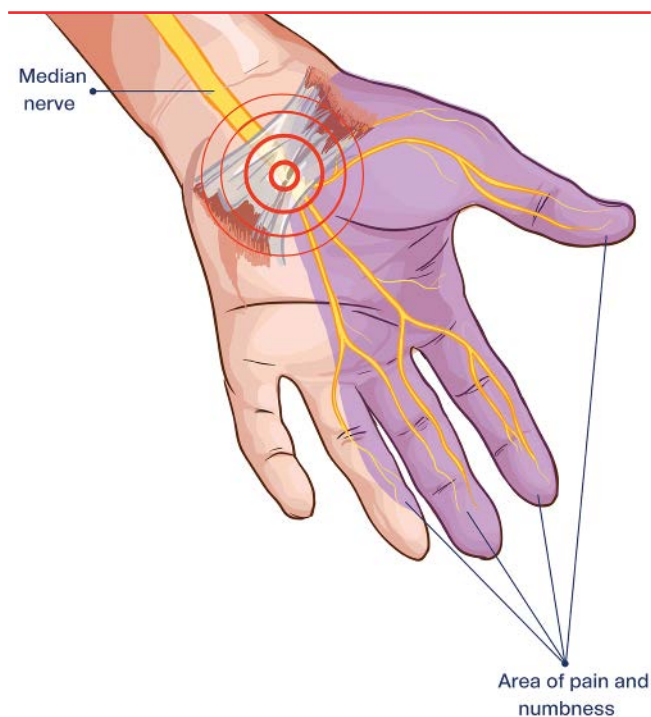
**BY LAWRENCE E. WEISS, MD**  
Hand & Upper Extremity Surgeon  
OAA Orthopaedic Specialists

**C**arpal tunnel syndrome has become more well-known in recent decades. The condition only affects 2-6 percent of the U.S. working adult population, so its presence is not necessarily synonymous with being employed. Most commonly, this condition arises developmentally and without explanation.

If you are currently experiencing wrist or hand pain, you may wonder whether you are developing carpal tunnel syndrome. But how can you know?

First, recognize that it is always wise to see an experienced hand surgeon early on if you are experiencing any type of hand joint pain so that you can be properly diagnosed. Second, keep in mind that it can be very helpful to document your symptoms – that way, you will have helpful information to refer back to when you see the doctor. This can aid in determining whether you have carpal tunnel syndrome.

Occupations where people are more likely to develop carpal tunnel syndrome include those where frequent use of vibrational equipment (e.g., drills, pneumatic tools, saws) is necessary, high force-high repetition grasp (e.g., production labor, meat packing industry) is required, or work in a cold environment (e.g., butchers, frozen food industry) is essential. The incidence of carpal tunnel syndrome is higher in women, patients with diabetes, and rheumatoid arthritis.



If you are diagnosed with carpal tunnel syndrome, your hand surgeon may offer night splinting and/or a cortisone injection. Alternatively, surgery through open or endoscopic techniques will help to relieve symptoms, which is often successful and definitive in resolving this condition. With very severe changes on the EMG/NCV, surgery may not fully yield improvement. +

## SYMPTOMS OF CARPAL TUNNEL SYNDROME

**Carpal tunnel syndrome involves compression of the median nerve at the wrist. Symptoms of carpal tunnel syndrome vary, but include:**

- Tingling or numbness in the fingers, particularly the thumb, index, middle, and ring fingers
- Impaired dexterity of the thumb and fingers (dropping change, difficulty buttoning buttons)
- Pain in the hand that extends up the forearm (most commonly at nighttime)
- Requirement to switch hands to relieve symptoms for activities such as driving, reading, or holding a telephone
- For night symptoms, improvement with shaking the hands out or resting the hands on pillows
- People at Higher Risk of Development of Carpal Tunnel Syndrome

## CARPAL TUNNEL SYNDROME DIAGNOSIS AND TREATMENT

**Here are some tests a hand surgeon may use to determine whether a patient has carpal tunnel syndrome:**

- Tapping on the wrist adjacent to the palm to determine if there is tingling in the fingers
- Pressing the backs of both hands together for several minutes to check if tingling is reproduced in the fingers
- EMG/NCV (electromyography/nerve conduction velocity) to determine the degree of electrical delay where the nerve is pinched

# Know Your Risk

*The Use of Smartphones in Patient Care*



BY SUZETTE BENEDICK, MBA, CHC, CMM

CAO Valley Kidney Specialists, PC 2018 President Lehigh Valley PAHCOM Chapter

**A**t this stage of the HIPAA and Privacy Rule we should be well versed in the use of mobile devices in healthcare. Our compliance programs should include policies and standards regarding auditing, protection, authorized use, and destruction of data stored on mobile devices as part of our arsenal to protect ourselves and the organization. However, even with policies and standards in place, one of the biggest challenges to our physicians and medical practices today are protecting patient data on mobile devices. The U.S. Department of Health and Human Services (HHS), Office of Civil Rights (OCR)<sup>1</sup>, is investigating covered entities (physicians, physician practices, hospitals, pharmacies, etc.) to make sure their mobile device policies are sufficient to protect patient rights and

also to make sure these policies are enforced by the organization.

Along with the OCR, the patient has a vested interest in protecting his/her Protected Health Information (PHI). Our patients are educated about the Privacy Rule and the HIPAA law that protects their rights. Patients receive Privacy Rule updates from us; they also receive information from their health insurance carriers and the government regarding their rights. Your customers, patients and their families have a level of expectation that you will follow those rules and protect their PHI. With all of these regulations, how do we protect or lower your risk when using a smartphone to care for and communicate with your patient?

Texting with a colleague or the patient is one method of communication that falls under the Privacy Rule. The smartphone must have security access; this can be a password and/or bio-metric scan to open or access the device and its application software (app). The smartphone should also have time-out settings that closes access to the smartphone and apps when not in use. Texting patient PHI should only occur within an app that uses encryption software to send/receive PHI. Most text encrypted apps have the ability to “invite” the recipient of the text to open the message in an encrypted format that protects and stores the data. However, before sending that PHI loaded text you should make sure the text encryption you are using protects you in sending/receiving transmissions and when

the PHI data is at rest. Before texting a patient, confirm you have a signed agreement in place showing the patient accepts the PHI in this format. It sounds like a lot of work to lower your risk of PHI disclosure; the Patient Portal is starting to look pretty good right now, doesn't it.

Contact lists on your smartphone, kidding, right? Unfortunately, if you are storing patient names and numbers in your contact list you more than likely already had a PHI breach. Your phone carrier is collecting data and either sharing it with your social media contacts or using it for their own social media connections. If you want to keep patient names and numbers on your smartphone use an encrypted contact list app to protect everyone involved.

The camera on your smartphone is taking better pictures than the Nikon you paid big dollars for. The camera on your smartphone is helpful when you want to ask a colleague for his or her opinion about a patient's dermatitis or x-ray; this is fine so long as the photo has no identifying patient information. The trouble comes when the camera picks up PHI. There are 18 specific identifiers of PHI; you are familiar with the basics: name, date of birth, social security number, and address. However, if that x-ray had a patient medical record number (MRN) listed or a chart number, that is PHI. The Privacy Rule requires you to protect any and all individually identifiable health information; this includes serial numbers of implantable medical devices, past, current and future diagnosis, health insurance and policy numbers; are all PHI. PHI includes items that most providers would not consider PHI. The Privacy Rule includes physical recognition as PHI. For example, your patient's face, scars, tattoos, or disfigurement are all included under PHI and could be considered a PHI disclosure when photographed and shared outside of the minimum necessary requirement (hhs.gov)<sup>2</sup>. Have you been the recipient of a text and/or pictures of patients from a peer that was shared with you because the patient was of interest or the situation was of interest (incredible body art [tattoo])? What was the purpose of the shared text or photo? Were you asked to provide medical advice or was it a curiosity? Physicians have a responsibility to protect all of their patient; if you have a patient of celebrity status you may be inclined to take a photo and share it. This would be considered a breach if the individual you were sharing it with had no reason to have access to that information; remember the minimum necessary rule.

How familiar are you with Business Associate Agreements (BAAs)? These are the contracts we have with our business associates that have access to our patient's PHI. We have BAAs with our EMR vendors, our attorneys, our general business and medical malpractice insurance companies, etc. We do not have a BAA with our cell phone providers; this would be necessary for any physician using his/her smartphone to store or transmit PHI. If your smartphone is automatically backing up to or using cloud storage you should turn off that feature if you chose to use your smartphone in your medical practice. Cloud storage is literally someone else's server where you have no control over storage or security of your data. Our contracts and agreements with the carriers typically do not include HIPAA compliance and it would be an exercise in futility to attempt to obtain a BAA from the carrier.

Since the inception of the Privacy Rule (HIPAA) in 2003 the OCR has investigated and ruled on approximately 171,000 reported cases of PHI disclosure (hhs.gov)<sup>3</sup>. These rulings resulted in civil monetary penalties of \$78 million paid by covered entities.

Identify your areas of risk when using your smartphone in patient care, know where your greater risk lies and focus on mitigating that risk by reviewing, enforcing, and auditing your compliance policies. Healthcare compliance is not going away, the OCR is not going away; your risk of a PHI disclosure is high if you choose to ignore and do nothing. Your smartphone can be an efficient and cost-effective way for you to manage your patients' care; use it wisely. Protect your patient and protect yourself by investing in encryption software and comply with your organization's mobile device policy. +

## REFERENCES

1. *Reaction and Analysis: Office of Civil Rights takes a position on texting in healthcare.* McClure, B. March 2018.
2. *Minimum Necessary Requirements.* <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/minimum-necessary-requirement/index.html>
3. *Enforcement Results as of March 31, 2018.* <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/data/enforcement-highlights/index.html>

It's Back!

DOUBLE BUMP  
YOUR CASH!

2.38%  
BLENDED APY\*

36-MONTH DOUBLE BUMP  
SHARE CERTIFICATES

Give your savings a boost with the double bump share certificate,  
featuring two automatic rate increases – guaranteed.

Money matters to people, people matter to us.

**VISIONS**

FEDERAL CREDIT UNION

[visionsfcu.org](http://visionsfcu.org)

Federally insured by NCUA.

\*APY = Annual Percentage Yield. Credit union membership of \$25 is required. Blended APY assumes principal and dividends remain on deposit for the term of the certificate. APY increases .51% on the yearly anniversary date. Initial APY is 1.87% for year one, 2.38% for year two, and 2.89% for year three. 36-month term. Minimum balance of \$500. Maximum deposit aggregate of \$1,000,000 per member account number. Dividends calculated using the average daily balance method. This method applies a periodic rate to the average daily balance in the account each month. Dividends are credited monthly. Dividend rates are based on credit union earnings at the end of the dividend period and cannot be guaranteed. Dividends earned on balances of \$500 and greater. Fees may reduce earnings on account. Early withdrawal penalties may apply. Federally insured by NCUA up to the maximum allowed by law. Unless otherwise instructed, product changes to standard 36-month certificate upon maturity, earning applicable APY at that time. This offer, including the advertised rates and APY, is accurate effective May 16, 2018. Visions Federal Credit Union reserves the right to end or modify this offer at any time.

# HUNGER DOESN'T TAKE A SUMMER VACATION

Mapping a plan to provide free food to kids all summer long

---

BY MARC RITTLE  
United Way of the Lehigh Valley

---

**F**or kids, summer should be a stress-free time filled with fun, laughter and adventure. But many children and teenagers spend the better part of June, July and August wondering where they'll find their next meal.

"In the Greater Lehigh Valley, only three to five percent of the kids who receive free- or reduced-cost lunch or breakfast during the school year access a summer meal program. Our long-term goal is to increase that number to 40 percent," remarked Susan Dalandan, coordinator of the Lehigh Valley Food Policy Council. "Parents face choices between paying the electric bill, purchasing medicine and buying food. If we can help families by feeding kids in the summer, we can really take off some of the pressure."

In Lehigh and Northampton Counties, there are more than 100 places that kids can go for free summer meals. Some sites require pre-registration.

"No child or teenager should ever go hungry. That's why we're working with approximately 100 partners through the Lehigh Valley Food Policy Council to ensure free meals are available



to every kid in our community,” said Priscilla Rosado, Assistant Director of Food Access for United Way of the Greater Lehigh Valley. “To find a site, kids or parents can simply call 2-1-1, our free health and human services helpline, and ask for the nearby summer meal sites.”

According to United Way, one in ten people in the Lehigh Valley are food insecure, and one in four of them are children.

“That means they don’t have consistent access to enough food for an active, healthy life,” said Rosado. “Our goal with our partners is to cut that number in half by 2022. Summer meal programs are a key strategy to help us achieve that goal.”

Across the Lehigh Valley, Dalandan and Rosado have worked with partners to launch eight to ten new summer meal programs after the school year ends in June. They include a new site at the Bethlehem Public Library, two new sites in Easton and five new sites in Allentown, including Allentown Public Library, Alliance Hall and Overlook Park.

“These new locations in Allentown are all open sites,” said Tina Amato, Nutrition and Physical Activity Manager for the Allentown Health Bureau. “That means kids don’t have to register to be a part of a program. They can walk right in during meal time and get a healthy, nutritious meal – no questions asked.”

Sites are open to all children and teenagers 18 years old and younger.

“There are many kids whose families run out of food. These sites will help them to stretch their food budgets. Kids who come to these sites will get well-balanced meals, with milk, protein and fruit,” said Amato.

According to Dalandan, hunger exists well beyond our urban cores. For example, she said, 25 percent of students in Parkland School District qualify for free-and reduced-cost lunch. In Whitehall School District, a survey revealed that 16 percent of sixth-grade students worried about their next meal.

“When I heard 16 percent, I couldn’t believe it. I never thought we had a hunger problem. People think it’s just the big cities. They don’t realize that it’s in our own back yard,” said Shari Noctor, President of the Whitehall-Coplay Hunger Initiative.

Since learning about the problem in 2014, Noctor set on a mission to make sure kids had access to food throughout the summer. In 2017, she and dozens of volunteers launched a summer breakfast program at St. John’s Evangelical Lutheran Church in Fullerton. “We averaged about 30 kids a day. That’s not a lot, considering there are about 2,500 kids on free and reduced lunch and breakfast. We hope to increase that significantly with two new sites this year. Last year, we had kids walking from miles away across major roadways. These new sites should really help,” said Noctor.

The new sites include Shepherd of the Hills Lutheran Church on Main Street in Egypt and Redeemed Christian Church of God in Coplay. Each site is open from 8:30 to 10:30 a.m. every

weekday, including holidays. “Kids are hungry on Fourth of July, too,” added Noctor.

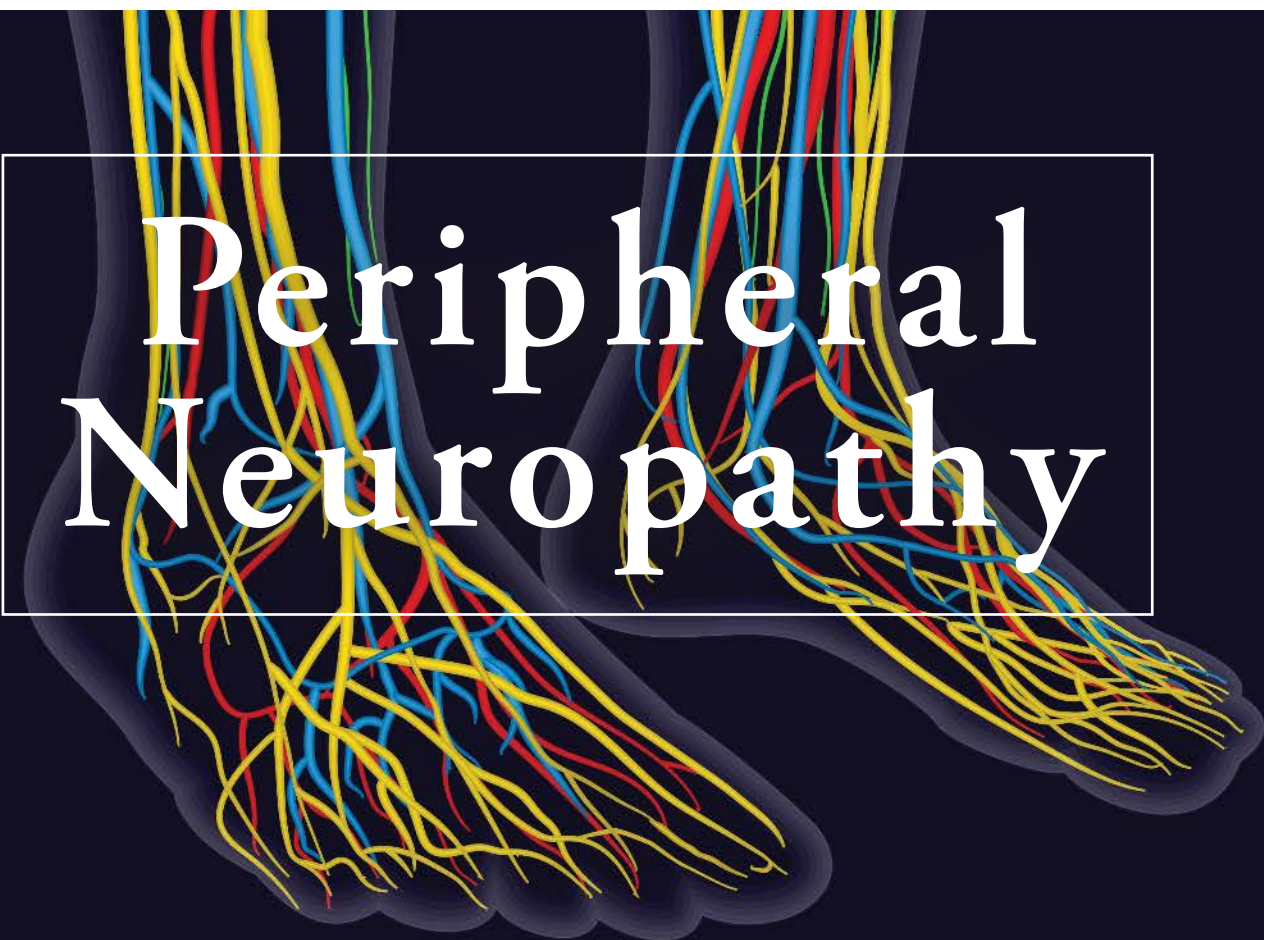
At these sites, kids receive cold meals every day and hot meals two days a week. They take home a bag lunch daily and a bag of food on weekends. Each day, organizers offer a craft or special activity and require each child spends 15 minutes reading.

“Summer learning and summer meals go hand-in-hand,” shared Beth Tomlinson, Director of Education for United Way of the Greater Lehigh Valley. “On average, low-income children start school 12 to 14 months behind their peers. The students can lose two to three months of math and reading skills during summer months. It’s called the ‘summer slide’ and can cause them to fall two to three whole grade levels behind their peers by the end of 5th grade if they are not engaged in summer learning opportunities.”

Tomlinson said United Way will work with summer meal providers to incorporate fun learning activities into their programs.

“When kids miss summer meals, they’re more likely to experience the ‘summer slide.’ It’s great to see that we’re all working towards that same goal to give kids a positive summer experience and to make sure the Lehigh Valley is a healthy, vibrant, and environmentally stable community,” said Dalandan.

To find free summer food for kids near you, call 2-1-1 and ask for the closest summer meal programs. +



# Peripheral Neuropathy

BY SLEIGH-ANNE PIECHTA, D.O.

Medical Director of the Inpatient Rehabilitation Center  
Lehigh Valley Health Network – Cedar Crest

**A**n estimated 20 million Americans are impacted by peripheral neuropathies, largely due to their myriad of causes. Peripheral neuropathies can be inherited or acquired later in life secondary to another disease process or as a side effect of a treatment. Injury or destruction of your nerve cells are the hallmarks of peripheral neuropathies. Nerve cells are responsible for transmitting sensation and movement inputs and outputs throughout the body.

Peripheral neuropathies can cause weakness, sensory changes or both. They can be painful or painless. At times, the pain can interfere with everyday life. The changes in sensation can affect people's abilities to detect injuries. This is particularly important in people with diabetes who develop a neuropathy. If their sensation is decreased and they sustain an injury and are unaware because of lack of sensation, further injury may occur. Some people may become aware that something is wrong because of increased difficulty with walking and increased falls.

Diabetes is one of the most common causes of peripheral neuropathies. Some medications can cause neuropathy including medications used to treat cancers. Lyme disease, immune disorders including AIDS, and acute and chronic idiopathic demyelinating polyneuropathy can also cause peripheral neuropathies.

Identifying the cause of your peripheral neuropathy will certainly help to direct you in how to care for yourself. If you are unaware of the cause, consulting a Neurologist or Physiatrist (a specialist in Physical Medicine and Rehabilitation) would serve as the best way to get help. The doctor may order bloodwork or perform a test called an electromyography or EMG. An EMG tests the nerves' ability to work and conduct messages to other parts of the body, like muscles.

No matter what the cause of peripheral neuropathy, hope is not lost. Lifestyle changes can easily be adopted to decrease complications.

SENSORY	COMBINED MOTOR AND SENSORY
Friedreich's Ataxia Sjogren's Syndrome Pyridoxine Cisplatinium Crohn's Disease	Diabetes Vincristine Lead Guillain Barre Charcot Marie Tooth Alcohol Vitamin Deficiency Lyme Disease HIV related Toxins

A healthy diet and exercise are two of the most important things you can do to help improve strength, decrease neuropathy from worsening, and decrease pain. Some neuropathies can be caused by a lack of vitamins including B12 and folate which are found in foods like meat, eggs and milk.

American Heart Association's website [www.heart.org](http://www.heart.org) and [www.diabetes.org](http://www.diabetes.org) American Diabetes Association's website have helpful guides to eating a healthy diet.

Increasing the strength of weakening muscle can help you to maintain function by maximizing the function of the muscles you have. Both cardiac exercise and strength training are important. As little as 10-20 minutes a day of activity can lead to better overall health. If you don't know where to start, a physical therapist could design a home exercise program for you that will help to keep you doing things you love.


Regularly checking your skin when you have peripheral neuropathy is critical to staying healthy. Any wound may be a potential setback so it's important to make sure you don't have increased redness from rubbing of shoes or injuries you weren't aware of due to lack of sensation. Feet should be checked daily before bed. Any areas of redness that present for multiple days should be brought to the attention of your physician. When sensation is decreased having a podiatrist cut your toenails can prevent complications and infections secondary to poorly cut nails.

If you have to take a medication that can cause peripheral neuropathy or have a disease process that causes peripheral neuropathy, exercise, a healthy diet and skin checking are things you can do to help improve quality of life.

Meeting with a physiatrist may help you get physical or occupational therapy you may need. Weakness in the legs may be a serious symptom that can be improved with the help of orthotics (or braces) to help support weakening legs. A physiatrist is well positioned to help treat some of the pain you may be having from the neuropathy with modalities and medications.

If peripheral neuropathy is something that you are battling it would be helpful for you to know that Lehigh Valley Health Network continues to grow its Physiatry and Neurology providers. There are 45 locations within Lehigh Valley Health Network that provide outpatient physical and occupational therapy, ensuring our high quality healthcare is close to home.

Seeking help can maintain or improve function, decrease pain and improve quality of life. +



**DR. JOHN G. KUNA & ASSOCIATES**  
**PSYCHOLOGICAL AND COUNSELING SERVICES**

*Listening,  
 Learning,  
 Understanding*

**EVENING/WEEKEND APPOINTMENTS AVAILABLE**  
**MOST INSURANCES ACCEPTED**  
**12 CONVENIENT LOCATIONS**

**DRJOHNGKUNA.COM** **570.961.3361**

**What would you do with  
 25% more  
 revenue?**

**AssuranceMD**  
 Confidence Restored

Solutions to overcome the obstacles associated with revenue collection.

**ASK US HOW YOUR PRACTICE COULD INCREASE REVENUE  
 ENTER TO WIN A FREE  
 Practice Profitability Portfolio**  
**\$1500 VALUE**

[www.assurancecmd.com/ppp](http://www.assurancecmd.com/ppp) **800-258-7150**

# ESCHEW SELF PRESCRIPTION



*Foundation of the Pennsylvania Medical Society Physicians' Health Program Medical Director Shares Ethics Guidance*

BY RAYMOND TRUEX JR., MD, FAANS, FACS

**U**p front, I have to be honest that I looked up that word. Eschew. It's a synonym for "avoid" or "steer clear of." I like the way it sounds. But its meaning is clear and unambiguous. Several times a week, when I review in depth the terms of an advocacy agreement with a new PHP participant, I will advise them to eschew prescribing all drugs for themselves and for their family. This is one of the things participants must agree to and sign. Intuitively, I understand why physicians who may be addicted to mood-altering drugs should avoid self-prescribing, because they hold the key to the candy store. And as a surgeon, I understand the admonition against operating on a member of my immediate family; would I have the emotional self-control to successfully deal with a life-threatening complication, such as a major hemorrhage, if the person laying on the operating room table before me was my wife or my child? The need to avoid that scenario is easily understood.



But then I began to consider further what I was requesting of the participant. Why avoid prescribing for family? What's wrong with prescribing a Z-Pak for your teenage child with bronchitis? What do medical ethics say about this practice?

The very first code of medical ethics drafted by the American Medical Association (AMA) in 1847 recommended against physicians treating family members. Their ethics state that “the natural anxiety and solicitude which he experiences at the sickness of a wife, a child ... tend to obscure his judgement, and produce timidity and irresolution in his practice”.<sup>1</sup> This ethical position was reaffirmed by the AMA in 1993 and continues to the present.<sup>2</sup> Further, the American College of Physicians recently stated that physicians should “usually not enter into the dual relationship of physician-family member or physician-friend”.<sup>3</sup> The American Academy of Pediatrics position is similar: “Caring for one's children presents significant ethical issues.”<sup>4</sup> The exception to this rule is during emergency situations during which no other physician is available, and then only for a limited period of time.<sup>5</sup>

Requests to treat family and friends are pervasive, and physicians often feel pressured and conflicted when asked to do so. A 1991 survey reported that 99 percent of physicians had received requests from friends or family for medical advice, diagnosis, or treatment, and 83 percent had prescribed medications for relatives.<sup>6</sup>

Usually, these requests are for minor illness or injury, and antibiotics, contraceptives, and analgesics are the most commonly prescribed classes of drugs in these circumstances. But

occasionally physicians will go farther out on the limb to prescribe sedatives, antidepressants, and narcotic analgesics.<sup>7-9</sup> In another study, 15 percent of hospital physicians reported serving as an attending for a loved one, and 9 percent had performed elective surgery on a relative.<sup>6</sup> It is not surprising to me that physicians, an intelligent but self-willed and independent group, will not infrequently choose to go against the grain of ethical recommendations. Or more generously, perhaps they are simply unaware of the ethical guidelines – I don't recall any training about these issues in medical school (albeit a long time ago).

Here are some of the pitfalls of caring for family and friends: failure to ask sensitive but important questions, failure to do a complete physical examination, failure to keep adequate records of medical care, failure to provide alternative plans of treatment, failure to obtain medical consent, providing care outside the scope of clinical expertise, failure to communicate with the physician of record, and failure to obtain informed consent in the case of a minor.<sup>5</sup> Also, difficult situations may arise in case of a complication which occurs as the result of a physician treating a friend or family member, including remorse on the part of the physician, and anger on the part of the family member or friend, leading to medical malpractice action or reporting of the physician to his state's Medical Board.<sup>5</sup> Finally, Medicare prohibits payment for services ordered or performed by a provider for a family member.<sup>6</sup>

After reviewing all of these factors, I feel that I am on solid ethical and practical ground when I ask our participants to eschew

prescribing for their family. This requirement will not only reinforce the avoidance of drugs that can trigger a relapse, but will also help the participants to circumvent stressful situations which may arise when they unadvisedly act as a treatment provider for their family and friends. Recovery is hard enough without the added pressure. +

---

1. *Code of Medical Ethics of the American Medical Association*. Chicago: American Medical Association Press, 1847

2. *The AMA Code of Medical Ethics' Opinion on physicians treating family members*. *Virtual Mentor* 2012; 14:396-397

3. *American College of Physicians Ethics Manual, 6th Edition*. *Ann Intern Med* 2012; 156:73-104

4. *Committee on Bioethics. Policy statement – pediatrician-family-patient relationships: managing the boundaries*. *Pediatrics* 2009; 124:1685-1688

5. *No Appointment Necessary? Ethical Challenges in Treating Friends and Family*. Gold, K., et al. *NEJM* 2014; 371:1254-1258

6. *When physicians treat members of their own families: practices in a community hospital*. LaPluma, J., et al. *NEJM* 1991; 325:1290-1294

7. *Self-prescribed and other informal care provided by physicians: scope, correlations, and implications*. Gendel, M., et al. *J Med Ethics* 2012; 38:294-298

8. *Personal use of medical care and drugs among Swiss primary care physicians*. Schneider, M., et al. *Swiss Med Weekly* 2007; 137:121-126

9. *Physician patterns in the provision of health care to their own employees*. Sansone, R., et al. *Arch Fam Med* 1995; 4:686-689

10. *Medicare benefit policy manual: Chapter 15*. Baltimore: Center of Medicare and Medicaid Services, 2013

**The Physicians' Health Program (PHP), a program of The Foundation of the Pennsylvania Medical Society, the charitable arm of PAMED, provides support and advocacy to physicians struggling with addiction or physical or mental challenges. The program also offers information and support to the families of impaired physicians and encourages their involvement in the recovery process. Find out more at [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org).**



# LYME DISEASE IN PENNSYLVANIA

BY ALYSSA BUCZYNSKI

Communicable Disease Investigator, Allentown Health Bureau

**P**ennsylvania has been the nation's top state in regards to confirmed cases of Lyme disease for the past three years. In 2010, there were 3,805 cases of Lyme investigated. In 2016, there were 11,443 cases investigated, almost tripling the numbers reported in 2010. All residents of PA are at risk for contracting Lyme disease due to the Blacklegged tick, vector of Lyme, being present in all 67 counties of Pennsylvania. Blacklegged ticks, formerly known as the deer tick, are included in the top four species of ticks that make up 90% of Pennsylvania's tick population.

Lyme disease is caused by the bacterium *Borrelia burgdorferi*, which is transmitted by the bite of an infected blacklegged tick. According to the CDC's newest case definition, laboratory evidence of *B. burgdorferi* is only required if the patient is exposed in a low-incidence state, which Pennsylvania is not, or if the patient is exhibiting at least one late manifestation symptom with no

erythema migrans (EM). Erythema migrans is the "common clinical marker" for Lyme disease, occurring in 60%-80% of patients. The skin lesion must reach greater than or equal to 5cm in size across its largest diameter for it to qualify as EM. Other acute symptoms that may accompany the lesion include fatigue, fever, headache, mild nuchal rigidity, arthralgia, or myalgia. Late manifestations include musculoskeletal system complications (not including myalgia or arthralgia), nervous system complications (not including headache, fatigue, paresthesia, or stiff neck), and cardiovascular system complications (not including palpitations, bradycardia, bundle branch block, or myocarditis).

Early detection is key with Lyme disease; if detected early enough Lyme disease can be treated with antibiotics. If the disease is not detected early enough, it can spread throughout the body, targeting the heart, joints and nervous system. +

**SOURCES:**

*Centers for Disease Control and Prevention. (2017). Lyme Disease (Borrelia burgdorferi) 2017 Case Definition Retrieved from <https://www.cdc.gov/nndss/conditions/lyme-disease/case-definition/2017>*

*Jacobs, S. (2012, July). Four common ticks in Pennsylvania. Retrieved from <http://ento.psu.edu/extension/factsheets/ticks>*

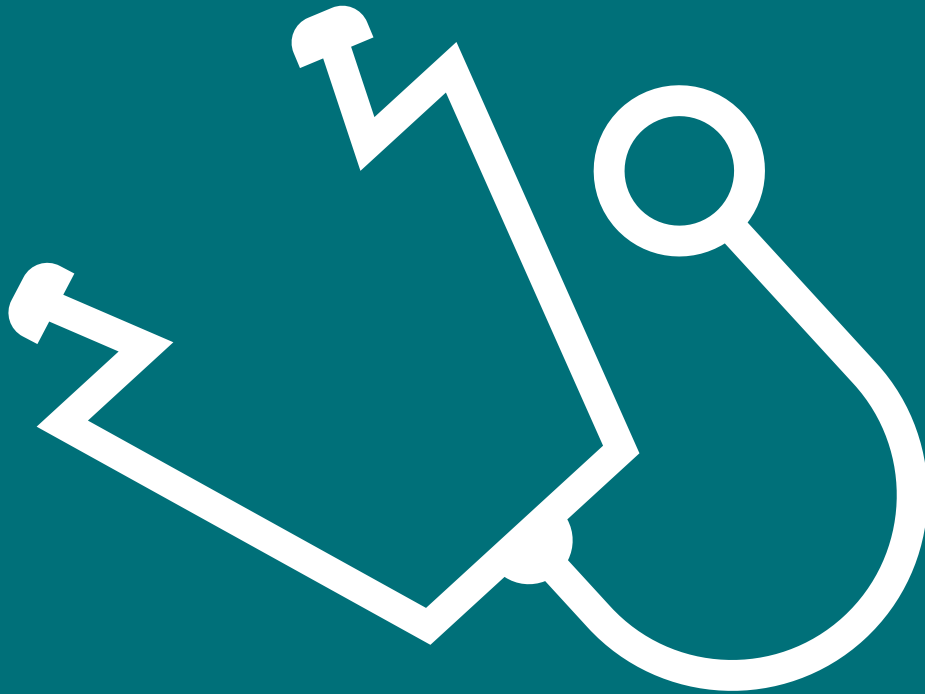
*Pennsylvania Department of Health. (n.d.). Lyme Disease. Retrieved from [http://www.health.pa.gov/my\\_health/diseases\\_and\\_conditions/li-llpages/lyme-disease-.aspx#.WusScJgyM8](http://www.health.pa.gov/my_health/diseases_and_conditions/li-llpages/lyme-disease-.aspx#.WusScJgyM8)*

## CDC'S RECOMMENDED TREATMENT FOR LYME DISEASE

**Doxycycline**  
100 mg, twice per day orally

**Cefuroxime axetil**  
500 mg, twice daily orally

*\*Recent publications suggest the efficacy of shorter courses of treatment for early Lyme disease. Source: CDC*



# OUR PASSION PROTECTS YOURS.

At ISMIE, we elevate policyholders over premiums. This is why we've spent more than 40 years providing customized medical professional liability coverage options that deliver protection, quality, service and value.

Discover how ISMIE has raised the coverage bar for nearly 10,000 customers...and counting.

[VISIT ISMIE.COM/PENN TO LEARN MORE](https://www.ismie.com/penn)

# ISMIE<sup>®</sup>

**Our Passion Protects Yours<sup>™</sup>**

---

**ISMIE Mutual Insurance Company**

20 N. Michigan Avenue, Suite 700, Chicago IL 60602 Email: [info@ismie.com](mailto:info@ismie.com) | Phone: 800-782-4767

©2018 ISMIE Mutual Insurance Company



**TOWER HEALTH**

## SOME CHANGE LIVES, WE TRANSFORM THEM.

*Advancing Health and Transforming Lives* is what drives us. At TOWER HEALTH, we're proud to bring more communities throughout the region convenient access to nationally recognized care. Joined as one comprehensive health system, our expanded network of leading hospitals, outpatient facilities and premier physicians offers life-changing services — when and where you need them.

**Together, we're rising boldly for your health.**

***Advancing Health. Transforming Lives.***

Visit **TowerHealthRising.com**  
or call **484-628-HELP (4357)**.



Reading Hospital • Brandywine Hospital • Chestnut Hill Hospital  
Jennersville Hospital • Phoenixville Hospital • Pottstown Hospital

Tower Health Medical Group  
Tower Health Partners®  
Tower Health-UPMC Health Plan\*

\* Tower Health-UPMC Health Plan coverage options available in Berks, Carbon, Lehigh, Northampton, Schuylkill, Bucks, Chester, Lancaster and Montgomery Counties.

# Physiatry

## Can Help Patients Regain Functional Abilities and Improve Quality of Life

BY DR. GEETA SATHE

Director of Outpatient Physiatry, St. Luke's University Health Network

**F**or patients who have experienced a major health scare, it can be hard to feel “normal” again. Imagine you are able to walk one day and have difficulty standing the next as a result of a stroke or traumatic accident. This can be a life-altering event that can lead to disruption of everyday function. We all take for granted how much we do on a daily basis; activities such as buttoning a shirt, driving to work, holding a child or playing golf can seem overwhelming to those affected and their loved ones. With proper guidance and perseverance, the road to functional recovery exists.

Physiatry or Physical Medicine and Rehabilitation (PM&R) is a field with expertise in “functional” medicine. The specialty is unique in that it addresses the function of the whole patient, as compared to focusing on one organ system or systems.

Physiatrists are medical doctors who receive specialized training in Physical Medicine and Rehabilitation. They work with patients who have experienced complex conditions such as stroke, severe trauma, brain or spinal cord injury, multiple sclerosis, or Parkinson's, but also work with more common conditions such as arthritis, fractures, musculoskeletal injuries, and falls. These conditions may affect the way patients move and communicate, as well as how they perceive themselves in the home or workplace. A physiatrist will tailor specific, nonsurgical treatments for each individual using a team approach towards recovery to help patients regain mobility, self-care, speech and cognitive abilities in order to maximize functional independence

while simultaneously monitoring their medical status. Most importantly physiatrists aim to improve the overall quality of life for their patients.

The field is especially important since individuals are living longer and, as we age, rehabilitation can enhance functional abilities, making physiatrists and PM&R even more important. New technologies, regenerative medicine, bio engineering, virtual reality, gene therapy and drug discoveries could lead to people not only surviving longer but functioning independently longer. For example, exciting research is being conducted in multiple laboratories growing viable skeletal muscular tissue, which could be useful in the future combating diseases such as muscular dystrophy, regenerating a traumatic muscular wound, or perhaps even delaying the aging process.

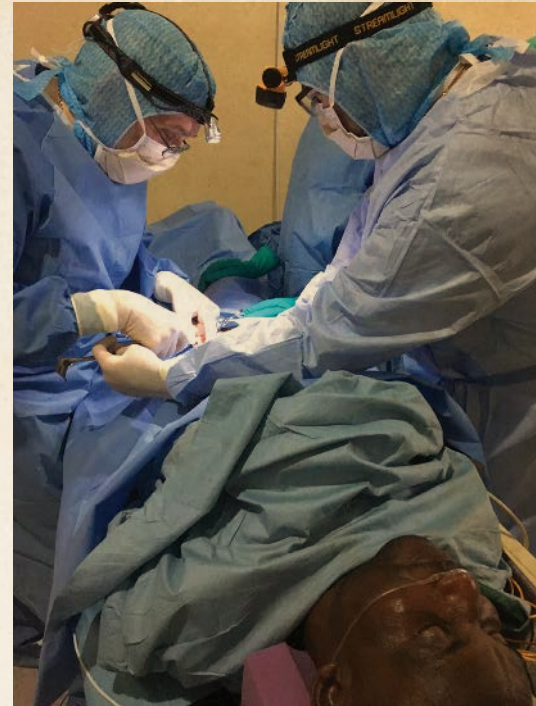
An in-patient or outpatient team, led by a physiatrist and trained therapists and social workers, exists to achieve patient goals. More specifically, physiatry services may include:

- Writing appropriate therapy prescriptions
- Using medications, injections and modalities to improve range of motion or musculoskeletal pain
- Recommending medical equipment, determining shoe wear, bracing, prosthetics, orthotics
- Discussing functional assessments and functional prognosis
- Creating personalized exercise plans
- Assisting in conservative pain management plan
- Educating patients and families

Here's an example of how a rehabilitation program might work for a patient with an inability to walk due to stroke or traumatic accident. After medical stabilization, a physiatrist would care for a patient at the inpatient rehabilitation unit, which would include a team of experts involved in an intensive, structured, daily therapy program with close medical monitoring. Once goals like standing, then walking utilizing a device like a walker, are achieved, the patient would transition to an outpatient rehabilitation program to continue fine tuning the gait (walking) cycle and sometimes ordering a brace. An outpatient physiatrist would then follow the patient's functional progress, edit the plan of care, and help guide patients back to their lives, work and activities of enjoyment.

When looking for physiatry services, consult your family physician or specialist to determine if the course of rehabilitative physiatry treatment is right for you. +

*Dr. Sathe's specific interests include stroke rehabilitation, exercise medicine, brain injury rehabilitation, prosthetics & orthotics, cancer rehabilitation, acupuncture, and musculoskeletal pain. She received her medical degree from Penn State University College of Medicine and continued with her residency and internship at University of Pittsburgh Medical Center.*



# SURGICAL MISSION TO NIGERIA

## A STUDY IN CONTRASTS

BY PETER VINCENT ROVITO

**A**s I struggled down the hallway with the roughly 100-pound oxygen tank, it occurred to me that this race to get the oxygen where it needed to be to save a life was symbolic of our whole surgical mission to Nigeria in November 2017 – vital, but far more difficult than it should have been.

At the other end of the hallway, a woman was struggling to breathe because her throat had filled with blood from thyroid surgery earlier that day. Two surgeons were working frantically to relieve the pressure on her recurrent laryngeal nerve so she could breathe, but she needed oxygen and there was only one tank in that part of the hospital. Unfortunately, it wasn't on wheels and it was a long way from the Operating Room.

I tried to rearrange the awkward tank, which was taller than me, so I could move faster. Dragging it along the dirty floor was too slow, so I cradled it as well as I could and kept going, thankful for the hours in the gym which made me strong enough to lift it in the first place.

As I neared the OR, a bystander grabbed one end and together we delivered the heavy tank. But just getting it there wasn't enough. There was no valve to regulate the flow, so I wrapped my hand around the connection to create a seal between the broken regulator and tank. That way, the surgeons could establish oxygen flow for the patient, whose throat they had just cut open to release the blood and clots which were blocking her breathing. With the pressure relieved and



oxygen fl wing, the middle-aged woman rapidly started to improve. Note to self: compressed oxygen is really, really cold and probably shouldn't be in contact with human skin for extended periods of time.

As the surgeons continued to work on her, I saw a Nigerian nurse hang a bag of blood. But the bag looked familiar and I saw that the bag's number and the order for blood didn't match. I shouted for her to wait, released my grip on the tank and ran back down the hall toward the Recovery Room, looking for another patient's father, whom I had seen earlier holding a bag of blood intended for his 4-year-old son. But his hands were empty, so I asked where the blood was. He pointed toward the OR, telling me a nurse had taken it. But his son was in Recovery, not the OR, so I raced back to confirm that the bag in question was for the boy and was, in fact, a different blood type. One of the surgeons looked up from the woman's neck to thank me, saying that in her compromised state, the wrong blood likely would have killed her, and I had just saved her life. That was the brightest moment of the week for me.

The whole week had been a challenge, and our last night was the most challenging of all. Our group from the World Surgical Foundation had already packed our supplies and equipment to leave the next day. In the wee hours of the morning, very few of us were left in the hospital: two surgeons, two anesthetists, and me – an aspiring medical student.

Two previous surgical missions in Honduras had impacted me with the importance of access to competent medical care, equipment and supplies. My first Honduran mission had, in fact, redirected my life toward becoming a physician. But veteran team members who'd participated in missions in the Philippines, Honduras, India, Ethiopia, Thailand and other Third World nations said the Nigeria mission was the worst they'd encountered:

no sterile gowns or oxygen in the OR, no ventilators or defibrillators, no on-site fresh blood. Power and water were intermittent. Supplies were scarce, other than what we brought. We were shorthanded because the local medical staff had little interest in our patients.

Nigeria has stark social and economic contrasts. With Africa's strongest economy, most of its 195 million people live in poverty, without clean water or education, impacted by AIDS, brutal sectarian violence and dislocation. Life expectancy is under 52, the lowest in Africa, while the birth rate, child mortality (20% don't reach five) and malnourishment are among the highest. Few physicians and hospital beds mean most people can't access health care.

Despite the conditions, our small team operated on over 100 patients who would otherwise not have received medical care. In addition to running around with oxygen tanks and other supplies and comforting post-op children, I was also needed to first assist for several major surgical procedures. I was happy to discover that I could handle it well and that I recognized the anatomy because of the premed preparation I've done since my first mission. I was able to actually help, rather than hinder, the surgeons, making me even more certain that medicine is the right career path for me.

Sadly, the four-year-old in Recovery, who'd had a grapefruit-sized Wilms' tumor removed from his abdomen nine hours earlier, and whose father had patiently waited with a bag of blood for him, crashed just as the surgeons were stabilizing the previous patient. Four of us swapped off doing CPR, holding the regulator to the oxygen tank and resting for two hours while the surgeons tried to save him. Unfortunately, little Emmanuel didn't make it. Because the other team members who worked so hard to save him were so distressed, I took it upon myself to clean

up his tiny body before his parents saw him – something I'd never done before and hope to never do again.

Here in the US, the child's tumor would have been diagnosed and removed far earlier and he would likely have been fine, according to our pediatric surgeon. If we'd had only a fraction of the resources we take for granted in the U.S., both patients might be alive. Losing that boy was one of the worst things I've experienced, because access to better equipment might have saved him. His loss will always remind me that competent care coupled with adequate equipment make a huge difference. I'm proud to have been able to help handle multiple medical disasters calmly and efficiently. I only wish little Emmanuel's story had ended differently.

Unlike my previous two missions to Honduras, I didn't come home feeling very good about the trip to Nigeria – until a few weeks later, when another patient's father sent a message through the World Surgical Foundation's Facebook page about his son whose congenital abdominal defect was repaired by WSF's founder, pediatric surgeon Domingo Alvear. I had taken care of young David in postop and was thrilled to see that his father remembered my name:

"I want to thank you so much on the successful major operation carried out on my son David on the 8th of Nov, 2017. He is healthy and has started going to school. extend my regards to Dr Alvear, Peter and others. Thanks Lawrence"

## SO WE DID MAKE A DIFFERENCE. +

*Peter V. Rovito has a B.S. from Penn State and a Master's from Drexel. He's the son of general surgeon Peter F. Rovito, MD, and Donna Bayer Rovito, and is currently applying to medical school. He looks forward to caring for the underserved once he becomes a physician, both here in the U.S. and on surgical missions in the future.*

FOR MORE INFORMATION OR TO SUPPORT THE WORLD SURGICAL FOUNDATION, GO TO  
[WWW.WORLDSURGICALFOUNDATION.ORG](http://WWW.WORLDSURGICALFOUNDATION.ORG).

# Learning and Giving Back

## TO THE COMMUNITY AT HEARTS CLINIC

BY EMILY DU, Medical Student,  
Lewis Katz School of Medicine at Temple University

Saturday isn't usually a day when you would expect a middle school to be busy, but one Saturday every month, Broughal Middle School in Bethlehem's Southside neighborhood bustles—not with middle school students, but with medical students. They run a monthly, free health clinic called Health Education, Advocacy, and Resources at Temple/St. Luke's, or "HEARTS," based out of Broughal's Family Center. At HEARTS Clinic, medical students assume the role of the physician, gathering histories from patients and performing physical exams. They then offer an assessment and plan for their patient to St. Luke's Family Medicine residents and attending physicians, who provide feedback, modify components of the students' plan, and jointly see the patient with the student. Lehigh University undergraduate students, in a program called "HEARTS Link," act as care coordinators for patients. They uncover the potential barriers to care for the patients of HEARTS, such as lack of housing, a job, or food security. HEARTS Link students also follow up with patients throughout the month in between clinic days, calling patients to ask whether they filled their prescription or went for a referral, and if not, then the reason why. Indeed, half of patients who attend HEARTS Clinic are uninsured, 35% of whom are ineligible for health insurance, and 62% are unemployed.

In no setting is it more apparent that acquiring medical care and being healthy is extremely difficult than in a resource-limited population riddled with high rates of chronic disease. Transportation, time, cost, and distrust of the medical system are some of the main barriers that prevent patients from receiving medical care. HEARTS Clinic attempts to address some of these issues by making all medical services provided at the clinic free and tapping into a wide network of ancillary services for additional support. Depending on a patient's specific needs, referrals are made to programs specifically designed for low-income individuals, from Pennsylvania's statewide Healthy Woman Program, which provides free pap smears, mammograms, and any necessary follow-up exams, to Community Voices Clinic, a free, culturally sensitive mental health and counseling service staffed by graduate students in Counseling Psychology at Lehigh University. Some of these partnerships even allow for services to be accessed right at the clinic. For example, a nurse from the Bethlehem Health Bureau is available to administer any necessary vaccinations for free right at the clinic. Donations to St. Luke's Community Health and Preventive Medicine help subsidize the cost of some medications, such as those for hypertension or reducing the risk of cardiovascular disease. And on clinic days, a free diabetes prevention and education class, led by students and staff of St. Luke's Community Health and Preventive Medicine, occurs in an adjacent classroom outfitted as a kitchen. Participants learn about the health impact of making certain food choices from a licensed nutritionist and are also treated to a healthy recipe prepared by a local chef. At the end of the session, they take home a bag of ingredients so they can replicate the dish at home. Thus, the goal of HEARTS is to not only provide medical care for patients, but to also support patients in managing their chronic disease, advance their knowledge about health maintenance, and address the barriers that may keep them from accessing regular medical care.

This is what makes HEARTS so special—by giving patients tools and resources patients can readily afford and access, we empower them in their own health journey.

HEARTS has not only proven beneficial to patients, but also to the students across multiple disciplines at various stages of their education who volunteer their time to sustain the clinic. For the medical students, all of whom attend the St. Luke's regional campus of the Lewis Katz School of Medicine at Temple University, interacting with patients at the clinic allows them to practice building rapport with patients, flex their clinical reasoning skills, and even develop continuity of care with their own patients from month to month at the clinic. Many of the students who volunteer are first and second years, whose curriculum is primarily composed of traditional classroom didactics and limited in clinical exposure, so the clinic truly serves as a unique learning environment. For third and fourth years, mentoring junior colleagues is as much of a skill to be honed as developing clinical knowledge and assuming responsibility for patient care. All students benefit from learning directly from the guidance of residents and faculty of St. Luke's Family Medicine, who oversee all clinical encounters and teach students about clinical management. In addition to gaining medical knowledge about diagnosing and treating disease, students become equipped with supportive adjuncts in patient care—what programs promote and support lifestyle modification in the area, where to go to find the most affordable medications, and how to use screening and disease prevention to keep people from getting sick. These tools are just as important in providing comprehensive, patient-centered care as are clinical knowledge and judgment.

Beyond the physician-patient interaction, medical students benefit from the interpersonal interactions fostered at HEARTS Clinic. Medical students work closely with the Lehigh

University undergraduate students of HEARTS Link and graduate students of Community Voices, listening to their colleagues' opinions about different aspects of patients' lives, such as whether they can afford the prescribed medication, or screen positive for depression and require further work-up. These types of interactions are invaluable for students, who will rely on good communication skills to work in multidisciplinary care teams throughout the rest of their careers. Encouraged by accreditation standards outlined by the Liaison Committee on Medical Education, medical schools aim to provide these kinds of experiences through formal sessions bringing together students from various health professions, but volunteering at HEARTS Clinic allows students to accomplish this goal organically.

At the end of the day, HEARTS Clinic aims to mutually benefit patients and volunteers. Patients can expect for their medical concerns to be addressed, to be treated with dignity and patience, and to be given resources that will help them achieve their health goals. Medical students walk away more knowledgeable about the lives, struggles, and experiences of people in our community, which allows us to be better advocates for our patients. Interprofessional interactions give us the opportunity to work within a healthcare team and gain respect for the contributions of our colleagues to varying aspects of comprehensive, patient-centered care. This tangible, experiential, culturally sensitive service-learning opportunity in medicine is invaluable—no textbook or lecture will impart the lessons of providing medical care and practicing preventive medicine in the way that interacting with the patients from our own community and coming up with solutions for their barriers to care will. HEARTS Clinic truly is an opportunity to give back to our community while simultaneously learning from it. +

For inquiries about HEARTS and how to support the clinic, please reach out to [heartsfreeclinic@gmail.com](mailto:heartsfreeclinic@gmail.com).

# GETTING YOUR BODY FIT AFTER CANCER

BY HAROLD MILLMAN, DPT, OCS, STAR/C,  
AND BRIGID GALLAGHER, DPT, STAR/C  
Bethlehem Rehabilitation Specialists,  
A Service of Good Shepherd  
Rehabilitation Hospital

Approximately 1,735,000 new cases of cancer will be diagnosed in the United States in 2018 alone, with 38 percent of Americans diagnosed at some point during their lifetime. The good news is that with advances in medicine, cancer death rates have been declining since the early 1990s.

While more people are beating their disease, some are left with side effects from the very treatments, surgeries and procedures that saved them. In fact, nearly 75 percent of cancer survivors experience cancer-related fatigue and are impacted by significant disabilities and difficulties in their day-to-day lives that impact quality of life, including:

**CANCER-RELATED FATIGUE**

**PERIPHERAL NEUROPATHY (NERVE PAIN)**

**“CHEMO BRAIN” AND OTHER MEMORY OR COGNITIVE DIFFICULTIES**  
**PAIN**

**DECREASED RANGE OF MOTION AND MUSCLE STRENGTH**

**CARDIAC AND PULMONARY DEFICITS**

**LYMPHEDEMA (SWELLING)**

Bethlehem Rehabilitation Specialists, A Service of Good Shepherd Rehabilitation Hospital, has been treating cancer survivors since 2005. We have incorporated cancer rehabilitation into our physical therapy practice and completed a nationally recognized cancer rehabilitation training program to become certified STAR (Survivorship Training and Rehabilitation) clinicians.

In treating cancer patients, the highest priority is helping them understand that they do not simply have to accept residual side effects as the “new normal.” Many believe



that they have to live with pain, fatigue and difficulty with movement, but an appropriate, well-designed physical therapy and rehabilitation program can go a long way to minimize these issues.

Patients who are undergoing treatment and those who are living with chronic side effects can both benefit from physical therapy. While therapy is always customized to the individual patient, it generally focuses on strengthening, functional training that helps individuals more easily perform activities of daily life, as well as exercises to improve balance.

For patients who have experienced stiffness due to mastectomy, radiation or general deconditioning, stretching and range of motion exercises help improve flexibility. Therapy focuses on balance and strengthening exercises for people who have developed peripheral neuropathy, the most common side effect of chemotherapy after fatigue.

A recent patient is a good example of how rehabilitation can help cancer patients. This individual had completed her chemotherapy and radiation and complained to her family physician that she did not have energy to do everyday tasks, let alone get back to regular trips to the grocery store or gym for exercise class. She was having trouble with balance and getting up from a chair. She used a cane for stability and had significant weakness in her arms and legs as well as overall fatigue.

A therapy program was designed for her that consisted of strengthening exercises for both lower extremities, balance and functional mobility exercises. As part of the program, she practiced getting up and down from a chair, on and off a bed and climbing stairs, while monitoring her heart rate and fatigue.

Over an eight-week period of physical therapy twice a week, she made significant improvement in speed, flexibility and range of motion to the point that she was able to get out of a standard height chair with ease and no longer used a cane. Most importantly, she reached her own personal goal to return to exercise classes in her community.

If you, a friend or a loved one is going through or has finished cancer treatment, consider oncology rehabilitation if you:

- EXPERIENCE UNUSUAL LEVELS OF FATIGUE WITH EVERYDAY TASKS
- HAVE DIFFICULTY COMPLETING DAILY LEISURE ACTIVITIES DUE TO FATIGUE OR SHORTNESS OF BREATH
- HAVE DIFFICULTY STANDING UP FROM A CHAIR
- HAVE TROUBLE PICKING UP OR PLAYING WITH CHILDREN
- ARE UNABLE TO REACH INTO A CABINET
- ARE UNABLE TO DRESS YOURSELF
- HAVE MUSCLE OR JOINT PAIN, TINGLING OR NUMBNESS
- EXPERIENCE SWELLING OR HEAVINESS +



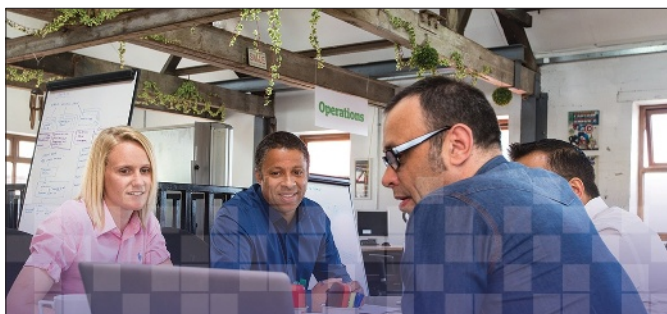
**Don't know who we are?**  
*We'd be happy to share.*

**We are dermatology.**  
It is what we know and what we do. We offer outstanding care of the skin delivered by board-certified skin experts.



**ADVANCED DERMATOLOGY ASSOCIATES LTD**

**Allentown | Bethlehem | Pottsville**  
**610-437-4134 | adald.com**



**B2B Digital Marketing Solutions**

Generate Qualified Leads.  
Increase Sales. Grow Revenues.

**Start Growing Your Business Today!**



Give us a call or visit us online today to find out more about our Digital Marketing Solutions.

500 Penn Street, Suite 201  
Reading, PA 19602  
**610.743.5602**

DABRIAN MARKETING  
DRIVEN BY STRATEGY  
PROVEN BY ANALYTICS.  
TM  
DaBrianMarketing.com



# ANGEL FLIGHT EAST

*Helping Lift the Financial Burden  
of Travel for Medical Care*

BY ELLEN WILLIAMS  
Executive Director of Angel Flight East

**W**hen an individual needs crucial medical care far from home, the last thing the family should be concerned with is whether or not their loved one will be able to get where they need to go. Expenses associated with travel, however, on top of considerable medical fees can be a tremendous obstacle. Getting the proper medical treatment is an urgent matter, but when a patient or their family can't afford the cost of transportation they're left with few options. That's when compassion flight organizations like Angel Flight East (AFE) step in to lift this financial burden and provide a means of travel for the patient in need.

Based in the greater Philadelphia area, Angel Flight East is a non-profit organization dedicated to serving the community by facilitating free air transportation to children and adults in need of medical treatment far from home. Every year, Angel Flight East provides hundreds of flights for patients who are ambulatory and sufficiently stable to fly. It's through this process we are able to provide "hope in flight" and give families a sense of relief during an already stressful time.

One such instance occurred where a child from South Carolina had a medical condition that could have resulted in the loss of his eye. Suffering from retinoblastoma, two-month-old Brayden needed crucial treatment from a facility in Philadelphia that specializes in dealing with this condition. His care plan required him to travel every three weeks to receive this treatment, a process that drove his family to think about Brayden's mother relocating to Philadelphia while the father would stay in South Carolina to continue working. Aside from being separated during this treatment, Brayden's family would have had to pay twice as much money



for their living expenses, on top of the substantial medical costs. We were able to intervene, and thanks to one of our many generous pilots, transport Brayden and his mother without them having to move or pay any expenses for travel.

Like most compassion flight organizations, Angel Flight East has specific territories in which we're able to operate. This includes the mid-Atlantic and Northeastern region of the United States, covering 14 states from New Jersey to Ohio and from Virginia to Maine. If a situation arises where a patient needs to travel further than these distances, we work with compassion flight organizations operating in other regions who arrange further travel.

All of our volunteer pilots are certified general aviation pilots, a unique aspect of our services which helps ensure patients reach their destinations. These volunteer pilots use their own planes and cover all costs associated with the flight. It's our responsibility to coordinate and schedule these missions with the pilot. Since many of these patients need multiple treatments, pilots will often transport the same person multiple times. In many instances, I've seen an incredible bond form between pilots, patients and even patient families, building relationships that last even after our services are no longer needed.

Often times, patients and their families are concerned that requesting and receiving approval for a flight will be an arduous task. This is simply not the case with Angel Flight East. We understand the importance of being quick and efficient in arranging travel, especially given the circumstances. Working with physicians, social workers and other health care professionals who can verify a patient's medical suitability to fly and financial need, we make the entire process relatively simple, allowing us to provide as many flights as possible to as many patients as possible.


In 2017 alone, Angel Flight East flew 131 patients and family members approximately 87,304 nautical miles to their required destinations. This included 1,338 hours of travel during 829 scheduled flights. And we're always looking to extend our reach and help more people. Our goal is to get in front of as many health care professionals as possible, considering most of the requests we receive for flights come directly from physicians and social workers acting on behalf of their patients.

To achieve this goal, Angel Flight East has begun a new program, "Rural and Rare Reach."


The Rural and Rare Reach program aims to broaden access to available high-level medical care for rural patients, persons with cancer or rare diseases and children with serious congenital conditions. This program will allow us to execute outreach to underserved populations by focusing on healthcare organizations in regions with less access to specialist care, specifically rural communities in Pennsylvania, Virginia, West Virginia and Ohio. Our goal is to disseminate information throughout these organizations to increase our reach and to provide more information on the services Angel Flight East provides.

It's important people who know our story tell it to others so we can continue to build on this new program and educate people on our mission. For those just learning about compassion flight organizations such as Angel Flight East, you now have a new resource available. For physicians who have or know a patient who lacks the financial ability to travel for medical care, compassion flight organizations can make all the difference in the world. +

*Ellen Williams is the executive director of Angel Flight East, a 501(C)(3) nonprofit organization based in Blue Bell, Pennsylvania. Angel Flight East is dedicated to serving the community by facilitating free air transportation for children and adults with medical conditions who need to get to treatment far from home. For more information, please contact Ellen at ewilliams@angelflighteast.org or call 215-358-1900*



## STOP LIVING WITH FOOT PAIN



**ALLENTOWN**  
2414 Walbert Ave.

**ALLENTOWN EAST**  
2100 Hanover Ave.

**WALNUTPORT**  
Rt. 145 & Spruce St.

610.434.7000 | [www.affc.com](http://www.affc.com)

Like us on:  
facebook

*Local physician wins*

**HUMANENESS  
IN MEDICINE  
AWARD**

*from*

**LEHIGH  
COUNTY MEDICAL  
SOCIETY**

**G**abriela Firak, DO, a third-year internal medicine resident with the Lehigh Valley Health Network, was named the recipient of the 2018 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. Firak was nominated for the award by Brian Costello, DO, program director of traditional rotating osteopathic internship, at Lehigh Valley Health Network.

Dr. Costello described Dr. Firak as a kind, thoughtful, and prepared resident. “She is a strong, capable, and consistent leader of her medical teams across the continuum of inpatient medicine, ambulatory practice, critical care, and specialty rotations,” he says.

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. ✚



## *Pennsylvania Medical Society* QUARTERLY **LEGISLATIVE UPDATE**

### **PRIOR AUTHORIZATION REFORM**

The Pennsylvania Medical Society (PAMED) is advocating for reforms to the prior authorization process. We continue to urge affected physicians and their patients to file complaints with the Pennsylvania Insurance Department, contact their State Representative in support of HB 1293, and share patient stories at [www.pamedsoc.org/PriorAuth](http://www.pamedsoc.org/PriorAuth).

Please note: The Pennsylvania Insurance Department does not have jurisdiction over, and therefore cannot investigate, self-insured plans as a result of the Employee Retirement Income Security Act of 1974 (ERISA). The Pennsylvania Insurance Department can investigate complaints from most other insurance plans.

PAMED is hopeful that the House Insurance Committee, where HB 1293 currently awaits consideration, will take some action on the measure in the near future. Now more than ever, it is imperative that all PAMED members push for this legislative change, which aims to increase transparency and standardization and improve response times with prior authorization.

Recently, this issue has gained increased attention due to a CNN story outlining details of an investigation into Aetna, where a former medical director admitted under oath that he never looked at patients' records when deciding to approve or deny care. The *Scranton Times* also ran an editorial titled "Stop insurers from dragging feet on care," which ran in all the Times-Shamrock family of newspapers.

PAMED has used the media activity as a springboard, writing a letter to Acting Insurance Commissioner Jessica Altman urging her to review all licensed insurers and their prior authorization processes, and writing to the full House of Representatives urging their support of HB 1293.

In March, Gov. Tom Wolf removed prior authorization requirements for opioid treatment under Medicaid. PAMED applauds Governor Wolf for recognizing negative consequences prior authorization can have on this population of patients.

### **INFORMED CONSENT**

In a June 2017 ruling, the Pennsylvania Supreme Court held that, under the MCARE Act,

the duty to obtain a patient's informed consent is a non-delegable duty. Under the MCARE Act, except for emergencies, physicians must obtain informed consent from their patients, or their authorized representative, prior to conducting the following procedures:

- Performing surgeries (including the related administration of anesthesia)
- Administering radiation or chemotherapy
- Administering a blood transfusion
- Inserting a surgical device or appliance
- Administering an experimental medication

PAMED's legal and government relations team has been working with the Hospital and Healthsystem Association of Pennsylvania (HAP) to draft legislation that aims to address physician concerns with this ruling. Stay up to date and get member-only resources at [www.pamedsoc.org/InformedConsent](http://www.pamedsoc.org/InformedConsent).

### **TEAM-BASED CARE AND SCOPE OF PRACTICE**

On April 26, 2017, passage of SB 25 occurred

*Continued on page 30*

## LEGISLATIVE UPDATES

in the Senate. As of the writing of this update, SB 25 is awaiting consideration by the House Professional Licensure Committee, as is HB 100.

Both SB 25 and HB 100 would grant independent practice to certified registered nurse practitioners (CRNPs). PAMED strongly opposes any legislation that does not keep physicians as the leader of the health care team. It's a matter of patient safety! Learn more at [www.pamedsoc.org/TeamBasedCare](http://www.pamedsoc.org/TeamBasedCare).

A roundtable discussion was held on Jan. 24, 2018, at the State Capitol and featured a panel of physicians and CRNPs. The focus of the discussion was to educate House Professional Licensure Committee members about the nature of collaborative agreements.

On the national level, a day-long meeting to develop a consistent strategy regarding scope of practice issues was held on March 20. The meeting at American Medical Association (AMA) headquarters in Chicago included representatives from state and specialty societies nationwide.

The AMA and others in attendance, including PAMED staff, shared resources and ideas that are available to societies as we continue to develop successful, consistent strategies.

### OPIOID ABUSE CRISIS

More than 25 pieces of legislation regarding opioids have been introduced. Legislation ranges from Prescription Drug Monitoring Program (PDMP) requirements to prescribing limits. PAMED is committed to ensuring legislation preserves the physician/patient relationship as well as allowing for the physician to treat his or her patient appropriately.

Though there are quite a few pieces of legislation regarding opioids, PAMED is highlighting HB 353, which has the potential to affect many members. The bill has seen final passage in the House and is in the Senate Health and Human Services Committee as of the writing of this update. This legislation seeks an e-prescribing mandate for Schedule II-IV controlled substances, unless an exception applies. Emergency situations, temporary technological malfunctions, lack of access to the Internet/EHR system, and direct administration by a practitioner are listed as

exceptions. Due to the exceptions for physicians without EHR systems, PAMED is neutral on this legislation.

### MAINTENANCE OF CERTIFICATION (MOC)

As a result of House of Delegates policy established in the fall of 2017, PAMED is drafting legislation that would prohibit health insurers and hospitals from using MOC as part of their credentialing criteria. The language will also prohibit the physician licensing boards from using MOC as a condition of licensure.

On Feb. 5, 2018, PAMED Past President Charles Cutler, MD, MACP, an internal medicine physician from Norristown, was one of 26 members chosen from a pool of nearly 200 applicants from 42 states for the new Vision Initiative Commission. The initiative, first launched in September 2017, was created to foster a collaborative dialogue across a variety of stakeholder groups. The Commission will then present its recommendations and findings to the American Board of Medical Specialties (ABMS) and 24 Member Boards for their consideration.

PAMED is committed to and will continue to advocate for practical, evidence-based, and affordable life-long learning. Learn more at [www.pamedsoc.org/MOC](http://www.pamedsoc.org/MOC).

### TELEMEDICINE

Two bills – SB 780 and HB 1648 – would establish a statutory definition for telemedicine, mandate that telemedicine services are reimbursed, and prohibit “audio only” services (video must be available if either the patient or provider requests it).

PAMED remains optimistic that the General Assembly will ultimately pass a comprehensive telemedicine bill during the current legislative session. On behalf of physicians who utilize telemedicine, PAMED's government relations team, along with HAP, will continue to advocate for this critical piece of legislation.

### DRUG FORMULARIES

Under current law, insurers are not required to provide practitioners with drug alternatives when a drug prescribed by a practitioner is denied for not being in the patient's insurance drug formulary. As a result, practitioners must

expend time and resources to figure out what alternatives are available as part of a patient's insurance coverage. PAMED's Government Relations staff are working to hold meetings with lawmakers on this topic to identify sponsors and co-sponsors of legislation that would reform the drug formulary process to provide alternatives at the time of prescription denial.

### ADVOCACY DAY

PAMED's annual Advocacy Day is scheduled for Tuesday, May 22, at the State Capitol in Harrisburg. Let your voice be heard and talk to legislators about important issues. PAMED members are encouraged to participate. Learn more and register at [www.pamedsoc.org/AdvocacyDay](http://www.pamedsoc.org/AdvocacyDay).

### ASC TAX

Gov. Tom Wolf's 2018-19 state budget proposes a 2.81% provider tax on ambulatory surgery centers (ASCs) and endoscopy centers to generate \$25 million on an annual basis. The tax is proposed as part of the Human Services Code to provide additional dollars for Medical Assistance. PAMED supports specialty societies in opposing this tax by urging members to contact lawmakers to oppose, stating that this tax will drive up health care costs and put surgery centers at risk of closing.

### A LOOK AHEAD

Session: We can expect that the budget will take up a great deal of legislative time during the reasonably limited number of days the legislature is in session between now and June 30. The schedule is not unusual, as this is a very busy election year.

Elections: The Governor's race has three GOP candidates heading into the primary race on May 15. The entire House and 50 percent of the Senate are up for election.

Register to Vote: April 16 is the last day to register to vote before Pennsylvania's Primary Election on May 15. Visit [www.votespa.com](http://www.votespa.com) for additional information, including applications for absentee ballot, polling place location, and voter registration. Voting is important to help ensure that your voice as a constituent, and as a physician, is heard. +



# LCMS NEWS

## NEW MEMBERSHIP

**Schweta R. Arakali, MD (IM-AI)**  
250 Cetrionia Rd., Ste 103, Allentown

**Scott I. Berman, MD (P)**  
1405 N. Cedar Crest Blvd., Ste 105, Allentown

**Brian De (Medical student)**

**Dave Delnegro (Medical student)**

**Danielle Elise Durie, MD (OBG-MFM)**  
3900 Hamilton Blvd., Ste 201, Allentown

**Jahangir A Khan, MD (IM-Res)**  
PO Box 689, Allentown

**Kevin John Kriesel, MD (OTO)**  
401 N. 17th St., Ste 210, Allentown

**Steven Lester Lewis, MD (Unspecified)**  
1250 S. Cedar Crest Blvd., Ste 405, Allentown

**Zi-qi Liew, MD (OBG-Res)**  
PO Box 689, Allentown

**Patricia L Maran, MD (OBG)**  
17th & Chew St., 1st Fl., Allentown

**Andrew C. McClelland, MD (RNR)**  
1255 S. Cedar Crest Blvd., #2500, Allentown

**Jaimie Mittal, MD (ID-Resident)**

**Frank Bock Moyes, DO (EM)**

**Joseph L. Perez, DO (FM)**  
801 Ostrum St., Bethlehem

**Dhanalakshmi Ramasamy, MD (CHP)**  
1259 S. Cedar Crest Blvd., Ste 230, Allentown

**Karina Menconi Reed, MD (OBG)**  
1245 S Cedar Crest Blvd. Ste 201, Allentown

**Shamsuddin Shaik, MD (IM-Res)**  
801 Ostrum St., Bethlehem

**Ethan S. Stern, MD (IM-Resident)**

**Jessica Tucker Sumner, DO (OBG-Res)**  
PO Box 689, Allentown

**Dhanalakshmi Thiyagarajan,**  
**Medical Student**

**Ememobong Offiong Ubom, MD (OB)**  
PO Box 689, Allentown

## REINSTATED MEMBERSHIP

**David B. Burmeister, DO (EM)**  
PO Box 689, Allentown

**Ruchi Gupta, MD (PDC)**  
1605 N. Cedar Crest Blvd., Ste 119, Allentown

**Thomas A. Hutchinson, MD (OBG)**  
8th Fl., 707 Hamilton St., Allentown

**Eric R. Rittenhouse, MD (OBG)**  
440 S. 15th St., Allentown

**Kathleen O. Ververeli, MD (PDA)**  
3660 Briarwood Ln., Allentown

# REAL PEOPLE. REAL RESULTS.

Whether you need to lose 20 pounds or 200 pounds,  
St. Luke's Weight Management Center can help.  
We offer both surgical and medical (non-surgical)  
programs to help YOU lose weight and get healthy.

**St Luke's**  
Weight Management Center

---

**Stephen and Tamara lost a combined total of 391 pounds!  
Read their inspiring stories and others, or register for a  
FREE Informational Seminar at [WeightLoss.sluhn.org](http://WeightLoss.sluhn.org).**

**We lost  
391 pounds!**

