

LEHIGH COUNTY

# Health & Medicine

Official Publication of The Lehigh County Medical Society



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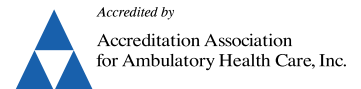
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With a winter chill in the air, it must be time for the Winter edition of *Lehigh County Health and Medicine*. We are happy to have many wonderful and informative articles for you on topics you care about.

Learn how winter weather affects your skin, and get great tips on how to keep your skin healthier and protected this winter. Another article, provided by the Cancer Support Community of the Greater Lehigh Valley, describes a “Be Comfortable in Your Own Skin” program offering for people with cancer. Their program is aimed at helping you with skincare solutions to aid you during your treatments, as well as make-up options and information on healthy skin products, techniques and more.

In this issue we discuss data in healthcare. Electronic health records are common these days, although not everyone is a fan. Read on to find more on how this information can be used to your advantage.

Many families in our area are living paycheck to paycheck. The United Way of the Greater Lehigh Valley along with the United Way of Pennsylvania are working on a statewide project called ALICE to help. Did you know that for a family of four living in Lehigh County, a basic survival budget is \$64,800? Yet the median household income in Lehigh County is \$60,871. Creating public dialogue on this situation can help drive innovative solutions to create change.

Also in this issue, you can learn about Partner Services, and it’s probably not what you think. Find out how public health agencies can partner with the medical community, and with patients, to prioritize and focus on preventing the transmission of sexually transmitted diseases.

We hope that you enjoy the magazine and find it both educational and relevant to your interests. If you wish to see past issues, they can be found at <https://lcmehsoc.org/our-publication>. Thank you for reading. +

# CANCER SCREENING GUIDELINES

**BY ELISA GIUSTO, D.O.**

Family Medicine PGY-2  
PAMPAC Resident Representative

In honor of February 4th being World Cancer Day, here are cancer screening recommendations from the American Cancer Society (ACS) that should be discussed with your physician.

Breast cancer is the most common cancer in U.S. women living, with an estimated 266,120 patients diagnosed with invasive breast cancer in 2018 and an associated 40,920 deaths. The ACS recommends yearly screening with mammography in women 45 to 54 years of age and those 40 to 44 years who choose earlier screening. Women 55 years or older should transition to biennial screening or can continue screening annually as long as the woman's overall health is good and she has a life expectancy of at least 10 years.

Cervical cancer was once one of the most common causes of cancer deaths for American women, but the rate has dropped significantly with the increased use of the Pap test. About 13,170 new cases of invasive cervical cancer were diagnosed in 2019, with an associated 4,250 women deaths. In women 21 to 29 years of age, Pap smears using conventional or liquid-based options should be performed every 3 years. In women 30 to 65 years of age, the preferred screening approach is combined testing with Pap smear and HPV DNA test performed every 5 years. Screening should be discontinued in women older than 65 years who have had at least three consecutive Pap smears with negative results or at least two consecutive HPV tests with negative results and Pap smears within the past 10 years, with the most recent test being performed in the past 5 years.

Colorectal cancer is the third leading cause of cancer-related deaths in men and in women, and the second most common cause of cancer deaths when men and women are combined. An estimated 140,250 persons were diagnosed with colorectal cancer in 2018, with an associated 50,630 deaths. In men and women 45 to 75 years of age, screening options include the following: fecal immunochemical test annually, high-sensitivity guaiac-based fecal occult blood test annually, multitarget stool DNA test repeated every 3 years, colonoscopy every 10 years, CT colonography every 5 years, or flexible sigmoidoscopy every 5 years. As part of the screening process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy. Screening should be continued until age 75 years, in patients in good health with a life expectancy of more than 10 years.

Prostate cancer is the most common cancer in U.S. men, with an estimated 164,690 diagnoses in 2018 and an associated 29,430 deaths. Decisions about screening with a prostate-specific antigen test, with or without digital rectal examination, should be made using an informed decision-making process. Physicians should initiate discussions with those at average risk starting at 50 years of age, with those at high risk (e.g., black, family history of a diagnosis at younger than 65 years) at age 45, and those at even higher risk (e.g., family history of multiple diagnoses at younger than 65 years) at age 40.

Lung cancer is the second most common cancer in both men and women (not counting skin cancer); about 13% of all new cancers are lung cancers. The ACS's estimates for lung cancer in the United States for 2019 are about 228,150 new cases of lung cancer (116,440 in men and 111,710 in women) and about 142,670 deaths from lung cancer (76,650 in men and 66,020 in women). Low-dose helical chest CT should be performed annually in patients 55 to 74 years of age in good health, currently smoke or quit within the past 15 years, and have at least a 30-pack-year smoking history. +

## SOURCES

[https://reference.medscape.com/viewarticle/916204#vp\\_1](https://reference.medscape.com/viewarticle/916204#vp_1)

<https://www.medscape.com/viewarticle/914243>

<https://www.cancer.org/cancer/lung-cancer/about/key-statistics.html>

<https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>

<https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html>



**Non-Communicable Diseases, including cancer is one of the World Health Organization's "Ten threats to global health."**

**Every year, 9.6 million people die from cancer every year.**



**Progress is possible**

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**World Cancer Day**  
4 February





# *Comfortable* in Your Own Skin

*A skin-care series presented by the CSCGLV*

BY JEN GIBBS



**T**he Cancer Support Community of the Greater Lehigh Valley has launched a groundbreaking skin-care series, Comfortable in Your Own Skin, for people with cancer. This program helps women, men, and children manage the side effects of cancer treatment, and reviews the types of products they should use to control skin problems occurring during treatment.

Practitioners, business owners, and professionals whose expertise lies in oncology aesthetics and natural beauty products will moderate Comfortable in Your Own Skin, a six-week series beginning in April that covers a different topic each week.

Jen Sinclair, the Cancer Support Community's program director, notes, "This is a groundbreaking program on many levels. It's the first Lehigh Valley skin-care program that speaks to men and kids, as well as women.

"Second, it's the first Lehigh Valley program that addresses appropriate skin care products for people. Over the years, we've hosted make-up classes where women learned how to draw on eyebrows and even out skin tone and cover redness with make-up. And, of course, we will continue to do that. But people need a lot more information now. And we're bringing it to them."

When radiation therapy and some chemotherapies target cancer cells, the skin often becomes a casualty of treatment, developing considerable dryness, itchiness, redness, and peeling.

"Whether the impact is on a part of the body covered with clothing, or on skin that others see, people are uncomfortable, and their skin becomes an issue as they try to live normal lives. We're going to help them figure out solutions," continues Sinclair.

The six-week course focuses on myths and facts about skin-care products; make-up tips to cover problem areas; natural ingredients

that can help reduce treatment-related side effects; chemical-free options for hair and nail care; men's skin care concerns; and a session developed specifically for kids and teens.

The Ambassadors of Hope, an advisory group to the Cancer Support Community, funded the program. The 45-member group was moved by a member's story of the psychological struggle she faced after losing all of her hair during cancer treatment. She explained that when she found a solution that eased her side effects, she became more confident in facing the world again.

"This woman's story is similar to so many," says Sinclair, program director. "When we talk about skin care, we aren't just taking about beauty. We're also talking about self-esteem. Our goal is to help cancer survivors feel better about their appearance, learn ways to nourish their skin, and take an empowered stance in selecting safe products they can feel good about." +

*All programs are free to cancer survivors but advance registration is required.*

**To register or for more information,  
call 610-861-7555 or visit [www.CancerSupportGLV.org](http://www.CancerSupportGLV.org)**

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# Compassionate, Valuable and Affordable Healthcare

## Part III

BY GEORGE A. ARANGIO, M.D.

**T**he 2010 ACA Bill is the law of the land. The USA will spend more than 18% of its GDP on healthcare or \$3.84 trillion in 2019. This is 12.0 % more than the average spent in 15 other developed nations. U.S. prescription drug costs have increased 69% since 2000 and 16% jump in some drug prices in 2016. Hospital care has increased

*Continued on page 12*

60% since 2000. Physician care cost has increased by 23% since 2000. The health-care sector overtook the retail sector as the nation's largest employer. The medical CPI has increased 1000% since 2009 while the general CPI for all items increased 250% since 2009; both are higher than is good for the nation. Researchers attribute this to more tax-sheltered employee insurance coverage, and middleman expenses. Consolidation of providers led to price discrepancy between areas with less competition. For example, lower limb MRI costs 24% more in some markets and knee replacement 16% more. Finally, in 2017 health-care companies spent \$550 million lobbying 532 members of Congress or \$1.0 million per person member. (1) (2)

Although healthcare expenditure increased exponentially in the USA, life expectancy, infant mortality, cancer deaths per 100,000 population and Respiratory disease outcomes are no better than in other developed nations. Diabetes rates are higher.

We are inching toward identifying increasing healthcare costs and politicians are moving toward a type of "Medicare for All" (MFA) type of National Healthcare plan. On average 49% of Americans are for and 49% are against MFA. George Mason University calculates that the price tag for MFA will be \$330 billion over ten years or \$3.3 billion per year, 70% of the present Federal budget. This calculation includes a projected 40% decrease in reimbursements compared to the present Private, Medicare and Medicaid Healthcare. When Americans were told that that MFA would increase taxes the approval fell to 32% and when told that it would lead to delays in care it fell to 26%. Most Americans want care on demand at any cost. (3) In my opinion, if MFA becomes law costs will rise and delay in elective care will occur but emergency care will not be affected.

An alternative option would cut the 900 billion dollars per year of waste, fraud and abuse and all unnecessary healthcare. If \$900 billion of existing "inefficient" healthcare were eliminated per year, the healthcare

## The 2010 ACA Bill is the law of the land and primary care physicians using technology are the clearing house of healthcare.

challenge would disappear, and the politics would be mute. Do the math. Either spend an additional \$3.3 billion or more per year on MFA or eliminate \$900 billion per year of present unnecessary drugs, ancillary testing, elective surgery and fraud. The estimated \$900 billion savings would provide 420 billion to insure 27 million uninsured Americans and provide \$300 billion per year for half the USA military budget. For the remaining 5.4% or 180 billion per year of the cost for MFA, childhood poverty could be reduced to zero in America and free K-8 education for the poor in the form of grants that include one nutritious meal a day would be possible. (4)

The 2010 ACA Bill is the law of the land and primary care physicians using technology including telemedicine are the clearing house of healthcare. A strong primary care system is an essential precondition for an affordable healthcare system. (5) Primary Care physicians and healthcare teams can care for the poor and elderly, the disabled and the mentally ill. The silent elephant in

the room is the greater than \$900 billion per year of healthcare "inefficiencies." (6) We can do better.

The principles of patient safety are known. We have been taught to take an accurate and comprehensive history. If we are unsure, repeat the history until we have narrowed the diagnosis. Then order medical-based studies to add data to make the best diagnosis. Finally, avoid any procedure deemed unsafe. Forty-five percent of hospitals use electronic "record alerts." (7) Medicine is adapting and adopting business models to improve patient safety. Assembly line like pre-op checks for patient identification, correct side surgery and correct equipment in the operating suite are the best practice. "If the attending surgeon's gender differed from that of the majority of other personnel in the OR, cooperation was significantly more common." Female surgical teams with male leaders and male teams with female leaders are more co-operative. Male surgical teams with male leaders had 50.6% conflicts and conflictive behavior jeopardizes patient safety. (8)

How are we doing? Some studies say better, but no randomized data exist from the World Health Organization. Electronic Medical Records use default settings to stop unsafe events and guide best practice. Examples are automatic referrals for post myocardial infarct patients, limiting opioids to 10 pills per prescription and readable printed prescriptions forms. (9). The Environmental Protection Agency reports that nursing homes across the country toss out about 740 tons of medications each year. Add to that the "left over" and costly prescription medications that fill our medicine cabinets. (10) We can do better.

In 2016 10,200 women with breast cancer were assessed with genomic testing. After nine years, 83.3% were cancer free with hormonal therapy alone and 84.3% were cancer free when chemotherapy was added. "Less is more" and side effects and costs were decreased. (11) Another costly inefficiency is the manner in which electronic data is shared among, doctors, insurers, hospitals,



nursing homes and patients. A healthcare “blockchain” is a public wheel like a network of computers connected by bridges, spokes, using a clearing house, the hub, that validates sources and relays many transactions, automatically. The data network has no single point of failure. The math attempts to keep everyone honest and the data live. The data cannot be altered without the cooperation, or hack, of the hub. (12)

A large Nashville-based health network is using secure real time medical history for individual patients and processing insurance claims. The system is reproducible and eliminates verifying data from user to user. One report estimated that \$1.5 billion healthcare cost a year could be saved using this technology. (13)

Private equity is buying into the healthcare industry and payers and providers are consolidating. This is not good for competition and transparency. “Those who receive healthcare are rarely those who pay for it, which helps providers to be opaque about charges.” (14)

The elephant in the room is the more than \$900 billion per year of healthcare “inefficiencies.” Physicians hold the pen that spends healthcare dollars. We can do better. “...I swear by all the gods and goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture...I will abstain from all intentional wrong-doing and harm...” 275 A.D. (15) +

## REFERENCES

1. *Wall Street Journal* Dec. 6, 2019 pp. A6
2. *Wall Street Journal* Aug. 1, 2018 pp. A6
3. *Wall Street Journal* Jan 31, 2019 pp. pp A17
4. *The economist* Sept 7, 2019 p 27
5. *Economist* April 28, 2018, Asia pp.3-5
6. Arangio, G.A., *Lehigh County Health & Medicine Magazine*, Summer 2018 p 28
7. *Revolutionizing Healthcare*, *Forbes*, Dec. 19, 2013
8. Jones, Laura et. al. *Proceedings of the National Academy of Sciences*, July 22, 2018)
9. *Economist* June 30th, 2018, pp. 51-52
10. *Wall Street Journal* September 27, 2018 p. A13
11. *Wall Street Journal*, June 6, 2018 p A1
12. *Block chain Technology A Step-by-Step Guide For Beginners*, *blockgeeks.com*, 2017
13. *Wall Street Journal*, Tomio Geron, May 29, 2018, p. 14
14. *Economist* July 28, 2018 pp.54
15. Norman, Jeremy, *HistoryofInformation.com*, April 26, 2018



# Data:

The gateway to improving health care quality and value depending on your perspective; the controversial EMR can be a trusted friend

“The goal now is to understand as much about a patient as possible, as early in their life as possible – hopefully picking up warning signs of serious illness at an early enough stage that treatment is far more simple (and less expensive) than if it had not been spotted until later.”

<https://www.forbes.com/sites/bernardmarr/2015/04/21/how-big-data-is-changing-healthcare/#24ee7e232873>

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**BY MARK WENDLING, MD,**  
Executive Director of Valley Preferred,  
and a family medicine physician

Data is abundant these days, especially in health care. Many patients are accustomed to members of their care team entering information into a computer during a conversation, both in an inpatient or outpatient setting. The electronic medical record, or EMR, has become as common in the office as the blood pressure cuff. However, EMRs are not popular among all practitioners.

Some say that it can take two hours to record all the vital information related to a one-hour patient visit. Clinicians often end up entering these facts and figures after hours, when they should be enjoying some down time. Fortunately, health care decision-makers are working on ways to mitigate the pressure and time demands that accompany EMR data collection. These efforts are forging solutions that will reduce the volume, spread the responsibility, and allow clinicians to focus on their own well-being while not in the office.

## A METHOD BEHIND THE MADNESS

Despite its critics, the EMR is today's connective tissue between health care's many arms that move together to help a patient in need. Looking at the overall picture, you could say that the ability to sustain health care as we know it comes down to data, universally housed in the EMR.

It all starts in the physician's office or in the hospital room. This is where a patient is seen and intervention, improvement, and insurance risk calculations begin. Sophisticated health care data analytics may incorporate the additional dimension of claims data, which when combined with EMR data, is capable of producing a 360-degree view of the patient's health, including medical history information that the caregiver may not have already had.

Higher level insights into a physician's patient panel are possible through the richness of data from the EMR/insurance claims combination. Clinicians can see where there may be gaps in care, if they are coding accurately, standard costs for an entire episode of care, and which patients

are considered high risk and rising risk. This kind of targeted care certainly benefits the patient, and in the long run, helps optimize the health of a certain population as a whole.

The cumulative result of this process is value based, higher quality, targeted care and reduction of unnecessary tests and procedures. This is also the path to shared savings with payer partners and positive value-based outcomes for hospitals and other health care organizations. And those actions combined, according to many industry experts, are the key to a sustainable health care system.

## CATCHING AND CORRECTING PROBLEMS

I'll give you an example of how data can work directly for patients. I have two patients who were dealing with multiple health problems when they sought my care. To protect their privacy, I won't use their real names, but let's call them Mr. and Mrs. Jones.

Mrs. Jones, only 48 years old, had a major heart attack, and while still in the open-heart unit, she suffered a massive stroke. Meanwhile, Mr. Jones, who was the caregiver for his wife, had heart disease and unfortunately ended up in the hospital at the same time she did.

When they were discharged from the hospital, Mr. and Mrs. Jones' medications were reviewed — and a frightening discovery was made. The medications on record with the insurer were different than what was documented on their medical charts, which were also different from what I had recorded. We were able to spot those discrepancies only because we were sharing that data. The lack of agreement in the respective records instantly raised a red flag telling me that I better look into this.

I asked the couple to bring all of their medications into the office so we could review them together. Upon investigation, I discovered that they were taking multiple drugs that had the same drug classifications and shouldn't be taken at the same time. As you can imagine, this could be harmful, if not potentially deadly.

Mr. Jones also mentioned that he couldn't see the writing on his pill bottles clearly. I reviewed when he had last received an eye exam, and noticed that he was long overdue. My team immediately made him an appointment with a retinal specialist who discovered severe bleeding at the rear of his eye. This was likely caused by the duplicative blood thinners he was taking. The specialist was able to stop the blood thinner and treat his eye, saving Mr. Jones from even further serious conditions such as significant bleeding and blindness.

Everyone in that chain of events was able to do a better job of helping Mr. and Mrs. Jones be healthier — and it all started with sharing data that allowed us to spot a problem sooner rather than later.

## WE'VE ONLY JUST BEGUN

With all the potential unlocked through EMR, the evolution needs to continue to enable optimal care of patients — and of physicians. Data has added significant time and administrative complexity to the physician's day; however, its intrinsic value has multiplied the caregiver's capabilities.

Through innovative sharing of patient records and collaboration between people and organizations, health care data pinpoints disease, disease risk, intervention opportunities, tracks results, and can highlight problems that could otherwise go unnoticed. This is how steps toward improvement are identified and acted upon, and consequently, how higher quality health care is achieved. As the science advances, so will technical facility. The future is starting to be defined by data's capability to create personalized health models along with visualization for precisely monitoring patients' disease progression or health over time.\*

These technologies permit a greater concentration on health preservation, rather than the current focus on disease diagnosis, monitoring, and treatment. The highly

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*Continued on page 16*

personalized health information provided now and in the future by physicians, clinicians, and health care institutions may be the answer to the best outcome by far: Motivating individuals to take the steps needed to help preserve their own health. +

\* [https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(19\)30109-8/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(19)30109-8/fulltext)

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Mark Wendling, MD, Executive Director of Valley Preferred, has been a practicing family physician and geriatrician in the Lehigh Valley for over 21 years, and continues to practice at LVPG Family Medicine - Emmaus. During his tenure with Lehigh Valley Health Network, he has been a member of the teaching faculty of the Department of Family Medicine. He helped launch a quality program in the Lehigh Valley Physician Group (LVPG) and served as Chair of LVPG Board of Governors for 10 years. He served as Medical Director of Valley Preferred for eight years, has contributed significantly to the growth of the organization, and has helped promote Valley Preferred's evolving Achieving Clinical Excellence® (ACE) physician incentive program to its current nationally recognized status.



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# LIVING PAYCHECK TO PAYCHECK

## in the Lehigh Valley

BY ERIN CONNELLY

United Way of the Greater Lehigh Valley



**L**ike many people who come through New Bethany Ministries' doors, Elizabeth didn't expect to end up homeless. The 37-year-old from Bethlehem had been working full-time, pursuing her associate's degree and raising her five children when she was forced to flee an abusive relationship, leaving her without a place to live.

*Continued on page 18*



With support from Turning Point Lehigh Valley and New Bethany, Elizabeth is now feeling energized, happy and strong, and looks forward to moving into her own place with three of her children. “I’m picking up all the broken pieces and putting them back together,” she said.

But even though she works between 50-60 hours a week in a job she loves, Elizabeth is still challenged with making ends meet.

“Paycheck to paycheck – that’s how it is,” she said. “Every paycheck I get goes to room and board. Here, thirty percent goes to savings, so that I can move out with my children. And there’s nothing left.”

All across our region, families like Elizabeth’s are working hard but still walking a financial tightrope. With data from a new statewide project called ALICE, we now know that more than one in three families in our region is struggling to afford the barebones essentials. This data project was launched by the United Way of Pennsylvania and supported by a network of statewide United Ways, including the United Way of the Greater Lehigh Valley.

ALICE stands for Asset-Limited, Income-Constrained, Employed. This term describes households who are above the federal poverty level, but who don’t make enough money for their basic needs. They are working and paying taxes, but not earning enough to be financially stable.

“ALICE workers are crucial to our economy, yet they are struggling to survive,” said Priscilla Rosado, Assistant Director of Food Access and Emergency Services at the United Way of the Greater Lehigh Valley. “They are health care workers, office workers, retail staff, or the people who take care of our children and elderly. They live in every county, city, town, and borough in our region.”

According to the ALICE data, in 2017, 40 percent of Pennsylvania households did not have any savings for a rainy day or emergency. This means that these households are often one illness or emergency away from financial crisis. An unexpected hospital trip or medical bill can have immediate and far-reaching consequences and budgets are so tight that families are forced to choose between buying groceries, paying for prescriptions, or paying rent.

#### ALICE in Lehigh County

The latest ALICE data, collected in 2017, shows that over one in three households in Lehigh County are struggling to afford basic needs. Eleven percent of households are at or below the federal poverty level, and 26% of households are ALICE – making too much income to qualify for aid, but not enough to become financially stable.

The ALICE data project also provides data on how much it actually costs to live in each county, city and town in Pennsylvania. For a family of four with one preschooler and one infant living in Lehigh County, a basic survival budget is \$64,800. This budget is truly barebones – it doesn’t include any extra for a cell phone, or cable or car repairs. For this family of four to achieve a degree of financial security, their yearly household income would need to be \$105,768.

“The median household income in Lehigh County is \$60,871. If it costs over \$100,000 a year for a family of four with small children to be financially stable in Lehigh County, we are looking at a huge gap,” said Rosado.

The ALICE data also shines a light on the number of ALICE households in each city, town, or borough in Lehigh County. In Whitehall Township, for example, the number

of households under the ALICE threshold, which is the number of households that are ALICE, combined with the households who earn at or below the Federal Poverty Level, is 37% percent. In Allentown, that number rises to 58%.

**Supporting ALICE**

The ALICE data shines a light on a hidden and growing crisis.

“The ALICE data project was designed to start a dialogue in our community,” said Rosado. “If such a large number of our neighbors are experiencing economic hardship, how can our region thrive? Now that we know the extent of the issue, the challenge is for all of us to come together to create innovate solutions for how we can help our community members continue on their path to financial sustainability.”

“ALICE is the keystone of the Pennsylvania economy,” said Kristen Rotz, president of the United Way of Pennsylvania. “ALICE represents a large portion of the purchasing power of Pennsylvania households. All Pennsylvanians lean on ALICE for support on a daily basis. Now that we are aware of the struggles ALICE faces, we must come together to help ALICE take steps toward lasting financial stability.”

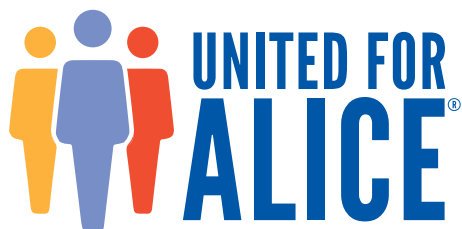
United Ways across Pennsylvania are working to mobilize their communities to champion ALICE families through policy and programs. In the Lehigh Valley and Carbon County, United Way of the Greater Lehigh Valley is working to support ALICE families by providing information on resources via 211, ensuring that people have access to nutritious food, that seniors can thrive in their homes, and that kids have opportunities to be successful in school.

In the meantime, ALICE families in our community continue to be resilient and work hard to get on a path to financial stability.

Elizabeth is nearing the end of her time at New Bethany Ministries and has a lot of hope for what’s ahead for her. “I never thought I would be here today,” she said. “I found a lot of growth in it. It’s not a good thing to be homeless, but I learned a lot.”

Elizabeth is planning on moving into her own apartment this month and wants to go back to school to get a degree in criminal justice.

“My kids say, ‘Mom, you seem happy.’ Everything is coming together and I’m excited.” +



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# STOPPING THE SPREAD

## OF SEXUALLY TRANSMITTED INFECTIONS

BY TOM BRODHEAD, SHERI HILT, AND RENEE TEDDER,  
Disease Intervention Specialists of the Allentown Health Bureau

**S**wimming in the ocean, using a public bathroom, or using the towels at the gym – all reasons that people suspect cause their Sexually Transmitted Infection (STI). After all, their sexual partners are “safe,” despite not using any barrier methods or prior testing for STIs. But we know that untreated sexual partners are a critical concern and a barrier to stopping the spread of STIs and preventing patients from getting re-infected. Local health bureaus house the hard-working public servants striving to reduce, and ultimately eliminate, STIs in the community. One of the most powerful tools in this quest is Partner Services.

Contact with infectious bodily fluids, such as vaginal secretions, semen, and blood, is how Gonorrhea, Chlamydia, Syphilis and HIV are spread. Syphilis transmission also occurs by contact with a primary chancre. The commonality is that these infections are spread primarily through unprotected sex. Hence, a combination of testing, treatment, and education is the primary action plan for combating the spread of STIs.

Partner Services, the concept of reaching out to the sexual partners of confirmed cases of STIs and offering testing, has been heavily utilized as an intervention specific to newly diagnosed HIV patients. Partner Services prevents HIV negative individuals from becoming positive and has applications for all STIs. Treating STI positive patients is reactive. Partner Services is intended to be proactive in nature because there is intervention hopefully before infection occurs or quickly after exposure. The ideology remains the same: test, treat, and educate. The advantage is that Partner Services interviewing identifies high risk individuals. This gathering of sexual partner information from STI positive individuals is paired with coordinating an appropriate outreach, making it an efficient and effective intervention to reach those exposed and encourage them to protect themselves.

The process of Partner Services, although ideally done for all STIs, has critical importance in the role of reducing the spread of HIV. Partner Services is offered to all newly diagnosed HIV patients by Disease Investigation staff specifically trained in Partner Services delivery. Physicians contact local or state health departments to schedule Partner Services staff to attend the appointment where patients are first delivered HIV positive test results. During the process, HIV patients are interviewed to determine sexual partners for the three months prior to the patients last negative HIV test or complete a sexual history, if they have never been tested for HIV before this visit. (This process of interviewing can also be used for Syphilis, Chlamydia, and Gonorrhea, although timelines and additional symptomatic questions are tailored for each infection's mode of transmission.)

*Continued on page 22*

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## FEATURE

The process of conducting Partner Services can be complicated. An initial conversation focuses on creating a rapport with the client and isn't always the best time to inquire about partner names and contact information. The reaction to the new HIV positive diagnosis varies based on the person.

On some occasions, a newly-diagnosed patient can discuss partner notification, but more likely, this initial meeting may require those providing partner services to take a support role for the client and an additional follow-up contact may be needed. This follow-up with the patient may occur in conjunction with admission into care, which ideally happens immediately. It is crucial to be as accommodating as possible to patients and it is often during additional encounters when patients will begin to trust and divulge more partner contacts. The act of showing support and maintaining contact resonates strongly for many people and even encourages compliance with treatment.

Partners are then contacted ideally by phone, home visit or at community locations. At times a letter is sent asking partners to contact the Health Bureau, but never is an individual told they are a contact to an STI by letter. The index patient's identity is never divulged under any circumstance. The partner is informed that we have reason to believe they have been exposed to HIV and are offered testing. If a positive result is obtained, Partner Services will then begin with this new client.

Every partner identified and tested helps to stop disease transmission. We ask providers who are meeting with newly-diagnosed HIV positive patients to contact the appropriate Health Bureau as soon as possible and allow trained staff the opportunity to provide our services. It will take communication and collaboration between public health and primary care to reduce the incidence of STIs.

The Partner Services process is an example of the core mission of public health as it is a proactive partnership approach to education and the prevention of disease transmission. Discussing sexual behavior, and most especially risky sexual behavior, can be challenging within the confines of a time-limited medical appointment. Public health staff have the time to spend.

We encourage providers to contact public health and to join us in our mission of prevention through collaboration. Every patient will receive Partner Services with confidentiality and respect and no patient will be treated differently based upon race, religion, sexual orientation or income. +

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# Winter Skin Care

BY SHANE M. SWINK, DO, KRISTINA M. LIM, DO, AND CYNTHIA BARTUS, MD



**A**s winter approaches, the chill in the air means our skin needs extra care. The changes in temperature and humidity cause the air both inside and outside to dry out. The dry air can cause the skin to itch, flake, or crack. It can exacerbate underlying conditions such as eczema. It can even make fine lines and wrinkles more noticeable. The following tips can help prevent the dry, itchy skin of winter.

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*Continued on page 24*

# BATHING TIPS FOR DRY SKIN RELIEF

When bathing, follow these tips from board-certified dermatologists to prevent dry skin or keep it from getting worse.

## KEEP IT SHORT

Limit your bath or shower to five to 10 minutes to avoid drying out your skin.



## TURN DOWN THE TEMPERATURE

Use warm water. Hot water removes your skin's natural oils.



## MOISTURIZE IMMEDIATELY

Apply moisturizer while your skin is still damp to lock in moisture.



## REACH FOR GENTLE PRODUCTS

Use mild, fragrance-free cleansers.



## PAT YOUR SKIN DRY

Gently use a soft towel.



If these tips do not bring relief, make an appointment to see a board-certified dermatologist. Very dry skin may require a prescription ointment or cream. Dry skin can also be a sign of an underlying medical condition, such as eczema.

You can find a board-certified dermatologist at [aad.org/findaderm](http://aad.org/findaderm).

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Hot showers may feel great when it is cold outside, but they can do more harm than good. Long, hot showers dry out our skin, and this becomes more noticeable in the colder months. Try limiting showers to 5-10 minutes in lukewarm water using a gentle, fragrance-free cleanser. You only need to apply enough cleanser to remove dirt and oil from visibly soiled areas; a thick lather is not needed. After your shower, blot dry with your towel rather than rubbing the skin.

Immediately after your shower, apply a moisturizer all over. When choosing a moisturizer, creams are favored over lotions because they are better at locking in moisture. Creams often come in tubs whereas lotions are in pump bottles. Ingredients to look for that help to soothe dry skin include ceramides, lactic acid, urea, hyaluronic acid, dimethicone, glycerin, lanolin, mineral oil, and petrolatum. Skin care products should be fragrance free and hypoallergenic to avoid irritating sensitive

winter skin. Colognes/perfumes or other products made with alcohol should also be avoided.

Once out of the bathroom and deciding what to wear, there are several things to keep in mind. Choose natural and breathable fabrics, and avoid things like wool, acrylic, or polyester which can irritate dry skin. If you are going to wear an irritating fiber, be sure to wear a cotton or silk undershirt to decrease your skin's exposure to harsher



materials. Additionally, consider using a hypoallergenic laundry detergent for your clothes.

When heading out the door, remember to wear gloves or mittens made of a natural fiber (like cotton), to prevent your hands from drying out. Our hands get very dry during winter from a lot of irritants, so they're important to protect. Also considering wearing waterproof gloves if your hands are frequently in water. Keep a small bottle of hand cream in your coat to keep your hands moisturized on the go. And, don't forget lip balm.

At home, try to stay warm without exposing your skin directly to open heat sources like fireplaces or heaters. Consider using a humidifier to keep more moisture in the air.

With these simple tips, you can prevent dry skin this winter. If these tips don't provide enough relief, you may need to see a dermatologist. Sometimes dry skin requires a prescription strength topical ointment or cream or can be a sign of skin conditions that require treatment. Your dermatologist can help you create a personalized winter skin care plan, and keep your skin looking great all year round. +

#### HELPFUL LINKS:

<https://www.aad.org/skin-care-basics/dermatologists-tips-relieve-dry-skin>

<https://www.aacd.org/page/DrySkin>

<https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-minute-winter-skin-protection-tips/>



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# Wrist Tendonitis

BY LAWRENCE E. WEISS, M.D.  
OAA Orthopaedic Specialists

**W**rist tendonitis is a cumulative condition that develops from overusing one or more of the tendons that surround the wrist joint. Although any tendon surrounding the wrist can be involved, tendonitis usually occurs where tendons cross each other near the wrist bones.

Wrist tendons are fibrous tissues made of collagen that connect the muscles in the forearm to bones in the hand. When functioning properly, tendons glide easily through smooth sheaths that are lubricated with synovial fluid. Repetitive strain or friction can cause inflammation of a tendon within the sheath, resulting in pain, swelling, stiffness and reduced range of motion.

## TENDONITIS CAUSES

Many cases of wrist tendonitis are due to a repeated motion that causes irritation and pain.

**Sports:** Athletes playing racquet sports are at increased risk because the repeated motion places stress on the wrist. Improper technique or equipment when playing a sport can also cause tendonitis symptoms.

**Work or hobbies:** Jobs that require overhead reaching, repetitive motion, awkward positions, or forceful exertion can cause progressive pain in the wrist due to tendonitis. Tendonitis may be seen in people who work on an assembly line or in a factory.

**Age:** Older adults may be susceptible to developing wrist tendonitis as tendons lose strength and elasticity with age.

**Injury:** Tendon damage can occur suddenly through an injury or fall.

**Chronic conditions:** Rheumatoid arthritis or other autoimmune diseases can also contribute to pain in the wrists through direct joint damage or tendonitis.

## WRIST TENDONITIS SYMPTOMS

Whether wrist tendonitis develops as a result of overuse, injury, or inflammation, it can cause symptoms that are common amongst all etiologies.

Similar treatments exist regardless of whether wrist tendonitis is caused by degeneration of the tendon or inflammation.

## TREATMENTS INCLUDE:

**Splinting** – Immobilizing the wrist allows the tendons and surrounding sheath to rest

**Physical therapy** – Exercises for wrist tendonitis can reduce pain and improve range of motion

**Ice** – Cold therapy reduces inflammation and stimulates blood flow

**Anti-inflammatory drugs** – Ibuprofen or other non-steroidal anti-inflammatory medication relieves pain and swelling

## Some indicators of wrist tendonitis include:

- Pain in the wrist
- Stiffness in the wrist joint
- Reduced range of motion
- Sharp, shooting pain
- Decreased grip strength
- Tenderness or numbness
- Inflammation or swelling
- Warmth or redness
- Creaking sensation in the tendon
- Wrist Tendonitis Treatment

**Cortisone injection** – If other treatment methods are not effective, corticosteroids offer powerful relief; multiple repeated injections are not recommended, as they may weaken the wrist tendon

**Platelet-rich plasma (PRP)** – Platelets are separated from the blood and injected into the wrist to reduce inflammation

**Surgery** – For cases resistant to non-operative treatment, wrist tendonitis surgery may be necessary to remove inflamed tissue, alleviate tightness, and release any constricted tendons

## WRIST TENDONITIS RECOVERY TIME

Recovery time for wrist tendonitis depends on the severity of the condition. Generally, new cases of wrist tendonitis require shorter duration/less invasive treatments and heal faster than more established cases. Severe injuries or neglected cases of wrist tendonitis are often associated with longer treatment times and a greater need for surgery.

Mild wrist pain usually responds to splinting, rest, cold therapy, and anti-inflammatory drugs within a few weeks. More advanced tendonitis may not respond to conservative treatment, and surgical recovery can take 3 months or more. Beginning a physiotherapy program immediately after surgery will speed up the recovery process.

## PREPARING FOR AN APPOINTMENT

On the day of your visit, be prepared to tell your doctor:

- The location and intensity of your wrist pain
- When the pain began and how long it has lasted
- Background information such as an injury or event that may have caused your symptoms
- Previous treatments you have tried such as ice, splinting, or anti-inflammatory medication

Bring a list of your current medications and dosages and any specific questions you may have. You may want to ask some of the following questions:

1. What treatment options are available for my condition?
2. Can we begin with the least invasive treatment and progress to more involved procedures later?
3. Do I need surgery? If so, what are the benefits and drawbacks of scheduling surgery now versus waiting until a future date?
4. What happens during the procedure?
5. What are the side effects of this treatment?
6. Are there any associated risks or complications?
7. How long will it take for me to heal?
8. Will I need physical therapy? If so, how long will I have to be in therapy? +



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Three white baseballs with red stitching are arranged on a solid blue background. One is at the top, one in the middle, and one at the bottom, all slightly out of focus. The title text is overlaid on the middle baseball.

# LONG ODDS IN THE LEGISLATIVE PROCESS

BY LARRY LIGHT

Sports are an important part of our lives where your success rate is a traditional measure of competence. If you bat .300 (30%) or make free throws at a 90% rate you're doing pretty good, maybe even an all-star. In our data-driven era quarterback ratings and wins above replacement are important statistics. Politics is a little different. In politics the target is a success rate of 50%. You need to convince 50.1% of the citizens who voted that you are the best candidate. When you are elected and serve in the General Assembly, the baseline for success is set by the Constitution. To approve legislation the numbers are 102, 26 & 1. You need 102 votes in the House and 26 votes in the Senate, one more than half of the members in each chamber. And then you need a 100% win, the approval of one individual, the Governor, for a bill to become law.

But you hit a bump in the road in calculating a legislator's success. One of the two principle things that legislators do is advocate for their constituents. Legislators help people in their districts solve their problems with governmental bureaucracy. Other than testimonials from grateful constituents there's very little that can be done to measure success on the constituent advocacy ledger. But the legislator who isn't very good at listening to constituents and engaging on their behalf probably won't remain in office for very long.

The second principle duty of Senators and Representatives is to pass legislation and that can be measured. The intent of each new law is to right a wrong that has existed in the past, create a new opportunity for a progress throughout the Commonwealth or modify an existing law that is not accomplishing the perceived or desired outcome. Health

care legislation that relates to physicians, who have an unrestricted license to practice medicine, runs the whole gamut. Physician interests spend a great deal of energy opposing legislation that would change the clinical balance and negatively impact the quality of care. But there is also an important role for physician advocates in shaping new laws that will have an impact on the delivery of patient care. In general, legislators respect the views of physicians on the broad scope of health care issues and introduce a lot of health-related legislation. As a result your lobbyists are usually tracking at least 300 or more bills during every two-year session.

Regardless of their intent, the 252 state legislators introduce an alarming number of legislative bills, an average of 3,624 per 2-year session over the past 10 years or a total of more than 18,000 during that 10-year period. And they have thousands of

recorded roll calls on bills and amendments. Unfortunately, legislation is often introduced and moved forward to a vote by the majority party to send a message to their party base of voters rather than to pursue real change. The reality is that they don't see very many of the bills that are introduced enacted into law, less than 10% of them in fact.

### **THE REAL DRAMA IN THE LEGISLATIVE PROCESS, THOUGH, BEGINS AFTER THE BILLS ARE INTRODUCED.**

One reason relatively few become law is that the legislative process is deliberative by design. The process set out in the Constitution is designed to assure careful consideration before laws are amended or repealed and before new laws are created. That deliberative feature is a hallmark of the democratic process. While it can become

*Continued on page 30*

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complicated, the basics of the legislative process are well known. It's a process in which political momentum plays a significant role. Legislative bills move from committee to the full House and Senate for a reason; they have support from someone.

On the other side of the ledger, those who are intent on stopping a bill from being enacted into law have at least a dozen opportunities to aggressively seek changes designed to weaken the bill or defeat the bill before the final action, the Governor affixing his signature to approve or veto the bill. One of the reasons that so few of the bills that are introduced become law is that if you oppose a bill, you only have to stop it one time. Those who support passage have to successfully clear each and every hurdle in the process. They've got to hit a home run and then touch all the bases for it to become law.

Not surprisingly if you can't reverse the tide and successfully defeat a bill in committee or on the floor, or sufficiently weaken the language, then the next best available option is to delay passage. Experienced political operatives can quietly point to a wide choice of procedural stalling tactics that might extend the process for a time sufficient to allow more reasonable points of view to prevail. Slowing the process creates an opportunity for something better to happen. However, at the end of the day, those for a bill and those against it both recognize the truth in the old saying, the minority may have its say, but the majority has its way.

### SO WHAT'S THE SUCCESS RATE IN THE LEGISLATIVE PROCESS?

Over the last 10 years, there has been an average of 309 bills enacted into law during each of the five 2-year legislative sessions.

Of the 3,624 bills introduced during each 2-year session, an average of 8.5% has been enacted into law. That's not a very strong success rate. Since the odds of success are pretty daunting, when a bill dies at the end of session the tried and true remedy is to simply have the legislation re-introduced in the next session and try again and again until it becomes law. And when they do that the constituent advocates, the professional associations and the lobbyists start the fight all over again. +



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