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Program Portrait Project PAGE 6

The NFL's Biggest Headache - CONCUSSIONS

— The NFL Draft Returns
to Philadelphia PAGE 10

The GOP's Rush to Repeal Obamacare...

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LETTER FROM THE PRESIDENT



Daniel T. Dempsey,
MD, MBA, FACS
President

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Your Comments!**

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If you would like your
comments considered for
publication, please
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When we published our first article on the Affordable Care Act in our summer edition of *Philadelphia Medicine*, last year, all the people in the know we talked to were convinced that the November election would produce more of the same divided government in Washington, with Hillary Clinton getting elected President and the Republicans holding onto at least the U.S. House of Representatives. The experts said that with continued divided government, there would be either more gridlock on health care, or some movement toward compromise to improve the ACA.

Boy, were those experts wrong, but they certainly were not alone. Many other analysts and pollsters, who have spent careers gauging the electorate, were stunned by the election of Donald Trump. Among them were supporters of the ACA, also known as Obamacare. Alan Miceli's article on the ACA in this issue looks at the possibility of Republicans repealing Obamacare, and if that happens, what will replace it. Will a new health care law ensure that people who have health insurance through the ACA, continue to keep it? The article includes interviews with Delaware County Congressman Patrick Meehan, Dr. Richard Snyder, chief medical officer of Independence Blue Cross, and Wharton health care management professor Mark Pauly. I think you'll find their insights thought-provoking.

For the first time in 56 years, the NFL draft is being held in Philadelphia. The late April gathering is expected to draw about 200,000 people to the home town of the Philadelphia Eagles. The draft takes place amidst growing concerns over a possible threat to the future of football – concussions. Dr. Michael DellaVecchia's wide-ranging article includes an interview with the man who broke the NFL concussion story to the world – Dr. Bennet Omalu. His story is the basis of the movie "Concussion," starring Philadelphia native Will Smith. Dr. Omalu, along with other experts, discusses what if anything can be done to drastically reduce the number of concussions in the sport.

Chances are you will be surprised by our article on Temple University Hospital. It's not breaking news, of course, that the institution is essential to the wellbeing of our city. But what might astonish you are the sheer numbers involving the hospital. They are staggering. Last year, about 134,000 patients were treated in its emergency room, 10,600 were treated in the psychiatric crisis response center, 541 people landed in the hospital with gunshot wounds, 230 in its burn center, and there were 246 transplants and 2,900 deliveries. That's an impressive year of work.

We'll also show you heart-warming portraits of youngsters who underwent reconstructive surgery on their faces. The paintings – one of which is on our cover – are an effort to help heal the emotional scars of the children. It's called "Face to Face: Craniofacial Program Portrait Project," carried out by the artists at Philadelphia's Studio Incamminati, and sponsored by Children's Hospital of Philadelphia and the Edwin and Fannie Gray Center for Human Appearance of the University of Pennsylvania. A father of one of the youngsters called the artists "plastic surgeons of the heart and soul." It will be clear to you what he means, when you see all the portraits.

We have a lot more in this issue. We think you'll find it all worthwhile. We welcome your comments, and if you're not a member we encourage you to sign up. ●



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Healing with Both Medicine and Art...

Face to Face:

The Craniofacial Program Portrait Project

You don't have to convince Robert Lytle of the combined power of art and medicine. His daughter Avery was one of 12 youths painted by artists from Studio Incamminati, School for Contemporary Realist Art, as part of "Face to Face: The Craniofacial Program Portrait Project."

Isaiah by Kerry Dunn



Avery by Robin Frank

"The artists pick up where doctors leave off; where doctors perform plastic surgery on the face and head, artists are plastic surgeons for the heart and soul," he says. "Avery told us it made her feel powerful and strong."

That project, in cooperation with The Children's Hospital of Philadelphia and the Edwin and Fannie Gray Center for Human Appearance at the University of Pennsylvania, is steeped in the Philadelphia traditions of realist art and groundbreaking medicine. However, it is just one example of how **Studio Incamminati** artists employ the lineage of mastering traditional artistic skills to create meaningful art in a contemporary world. Their work and teaching methods have been hailed by art critics and community groups. *Fine Art Connoisseur Magazine* describes **Studio Incamminati** as "one of the nation's top art academies" and Urban Promise Academy honored the school for its "Senior Portraits" program for underserved youths.

Studio Incamminati was founded in 2002 by world-renowned artist, the late Nelson Shanks and his wife Leona. Nelson Shanks' work has been honored and exhibited worldwide and his portraits of luminaries such as Pope John Paul II and Princess Diana are still considered masterpieces. He was a sought-after art educator, and among his teaching positions, he served as distinguished visiting professor in fine arts at George Washington University and taught a Master Painting Class at The Russian Museum, St. Petersburg, and Russian Academy of Arts. The Shanks, who spent decades shaping their own personal art-education curriculum, gave the school its greatest gift – a lifetime of knowledge to benefit generations to come.

Studio Incamminati, modeled on both traditional Italian academia and French atelier, is committed to the belief that mastery of technique is essential to meaningful creative expression. The innovative curriculum fuses classical traditions of the Renaissance/Baroque-era masters, luminous color of the Impressionists, and a fresh, contemporary sensibility. It aims to produce highly skilled and successful artists who call upon their training and abilities to create art with depth of purpose. The artists, faculty, and alumni continue to achieve these goals. They have been featured at numerous prestigious venues, including exhibitions at the National Arts Club, NYC; S.R. Brennen Galleries, Santa Fe; and in prominent magazines such as *American Artist* and *International Artist*.

Studio Incamminati is one of the few schools of its type accredited by the National Association of Schools of Art and Design. In addition to the core four-year Advanced Fine Art Program, it offers workshops open to the public both in Philadelphia and

Continued on page 8



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Grace by Robin Frey



Nelson Shanks

through the In Your Town programs nationwide. Other programs serve high school students and art educators throughout the region. The Integrated Art Studio major offers the opportunity to earn a liberal arts degree at Philadelphia's Chestnut Hill College while taking studio classes at **Studio Incamminati**.

Among its priorities, **Studio Incamminati** is committed to guiding students to develop the essential skills and vision integral to contemporary realism that captures the human form and soul on canvas, and unveils the human condition in all its complexity. In addition to the stress on skills-based, studio-based training, it guides artists to inform that mastery with a powerful underpinning of art history which enables them to produce art that informs, fulfills, and inspires. Its students are more than curious about art, they are serious about art as a career. To that end, **Studio Incamminati** provides the necessary skills in the business of art so that its students can become successful, self-sustaining artists who contribute to society. Its fellowship programs help bridge the gap between student and profession and its alumni offerings keep graduates apprised of the latest school news and the latest opportunities for grants and exhibitions. In addition to the artistic training, **Studio Incamminati** instills the value of using art to give back, whether through teaching or community outreach. **Studio Incamminati** graduates are using foundational drawing workshops to help Philadelphia's Project HOME residents recovering from homelessness develop needed life skills. Other graduates work with secondary school students at Doane Academy, Burlington, NJ, using art classes to sharpen students' observational and critical thinking skills that resonate across the curriculum.

All work at **Studio Incamminati** is based on teaching representational art – figurative, still life and portrait. As founder Nelson Shanks put it, "Nature is the best and, really, the only real vocabulary that an artist can legitimately work with." However, painting from life is never confused with "copying." **Studio Incamminati** artists may master skills such as composition and color, but they draw on their own individual creativity to utilize those skills. Any physician trained in the scientific method will recognize some of these same qualities employed in realist art.

"Life work teaches many unexpected things, such as patient observation," according to Dan Thompson, MFA, a longtime instructor who teaches anatomy for artists. "Better than painting from memory and more fulfilling than a photograph, life painting is the mechanism of self-discovery."

Note on images: Fetti to Shanks to Dunn represents a progression of realist art bridging the Old Master Fetti's Italian Baroque to Nelson Shanks' contemporary realism to his student Kerry Dunn.

Kerry Dunn is a longtime instructor and serves on the school's Artistic Committee. ●



Nelson Shanks



Katya Held "Once Upon a Time There Was a Pumpkin," a Finalist in the Still Life category of the 12th International Art Renewal Center Salon Competition. The competition is extremely rigorous with entries by 640 artists from 63 countries.



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	<p>THURSDAY, MAY 18 • 5:10–5:30 PM</p> <p>Daniel J. Rader, MD, FNLA</p> <p><i>FUTURE: Non-LDL Related Mechanisms to ASCVD Risk Reduction</i></p>
	<p>FRIDAY, MAY 19 • 3:20–3:45 PM</p> <p>Brian A. Ference, MD, MPhil, MSc</p> <p><i>Diabetes & PCSK9</i></p>
	<p>FRIDAY, MAY 19 • 4:20–4:45 PM</p> <p>G. Kees Hovingh, MD, PhD, MBA</p> <p><i>Treatment & Developing Therapies in FH</i></p>
	<p>FRIDAY, MAY 19 • 5:10–5:35 PM</p> <p>Gerald F. Watts, MD, DSc, PhD</p> <p><i>Outcome Data in FH Management: Where Do We Stand?</i></p>

FEATURE

The NFL's Biggest Headache – CONCUSSIONS

By: Michael DellaVecchia, MD, PhD, FACS, FICS

On April 27-29th the city of Philadelphia will host the 2017 National Football League draft for the 15th time. This year the draft will be held on the Benjamin Franklin Parkway and the city is expected to host 200,000 visitors and receive an \$86 million economic impact to the area.

In those few days, many young men will be made instant millionaires and become part of the \$75 billion industry that is the National Football League. The league's 32 franchises have a total value that is slightly less than the combined values of the 30 major league baseball teams (\$38.6 billion) and the 30 NBA teams (\$37.4 billion). (See values of the top 10 NFL franchises in the accompanying table).

In recent years, medical research has shown that participation in concussive sports can take a terrible toll on its players. Acute injuries can range from the quickly recuperative to paralysis or instant death. Recently, neuropathology and biomedical engineering have brought to light long-term damage to the brain as a result of repetitive head collisions. Developing brains of children and adolescents are more susceptible to the cognitive damages than previously thought.

FATALITIES DIRECTLY DUE TO FOOTBALL – 1931-2015¹

	Organized Youth Direct	Pro & Semi-pro Direct	Middle & High School Direct	College Direct	Total Direct
TOTAL:	179	80	695	92	1046
Percent	17.1%	7.6%	66.4%	8.8%	100.0%

No study was made in 1942. ²Yearly totals 1931-1965 available from past reports.

TABLE V: CHARACTERISTICS OF DIRECT FATALITIES 2015

	Organized Youth	Pro & Semipro	Middle & High School		College	All	
	N	N	N	%	N	N	%
Type of Activity Being blocked	0	0	1	14.3%	0	1	14.3%
Being tackled	0	0	3	42.9%	0	3	42.9%
General play	0	0	1	14.3%	0	1	14.3%
Tackling	0	0	2	28.6%	0	2	28.6%
Type of session Competition	0	0	7	100.0%	0	7	100.0%
Suspected cause Fracture	0	0	1	14.3%	0	1	14.3%
Hemorrhage	0	0	1	14.3%	0	1	14.3%
Subdural hematoma	0	0	1	14.3%	0	1	14.3%
Traumatic brain injury	0	0	3	42.9%	0	3	42.9%
Unknown	0	0	1	14.3%	0	1	14.3%
Body part							
Head	0	0	2	28.6%	0	2	28.6%
Spleen	0	0	1	14.3%	0	1	14.3%
Brain	0	0	3	42.9%	0	3	42.9%
Neck or cervical vertebrae	0	0	1	14.3%	0	1	14.3%
Location of event							
School athletic facility	0	0	7	100.0%	0	7	100.0%
TOTAL:	0	0	7	100.0%	0	7	100.0%

A comprehensive report, ANNUAL SURVEY OF FOOTBALL INJURY RESEARCH 1931 - 2015 Report #: 2016-01, prepared for the American Football Coaches Association of Waco, Texas, the National Collegiate Athletic Association, Indianapolis, Indiana, the National Federation of State High School Associations, Indianapolis, Indiana, and the National Athletic Trainers' Association, Dallas, Texas, through the cooperative effort of Kristen L. Kucera, MSPH, PhD, ATC Director, National Center for Catastrophic Sport Injury Research at The University of North Carolina at Chapel Hill, David Klossner, PhD, ATC Associate Athletics Director/Sports Performance University of Maryland, Bob Colgate, Director of Sports and Sports Medicine, National Federation of State High School Associations, Robert C. Cantu, MD, Medical Director, National Center for Catastrophic Sport Injury Research, lists the astonishing number of 1046 total direct fatalities due to participation in football. Even more tragic, the vast majority – 83.6 % – occur in middle school and high school football and 71% related to block or tackling activity.

Injuries, and even death, are extensive in the “concussive” sports, including boxing, football, rugby, and hockey. The Manuel Velazquez Boxing Fatality Collection lists 923 deaths during the 118-year period of 1890-2007 and mixed martial arts list four US fatalities since 2007 in sanctioned bouts, and another nine fatalities in unsanctioned bouts. (Wikipedia)

The diagnosis of “senilis pugilistica” or “punch-drunk” has long been known and studied in boxers.

Philadelphia Medicine was able to get an exclusive interview with Gregory Sirb of the Pennsylvania State Athletic Commission.



Gregory Sirb has been the Executive Director of the Pennsylvania State Athletic Commission since 1990. He received a bachelor's degree in communications from Edinboro University and a master's degree in public administration from Penn State.

Pennsylvania is one of the most active states for professional boxing and mixed martial arts. It oversees licensure for participants over 18 years old (a requirement), including 350 licensed boxers and over 400 licensed professional and amateur martial artists. In 2015, The Pennsylvania State Athletic Commission sanctioned 35 mixed martial arts and kickboxing events, 60 amateur boxing bouts, 29 professional boxing events, and 370 wrestling matches. Amateur and youth events, such as Golden Gloves, are not under the jurisdiction of the State Athletic Commission.

Commissioner Sirb, in an exclusive interview with *Philadelphia Medicine*, reports that there is a federal database of boxers tracking all pro boxers, including their win/loss records and all medical and/or administrative suspensions. Licensure in Pennsylvania is denied if there is a history of an intracranial bleed. The state requires that an ambulance be present and a physician be in attendance at all events. The Commissioner believes that “susceptibility to knock-out is more genetic-related” and that professional boxing will not accept headgear, pointing out that it protects against lacerations and not concussions.

The State Athletic Commission (SAC) requires professional boxers as well as professional and amateur mixed martial artists to “have blood test results completed within the past 6 months for HIV, Hepatitis B-Surface Antigen and Hepatitis C,” and the following general form completed by a physician. (Additional medical exams may be required.)

VALUE RANKINGS

1 Dallas Cowboys	\$4.2 B
2 New England Patriots	\$3.4 B
3 New York Giants	\$3.1 B
4 San Francisco 49ers	\$3 B
5 Washington Redskins	\$2.95 B
6 Los Angeles Rams	\$2.9 B
7 New York Jets	\$2.75 B
8 Chicago Bears	\$2.7 B
9 Houston Texans	\$2.6 B
10 Philadelphia Eagles	\$2.5 B

COMMONWEALTH OF PENNSYLVANIA STATE ATHLETIC COMMISSION

PHYSICIAN'S EXAMINATION - DATE: _____

BOXER'S/MMA Fighter's NAME: _____
SS #: _____ DATE OF BIRTH: _____
AGE: _____ Federal ID# _____ CURRENT WEIGHT: _____ HEIGHT _____

TO BE COMPLETED BY EXAMINING PHYSICIAN:

UNLESS STATED Indicate normal findings by placing a check (VISION must be at least 20/70-W/O Glasses)

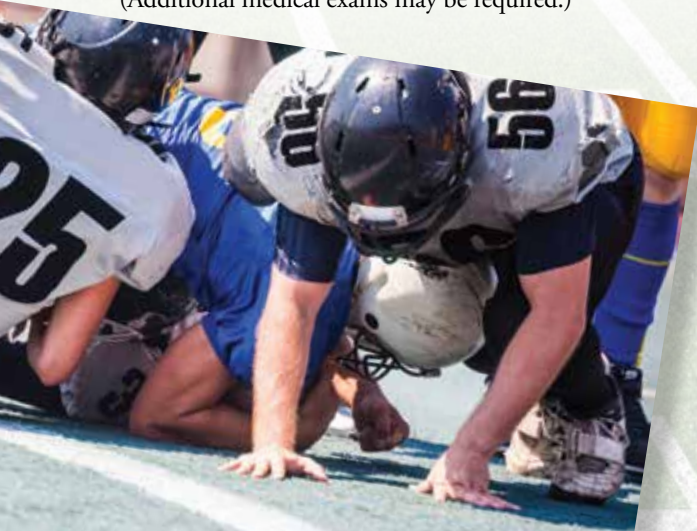
- Visual Acuity: List Actual _____ Peripheral Vision (DEGREES) _____
- Pupils: Regular _____ Equal _____ React to light _____ Anterior Segment _____
- Periorbital Regions (describe scars, if any) _____
- Oropharynx: _____ Ears (discharge, etc.) _____
- Lungs: (Any abnormal breath sounds, friction rub, rales, etc.) _____
- Heart Rate: List Actual _____ Any irregularity _____ Murmurs _____
- Pulse Rate: List Actual _____ Blood Pressure: List Actual _____
- Abdominal Exam: _____
- Extremities (Stiffness, swelling, tenderness): YES _____ NO _____
- Hands (fists): Any Fractures, or Swelling: YES _____ NO _____
- Nervous System: Orientation _____ Cerebellum _____ Cranial Nerves _____
- Nose: Instability YES _____ NO _____ Obstruction YES _____ NO _____
- Coordination: Finger to Nose - Normal _____ Abnormal _____
- Tandem Gait: Normal _____ Abnormal _____
- In your opinion is this individual in condition to compete as a Pro/Amateur MMA/ Boxer: YES _____ NO _____
IF NO WHY _____

NAME OF EXAMINING PHYSICIAN (PRINT): _____
TELEPHONE #: _____ FAX #: _____
PHYSICIAN'S SIGNATURE: _____ DATE: _____

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FEATURE CONTINUED



The NFL draft has been held in Philadelphia 14 previous times:

Year	Philadelphia Venue
1936	Ritz-Carlton Hotel
1944	Warwick Hotel
1949	Bellevue-Stratford Hotel
1950	Bellevue-Stratford Hotel and Racquet Club of Philadelphia
1953-54-55-56	Bellevue-Stratford Hotel
1957	Bellevue-Stratford Hotel and Warwick Hotel
1958-59-60-61	Warwick Hotel
2017	Benjamin Franklin Parkway

And a little history ...

The 1935 University of Chicago football team (they were called the Maroons) was a national powerhouse coasting on the forty-year tenure of the legendary pioneering coach, Amos Alonzo Stagg. Their star halfback, Jay Berwanger, was awarded the first Downtown Athletic Club trophy, which later became known as the Heisman Trophy. He was the first player taken in the first NFL draft. (The Philadelphia Eagles traded their first draft pick of him.) Later, the University of Chicago President Robert Maynard Hutchins decided that university football should not divert from academics and in 1939 abolished the football program altogether. Berwanger never played in the NFL and chose to pursue what he thought would be a more lucrative career.

Dr. Ann McKee received her MD from Case Western Reserve School of Medicine and did a residency in neurology at Cleveland Metropolitan General Hospital followed by neuropathology fellowship at the Massachusetts General Hospital. After being an Assistant Professor of Neuropathology at Harvard Medical School, she joined the faculty of Boston University School of Medicine and in 2011 was promoted to Professor of Neurology and Pathology.

Dr. McKee, Chief of Neuropathology for VA Boston, also directs the Chronic Traumatic Encephalopathy Center and Brain Banks for the Boston University Alzheimer's Disease Center, Framingham Heart Study, VA-Boston University-Concussion Legacy Foundation, and VA Chronic Effects of Neurotrauma Consortium, where, since 1996, thousands of brains have been studied.

Dr. McKee was featured in the Frontline documentary "A League of Denial." The Chronic Traumatic Encephalopathy Center is the major center for study of concussive sports injury and the brain bank is the largest brain repository devoted to understanding the long-term effects of mild traumatic brain injury. Repetitive exposure to brain trauma is the main criteria for the studied specimens, and not only includes the concussive sports but also military veterans who may be exposed to similar trauma and concussion from munition explosions. The renowned center had been funded by grants from National Institute of Neurological Disease and Stroke of the NIH and has received grants from the National Football League and from the World Wrestling Entertainment (traded as WWE in NSYE and NASDAQ), and presently has about 400 specimens from athletes and military veterans. The specimens undergo rigorous anatomical, histological and immunological studies to compile data to help diagnose and mitigate CTE.

In an interview with *Philadelphia Medicine*, Dr. McKee stresses that the best approach is to eliminate or limit the risk. She recommended to "reduce the risk of collisions in sports" by not requiring contact in practices, eliminating "headers" in soccer, and requiring headgear in sparring and sports such as field hockey, soccer, and rugby.

Douglas A. Swift, MD, is a graduate of Amherst College, Class of 1970. After graduation, he entered the Canadian Football League and, with the recommendation of his college coach Jim Ostendarp, tried out for the Miami Dolphins. He began his rookie season as a strong side linebacker and played for six years (1970-75); these included three Superbowls (V, VI, VII), which were a loss, a win and a win with the league's only perfect season in history (1973). Rather than report to the Tampa Bay Buccaneers after his 1976 NFL expansion draft, this son of a general surgeon father and pediatrician mother retired from football and entered the University of Pennsylvania School of Medicine. Dr. Swift completed an anesthesia residency at The Hospital of The University of Pennsylvania.



Dr. Swift, in an interview with *Philadelphia Medicine*, related that the greatest injuries occur when one gets hit from behind or from the side (posterior and lateral forces). He described that how concussions are handled on the field is quite important, and quoted his father, who told him "when the lights go out... chill out," meaning if the player was knocked out or rattled on the field he should be taken out of the game. As a linebacker, Dr. Swift was taught that his head was part of the "three-point tackle," and that he was to "brace himself and lead with his head." Dr. Swift feels that the new rulings on how and when to tackle are



helpful but basically, “football is a collision sport.”

Bennet I. Omalu, MD, MBA, MPH, CPE, DABP-AP, CP, FP, NP, is a Nigerian-born Forensic Pathologist/Neuropathologist/Epidemiologist who is presently the San Joaquin County Sheriff-Coroner/Chief Medical Examiner. Dr. Omalu is a Clinical Professor in the Department of Medical Pathology and Laboratory Medicine at the University of California, Davis.

While working at the Coroner’s office in Pittsburgh, Dr. Omalu was the first to discover and publish findings of Chronic Traumatic Encephalopathy (CTE) in NFL players when he autopsied the brain of 50-year-old former All-Pro Center Mike Webster of the Pittsburgh Steelers. He was featured in the Frontline documentary “League of Denial,” which is based on the book of the same name by prize-winning journalists Mark Fainaru-Wada and Steve Fainaru, both of ESPN, and his story is portrayed by actor Will Smith in the film **Concussion**.

Dr. Omalu has a strong commitment to his profession and to excellence. His attitude toward concussive injury is centered on patients and his belief in liberty. In an exclusive interview with *Philadelphia Medicine*, Dr. Omalu, whose childhood overlapped the Nigerian Civil War, said, “I have lived under a dictatorship and I therefore appreciate liberty and freedom.” He believes “as physicians we have an obligation to inform and protect.”

From his in-depth and extensive study of CTE, Dr. Omalu has alerted society to the devastation that repetitive sub-concussive and concussive injuries can have, not only on adults, but on children, whose brains are still developing.

“Adults can make the decision to engage in such activities but it must be an informed decision!” He feels the significant risk for the participants of the high-impact, high-contact sports like boxing, football, rugby, wrestling, ice hockey and mixed martial arts need to be acknowledged and not denied, and that the players should be monitored and informed. Dr. Omalu points out that if the players know they have initial damage or progression, they can then make an informed choice to continue the sport and risk further permanent damage or limit their damage by leaving the sport early.

For children and adolescents (less than 18 years of age), Bennet Omalu is a strong adherent to Hippocratic principles. “We have

an obligation to protect our children and we should prohibit their participation in high-impact, high-contact sports until an age when their brains are developed and they can make their own informed decisions.” Dr. Omalu points out the hypocrisy between social actions and legislation. “If you neglect or abuse a child or even put them at repeated physical or mental risk, you can be jailed and your child can be removed from you and yet we routinely abide by law, buckle children in a safety seat, and drive them to a game where they can suffer permanent neurological injury.”

Dr. Omalu was awarded the Distinguished Service Award of the American Medical Association in 2016 for his courage and perseverance. The medical community has made inroads to the safety of concussive sports. There are many factors concerning participant protection, including informed risk, youth development and physical culture, and the economics of multibillion-dollar entertainment corporations.

As physicians, we reflect the pledge taken the very first day of our career: “First do no harm...” ●

Dr. DellaVecchia is the immediate past president of the Philadelphia County Medical Society, and a member of the PCMS Editorial Board.



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FEATURE

TARGETING THE TOBACCO SCOURGE IN PHILADELPHIA

By: Ryan Coffman, MPH, CHES, CTTS-M



In the early 2000's Philadelphia faced a major problem with respect to tobacco use. The rates of smoking were increasing, peaking at 27.3% in 2008. This amounted to almost one in four Philadelphians using tobacco products. At the same time, smoking rates in other large U.S. cities were either plateauing or declining. Why was this happening?

Historically, many Philadelphians have lived in environments that make good health and tobacco-free living difficult to achieve. Philadelphia has twice the retailers per capita of other big cities and these retailers are concentrated in low-income neighborhoods. Low-income neighborhoods in Philadelphia contain 69% more tobacco retailers and are saturated with more tobacco marketing than high-income neighborhoods. In addition, Philadelphia has 63% more tobacco retailers within 500 feet of a school in low-income vs. high-income neighborhoods. This heavy exposure to tobacco marketing and tobacco retailers contributes to youth initiation, continued smoking, and less successful quit attempts.

The Tobacco Policy and Control Program (TPCP) at the Department of Public Health's Division of Chronic Disease Prevention or Get Healthy Philly and our partners have been working to decrease adult and youth smoking in the city. Smoking in Philadelphia has declined by 30% among youth since 2007 and by 18% among adults since 2008 according to the 2014/2015 Household Health Survey. This has been achieved in part by addressing tobacco use with a policy, systems, and environmental level change approach across collaborations with government, community-based organizations, academic, and the private sector partners.

The TPCP has worked with public and private sector partners to expand clean indoor and outdoor air policies to recreation centers, parks, public housing, colleges/universities, and health care settings and restrict minors' access to tobacco products through legislation, programmatic initiatives, enforcement, and education. Mass media campaigns have raised awareness and informed the public about tobacco use and its effects and reinforced tobacco control policy. The quality and consistency of tobacco treatment has been enhanced through public insurance reforms and provider capacity building initiatives.

Two examples of a policy, systems, and environmental change approach to address tobacco demonstrate how these methods can impact health on a population level. The Philadelphia Housing Authority (PHA), the fourth largest housing authority in the country, implemented a smoke-free public housing policy August 2015 across PHA sites with support from PDPH. This policy will protect tens of thousands of low-income residents from second hand smoke exposure where they live. Recently published data collected by the Drexel School of Public Health indicated that detectable air nicotine in public spaces was cut nearly in half after policy implementation.

In December of 2016, the Board of Health passed a regulatory package that caps the density of tobacco retailers in each planning district in the city, prohibits new tobacco retail permits within 500 feet of a K-12 school, increases the tobacco permit fee from \$50 to \$300 to adequately fund enforcement, and invokes a cease tobacco sale order against tobacco retailers that repeatedly sell tobacco to children. These regulations are an important step forward in reducing the overabundance of tobacco retailers and targeted tobacco

TACKLING THE TOBACCO SCOURGE IN PHILADELPHIA

marketing in low-income communities, and will help protect future generations of Philadelphia's children.

While the gains in reducing adult and youth tobacco use are encouraging, there is still critical work to be done. According to the 2014/15 Household Health Survey and Philadelphia Department of Public Health Vital Statistics report, 13.7% percent of children in the city live with an adult who smokes in the home and are exposed to second hand smoke. Among the six largest U.S. cities, Philadelphia has the highest rate of death from lung cancer. Disparities in Philadelphia remain stark with a smoking prevalence 61% higher among low-income adults (31.8%) compared to higher income adults (19.5%), and rates of death from heart disease, lung cancer, and stroke are significantly higher for black males compared to white males.

Other populations bearing a greater burden from tobacco use include veterans, LGBT individuals and individuals living with mental illness and substance use disorders, all of whom who smoke at higher rates than the general population. In fact, recent data from the Youth Risk Behavioral Survey showed that 42.8% of gay and bisexual youth use any type of tobacco product compared to 22.4% of heterosexual youth. Although teen cigarette smoking

has fallen to 7.2%, there has been a 75% increase in the use of cheap, often candy flavored cigars and cigarillos since 2011 and teen use of e-cigarettes has more than tripled during that time.

Tobacco use continues to be a serious public health problem in Philadelphia. The Department of Public Health Tobacco Policy and Control Program and our partners will be continuing our efforts to employ evidence-based tobacco control strategies to tackle this problem. However, we can accomplish more together if we unify our efforts. Health care professionals can ensure that every patient they care for is screened, assessed, treated, and discharged with evidence-based tobacco treatment; they can promote tobacco-free policies in health care settings where they work and integrate tobacco control into other health initiatives.

Almost every chronic illness has a tobacco-related component and we need to use each health care contact as an opportunity to address this important risk factor. I would urge you to join these efforts so that together we accelerate our journey to a tobacco-free future.

Ryan Coffman is the manager of the Tobacco Policy and Control Program for the Philadelphia Department of Health.



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FEATURE

The Lewis Katz School of Medicine at Temple University... *One of Philadelphia's Vital Life Lines for Cutting Edge Health Care*

By: Communications Dept. of Temple Health System

*Lewis Katz School of Medicine at
Temple University*



*Temple University's
Medical School,
circa 1932*

The Lewis Katz School of Medicine (LKSOM) at Temple University is one of Philadelphia's most vital and dynamic centers of medical education, research and patient care in the Philadelphia region. Long known for the excellence of its clinical training and for a unique spirit of service and commitment to the underserved, LKSOM combines all the benefits of a top-tier state-of-the-art academic medical center with the mission-based, patient-centered practice of a community hospital. Its faculty members are well known for their commitment to being frontline doctors, its researchers are known for their unwavering dedication to finding real-world solutions to intractable problems and its students are known for their diversity, hard work and passion.

A Storied History

Philadelphia was a different city and medicine a different profession when Temple University opened its new medical school in 1901.

At that time, medical degrees weren't necessarily a requirement for practicing medicine. City residents, in what was then a gritty, industrial boomtown, were as likely to consult a druggist, a family member or a snake-oil salesman as they were a trained physician. Most medical care took place in the home, and a hospital stay was often limited to those with the means to afford it.

The opening of a medical school was a bold undertaking for the fledgling Temple University, which had been founded by Dr. Russell Conwell just 17 years earlier. Admission and graduation standards varied widely among the country's many medical schools at the time, and reform wouldn't come for another decade when the Flexner Report delivered a scathing review of America's "system" of medical education.

Still, Temple's young medical school persevered and set itself apart as a night and weekend venture to accommodate working-class citizens who sought to improve their lives – and the lives of others – through medical education.

Classes were initially held in College Hall, next to Dr. Conwell's Baptist Temple Church, and clinical instruction took place at Samaritan Hospital farther north on Broad Street. The original

medical school faculty numbered 20, and tuition for the first class of 35 students was \$635.

In 1904, two men who had entered with advanced standing, Frederick C. Lehman and Frank E. Watkins, became its first graduates. Two years later, Sara Allen and Mary E. Shepard became the first women to complete the full course and receive their medical degrees. Not long after, the school graduated its first African American woman, Agnes Berry Montier, who practiced general medicine in Philadelphia until her death in 1961.

In 1907, to meet medical licensure requirements, the night school was discontinued and a day program instituted. During that year, the medical school joined Temple's dental and pharmacy schools in buildings located at 18th and Buttonwood Streets.

In 1929, Samaritan Hospital was renamed Temple University Hospital and ground was broken for a new medical school building opposite it on Broad Street that opened the following year. Dr. William N. Parkinson, a 1911 graduate, became dean and served admirably in that position for 30 years. With the opening of the new building, each medical class was increased to 100 students.

Temple Medical School formed its first formal affiliation in 1928 with the Jewish Hospital of Philadelphia, now Albert Einstein Medical Center. This, and subsequent hospital and scientific ties, opened doors for more variety of instruction and investigation. Parkinson recruited faculty members with national and international reputations who brought luster to the school through their teaching and practice. Research activities increased, clinical programs expanded, new facilities were built and degree programs were added.

Today, Temple's medical school is known as the Lewis Katz School of Medicine at Temple University (LKSOM) – home to nearly 1,000 clinicians, scientists, educators and staff. It is a school that enjoys a national reputation for training humanistic clinicians and biomedical scientists, and stands as an academic medical center that values not just technical excellence but also diversity, equality and inclusion.

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FEATURE CONTINUED

Women and people of color were welcomed by Temple's medical school from its earliest days, as depicted in this photo, which includes members of the Classes of 1913 and 1914



At LKSOM, students learn the true art and science of “doctoring.” Its graduates secure residencies at top programs across the country, embarking on careers that advance academia, clinical practice and industry all across the globe. In addition, the school’s world-class faculty set the pace in key areas of investigation, pushing the boundaries of science to advance patient care.

Attracting a Special Kind of Student

Ask students why they chose LKSOM for their medical education and most will give you a variation on the same answer – “I wanted to make a difference and Temple gave me that opportunity.” Community service is not simply a “talking point.” It is an integral part of the culture and spirit of LKSOM.

Temple’s philosophy on service is simple: if we expect community members to seek help in our world, we must seek their help in learning how best to serve them. It is this philosophy of working in collaborative partnership with patients that has led the school to create numerous programs that benefit residents in the surrounding neighborhoods. Far from being a “top down” mandate, students themselves are often the initiators of creative service projects and programs. Students from around the world are specifically attracted to LKSOM precisely because of Temple’s unique patient population and the opportunity to roll up their sleeves and work toward the betterment of people and communities.

This philosophy of mutual respect and partnership created a strong foundation for true hands-on clinical education and for special initiatives, such as Temple’s Institute for Population Health, Center for Bioethics and Urban Health, and the school of medicine’s “Block by Block” program, which seeks the input and participation of North Philadelphia residents in health studies from which they can benefit. This “bottom up” and “top down” approach sets Temple apart from most schools – a distinction lauded by in the report of the Liaison Committee on Medical Education in the school’s most recent accreditation review.

LKSOM has woven itself into the fabric of North Philadelphia over the decades and, as a result, is treated like a trusted neighbor by those who surround it. Because of its commitment to community service, the school attracts practical-minded, socially-conscious students and faculty members. Typically, more than half of Temple’s medical students worked in professional service capacities before enrolling in medical school – and virtually all come with admirable track records of volunteer service, both in the United States and abroad.

“Temple isn’t simply about producing great doctors; it’s about developing great people who serve their communities,” says Larry R. Kaiser, MD, FACS, dean of LKSOM, president and CEO of the Temple University Health System and senior executive vice president for Health Affairs at Temple University. “You see this from class to class, from generation to generation. Temple people make a difference.”

LKSOM Facts & Figures

- 926 full and part-time faculty
- 879 MD program students
- 11,346 applicants
- 82 graduate students

MD Program - Class of 2019

- Female: 48%
- Male: 52%
- Underrepresented in Medicine: 18%
- PA Residents: 47%
- Average GPA: 3.66
- Average MCAT Score: 31.77

Residency Match Rate

- 100% for the Class of 2016 (national average 94%)

U.S. News & World Report Rankings

- 4th most-applied-to medical school in the nation
- Top 1/3 of all 156 medical schools in the U.S.
- 3rd highest ranked medical school in Pennsylvania

Residencies & Fellowships

- 34 programs enrolling 556 physicians

Across Pennsylvania – and Beyond

In response to the increasing demand for physicians in Pennsylvania and across the nation, the Lewis Katz School of Medicine has opened innovative branch campuses and forged academic partnerships in recent years with health systems across the Commonwealth.

St. Luke's University Hospital-Bethlehem Campus is a regional campus with 30 students per class. Students spend their first year at LKSOM taking basic science courses, and then spend the next three years at St. Luke's. Similar programs are in place with the Geisinger Health System in Danville, PA, and with Allegheny Health Network in Pittsburgh.

LKSOM also uses a variety of clinical teaching sites throughout Pennsylvania, providing students the opportunity to see a wide range of patients who have varied social, economic and cultural background – urban, suburban, and rural – and to learn the management of disorders and conditions in diverse ambulatory and inpatient settings. Among others, these clinical education partners include Lancaster General Hospital, St. Christopher's Hospital for Children, and of course the hospitals of Temple Health – Temple University Hospital, Fox Chase Cancer Center, Jeanes Hospital and Temple University Hospital-Episcopal Campus. Affiliation agreements with Fu Jen Catholic University School of Medicine in Taiwan and Jiao Tong University School of Medicine in Shanghai make overseas educational and research opportunities available to LKSOM students (and their students and faculty) as well.

In addition to its MD degree program, the school offers several other degrees, including the MS and PhD in Biomedical Sciences; the MS in Clinical Research and Translational Medicine; the MD-PhD; the MD-MPH; the MD-MBA; and the MS in Physician Assistant Studies. LKSOM recently launched the nation's first Master's degree in Urban Bioethics. Postgraduate programs include residency and fellowship programs in 34 different specialties.

A Modern, 21st Century Home

LKSOM's home base in Philadelphia is a modern, 11-story medical education and research building that features state-of-the-art facilities and technologies for medical education and research. The building, which opened in 2009, boasts open-air research labs, smart classrooms, and a state-of-the-art anatomy laboratory.

Also located within the building is The William Maul Measey Institute for Clinical Simulation and Patient Safety, which is a 12,000-square-foot clinical skills and robotic simulation center where students practice doctoring and surgical skills on high-tech mannequins, simulators and patient actors. Another notable feature is a 50,000-square-foot Health Sciences Center library that brings together medicine, dentistry, pharmacy, podiatry and related

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More than half of the space in the building is dedicated solely to research. With specialized research centers focused on population health, metabolic disease, cancer, heart disease and other strategic priorities, LKSOM conducts investigations to break new ground, and trains future generations of researchers to follow suit. It was here, for example, where LKSOM researchers recently used gene-editing technology to effectively and safely eliminate the HIV virus from the DNA of human cells grown in culture, and then successfully eliminate it from the genomes of living animals. It was here that LKSOM researchers recently identified the protein at “death's door” of cells – a finding which could aid in the development of novel therapeutics for conditions ranging from heart failure and stroke to cancer and neurodegeneration.

LKSOM is ranked the second best research-oriented medical school in Philadelphia and the third best in Pennsylvania by *U.S. News & World Report*. The school's clinical training partners, including Temple University Hospital and Fox Chase Cancer Center, also rank among the best, as do hundreds of faculty and alumni cited annually

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FEATURE CONTINUED

for excellence in peer-reviewed rankings. At LKSOM, students have the opportunity to work on basic science and clinical research projects in modern facilities with some of the world's top scientists. In the vanguard of discovery, Temple's programs aim to reduce the devastating effects of heart and lung disease, cancer, neurological disorders and other serious diseases. Already, numerous scientific discoveries have advanced from Temple's labs and into clinical trials – works that may one day profoundly improve human lives.

The trend in medical research today is interdisciplinary and translational, requiring teams of researchers from many disciplines to apply basic research findings to clinical interventions and therapeutics. LKSOM has many diverse research centers, including:

- Independence Blue Cross Cardiovascular Research Center
- Center for Asian Health
- Center for Bioethics, Urban Health and Policy
- Center for Inflammation, Translational and Clinical Lung Research
- Center for Neurovirology
- Center for Substance Abuse Research
- Center for Translational Medicine
- Comprehensive NeuroAIDS Center
- Fels Institute for Cancer Research and Molecular Biology
- Shriners Hospitals Pediatric Research Center
- Sol Sherry Thrombosis Research Center
- Center for Metabolic Disease Research
- Temple Institute for Regenerative Medicine and Engineering

Part of a Greater Whole: Temple Health

The Lewis Katz School of Medicine is an integral part of Temple Health and one of the Philadelphia region's largest healthcare enterprises. Temple Health encompasses LKSOM and the Temple University Health System (TUHS), which are major providers of healthcare services for the Philadelphia region and beyond. Temple University Health System is dedicated to providing access to comprehensive primary and specialty patient care services informed by academic excellence in medical education and research.

As the chief academic teaching hospital of the LKSOM, Temple University Hospital (TUH) is a 722-bed non-profit acute care hospital that provides a comprehensive range primary, secondary, tertiary, and quaternary care services to patients throughout Southeastern Pennsylvania and beyond. TUH is accredited as an Adult Level 1 Trauma Center by the Pennsylvania Trauma Systems Foundation--and the only trauma center with a burn unit in the city.

TUH is staffed by over 400 physicians of Temple University

Physicians, the Health System's faculty-based practice plan, as well as physician scientists from the Health System's affiliated Fox Chase Cancer Center and its community-based Temple Physicians, Inc. Temple physicians represent 17 academic departments including subspecialties in emergency medicine, oncology, gastroenterology, obstetrics, gynecology, orthopedics, neurosurgery, neurology, general and specialty surgery and psychiatry.

Temple faculty address major public health concerns. The school's Comprehensive NeuroAIDS Center (one of nine in the nation) is dedicated to improving the public health impact of bench-to-clinic research associated with HIV-induced neurological diseases and cognitive disorders. Its Center for Substance Abuse Research is one of 14 in the nation designated a "Core Center of Excellence" by the National Institute on Drug Abuse.

Temple's nationally renowned physicians offer state-of-the-art treatment options for patients with complex medical problems, including ones considered untreatable. For instance, Temple is a leader in the field of urologic reconstructive surgery and routinely performs innovative minimally invasive surgeries on patients other academic medical centers have turned away. Using sophisticated technologies and personalized treatments, Temple physicians are working to alter the course of serious disease. In over a dozen research centers, they're speeding the translation of fundamental scientific discoveries into practical therapies that dramatically improve human health.

The Fox Chase-Temple Bone Marrow Transplant Program, a formal affiliation between Fox Chase Cancer Center and TUH, is a case in point. Since its inception in 1988, the program has performed over 1,500 transplants, and has participated in countless research studies to advance the effectiveness and outcomes of this often life-saving treatment modality.

An Essential Safety Net

Temple University Hospital and other Temple Health institutions attract patients from across the region and around the world. Temple has risen to become a true destination site for a wide spectrum of patients with complex, difficult-to-treat conditions, and serves patients in many locations. But it is also uniquely situated in North Philadelphia, and that gives it a special importance as one of the most critical providers of healthcare to underserved populations in the Commonwealth.

TUH is located in a federally designated Medically Underserved Area. Within its primary service area, about 30% of individuals live below the federal poverty level; about 64% have achieved a high school education level or less; about 47% identify as Black, 24% as Hispanic, 21% as White; 6% as Asian & Pacific, and 2% as other. Approximately 84% of Temple's inpatients are covered by government programs (38% Medicare, 46% by Medicaid). Patients dually eligible for both Medicare and Medicaid comprise about

20% of Temple's Medicare inpatient base. TUH's Episcopal and Northeastern campuses are also based in economically distressed areas within three miles of the TUH main and medical school campus.

Given these statistics, Temple University Hospital is an indispensable provider of health care in the largest city in America without a public hospital. It serves the greatest volume and highest percentage of patients covered by Medicaid in the Commonwealth of Pennsylvania. All Temple physicians, whether faculty or community based, care for patients covered by Medicaid in both the inpatient and outpatient setting. According to the Pennsylvania Health Care Cost Containment Council, in 2014 Temple provided \$29.2 million worth of charity care (an amount equal to 3.42 percent of its \$856 million in net patient revenue, while losing about \$5 million on operations that year).

To illustrate TUH's critical access role for vital public health services, last year the hospital handled more than 134,000 patients in its Emergency Department; 10,600 patients in its Psychiatric Crisis Response Center; 2,400 discharges from its inpatient Behavioral Health unit; 541 victims of gun and stab violence in its Trauma Unit (the highest number in Pennsylvania); and more than 230 patients in its Burn Center. TUH also performed 246 transplants and delivered about 2,900 babies, of whom 88% were covered by Medicaid.

Temple's Center for Population Health, LLC, (TCPH) promotes and supports population health in North Philadelphia, aligning its efforts with the United States Department of Health and Human Services' three-part aim of achieving better care for patients, better health for communities, and lower costs through health care system improvement. TCPH includes an extensive network of Patient Centered Medical Homes (24 among the community-based Temple Physicians Inc. practice and three among the Temple University Physician practices); chronic disease management programs for high-risk populations utilizing nurse navigators; an extensive inpatient and outpatient community health worker program, peer coaching, and a central access center for appointment scheduling and acute care follow-up. TCPH collaborates closely with TUH to assure smooth transitions of care, access to community resources and management of value-based purchasing.

With their education grounded in serving a community in need, Temple's medical students, and other students in the health professions, quickly learn the essentials of population health and value-based care. Their education introduces them to social entrepreneurship, resource utilization, healthcare financing, practice guidelines, quality and safety measures, and team-based care. "Our students, residents and fellows come to appreciate the unique skills that advanced practice nurses, physician assistants, physical therapists, dietitians, podiatrists and others bring to the table – for the patient's best advantage,"

says Dr. Kaiser. "They come to appreciate care models that not only enhance our ability to care for the sick but to promote wellness."

New Name, Timeless Mission

On October 13, 2015, Temple University School of Medicine took on a new name when it became the Lewis Katz School of Medicine at Temple University – honoring Lewis Katz, the late businessman and philanthropist who was one of Temple's biggest supporters and most enthusiastic advocates.

"Lewis Katz understood that there's something special about Temple's brand of clinical care, medical education and medical research – the power to dramatically improve people's lives in Philadelphia and beyond," Dr. Kaiser said.

Thousands of people participated in events celebrating this name change which, Dr. Kaiser says, "joins our school's legacy to the values that Lewis lived by, and the values which we have always tried to instill in our students: hard work, dedication, service." ●

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PHILADELPHIA SURGERY SYMPOSIUM

Seven years ago, a fourth-year Jefferson Medical College student breathed life into a vision he had had since the start of medical school: a joining of medical students from all across Philadelphia who showed an exceptional interest in surgery to listen to and have the chance to meet some of the brightest, most intelligent, most successful surgeons in the region. He had experienced what he felt was a lack of surgery-specific collaboration between medical students and saw no outlet for students from different schools to come together and learn about what a career in surgery is really like from the experts: surgeons themselves. From this need evolved the first ever Philadelphia Surgery Symposium. Awake and excited, 187 medical students from the Philadelphia area gathered at 7am on Saturday, April 23, 2011 on the Thomas Jefferson University campus. The event, sponsored by the department of surgery at Jefferson and free to all attendees, boasted two catered meals and presentations by renowned Philadelphia surgeons such as Dr. Michael S. Weingarten, Dr. Daniel T. Dempsey, Dr. John Chovanes, Dr. Pinckney J. Maxwell, Dr. Karen A. Chojnacki, Dr. Sunil Singhal, Dr. David Rose, Dr. Nathan G. Richards, and Dr. John C. Kairys. The keynote address, entitled “Surgery: Be the Best You Can Be,” was given by Dr. Charles J. Yeo, Samuel D. Gross Professor and Chair of the Department of Surgery at Thomas Jefferson University Hospitals.

Today, that fourth-year medical student, Dr. Jordan Bloom, is completing a residency in general surgery and cardiothoracic surgery at the Massachusetts General Hospital in Boston, Massachusetts and has fond memories of the inception of the symposium.

“I was always struck by the fact that Philadelphia had 6 medical schools within a 10-mile radius of one another. Despite this proximity, there was virtually no collaboration between students at these different institutions,” Jordan recalls. “After discussing the idea with Dr. Charles Yeo, Dr. John Maxwell (former surgeon-advisor to the Gibbon Surgical Society) and Dr. Gerald Isenberg (surgery clerkship director) I was supported by Jefferson’s department of surgery in an effort to create a collaborative forum among these proximate medical schools. My goal was to create an annual symposium, that students from the surrounding medical schools could attend, that would result in increased exposure and knowledge of what life is like as a surgeon. Using this information, hopefully students would be able to make a more well-informed decision about their career path. In addition, I hoped that students could use this symposium as a networking tool to meet both staff and colleagues to facilitate career mentorship, advancement and collaboration. I am humbled and honored that the Philadelphia Surgery Symposium has continued each year since 2011 and applaud the students and faculty of the included institutions for its continued success.”

In years since, the Philadelphia Surgery Symposium has continued to offer free admittance to attendees and has grown to include more medical schools, resident-led panels, and for the first time last year (2016), a poster presentation session showcasing the exceptional research performed by students from medical schools all over Pennsylvania and New Jersey. Last year, Dr. Peter Altshuler, the past president of the Gibbon Surgical Society at Sidney Kimmel Medical College, spearheaded the event, held at The College of Physicians of Philadelphia. Peter is now completing a residency in general surgery at Thomas Jefferson University Hospital. When asked about his thoughts on the symposium, Peter stated,



Panel discussion at the 4th annual Philadelphia Surgery Symposium (2014)

“The symposium provides a fantastic opportunity for students throughout Pennsylvania and New Jersey interested in surgery to engage with each other and listen to renowned surgeons speak about topics tailored directly to them. It is a privilege to be able to provide students the chance to hear from excellent mentors and help build relationships with their surgically inclined peers from other institutions.”

The keynote address in 2016, entitled “Choosing a Career in Academic Surgery,” was given by Dr. Jeffrey Carpenter, Professor and Founding Chairman and Chief of the Department of Surgery of Cooper Medical School of Rowan University and Vice President of Perioperative Services at Cooper University Health Care.

While growing in attendance and regard, the symposium continues to be run proudly by students, for students. As budding medical professionals who have been drawn in by the unparalleled grandeur, the alluring *I see a problem, I fix it* mentality of surgery, we on the planning committee feel obliged to share this passion with all who show interest in the field and are exceedingly grateful for all the speakers, donors, and students who allow us to do so. Medical students from Sidney Kimmel Medical College at Thomas Jefferson University, Lewis Katz School of Medicine at Temple University, Perelman School of Medicine at the University of Pennsylvania, Pennsylvania College of Osteopathic Medicine, Rowan University School of Osteopathic Medicine, Cooper Medical School of Rowan University, and Drexel University College of Medicine are proud to announce that this year, the 7th Annual Philadelphia Surgery Symposium will take place at the Dorrance H. Hamilton Building on the Thomas Jefferson University campus from 5 to 9pm on March 31st, 2017, and will feature a keynote address by Dr. Amy Goldberg, Chair and Professor of Surgery and Surgeon-in-Chief of Temple University Health System. A poster presentation session will also accompany the event with one winner being chosen from each participating school. A reception will be held afterwards at Smokin’ Betty’s restaurant in Center City for all those who wish to attend. We would like to extend especially grateful thanks to this year’s donors: the Philadelphia County Medical Society, the Philadelphia Academy of Surgery, the Metro Philadelphia Chapter of the American College of Surgeons, the Pennsylvania Medical Society, and Sidney Kimmel Medical College, without whom, this event would not be possible. ●

Continental breakfast served at the 4th annual Philadelphia Surgery Symposium (2014)



John H. Gibbon, Jr. Surgical Society members at the 6th annual Philadelphia Surgery Symposium (2016)



Poster presentation at the 6th annual Philadelphia Surgery Symposium (2016)





The PCMS Foundation

Opening a New Chapter of Generosity for PCMS

Since its inception in 1849, the Philadelphia County Medical Society (PCMS) has been a stalwart for excellence in the practice of medicine and medical education. Its mission has been and continues to be, to advocate for physicians and their patients, and to promote the profession. PCMS believes that this is best done by nurturing those in the early stages of their medical career, and by promoting works in public health.

This year, PCMS has embarked on an exciting new path, by establishing its own domestic nonprofit foundation — the Philadelphia County Medical Society Foundation. The foundation was created to foster charitable works and fund scholarships for medical students from Philadelphia.

The foundation was established through an initial PCMS loan of \$15,000. The foundation consulted Marla Conley, Esq., an expert in non-profit organizations, to help in both its legal establishment, and its state and IRS compliances. A board of directors composed of PCMS members is working gratis for the foundation. Everyone on the board has also made a significant financial contribution to the foundation. PCMS staff members Mark Austerberry and Eileen Ryan are assisting the foundation.

The PCMS Foundation is helping to make charity a new legacy for the Philadelphia County Medical Society. The foundation is urging PCMS members to make outright contributions and gifts in kind. We are calling on our members to give generously, in order to help medical students in our county, and to support PCMS's commitment to continue our 167-year history of medical excellence.

Cash contributions may be sent to:

The Foundation

Philadelphia County Medical Society

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Please note that, as a newly formed organization, the PCMS Foundation has not yet received IRS confirmation of its tax-exempt, public charity status, although the PCMS Foundation will apply to the IRS for recognition of such status. If the PCMS Foundation's application to the IRS is approved (and the Foundation's legal advisors are not aware of any reason why the application should not ultimately be so approved), all donations the PCMS Foundation receives during the pendency of its application will be deductible for federal income tax purposes as charitable contributions to the fullest extent permitted by law. ●

thank you!



What's Next for the AFFORDABLE CARE ACT

It Didn't Appear to Face a Real Threat... But Then the GOP Gained Control of Congress AND the White House

By: Alan Miceli, MA

Mardi Gras 2017 wasn't supposed to be like this. The Democrats were supposed to be fat on Fat Tuesday. Hillary Clinton was the presidential candidate that polls predicted would be addressing a joint session of Congress on this night, not Donald Trump. Along with a Hillary win was supposed to come a divided government, with Republicans in control of the House and maybe the Senate, and a Democrat sitting in the White House – and the Affordable Care Act sitting pretty for another four years.

With a Clinton administration, the Republican-controlled Congress could have reverted to a TV Land rerun of what it had done during the last six years of the Obama Administration. Back then it routinely voted to repeal the ACA. Just as routinely, President Obama would veto the bill and that would be that. The GOP made its point to voters who wanted repeal, while knowing all along that the bill would never become law, and Obamacare would live to see another day.

But things are a lot different now. There's President Trump telling a joint session of Congress that he wants them to send him a bill to repeal Obamacare, and another one to replace it. But the road to those goals has more potholes than the Schuylkill Expressway in the middle of February, given that Republicans are all over the map on just what should replace the ACA. And if they don't do it just right, they jeopardize the health insurance of about 22 million Americans. The quandary has inspired a joke circulating through Congress – the GOP plans to repeal Obamacare, then replace it with the Affordable Care Act.

Trump told Congress he wants an end to the individual mandate that was designed to force young Americans to buy health insurance, and in the process, lower the premiums and deductibles for everyone else. He said it's not working, and the government shouldn't force people to buy insurance.

He called instead for tax credits that would help Americans pay for health care premiums, and block grants that the states would use to fund the health care paid by Medicaid. He said the block grants would give a flexibility to the states that would ensure that no one is left out.

The president promised that people with pre-existing conditions would continue to get guaranteed coverage at affordable rates. He also pledged to drive down what he called the artificially high price of drugs.

A Shift in Public Support for Repeal

Members of Congress have faced rowdy town hall meetings filled with voters demanding that the ACA not be repealed. Those meetings reflect to some extent the latest polls. A *New England Journal of Medicine* survey found that only 15% of primary care physicians want the ACA repealed. A Fox News poll showed a mere 23% of voters surveyed want a repeal. And when CBS News asked just Republicans what they thought – 41% sided with repeal, while 53% said fix the ACA.

Harry's Obamacare Problem

A friend of mine is a Democrat who voted for Donald Trump. He didn't want his name in our magazine, so I'll just call him Harry. Harry says he does not like the new president, but he voted for him because, "I can't afford my Obamacare version of health insurance, and I didn't think Hillary was going to help me."

Continued on page 26

FEATURE CONTINUED

The Latest GOP Proposal

Republican leaders in Congress have announced their repeal and replace health plan.

It would...

- repeal the Affordable Care Act.
- replace its subsidies with tax credits that GOP leaders say would help a wider set of people buy insurance, if they don't get it from work.
- get rid of the individual mandate and the requirement that larger employers provide health insurance to workers.
- repeal most of the ACA's taxes, starting in 2018.
- freeze funding in 2020, for the 31 states that expanded Medicaid under the law.

AARP announced that it opposes the plan, arguing that the bill would raise costs "for those who can least afford higher insurance premiums."

A few years ago, both Harry and his wife lost their good-paying jobs with excellent benefits. Now they each work for small businesses that don't offer benefits. Harry's blue-collar job, along with his wife's administrative assistant position, have earned them a rung on the middle income ladder, which turns out to be a pretty pricey position if you're shopping for health insurance through the ACA. The couple's monthly health insurance premium is \$1,200. Their deductible is a whopping \$14,000 a year. That means, of course, that their insurer doesn't pay them a penny until they pony up the cash for the first \$14,000 in medical bills.

"We're not working with a whole lot of money to cover the mortgage, gas and electric, the car bills – we both need one to get to work – and the phone. The premium and the deductible help make our budget pretty tight."

Harry said he and his wife recognize that health insurance is a necessity. "But I need it to cost me less money. This law is called the Affordable Care Act. I think for people like us they left out the 'affordable' part."

Harry's dilemma is the result of a federally-powered health care engine that's not firing on all cylinders. Mark Pauly, Wharton School professor of health care management, told *Philadelphia Medicine* that the ACA is a definite improvement over the way things were before the law. But he added that the ACA neglects middle income people who are not getting their insurance through a job. "They're treated very badly. They're hit especially hard by the increases in premiums and in the drastic reductions in the generosity in coverage."

Dr. Richard Snyder, chief medical officer of Independence Blue Cross, said Harry and his wife should be able to get a better health care deal. "That is hardly affordable, high quality accessible health care, when you have large financial barriers to getting access."

But the ACA Is Just Fine for a Lot of People

The Affordable Care Act has worked very well for people who are 138% to 400% above the poverty line. They're getting affordable

health care, for the most part. It has also been a lifesaver for consumers with pre-existing medical conditions. Before the ACA, they were either flat out rejected by insurance companies, or could only get a plan that did not cover their pre-existing condition. The ACA changed that. It guarantees that such people get affordable coverage that meets their health needs.

The ACA also allows children to stay on their parents' health insurance plan until the age of 26. Pennsylvania Republican Congressman Pat Meehan of Delaware County said, "Many of the important parts (of the ACA) are going to be retained. And in any event, there's going to be a period of transition that's not going to leave people out there without the essential coverage that they not only demand, but expect."

The Individual Mandate

President Trump and many GOP members of Congress believe that getting rid of the individual mandate, and replacing it with expanded tax credits to help pay for premiums, would encourage healthy young people to buy policies.

The individual mandate is a part of the current law that many people on each side of the health care debate agree has failed. Meehan said healthy people aren't buying insurance for a very good reason. "They're choosing not to buy because it's far more expensive than it ought to be for that age group." Pauly said the ACA essentially puts a hefty tax on low risk individuals. "Those poor chumps have to support the high risks. Seems to me to be somewhat unfair."

Low risk individuals – the ones targeted in the individual mandate – who decide not to buy health insurance get penalized by the federal government for not signing up. But the penalty doesn't come close to the cost of paying their health insurance premium. And they also can get in and out of the system without any penalty. "Why would they sign up," Meehan asked, "when, in effect, they can sign up on the way to the emergency room?" He thinks there should be a steep penalty for people who only get into the system when they're sick, and drop coverage as soon as they're better. The idea is an important part of the Republican leadership's repeal/replace plan.

Dr. Snyder agrees. "The ACA's special enrollment periods have allowed persons to purchase insurance when they need it, then cancel it when they no longer need it. It would be much better if the government worked to support continuous enrollment, and eliminate special enrollment periods."

"The penalty should be equal to the premium of the lowest available plan," Pauly said. "That way, you might as well buy insurance, because you're going to pay for it anyway. But for political reasons, even under Obama, no one was willing to talk about a \$6,000 penalty."

Federally-Funded High Risk Pools

Pauly believes that the federal government should change the way it pays for coverage of people with pre-existing conditions. He favors high risk pools. "If your risk level is beyond a certain amount, you can get insurance at reasonable rates, usually somewhat higher than the average, but not that much higher. And the difference between what you contribute to your premiums and your claims, would be paid with general revenue taxation."

One GOP proposal would fund high risk pools with \$25 billion

over 10 years. They would be open to everyone who needs them, and would include a cap on premiums to keep them affordable.

But Dr. Snyder said \$25 billion won't cover the tab. "I think what we've observed is that that figure probably is an underestimate of what it (a high risk pool) would cost to implement. Realistically, it could be considerably higher than that."

The Medicaid Idea

President Trump and Republican leaders in Congress would turn the federally-mandated Medicaid program into block grants that the states would spend on health care. Marc Stier, director of the Pennsylvania Budget and Policy Center, thinks there's only one reason Republicans in Congress find block grants attractive. "They want to reduce spending, which doesn't seem to us to recognize that current spending is needed to get people the health care they need. And going after Medicaid, which in many ways is the most efficient and least costly form of health care we deliver in this country, is kind of bizarre."

Dr. Snyder said block grants could lead to people losing their health coverage. "One of the concerns is that they (block grants) will result in lower levels of coverage, either in the number of people and/or the actual benefits." He said talk about block grants is speculation, of course, until Congress decides how much money to put in them.

"It all depends on how big the block grant is," Pauly said. "If you make it small, it would be bad for the poor population. If they were financed in a generous way, then it would be up to the states to decide how generous they would be to their poor population."

Meehan argues that block grants, if done right, would help control costs while still getting care to the people who need it. "The governors are asking to be given the opportunity to use the system more effectively to control the quality and provision of care. If we do it right we can operate within the cost structure. We've seen some success in certain states that do that."

It's Complicated

All these plans have varying degrees of support in Congress, but it has become increasingly clear to Republican leaders that getting repeal and replace bills through the House and Senate will be very hard to do. Before he gave his address to the joint session of Congress, President Trump told a meeting of CEOs, that morning, that he now realizes that health care is "an unbelievably complex subject. Nobody knew health care could be so complicated."

Critics say the new president has clearly just started paying attention to this monster. Former House Speaker John Boehner recently said that "in the 25 years I served in the United States Congress, Republicans never, ever, one time agreed on what a health care proposal should look like. Not once." He predicts that in the end Congress will "fix the (ACA) flaws and put a more conservative box around it."

Dr. Snyder says that despite the messy debate over the Affordable Care Act debate, good things have grown out of it. "I'm having conversations with providers today that would've never happened three, four, or five years ago. There's a new willingness to open up and talk about how we can work together." ●

CBO: 24 Million Would Lose Coverage in GOP Plan

The non-partisan Congressional Budget Office (CBO) reports that under the House Republican proposal, the number of Americans without health insurance would grow by 24 million by the year 2026. That would bring the total number of uninsured in that year to 52 million.

The report, released on March 13, rattled moderate Republicans in both the House and the Senate, who say they will not support a bill that leaves a significant number of people uninsured. The rise in uninsured would also contradict President Trump's promise that everyone would be covered under a new plan.

Democrats said the CBO score confirmed predictions that the GOP bill would be a catastrophe for millions of Americans.

Health and Human Services Secretary Tom Price disputes the CBO report, arguing that it does not factor in steps his agency would take to drive down insurance costs, and lure more people into buying policies.

The CBO reports that the Republican proposal would cut the federal deficit by \$337 billion in 10 years, by squeezing \$880 billion from federal Medicaid spending during that time. Much of that money is now being used to help low income individuals pay for health insurance.

The AMA Opposes the Republican Health Care Plan

The American Medical Association says it cannot support the GOP plan "because of the expected decline in health insurance coverage and the potential harm it would cause to vulnerable patient populations."

The AMA likes the idea of tax credits to help individuals buy health insurance, but opposes the way the Republican bill has designed them, because they are tied to age, rather than income. Tying the credits to income, the AMA argues, would help a greater number of people and be a more efficient use of tax dollars.

The AMA also says rolling back Medicaid expansion is a bad idea. "Medicaid expansion has proven highly successful in providing coverage for lower income individuals."

The AMA concluded that the bill must ensure that low and moderate income Americans can secure affordable coverage. "We urge you to do all that is possible to ensure that those who are currently covered do not become uninsured."

MedTalks@Drexel: *Innovation in Medicine*

By: Aleesha Shaik



Physicians, professionals and students presented during the second annual MedTalks@Drexel, which carried a theme of “Why Not You?”



“Why not you?” That was the true underlying theme of the second annual MedTalks @Drexel. Hosted by the Drexel University College of Medicine’s chapter of the American Medical Association on January 12th, 2017, this year’s event sought to showcase students and professionals who are pushing the boundaries of traditional medicine, pursuing innovation.

The event was modeled after the TEDMed conference supported by the AMA and featured a variety of professional speakers who each conveyed their stories in ten minute presentations, as well as several medical students from around Pennsylvania who shared their research in three minutes. The time constraint forced speakers to really focus on the message they wanted to impart, making each presentation especially powerful.

This year’s incredible speaker lineup featured seven professionals and four medical students. Following an introduction by PCMS’s own **Dr. Michael DellaVecchia**, our first speaker, **Sam Frons**, kicked off the night with an introduction to the app she has developed, *Addicaid*, which helps connect people trying to overcome addiction so that they can support each other and share resources. **Dr. Michelle Joy**, a Psychiatry Fellow at the University of Pennsylvania, spoke about the intersectionalities of mental health and prison reform in Philadelphia.

We were lucky enough to also have with us **Dr. Danilo Tagle**, the Associate Director for Special Initiatives at the NIH National Center for Advancing Translational Sciences, who discussed his team’s novel Tissue Chip project, which is revolutionizing drug screening and the way we can better understand how the body functions. In addition, **Dr. Charles Cutler**, the current President of the Pennsylvania Medical Society, engaged the audience in a topic very relevant to them: medical education financing. Then, **Olenga Anabui**, a former Director at Cerner Corporation and the current Director of the Penn Center for Community Health Workers, discussed IMPaCT, a program targeting low-income, high-risk populations.

While our next speaker, **Dr. Rachel Levine**, the Physician General for the Commonwealth of Pennsylvania, was unable to attend due to some last minute meetings regarding the future of the American healthcare system, she was kind enough to prepare for us a video presentation of her talk on Transgender Medicine, an especially important discussion in our efforts to be more inclusive and understanding of our patients. **Dr. Michael Sofia**, the Chief Scientific Officer and Co-Founder of Arbutus Biopharma, gave the final talk of the night, discussing the path to his discovery of sofosbuvir, a treatment for Hepatitis C. Finally, **Dr. Greg Kane**, the Chairman of the Department of Medicine at Jefferson University and the current President of the Pennsylvania chapter of the American College of Physicians, concluded the event with insight into why such an event is so valuable for medical students.

Not only was this an excellent educational opportunity, but also a networking one. Students connected with Ms. Anabui to find out how they could get more involved with IMPaCT. They spoke with Dr. Sofia to discuss how they could further their own research interests. The student speakers, **Thalia Bajakian, Andrew Luo, Paulina Ramirez, and Alex Valiga**, all inspired students to be more involved with research while in medical school as well.

Overall, the goal of the event was to highlight aspects of medicine that are just as important as physiology and pharmacology, but are often left out of the classroom. Feedback from attendees showed that we achieved that goal and that perhaps such talks need to be a more consistent part of medical education.



Nearly 300 participants attended MedTalks@Drexel in January. The event was hosted by the Drexel University College of Medicine's chapter of the American Medical Association.

"It helped to remind me of why I decided to pursue a medical degree."

"I felt inspired to reach for my goals and advocate for my future patients, no matter how much time and effort that may take. Passion drives so many great things in our world."

"This was absolutely important. Medicine is becoming more interdisciplinary, whether between different fields of science or public health and medical practice. As a medical student bombarded with monotonous information, talks like these remind us to both appreciate overlooked aspects of medicine and think outside the box."

Drexel AMA would like to thank all our wonderful speakers, the nearly 300 attendees, and the faculty and staff at Drexel, PCMS, PAMED, and PA-ACP for their invaluable support and for making this event possible. It truly was heartwarming to see the impact this event had on our attendees and we look forward to continuing to highlight the three tenets of MedTalks: *Passion. Innovation. Inspiration.* ●



Physicians for Social Responsibility

Philadelphia PCMS

By: Walter Tsou, MD, MPH, and Susan Robbins, MD, MPH



Walter Tsou, MD, MPH, Interim Executive Director, meets with Senators Bob Casey and Sheldon Whitehouse about climate change.

Remember those days when they asked you during your medical school interview, “why do you want to be a doctor?” And you nervously said something like, “I want to help people” or “I want to use my scientific skills to help better mankind.”

Now, years later, you’ve gotten totally caught up with third party payers, paperwork, and wondering if there is a way to use your dormant social consciousness in a more constructive fashion. Enter Physicians for Social Responsibility (PSR) which has been involving medical students and physicians for 38 years in the Philadelphia area.

PSR Philadelphia is a chapter of the national PSR organization, best known for addressing the greatest threats to mankind: nuclear war and climate change. National PSR was founded in 1961 and came to prominence by documenting how children’s teeth were affected by a highly radioactive waste product of atmospheric nuclear testing. This finding was instrumental in leading to the Limited Nuclear Test Ban treaty that ended atmospheric nuclear testing. In 1985, PSR shared in the 1985 Nobel Peace Prize awarded to the International Physicians for the Prevention of Nuclear War (IPPNW); together these organizations built public pressure to severely limit the nuclear arms race. Beginning in 1992, the national PSR organization decided to expand its mission to environmental health issues, utilizing the expertise of the medical community to address public health concerns regarding climate change, pollution and other environmental issues. Locally, Philadelphia PSR modified

our education about nuclear war by focusing on something that we could get involved about, youth violence prevention.

Physicians for Social Responsibility (PSR) Philadelphia is a nonprofit (501c3) public health organization which has as its mission the promotion of social responsibility: protecting health, the environment and communities via education, training, advocacy and direct service. It was established in 1979 and since then has focused its programs on two main areas: 1) the prevention and reduction of interpersonal violence particularly amongst youth, and 2) addressing environmental health issues. PSR Philadelphia takes an active public health approach to addressing some of these threats to our region and beyond, and welcomes physicians, nurses and other health professionals and students who wish to join in these efforts.

Interpersonal youth violence is addressed through two major programs that PSR Philadelphia helped promote in the Philadelphia region. One of these programs is called Youth Courts; these have taken place in both middle and high schools since the mid-1990s. These Youth Courts use a restorative justice model whereby students who require disciplinary actions can have their issues discussed amongst their peers in a mock court room setting. Affected youths are encouraged to think about their behaviors and what may have led to their actions, while their peers learn how to listen and decide upon appropriate consequences for each youth’s misbehavior. Such Youth Courts have been noted to decrease the number of school expulsions and detentions. The other program operated by PSR Philadelphia is the Peaceful Posse, through which groups of students meet approximately once a week to speak about the challenges in their lives in a safe setting. These groups foster healthy communication and problem-solving techniques with the intention of reducing violent behaviors while promoting healing and well-being.

Regarding its promotion of environmental health, PSR Philadelphia has been involved with convening informational sessions for the public, for health professionals and for elected officials regarding issues such as fracking, climate change, energy sources and pipeline routes. Periodically, it has joined with other environmental groups in press conferences to bring a health perspective in testimony in front of government officials in Philadelphia, Harrisburg and other places across the state. PSR Philadelphia wants to “ensure that public health professionals and public health messaging are front-and-center in the Pennsylvania coalition’s efforts to tackle climate change.” Information on environmental issues, including



PSR Philadelphia sponsors Legs Against Arms race against gun violence.

references and fact sheets, and PSR's position papers may be found on the website (www.psrphila.org).

Regarding general advocacy efforts, recently, i.e., on January 28, 2017, PSR Philadelphia joined forces with Partners in Health to present the first citywide health advocacy training program. This dynamic program was held at Thomas Jefferson University. More than 90 individuals with assorted healthcare backgrounds assembled to learn how to effectively approach and meet with elected officials, how to write clear and powerful policy briefs and letters to the editor, and how to give oral testimony when given the opportunity. As per Dr. Poune Sabieri, Board Chair of PSR Philadelphia, when setting up this conference:

Health professionals are the most trusted voice in society. We believe that legislation of all policies benefit from having the input of a health professional but health professionals are not trained in how to give their opinions in policy making or even voicing their opinion in general media. We hope to provide a certain set of skills that will empower health professionals and students to seek out more visibility in the public policy arena.

A great number of those who attended the conference noted by the end of the day that they did indeed feel empowered and more capable of being productive advocates.

So how can you get involved? A number of both environmental health and interpersonal violence efforts utilize volunteers, and provide community service/learning and internship opportunities to students. One of our current efforts is to find physician and other health professional speakers who are willing to talk about the health impact of climate change, fossil fuels and fracking. Recently, the Pennsylvania Medical Society has supported a moratorium on new gas drilling and to call for more independent health studies of fracking. We are very supportive of this effort. If this is of interest, sign up on our website or email PSR at info@psrphila.org.

PSR Philadelphia was started by activist medical students and physicians who wanted to see a more proactive role for doctors. Few would have imagined back then that it would still be chugging along. But through a combination of service projects, support from foundations and donors, and changing with the times, it looks forward to celebrating its 40th anniversary in 2019. ●



Dr. Dan Wolk speaks at the March for the Paris Agreement at the Philadelphia Museum of Art.

KUDOS

for Our Fellow
PCMS Members



Dr. Kenneth Wasserman Receives Prestigious Sports Medicine Award



PCMS member Kenneth Wasserman, MD, has received the James R. Andrews Excellence in Baseball Sports Medicine award. The award recognizes individuals who have significantly contributed to baseball sports medicine, and is presented by the American Sports Medicine Institute.

"I was shocked to receive the award," he told *Philadelphia Medicine*. "Individuals such as Frank Jobe, who invented Tommy John surgery, have received the award."

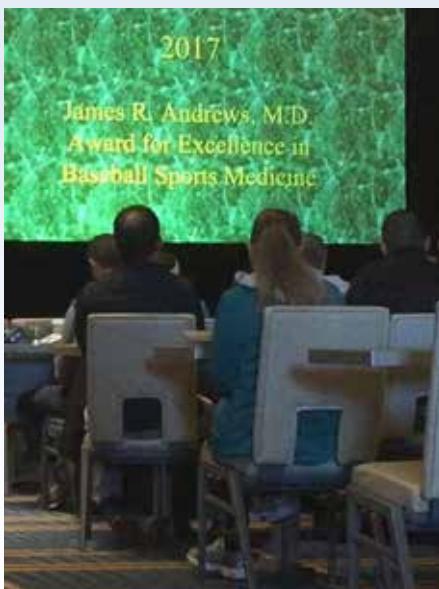
The rest of us shouldn't be shocked that Dr. Wasserman has been honored. Since he founded Major League Baseball's skin cancer program 18 years ago, 41,000 baseball players and team employees have undergone screenings. Dr. Wasserman is an assistant clinical professor at Hahnemann University Hospital, clinical instructor at Jefferson University Hospital, and the team dermatologist for the Baltimore Orioles.

Dr. Michael DellaVecchia Elected to American College of Surgeons Board of Governors

Michael DellaVecchia, MD, PhD, FACS, FICS, the immediate past president of PCMS, has been elected to the Board of Governors of the American College of Surgeons (ACS) as the Governor-at-Large representing ACS Fellows in the Metropolitan Philadelphia Chapter. Governors-at-Large are an official, direct communications link between the Fellows of the College and the members of the Board of Governors.

Dr. DellaVecchia has practiced ophthalmology for 33 years. He has written several book chapters and articles on ophthalmology, pathology and biophysics and is presently doing research on photonics, an area of study combining his MD and his doctorate in biomed/physics training.

He is a past president of the Metropolitan Philadelphia Chapter of Surgeons, and is a member of the International College of Surgeons.



*Congratulations,
Drs. DellaVecchia
and Wasserman!*



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Prevent.

How can I prevent skin cancer?

The American Academy of Dermatology encourages you to have fun outdoors and follow these quick tips to decrease your risk of skin cancer:

- **SEEK SHADE BETWEEN 10 A.M. AND 2 P.M.** If your shadow appears shorter than you, seek shade.
- **WEAR PROTECTIVE CLOTHING**, such as a long-sleeved shirt, pants, a wide-brimmed hat and sunglasses, where possible.
- **GENEROUSLY APPLY A BROAD-SPECTRUM, WATER-RESISTANT SUNSCREEN** with a Sun Protection Factor (SPF) of 30 or higher to all exposed skin. Reapply approximately every two hours, even on cloudy days and after swimming or sweating.
- **USE EXTRA CAUTION NEAR WATER, SNOW AND SAND** because they reflect and intensify the damaging rays of the sun, which can increase your chances of sunburn.
- **AVOID TANNING BEDS.** Ultraviolet light from the sun and tanning beds can cause skin cancer and wrinkling. If you want to look tan, consider using a self-tanning product, but continue to use sunscreen with it.

1 in 5

Americans will develop skin cancer in their lifetime.



ANYONE
CAN GET SKIN CANCER,
REGARDLESS OF SKIN COLOR



ONE OUNCE OF SUNSCREEN, enough to fill a shot glass, is considered the amount needed to cover the exposed areas of the body.

spotme.org

FOUNDING SUPPORTER:



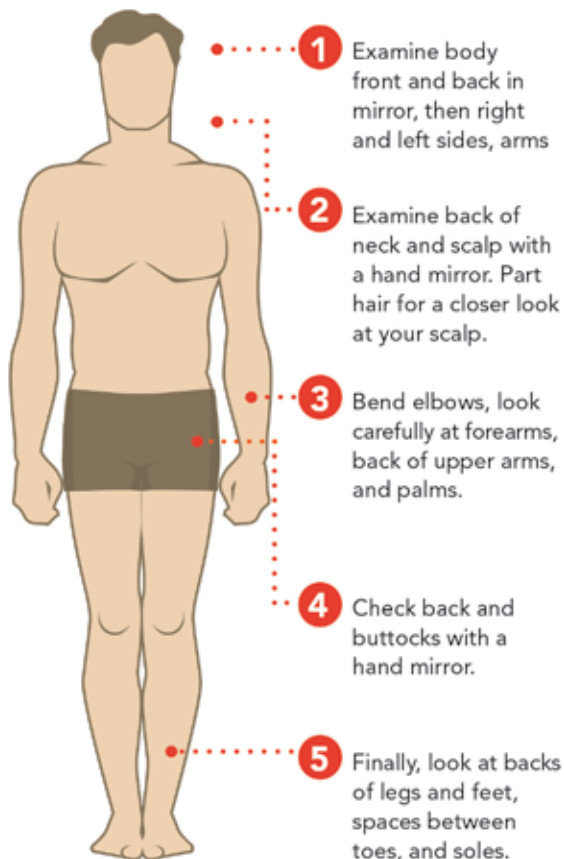
Bristol-Myers Squibb

Detect.

How to check your spots

SKIN CANCER SELF-EXAMINATION

Checking your skin means taking note of all the spots on your body, from moles to freckles to age spots. Ask someone for help when checking your skin, especially in hard to see places.



Download the Academy's Body Mole Map at spotme.org to record your spots during your next skin self-exam.

What you're looking for on your skin

THE ABCDEs OF MELANOMA

Melanoma is the deadliest form of skin cancer. However, when detected early, melanoma can be effectively treated. You can identify the warning signs of melanoma by looking for the following:

A ASYMMETRY



One half is unlike the other half.

B BORDER



Irregular, scalloped or poorly defined border.

C COLOR



Varied from one area to another; shades of tan and brown, black; sometimes white, red or blue.

D DIAMETER



While melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, they can

E EVOLVING



A mole or skin lesion that looks different from the rest or is changing in size, shape or color.

Example:



OTHER TYPES OF SKIN CANCER

When checking your skin, please look for signs of these other suspicious spots.

Precancerous Growth



Actinic Keratosis (AK):
Dry, scaly patch or spots.

Skin Cancer



Basal Cell Carcinoma (BCC):
Flesh-colored, pearl-like bumps or a pinkish patch of skin.



Squamous Cell Carcinoma (SCC):
Red firm bumps, scaly patches or sores that heal and then return.

If you find any spots on your skin that are changing, itching, or bleeding, make an appointment to see a board-certified dermatologist.

Live.

Visit spotme.org to:

- Learn more about skin cancer
- Find a dermatologist in your area

WHEN CAUGHT EARLY, SKIN CANCER
IS HIGHLY TREATABLE





“LIFEGUARD” DEVELOPS CLINICALLY INFORMED TRIAGE

By: Marcia A. Lammando, RN, BSN, MHSA

The heightened awareness of behaviors that may negatively impact the culture of safety has led to health care organization development of internal processes to actively address these workplace concerns. These issues that run the gamut of dealing with colleagues whose behaviors and habits, such as repeated outbursts of anger directed at patients and co-workers, bullying, micromanaging and acting entitled, to name a few, disrupt workflow.

Unprofessional behaviors produce a variety of problems. Organizations have increasing obligations to all individuals involved: the physician, staff and patients, too. LifeGuard created the clinically informed triage to address these behaviors.

LifeGuard, a program of the non-profit Foundation of the Pennsylvania Medical Society, helps physicians and their employers when a situation arises that a physician's medical knowledge, clinical skills, or health status are called into question. LifeGuard is a resource for the physician or other referring entities. LifeGuard's pathways, inclusive of recommended remediation, are uniquely tailored to the individual needs and specialty of each physician.

Coupled with the ever-increasing pressures of medicine and empowerment of the clinical team rightfully demanding a respectful work environment, unprofessional behaviors are simply no longer tolerated. However, in many instances, this is not an easily tackled situation.

Once the internal processes within the organization have been exhausted, what are the next steps in dealing with these behaviors? How do organizations turn for help with patterns of disruption?

Traditional approaches may include an exhaustive review of the individual's past family and social history. Then a neuropsychological and psychiatric evaluation is performed which includes collection of a significant amount of data related to the specific behaviors and the effect of those behaviors in the workplace.

These evaluations can be costly, time-consuming and in some situations, result in unwarranted negative labeling of the individual. Not every situation related to unprofessional behavior may require this approach.

As medicine has had to respond to changes in a more efficient and rapid fashion, LifeGuard has answered a similar need with the

development of a behavioral assessment approach coined as “clinically informed triage.” As the word triage suggests, this assessment process allows for a methodology to quickly analyze and dissect the circumstances leading to and contributing to the unprofessional behavior and provide a directive for change. Suggestions for remediation following clinically informed triage may include education, cognitive behavior therapy, leadership and professional coaching, and monitoring of the individual to ensure success.

In some cases, the more in-depth traditional assessment is needed. Clinically informed triage certainly does not disregard the traditional approach to professionalism assessments. In fact, in situations where patterns of disruptive behaviors are identified or concerns related to personality, psychiatric or substance abuse disorders are uncovered through the clinically informed triage process, the traditional approach of assessment is employed to provide a more in-depth evaluation of the individual's behavior and the potential underlying triggers that lead to the behavioral issues.

LifeGuard has developed this innovative approach to answer the need for cost-effective and time-efficient professionalism assessments. LifeGuard's approach provides a proactive assessment in those situations when attempting to rapidly analyze a professionalism concern; returning, when appropriate, the individual to the work place with a newly acquired understanding of his or her behaviors, how those behaviors affect co-workers and patients, and tools to deal with triggers and stressors to eliminate unprofessional responses.

The LifeGuard Mission

LifeGuard strives to provide comprehensive clinical competency assessments tailored to the individual needs of health care professionals. LifeGuard also develops individualized recommendations for remediation (as applicable) based on deficiencies identified through the assessment process or as required by a state licensure board or a federal corporate integrity agreement.

We aim to facilitate higher performing physicians, improved patient safety, and quality of medical care provided through carefully customized programs and individual case management.

Please contact LifeGuard for more information about our professionalism assessment and “clinically informed triage” at 717-909-2590. See our website for other offerings including the Controlled Substance & Opioid Prescribing Educational Program now accepting 2017 registration at www.lifeguardprogram.com.

FEATURE

FROM OUR READERS

The letter from Sidney Baumgarten, Esq., (directly below) was written in response to an article regarding the American Board of Internal Medicine (ABIM) that appeared in the Winter 2016-17 edition of *Philadelphia Medicine*. The rebuttal from Westby G. Fisher, MD, who contributed to the original article, was written at the invitation of the editorial board.

I have been a friend and counsel to Ariel Ben Mannes, the former chief of security at ABIM, for many years. I must say that with over 50 years of law practice I have never before witnessed such repeated attempts to malign a person based upon a blip in his long and successful career. It is unconscionable for Dr. Wesley Fisher to use such invective to shame the ABIM and, along the way, destroy the career of a very honest and competent person.

Ben was a member of the Washington, DC Police Department with a very fine record.

He had been under suspension, and was in the midst of a union appeal, when he was working at a club at night. When he witnessed an altercation there he was in possession of a legally licensed handgun from Virginia, but not permitted then in the District of Columbia. His arrest and conviction was solely for illegal possession of the weapon – one felony, not two, as Dr. Fisher alleges.

Interestingly, Ben's appeal was won and he was ordered reinstated to the DC Police Department. In our view he was a *de jure* police officer at the time of the incident. Because Ben was a resident of New York for many years, he was able to obtain a Certificate of Relief from Disabilities issued by the state of New York several years

ago, which relieved him of any impediments to employment, etc., as a result of his plea and conviction.

Our laws here in New York, where Mannes' certificate was issued, prohibit discrimination against a person who has one criminal conviction. It is codified in our Human Rights Law and our Correction Law. Both are designed to prevent the stigma of one arrest from interfering with future employment.

Ben later served with distinction as a member of the Department of Homeland Security. The one incident revealed nothing that would even suggest any form of dishonesty or other reason for the ABIM to reject his services.

Mr. Mannes is being unfairly pilloried to serve Dr. Fisher's own differences with the ABIM. It is especially unseemly for the member of a highly respected profession to undertake the willful destruction of another human being for his own motives. Mr. Mannes has worked extremely hard over the last 11 years to undo the unfortunate incidents of one night, and surely does not deserve to have his family, friends and colleagues read disparaging, inaccurate things about him in the pages of your publication.

Sincerely,

Sidney Baumgarten, Esq., former deputy mayor of New York City, brigadier general, NYG, Retired

REBUTTAL

Contrary to what Sidney Baumgarten claims, Ariel Benjamin Mannes does not have a "fine record of service with the DC police department." In 2003, Mannes admitted using his access as an officer to obtain Washington reporter Jason Cherkis's personal records and posting the information on a law enforcement website advocating reprisals.¹ The disciplinary board decided *unanimously* to fire Mannes for conduct unbecoming, but took more than 55 days to notify him.²

While on involuntary leave from DC Police pending investigation, Mannes began working for the TSA Railroad Division and moonlighted as a bouncer at the "Diva nightclub." Mannes assaulted a Diva nightclub patron while carrying a loaded unregistered pistol and claiming he was a police officer. Mannes was charged with aggravated assault, impersonating a police officer, and carrying an unregistered firearm.³

Per DC Court records, Mannes pleaded guilty on December 2005 to two charges from the nightclub incident: (a) impersonating a police officer and (b) carrying an unregistered firearm, and was sentenced to pay fines for each conviction and to probation. He lost his weapon and TSA employment because of this incident.⁴

Police Chief Cathy Lanier was forced to rehire Mannes in November 2008³ due solely to the notification issue, but then

suspended him. The Department moved again to fire him because of his weapons charge.⁴

Mannes lost his appeal of his two convictions on 10/21/2008, the same year he began working as Director of Test Security for the ABIM.⁵

While at the ABIM, Mannes' declaration before a federal judge was instrumental for the ABIM to obtain a temporary retraining and seizure order in ABIM's investigation of the Arora Board Review (ABR) course on December 2, 2009.⁶ Mannes, ABIM lawyers, and U.S. Marshals seized materials from Dr. Arora's home days later.⁷ Using emails from Arora's computers, ABIM retaliated against 139 physicians and sued others and then issued a press release June 9, 2010 before due process could occur.

In summary, Mannes was disciplined by the DC Police for abusing his position of authority to access confidential information to retaliate against an innocent citizen. Such conduct was not acceptable to the DC Police, and yet it appears to be acceptable to ABIM while it falsely accuses physicians of acting unethically. ABIM's double standard should be exposed as long as it continues to harm physicians.

Westby G. Fisher, MD

1 <http://www.washingtoncitypaper.com/arts/article/13032155/keeping-the-piece>

2 http://www.washingtonpost.com/wp-dyn/content/article/2008/05/19/AR2008051902297_2.html?sid=ST2008052302978

3 Klein, Allison "DC Trying to Again Fire 17 Rehired Police Officers." *Washington Post* 24 May 2008. <http://www.washingtonpost.com/wp-dyn/content/article/2008/05/23/AR2008052301479.html> accessed 11 Feb 2017.

4 Klein, Allison. "17 Officers Fired for Misconduct Reinstated." *Washington Post* 20 May 2008. <http://www.washingtonpost.com/wp-dyn/content/article/2008/05/19/AR2008051902297.html> Accessed 11 Feb 2017.

5 "ABIM Warns About 'Phony' Boards." *Amednews.com*. Posted Dec 8, 2008. <http://www.amednews.com/2008/12/08/pr1208.htm> Accessed 12 Feb 2017.

6 *Pacer.gov*, Document 4, Case 2:09-cv-05707-JCJ Filed 12/2/09. Available at http://www.medtees.com/blog/ABIMTROwMannes_Redacted.pdf Accessed 11 Feb 2017.

7 *Pacer.gov*, Document 11, Case 2:09-cv-05707-JCJ Filed 1/7/2010. Available at http://www.medtees.com/blog/ABIM-USMarshals-285_Redacted.pdf Accessed 11 Feb 2017.

UPCOMING EVENTS & PROGRAMS



6th Annual Clinical **UPDATE IN GASTROENTEROLOGY** *Saturday, April 22, 2017*

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Registration: 7:30 AM | Program: 8:00 AM –
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PROGRAM TOPICS & GUEST SPEAKERS:

The Changing Face of Celiac Disease

Anthony DiMarino, Jr., MD

Professor and Chair

Division of Gastroenterology and Hepatology

Director, Celiac Center

Thomas Jefferson University Hospital

Update in Inflammatory Bowel Disease

Gary R. Lichtenstein, MD

Professor of Medicine

Raymond and Ruth Perelman School of Medicine of the University of Pennsylvania
Director, Center for Inflammatory Bowel Disease

University of Pennsylvania Health System
Hospital of the University of Pennsylvania

Approach to the Patient with Liver Disease and Cirrhosis

David Sass, MD, FACP, AGAF, FAASLD

Professor of Medicine

Medical Director, Liver Transplant Program
Sidney Kimmel Medical College at Thomas Jefferson University

Nutrition and the Bowel

"What's Eating You?"

Octavia Pickett-Blakely, MD, MHS

Assistant Professor of Medicine

Director, GI Nutrition and Obesity Program
Division of Gastroenterology
Hospital of the University of Pennsylvania

THE PHILADELPHIA COUNTY MEDICAL SOCIETY 2017 Upcoming Events & Programs

All programs held at PCMS HQs unless noted

APRIL

5	Public Health Meeting	12 noon – 2:00 PM
12	Editorial Review Board Meeting	12:30 PM – 2:00 PM
12	Tools for Success	7:30 AM – 5:00 PM
(Practice Management Conference in Springfield, Delaware County)		
19	PCMS Executive Committee	5:30 PM – 6:30 PM
22	GI update: CME Educational Seminar	8:00 AM – 12 Noon

MAY

2	Violence Prevention Program	6:00 PM – 8:00PM
9	Public Health Committee	noon – 2:00 PM
10	Editorial Review Board Meeting	12:30 PM– 2:00 PM
24	PCMS Executive Committee	5:30 PM – 6:30 PM
24	Joint Education Program with the College of Physician "Poverty as a Public Health Issue"	5:30 PM – 7:00 PM

JUNE

7	PCMS Board of Directors	6:00 PM – 7:30 PM
14	Editorial Review Board Meeting	12:30 PM – 2:00 PM
17	President's Installation & Awards Night	6:00 PM -10:00 PM
22	Block Captains Program	5:30 PM – 8:30 PM

For the most up to date listing of programs/events and to register, please check our website at www.philamedsoc.org.

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