YOUR COMMUNITY RESOURCE FOR WHAT'S HAPPENING IN HEALTH CARE

CHESTER COUNTY Medicine

FALL 2022

Published by Pennsylvania's First Medical Society

The Art of Chester County Presents

THE CENTER FOR PERFORMING AND FINE ARTS

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Chester County Medicine is a publication of the Chester County Medical Society (CCMS). The Chester County Medical Society's mission has evolved to represent and serve all physicians of Chester County and their patients in order to preserve the doctor-patient relationship, maintain safe and quality care, advance the practice of medicine and enhance the role of medicine and health care within the community, Chester County and Pennsylvania.

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Cover: Artwork by students of The Center for Performing and Fine Arts
Read more in The Art of Chester County on page 16.

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PRESIDENT'S MESSAGE

Fall 2022

BY DAVID E. BOBMAN, MD
PRESIDENT OF CHESTER COUNTY MEDICAL SOCIETY

David E. Bobman, MD

What's on your mind?

Help us to learn more about emergent trends affecting your work!

Write to us at: OurCCMS@gmail.com

As I begin my term as President of the Chester County Medical Society, I do so with great excitement, anticipation, and hope. This role will be a tough act to follow coming after my predecessors who, along with the excellent guidance of our administrative director, have done such a fine job of shepherding our organization.

There remain many continued hurdles which we must clear and new ones to come. These issues, among others, include loss of access to care – in part due to effects of our Covid epidemic, hospital closings, and difficulty in recruiting physicians to our area. We are again seeing issues with venue shopping and there continues to be erosion of the doctor-patient relationship.

We as a team will continue to deal with these issues. While our board has done a great job with tackling issues as they arise, I believe the collective intelligence and creativity of all our members is greater than that of the few physicians on the board. Just as a team's coach needs multiple players on his team, the organization also needs the active participation of the team members. My hope, and request, is for more of our Chester County members to voice their concerns, opinions, and suggestions. This includes both positive and negative sentiments.

To this end, I would like to create a sounding board where we will publish some of these responses to create a dialogue, hopefully leading to productive, new, and useful ideas. I am also hopeful that participation and dialogue will lead to a greater sense of inclusion and connectivity. I have created the web address OurCCMS@gmail.com to which you can provide your input and expect them to be published in our next newsletter. I look forward to the future of our Medical Society! ■

"Vision is the ability to see potential in what others overlook."
— *Rick Warren*

Fond Regards,

David

NF2 BioSolutions Accelerating Gene Therapy Research and Finding a Cure for Neurofibromatosis Type 2 (NF2)

BY NICOLE HENWOOD, MD

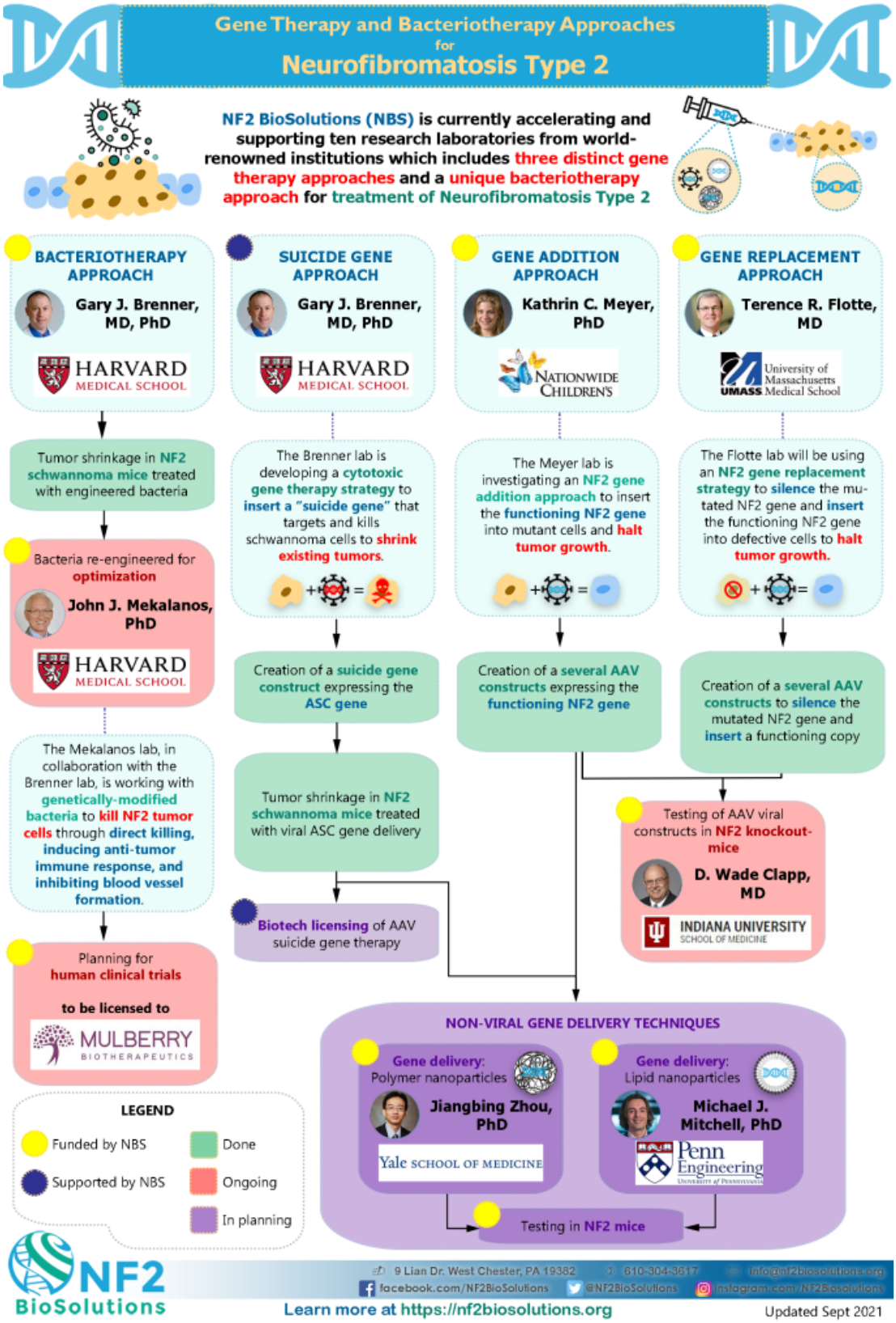
Four years ago, the path of my post-residency life unwillingly and dramatically changed course. In 2018, my son A.J. was diagnosed with Neurofibromatosis Type 2 (NF2). He was a happy and energetic 6-year-old boy who loved playing baseball and Minecraft, adopting animals, and was dreaming of becoming a Philadelphia Philly one day. I had noticed a small white patch of skin on his thigh when he was born, and a few years later two darker-colored cafe-au-lait spots, but I was reassured there was nothing to worry about. When he began school, the school nurse noticed his vision was slightly decreased at 20/30, but I thought all he needed was glasses. We went for an ophthalmology visit and unfortunately that day we were referred to a Will's eye cancer specialist who suspected the "freckle" seen on his retina, along with the patches on his skin, were caused by NF2—a rare disease without a cure. His diagnosis was confirmed a few weeks later by MRI, and that day became the worst day of my life.

Neurofibromatosis Type 2 is a rare genetic disorder that affects approximately 1 in 30,000 individuals globally which classifies it as a rare disease. NF2 uniformly results in the growth of multiple tumors throughout the central and peripheral nervous systems, including schwannomas, meningiomas, and ependymomas. Over time, these tumors severely impact the quality of life of affected individuals, causing hearing loss, severe balance problems, facial paralysis, visual problems, and eventually death from high tumor burden. The cause of these tumors is a defect in the NF2 gene. The NF2 gene encodes for a protein called Merlin. Merlin functions as a tumor suppressor which in healthy individuals prevents the growth of tumors in these tissues. We soon learned what a cruel and relentless disorder NF2 is. Now 11 years old, A.J. still lives mostly symptom-free, but the tumors in his body continue to grow. They will destroy his senses and mobility over time if we don't find a treatment.

NF2 is among 7,000 identified rare diseases. Patients with any rare disease face a harsh reality. The disease they suffer from competes for the attention of scarce resources. At present, only about 600 rare diseases are in trials. Pharmaceutical companies want to focus on research that can be monetized soon; the result is a huge unmet medical need in the rare disease patient community. I saw a glimmer of hope when I learned that many cancers harbor acquired NF2 mutations, including spontaneous vestibular schwannomas, meningiomas, and even subsets of mesothelioma, renal cell carcinoma, breast and prostate cancers. Perhaps we could convince others outside of the NF2 community to join our cause; this still remains to be seen.

For NF2 patients, observation, surgery, and radiation remain the only available options, and they are all poor choices, as they have high complication rates and are largely ineffective. With no FDA-approved therapy for NF2, patients and their families must become the driving forces behind any progress. For all these reasons, I decided to fight for a cure on my own. Shortly after A.J.'s diagnosis, I learned about another "rare" doctor-mom who raised millions of dollars to fund gene therapy research for Sanfilippo syndrome, a rare disease affecting her daughter. This is what we needed to do for A.J. Three months later I founded NF2 BioSolutions (nf2biosolutions.org), a nonprofit 501(c)3 public charity with the goal of accelerating gene therapy research and finding a cure for NF2. Our mission is to bring attention to NF2 and sponsor leading labs to focus on NF2 research with the goal of bringing NF2 gene therapy to the clinic. NF2 BioSolutions is the first organization to explore gene therapy—and now cell and immune therapies too—to fight NF2.

Today, NF2 BioSolutions is a globally-supported organization that has raised over $1million to date and funded breakthrough work and pre-clinical research with the support of leading experts in the field such as Dr. Gary Brenner:



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NF2 BioSolutions Accelerating Gene Therapy Research and Finding a Cure for Neurofibromatosis Type 2 (NF2)

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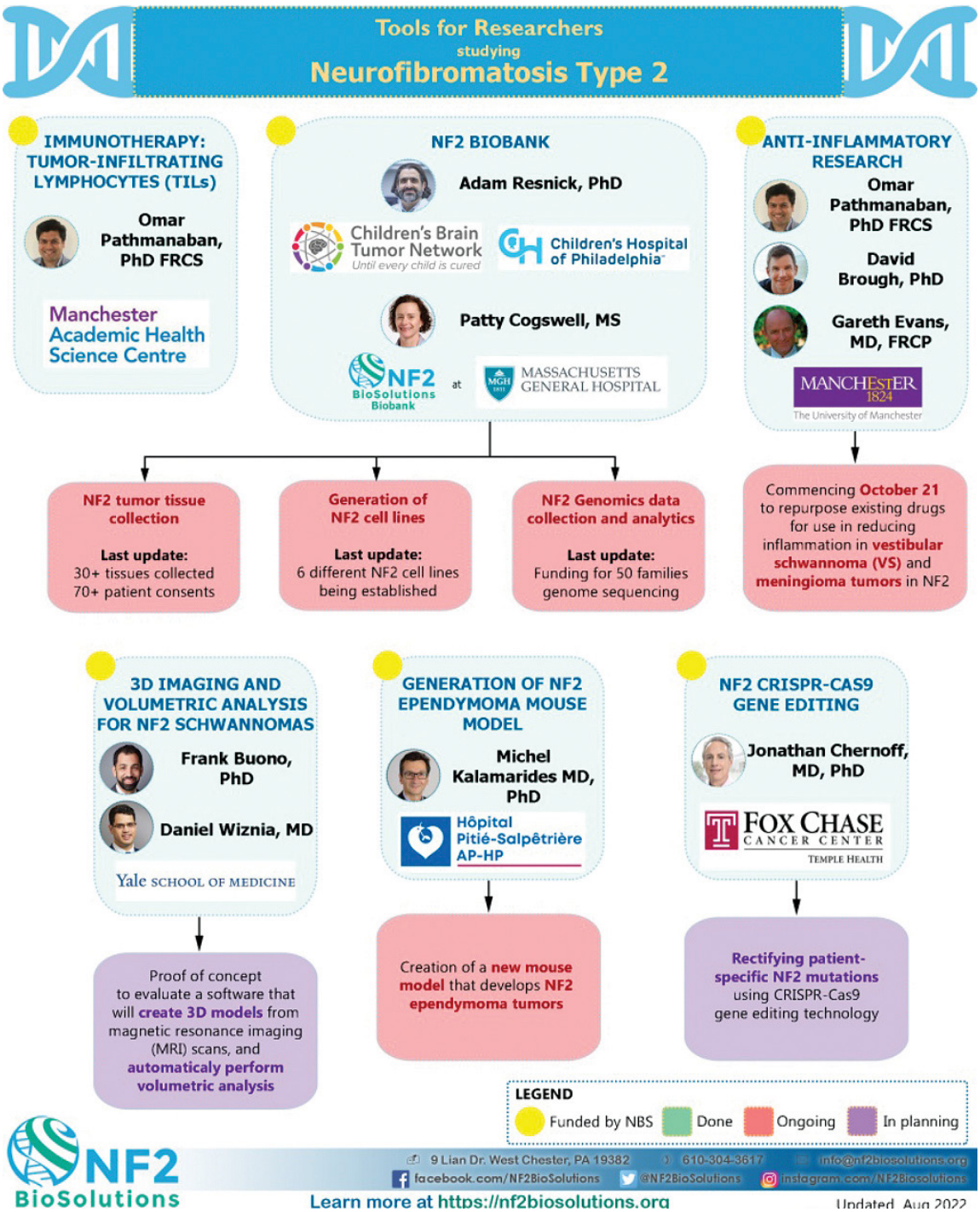


"I am highly optimistic that this gene therapy strategy can represent an effective and safe therapy for patients with schwannomas – whether associated with NF2, schwannomatosis or sporadic schwannomas."
— Gary J. Brenner, M.D., Ph.D., Associate Professor, Harvard Medical School Director and Director, Massachusetts General Hospital Pain Medicine Fellowship

Along with other advocates, I am proud to fight every day against this disorder. However, we need your help to find an effective therapy for A.J. and thousands of others afflicted with this disease. All donations to NF2 BioSolutions go directly to sponsoring research that could eventually save A.J.'s life and the lives of thousands of others.

NF2 BioSolutions has grown far beyond me since I started it four years ago from my home in West Chester. Building on the love we have for those suffering from NF2 and with support from hundreds of people whose lives have been affected by the disease, NF2 BioSolutions has launched and currently is supporting several novel therapy approaches to treat NF2 tumors. Since we don't yet know what approach will have the best and most lasting treatment results, we are supporting multiple pre-clinical research programs in parallel. Some have the goal of killing existing tumors; some attempt to stop tumor growth; and, some seek to prevent new tumors from forming.

The research funded to date has yielded promising results in working toward a therapy for NF2 and in the treatment of rare diseases more broadly. In addition to our gene therapy program, we have made progress in the development of key tools and resources including 3D imagery and volumetric analysis of NF2 tumors and the generation of NF2 animal models. We also have supported the development and sharing of the world's first open-access NF2 biobank with a growing number of cell lines and continuing sources of fresh tumor tissue. We keep researchers connected and focused on a cure for NF2 and share the tools and data needed for impactful results. However, we still have a lot of work ahead of us.

Gene replacement therapy and other emerging therapies have had a lot of success in other types of genetic mutations. We plan to replicate this success and jump-start gene therapy research for NF2. We will continue to bring together groups of researchers, doctors, patients, and advocates, combining our minds and experiences to make advances and leave no NF2 patient behind. But we need as much support as we can get to fund the research that will determine how to develop a cure.

While my focus is leading NF2 BioSolutions and finding a cure for A.J., I struggle balancing it with my busy life here in West Chester, Pennsylvania. I am an anesthesiologist at Premier Surgery Center of Exton, a mom to A.J. and his big sister Brooke too. I know my time with A.J. is precious, and I try to spend as much as I can with him. We enjoy planning fun adventures around Chester County and beyond knowing one day he may not see or hear as well as he does today. We recently visited Fenway Park in Boston, and the Eiffel Tower in Paris. Next on our list are trips to see Niagara Falls and the Grand Canyon.

My fellow Chester County physicians, my call to action is to please help me find every NF2 patient and make them aware of our efforts and help us find this much needed work. Also, if you have a few hours a year or each month, there are many ways to become involved in NF2 BioSolutions and help find a cure for this debilitating disease.

Visit the Take Action page on our website nf2biosolutions.org to see how you can help or send me a message at nicole@nf2biosolutions.org. Visit our Donate page if you would like to support research with a tax-deductible financial gift.

Working together as a team, we can put an end to NF2 suffering. ■

UPDATED SITUATION REPORT: MPX PART 2

BY JOHN P. MAHER, MD, MPH

Situation Report as of late October 2022

Sometimes we need to pay attention to and learn from Mother Nature and some of the events and emergencies which occur in other areas of our lives. Anyone used to watching how natural disasters are responded to by government agencies is aware that problems of communication, understanding of the seriousness of a situation, are compounded by political, economic (i.e., budgetary), and emotional considerations.

That is most often seen in the reluctance to spend money to prevent something which might not happen or which might not be so bad if it does happen. Examples come to mind easily: strengthening the levee before the hurricane, figuring out whether or not there is a way to safely dispose of nuclear waste before building such power stations, unintended consequences of reducing public health funds for contagious diseases like STDs and TB, are but a few. Had the ban on further "increase of function" research been obeyed and not deliberately funded and continued, perhaps the COVID-19 pandemic could have been prevented. And, as one wise author once wrote, "Blowing out the match after the forest fire has started is of little or no help."

All of which leads into the issues involved in foreseeing and planning ahead against such things as pandemics. Ignoring the conspiracy concerns about deliberately created pandemics, experienced public health and infectious disease veterans have talked about "the next big pandemic" for a long time now. But the bulk of their planning and funding focused on another deadly influenza disaster, until of course we had the threat of anthrax powder in the mail and we worried that terrorists could launch anthrax or smallpox bioweapons creating global havoc. That triggered a major drive to prepare for those two conditions; later this morphed into the concept of "all emergency" planning. Still, though, the emphasis was driven by geopolitical considerations and probabilities, not medical or public health planners.

So now, as we head to the end of 2022, we find voices being raised saying the MPX pandemic should not have happened, could have been prevented, by paying attention to the signs of the times. Until recently, Monkeypox (MPX) was a zoonotic disease historically confined to central and western Africa, where it was enzootic in various local tropical rodents (not monkeys), and could be contracted by humans by contact with those animals. But there were no human cases outside of Africa until the 2003 outbreak here in the USA when 47 human cases resulted from the importation of infected tropical rodents from Africa.

In 2017 there was a major increase of MPX in central Africa. In 2020 the DRC reported 6258 cases, and the next year over 8800. Still no effective global attention was paid to those events. In fairness, the US CDC did issue a Health Alert Network (HAN) advisory in July 2021, and followed with further HAN alerts in June, July and September 2022, all with recommendations for travelers, clinicians and other health care providers and warning about the sudden increase and the obvious potential for international spread given modern international commerce and commercial and tourism travel.

Beyond that, little attention was given until the news broke that there was a sudden, simultaneous appearance of cases in multiple European nations and then scattered cases here in America (Texas, Utah, Massachusetts, NYC, Virginia). In June 2022, the CDC issued its updated alert (HAN 468) with expanded recommendations and case definitions for clinicians, the public and health departments, and the European CDC also issued updated information about the same time.

This time, the data could not be ignored *(see Table 1)*.

TABLE I: Selected data points on MPX Reported Cases: **

Date	Global	USA	PA
May 2022	over 300 cases	about 5	0
June 29	4922	306	8
July 29	2485	5189	125
August 29	48844	18100	516
Sept 29	61602	25508	754
October 25	75885	28061	829

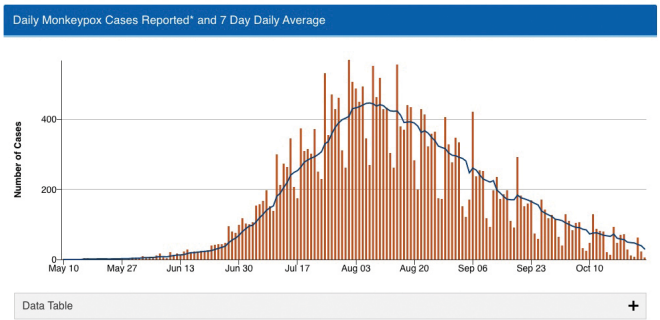
*** N.B.: Most numbers derived from ProMED Reports. Numbers may vary according to source, dates of report and publishing dates*

Since those earlier days, we have learned a lot of very interesting information about MPX from clinicians, researchers and health officials in various countries around the globe.

As of mid-October 2022, the reported numbers of new cases in Europe had been dropping for 8 weeks in a row despite the continued slower increase of total cumulative numbers and the continuance of local "hot spots" still showing increases.

Interestingly, the CDC's epi-curve for US cases published online as of October 5th, shows an apparent classical bell-shaped curve (with of course various spikes along the curve) which peaks from July through August and shows a steady drop-off in numbers (see Figure 1). The epi-curve from Ontario shows a similar shape, peaking from late June through late July. These contrast sharply with the still asymptotic curve put out by Reuters in late October showing the upward curve still increasing as the global total surpasses the 75,000 mark.

Figure I: US MPX Case Trends Reported to CDC: Daily cases reported and 7-day trends

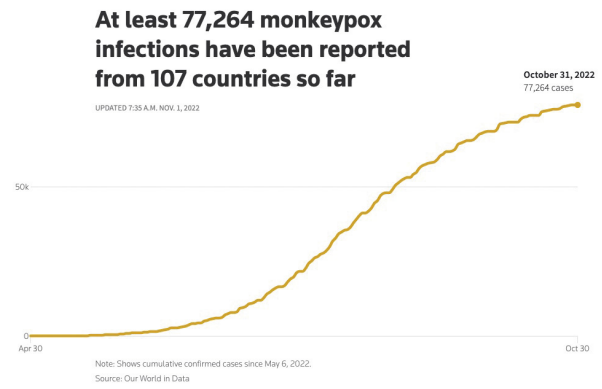


Daily Monkeypox Cases Reported and 7-Day Average

The US and Ontario curves give hope that the worst may be over, but must be interpreted along with the knowledge of the availability of modern medicine and technology and information communications available as well as the probability that the highest risk groups here may also be educated and sophisticated enough to grasp the importance of the therapies and preventive approaches available.

One other consideration would be the possibility that the huge numbers of people at risk in all the other countries including those less advanced might simply mean that it would take another six months for the global numbers to drop off sufficiently to result in a global bell-shaped curve.

Figure 2: Reuters Cumulative MPX case totals from 107 countries



At least 77,264 monkeypox infections have been reported from 107 countries so far

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Updated Situation Report: MPX Part 2

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Epi statistics from multiple regions and reports have been fairly consistent, showing on average that some 98% of patients are males, and >/ 90% are MSM, with occasional scattered reports of infected women or children. A recent report from southern France (*EID journal*) gives their median age at 36 years, 92% MSM, 15.5% HIV positive, and notes that "lesion locations largely correspond with the site of contamination," most frequent being genitals, perianal, and oral/perioral areas. Two patients had only isolated lesions in just one of those areas. More worrisome, perhaps, is that concurrent STIs were diagnosed in 15% of patients. Worse, 5% were asymptomatic, and 61% had one or more positive sites without a visible lesion, creating a false sense of safety.

It should be remarked that this writer feels it is a waste of time for authors of some scientific reports to quibble over whether MPX is to be considered an STD or STI (sexually transmitted disease/infection) when what is really important is whether the disease is, or can be, "transmissible" (still an "STI"). A quick check online shows that while only the usual 8 or 10 well known infections are usually listed as such, the literature show at least 20 diseases which can be transmitted that way.

Eisenstadt, *et soc., (JAMA Dermatol)* report that MPX-exposed patients classically present with prodromal symptoms of fever, headache, malaise and adenopathy within 5 to 21 days. From 1 to 3 days after fever a painful rash develops in a centrifugal fashion, on face (95%), hands/feet (75%), oral mucosa (70%), genitals (30%), conjunctivae (20%). Lesions generally develop sequentially, in order (macular, papular, vesicular, pustular, scabs) in the same stage. Readers should be aware that there are always atypical presentations and occasional asymptomatic cases to be found if one looks for them.

One recent report stated that researchers in Italy (*The Lancet I.D.* 8/22) had found the live, infectious Monkeypox (MPXV) virus in the semen of 14 infected men (out of 16 studied) 3 weeks after onset of symptoms, even after the initial lesions had disappeared. But it appears they found the viral DNA only, leaving the issue of infectiousness still open. However, Liu, *et al.* (*Nat Microb*) did find that in macaque monkeys the virus could be found in the interstitial cells, seminiferous tubules, and ependymal tubes, areas where the germ cells are produced.

The idea of respiratory transmission has been generally played down, except perhaps for contacts within a foot or two of the cougher/sneezer. More easily understood and accepted is the "close personal contact" transmission explanation, supported now by studies (see *CIDRAP,* UMinn and *The Lancet I.D.*) indicating that MPX viral DNA detection by PCR was more frequent from the skin (88%), throat (77%), and anal swabs (71%) than from semen (54%), blood (24%) or urine (22%).

Included in the same *Lancet ID* issue was a report of several MPX cases tied to a body-piercing and tattoo parlor in Cadiz, Spain, where 32% of exposed clients contracted MPX in July-August following tattoos and an earlobe piercing.

A number of reports (Germany, UK, US) now demonstrate that active MPX cases can shed the organism into the environments by patients isolating at home, visiting a relative, and even in hospital. Both DNA and, in some cases, the viruses, were found on multiple various surfaces. While questions remain as to whether these are actually able to transmit the disease, caution and personal preventive equipment should be available and used.

Finally, a word about the potential ability of the MPXV to evolve. Sequencing of the MPX genomes from the outbreak have shown some mutations, Some scientists are saying they are not concerned about it just now and that they consider it a "sublineage" of the existent clade from West Africa, while at least one other source is calling it a 3rd clade. Thus, unusual MPXV mutations have now been described by researchers from the Minnesota Dept. of Health in conjunction with tech support from the CDC. They write that "a large chunk of the virus's genome was missing, and another chunk had moved to an entirely different spot in the sequence." Similar deletions and rearrangements have been found in a handful of other MPXV specimens' genomes collected elsewhere. All of this raises the possibility that the MPXV has mutated, or is in the process of doing so, to be able to transmit more easily among humans. So, the story is not ended yet. Stay tuned to developments.

Readers interested in greater details and updates as to the vaccines and antiviral drugs currently available are referred to the appropriate sources at the websites for the USCDC, ECDC, WHO, ISID, and their respective professional medical journals. ■

Dr. Maher is a retired physician, a former Director of the County Health Department, and long-time member of the CCMS Board of Directors. In drafting this article, he has made free use of all the related information on the websites mentioned as well as certain ID journals and long personal experience.

Heart Attacks in Young Women

BY MIAN A. JAN, MD, FACC, FSCAI, AND ZARA QURAISHI

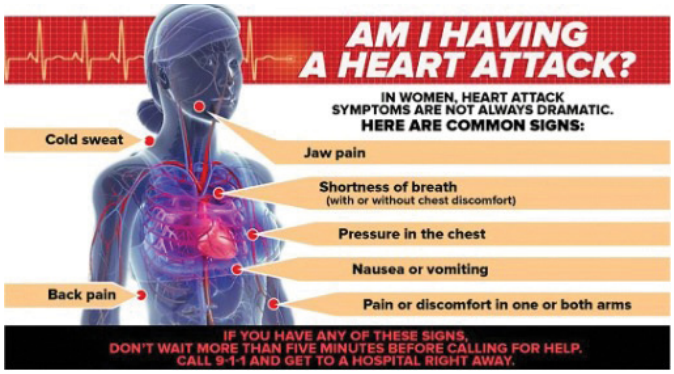
"Because women don't expect to have heart disease, a lot of times they don't seek help if they have the early symptoms of a heart attack"

— By Laura Bush

For decades heart disease has been labeled as a men's disease. This assumption based on gender is incorrect and a truly harmful representation of heart disease patients. Forty-four million women in the United States are affected by heart disease. Every year 1 in 3 women die from heart disease.

In recent years heart disease in women has been recognized as a leading cause of death killing many more women than cancer does.

Recent studies have shown that heart disease is the leading cause of death both in men and women. The mortality of coronary disease has diminished dramatically in the USA in the past forty years due to rapid improvement, prevention, and treatment. Surprisingly one segment that has not benefited from this trend have been younger women aged less than 55 years; their deaths did not show a decline between 1995 to 2014. As a matter of fact, 5% of all myocardial infractions occur in this group. These women were less likely to undergo invasive strategy and given guidelines-based therapy. Data from a CDC medical care survey between 2014 and 2018 showed young women and people of color with chest pain waited longer to be seen by a physician independent of their presentation and were less likely to be admitted.



Risk factors

Research has shown that the following seven risk factors are most important in younger women:

1. Hypertension
2. Diabetes
3. Family history of heart disease
4. Smoking
5. Low household income
6. High cholesterol
7. Depression

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Heart Attacks in Young Women

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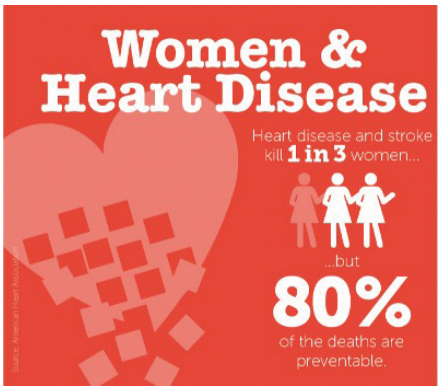
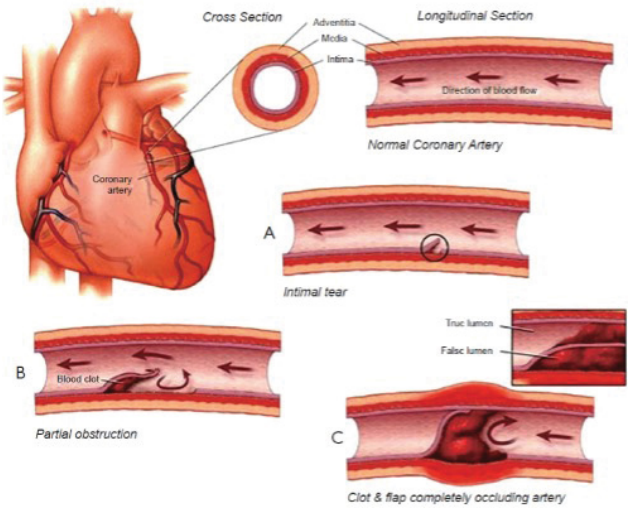


In men, smoking and a family history of acute myocardial infarction (MI) were leading risk factors. Given that six out of seven risk factors are modifiable there is a lot of room for intervention. Additionally, women who have gestational pregnancy, diabetes, hypertension, or eclampsia are also at risk of certain types of MI.

Subtypes of acute MI that affect younger women

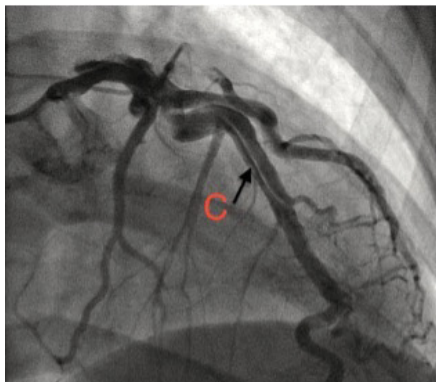
1. Spontaneous coronary artery dissection (SCAD)



SCAD is the cause of acute coronary syndrome in as many as 35% of young women and is the most common cause of MI associated with pregnancy. The mean age is 42-50 years, and for years this condition was underdiagnosed. SCAD occurs from a tear in the innermost layer of the coronary artery wall. The blood flows into torn layer interrupting blood flow and causing a heart attack.

SCAD is often missed because these women are often healthy and active and do not have many risk factors. It is commonly seen in female athletes, pregnant and new mothers. There may be associations with conditions such as extreme emotional stress, physical stress, and even drug use.

The presentation includes chest pain, lightheadedness, fainting, nausea, vomiting, and shortness of breath.

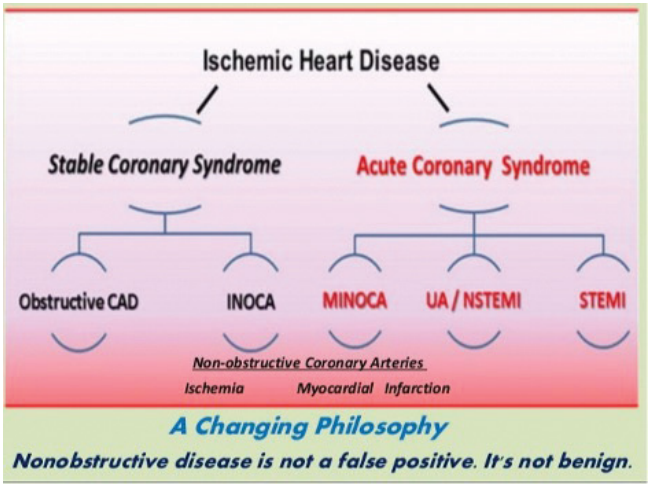


Diagnosis is accomplished by performing an angiography and the patient may also need an intravascular ultrasound (IVUS), and an optical coherence tomography (OCT).

Treatment included in the majority of cases is giving anti-platelet therapy and medications to control angina. The vessel usually heals by itself but if the flow is not reestablished the patient may need stenting.

The prognosis is usually good with mortality less than 4% but the recurrence rate is 5% and surveillance is important.

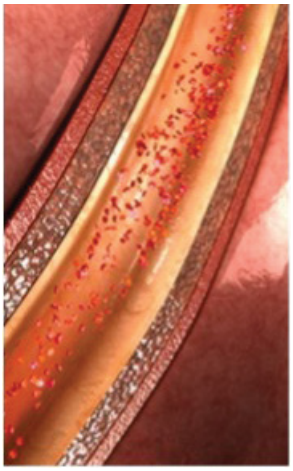
2. Myocardial infarction with non-obstructive coronary artery disease (CAD - MINOCA)



MINOCA is a MI that occurs in patients with non-obstructive CAD. It's a heterogeneous group first reported almost 80 years ago but is not a benign condition with 1-year mortality similar to obstructive CAD. Five to fifteen percent of patients with MI have MINOCA. INOCA is a similar term denoting ischemia without obstructive coronary artery disease.

This condition is again more prevalent in women under the age of 55.

The diagnostic evaluation consists of angiography with intravascular ultrasound, and optical coherence tomography (OCT). Angiography reveals less than 50% blockages but may reveal plaque rupture, erosion, ulceration, and hemorrhage. It is important to assess coronary microvascular dysfunction by using a pressure wire, calculating coronary flow reserve, and index of microvascular resistance.



Blood tests (troponins) just like any other MI should be done.

Echocardiogram to evaluate wall motion and masses for pericardial effusion and source for embolic origin.

CT scan and MRI should also be done.

For treatment, therapy should be individualized.

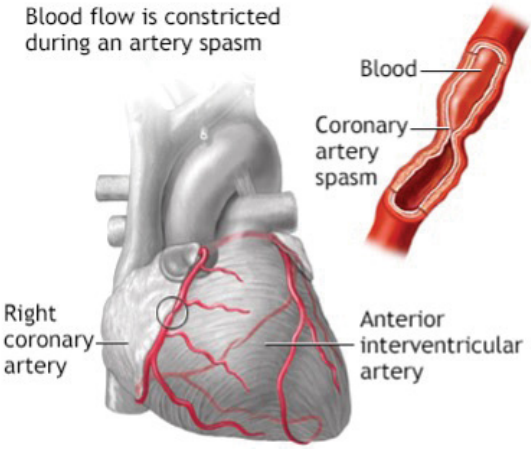
Some studies have shown decreased mortality with renin angiotensin aldosterone systems, statins, ACE, and ARBs. If plaque disruption is seen dual anti-platelet therapy should be given.

Major adverse cardiac events (MACE) are comparable to obstructive MI.

Meta-analysis had shown twelve months of all-cause mortality in MACE to be 4.7%.

In conclusion, MINOCA is a heterogeneous working diagnosis that requires multiple modal approaches, and determining underlying causes is paramount.

3. Coronary artery spasm (variant or Prinzmetals angina)



A coronary artery spasm is a temporary constriction of the muscle in the wall of an artery which can result in reduced flow and even blocking flow to the heart muscle. Coronary artery spasm is more common in women and the presentation can be indistinguishable from classic angina pectoris associated with obstructive CAD.

These patients are younger and have fewer classic cardiovascular risk factors and may have vasospastic disorders such as the Raynaud phenomenon. Emotional stress, intense physical exercise, extreme cold, or drugs like cocaine can trigger spasm. Episodes also tend to occur at rest.

There are three core elements establishing the diagnosis.

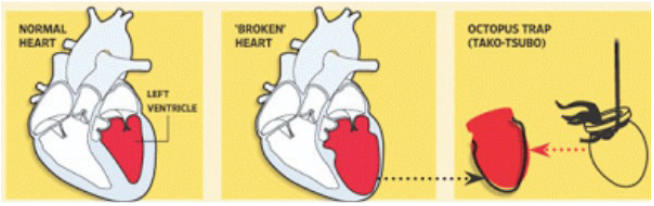
A. Nitrate-responsive angina

B. Transient electrocardiographic changes

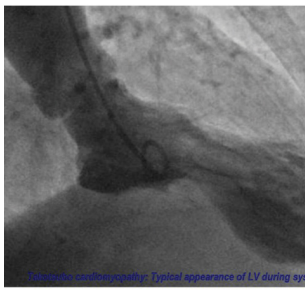
C. Angiographic evidence of coronary spasm with provocative testing including agents such as acetylcholine.

Treatment includes nitrates and calcium channel blockers and encouraging patients to quit smoking.

4. Stress cardiomyopathy (Takotsubo cardiomyopathy)



Stress cardiomyopathy is also known as broken heart syndrome and occurs when the heart muscle suddenly becomes stunned following severe emotional stress. The heart chamber looks like a Japanese fishing pot to catch octopus and thus the name Takotsubo. The emotional stress could be the death of loved ones, a serious accident, an intense argument, unexpected loss, or sudden illness. It affects women more than men.



The presentation is similar to MI with chest pain and shortness of breath. EKG may show evidence of MI and blood tests reveal high troponins.

Diagnosis can be confirmed by an Echocardiogram which reveals the classic shape of the heart. Coronary angiography will show no blockages.

The treatment is to support hemodynamics as the heart recovers its function. The majority of patients recover completely.

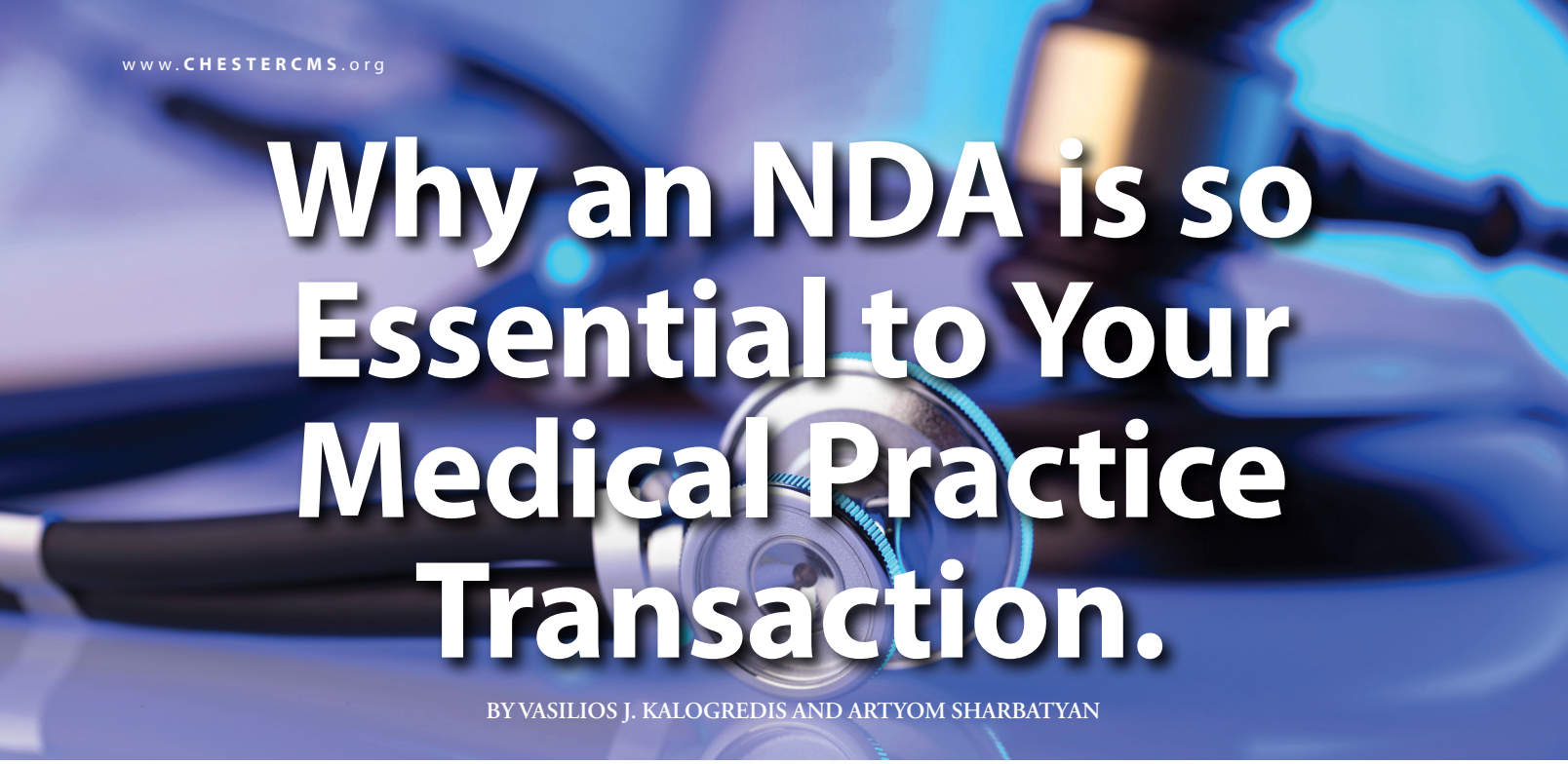
In summary, we have discussed heart disease in young women and various types, their causes, pathophysiology, presentations, and treatment.

We strongly believed the famous quote by Dutch philosopher Desiderius Erasmus.

"Prevention is better than treatment."

We as healthcare providers need to do a better job of raising awareness of this devastating condition in women who are in the prime of their lives and recognizing their symptoms rather than ignoring them. Especially since pathophysiology and presentation are different from our classic teachings. ■

This article was written by Mian A. Jan, M.D., Chairman, Department of Medicine Penn Medicine, Chester County Hospital, and Zara Quraishi, an intern at West Chester Cardiology



Why an NDA is so Essential to Your Medical Practice Transaction.

BY VASILIOS J. KALOGREDIS AND ARTYOM SHARBATYAN

The medical sector is still seeing robust transactional activity notwithstanding the current market conditions and overall economic slowdown. The unprecedented activity of the segment during 2021 keeps going and the demand for medical offices continues to be strong during 2022. Although there has been some worry about the industry slowing down in recent quarters due to rising interest rates and the overall economic downturn, this has not yet been seen in the sales and supply figures of medical practices. The segment known for its stability and resistance to recessions once again demonstrates its comparatively safe and secure quality.

Similarly, even though retail space demand has been declining, the same cannot be said about healthcare facilities and related entities such as surgery centers and endoscopy centers. According to CommercialEdge[1], a commercial real estate brokerage platform, the Philadelphia metro area is third in the national vacancy rates among major real estate markets for healthcare, behind only Boston and Miami. In such a vibrant environment where healthcare office space remains in high demand and low supply, investors often turn to existing practice acquisitions and drive the prices up. That is why healthcare practitioners are naturally becoming more interested in merging or selling their medical practices. And whether it's a lucrative deal that presented itself or time to retire, it is hugely important to make sure the sensitive information is protected. This is where a non-disclosure agreement, or NDA, becomes integral to your medical practice sale, merger or other transaction where confidential information is shared.

What is an NDA?

NDAs, also known as confidentiality agreements, confidentiality disclosure agreements, or proprietary information agreements, are legally binding and enforceable agreements that establish a "confidential relationship" between the owner of sensitive information and the signatory who gets access to it. It is no secret that between the initiation of a transaction and the actual closing there is a considerable gap filled with information sharing and analysis. These analyses determine which direction the transaction will ultimately go, and it is not always that they lead to the successful closing of a deal. In some situations, parties to the transaction split and every so often the potential buyer gets to keep some of the seller's sensitive information.

Under these circumstances, an NDA allows the practice owner to safely share sensitive and protected business information with the potential other party prior to the transaction closing in order to provide a party to do its due diligence to evaluate a practice's worth and ensure an informed decision. The document protects the owner of proprietary information from unauthorized disclosure or misappropriation by the receiving signatory party and allows courts to issue legal relief upon breach. And since the information shared is often further shared with advisers and other business associates, it is ultimately that party's responsibility to make sure that the said proprietary information is protected under the terms of the NDA.

What information can an NDA protect?

One may include a wide range of sensitive information into the NDA with broad categories and subcategories to be protected under its terms. Anything from financial information, patient count, trade secrets, operations methods and pricing data, existing supply sources and marketing strategies, to future business development and expansion plans may be included. One may also limit the other party's ability to share protected confidential information with others, such as advisors or financiers, as well as define the length of time for validity of the agreement. In other words, an NDA protects the type of information and in a manner prescribed for the other party to keep secret.

[1] *Source: CommercialEdge. Life Sciences Continue Driving Demand for Office - Data as of August 2022. National listing rate is an average of the top 50 markets. https://www.commercialedge.com/blog/national-office-report/*

It is important to get an NDA executed before any confidential information is shared. Also, be sure to have an NDA reviewed by a capable healthcare transactional attorney before signing. We have seen some NDAs which include language encompassing more that just non-disclosure. One example is a provision calling for exclusive negotiation rights between the parties for a specific period of time. This may not be what a client of ours wants. The bottom line is to understand what the document says and determine whether it is acceptable or not.

There are generally two types of non-disclosure agreements: unilateral and mutual. The fundamental difference is that unilateral NDAs only protect one side, whereas mutual NDAs protect both sides of the contract relative to confidentiality.

Unilateral NDA: Unilateral NDAs are the more common type and require only one party to the agreement to disclose sensitive information to the other party and require such information to be kept secret. This is the only information protected. Any data going in the other direction is normally not protected and cannot be required or expected to be kept confidential.

Mutual NDA: Mutual NDAs are the other type. They call for both parties to the agreement to share certain protected information with each other and require both parties to keep such information confidential according to the terms of the agreement. Mutual NDAs are common during mergers and acquisitions where parties are expected to share proprietary business secrets "both ways" during the negotiation process.

Is an NDA a complicated document in medical transactions?

An NDA can be complicated, and, depending on the scale of the transaction and amount or gravity of information shared, it may certainly reach several pages. Nevertheless, it is very important to make sure every bit of confidential and sensitive information is protected before it is transmitted to the other party. Therefore, it is strongly advised to start the transaction with requiring the signing of an NDA before any further substantive negotiations take place.

What happens if there is a breach of an NDA?

What does the NDA state relative to remedies? If a party breaches the NDA, the non-breaching party is generally entitled to an injunction, a judicial order to restrain a party from continuing the wrongful action. The non-breaching party may also be entitled to monetary damages, that may potentially include attorney fees or supplemental remedial expenses under certain circumstances, including pursuant to Defend Trade Secrets Act of 2016. Other actions designed to protect the non-breaching party may also be available as a remedy, depending on circumstances and the terms of the agreement.

In other words, an NDA serves as both a "legal sword" that empowers one to enforce compliance of the other party relative and pursuant to the terms of the NDA in case of a breach, as well as as a "legal shield" that provides a considerable deterrence for the other party to even consider a potential non-authorized disclosure or misappropriation of proprietary business or private information during, or, in many cases, even after the transaction. This task may be achieved by a knowledgeable legal counsel who is familiar with not only the nature of the transaction but, most importantly, the actual field in question to avoid generalized boilerplate agreements and address issues relevant to the healthcare transaction at hand.

In conclusion

Even though there are, of course, limitations to what an NDA can achieve, such as inability to protect non-covered public information or a court's interpretation of the agreement language in a way not contemplated by the parties, it is without doubt much safer to have a signed NDA before sharing any confidential information rather than relying on good faith. In many cases, shared information gets an additional layer of effort to protect the trusted information when an NDA is signed, even if the party with whom one shares the information has no intention of misuse of the confidential information. ■

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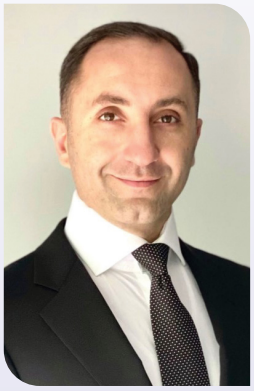
Art Sharbatyan, Esq., has extensive real life practical experience in the healthcare field with particular concentration in dental practice groups. He represents healthcare providers in their business and legal needs at Lamb McErlane PC's Health Law Department. asharbatyan@lambmcerlane.com; (610) 701-4416.



The Art of Chester County Presents

THE CENTER FOR PERFORMING AND FINE ARTS

BY BRUCE A. COLLEY, DO

Sage Pohlhaus

I was lucky to meet Daphne Longo-Okcuoglu while on the Chester County Open Studio Tour this spring. Daphne had her studio open in West Chester and mostly by chance, I stopped in. After viewing her works of art and being duly impressed, I struck up a conversation with her on the wide variety of art and accomplished artists in our county.

Then, after suggesting that we might present her art in our journal, she revealed that she was the Fine Arts department chair for The Center for Performing and Fine Arts (CPFA) in West Chester. This center is part of the Pennsylvania Leadership Charter School which is a highly regarded virtual charter school opened in 2005 with Daphne joining them in 2006.

The school is in the university section of West Chester; students spend two days a week there attending intensive classes in dance, music, and the fine arts. The center is open to any Pennsylvania student but is quite selective, as there is a rigorous talent and aptitude evaluation done on all applicants seeking acceptance.

Ultimately, being a true educator Daphne suggested that we feature some of the talented artists at the CPFA. As you will see, this was a great idea. I met with four students, three seniors and a junior. Peyton, Sage, Samantha, and Katherine. I am delighted to present them; I am sure you will agree that they are destined to have long and rewarding careers. And we are proud, knowing wherever their paths lead them, their artistic roots are from Chester County.

Enjoy!

Bruce A. Colley, DO

Editor

The Art of Chester County

Sage Pohlhaus is a 17-year-old artist who attends The Center for Performing and Fine Arts in West Chester, PA. She is a digital illustrator and designer. She likes experimenting with different mediums such as charcoal, pastel, acrylic paint, oil paint, watercolor, pen, pencil, and ceramics. Sage often focuses on character and storytelling in her illustrations because she finds the unique lives of each person fascinating.

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The Art of Chester County

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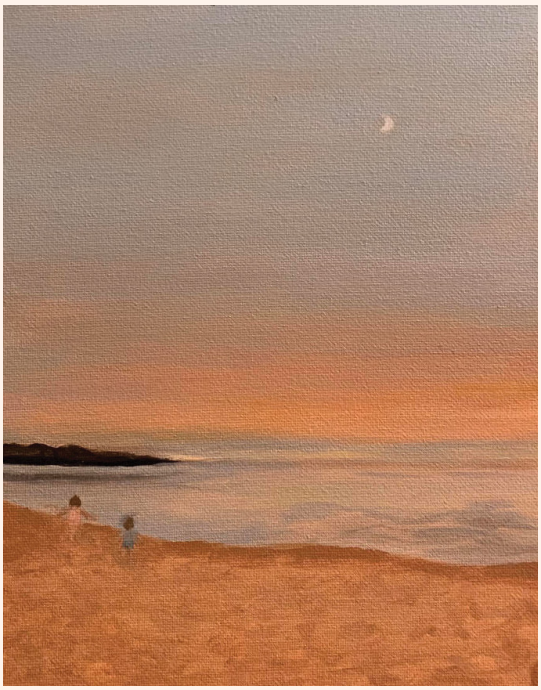
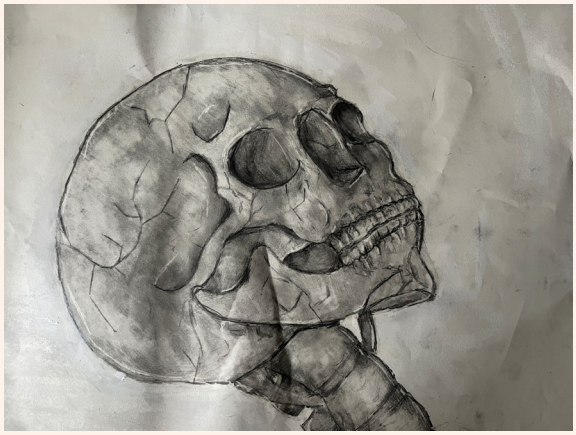
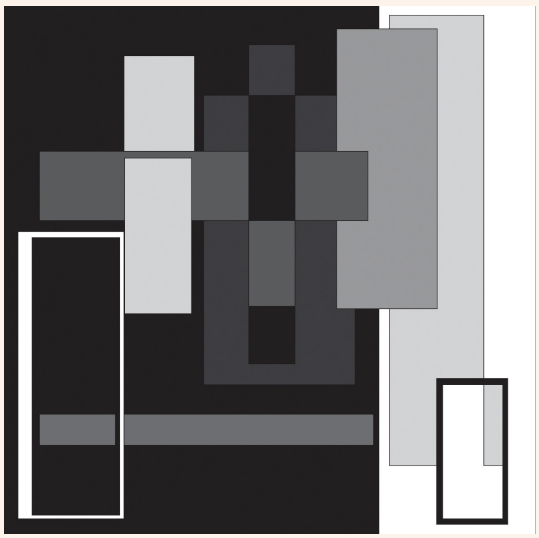


Samantha Palladino is an 18-year-old artist residing in King of Prussia, PA. She currently takes all her AP-level fine arts courses at the Center for Performing and Fine Arts and has been attending since 2019. She takes photography, sculpture, drawing & painting, and graphic design. Sam has been drawn to all types of art from a young age, with fond memories of bundles of coloring pages and crayons all over her house. She specializes in photography and illustration but enjoys all mediums of fine art, especially the classes she is taking at CPFA. She also enjoys pulling inspiration from nature and her family into her work, with an eye for feel-good designs across all her pieces. Sam plans to pursue a career in art education, specializing in working with young children.

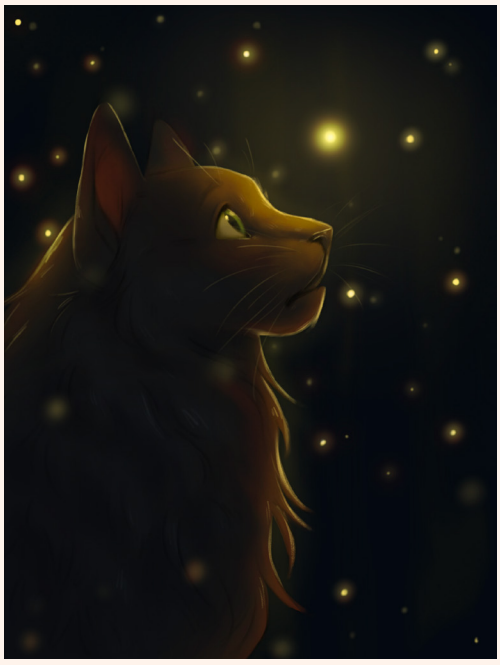


Peyton Woznicki is also a 17-year-old visual artist based out of Coatesville, PA and attends The Center for Performing and Fine Arts in West Chester, PA. He is inspired by music and nature, and likes to include these themes in his work. He also likes to experiment with different mediums like photography, acrylic paint, and digital compositions.



The Art of Chester County

Katherine Horoho is a "hobbyist artist" who is working towards a professional career in the field. Drawing is a huge passion of Katherine's and has been since she was very young. She claims that she received the majority of her inspiration from Disney, or more specifically, The Lion King. It was, and still is, her favorite movie, and this manifested itself in the form of visual art. She would draw lions from about ages 4-12, until she branched out at age 13 and began to draw other things, specifically people. It was at some point during her time in elementary school when her passion for drawing characters really started to grow, and she decided that she wanted to be an animator. As she got older, this dream remained true and continued to expand, and she's now working toward an eventual career in storyboarding in the animation industry. Katherine hopes to be able to pitch her own stories and bring them to life one day as well. ■



The Behavioral Health Workforce Shortage – HOW CHESTER COUNTY IS ADDRESSING A NATIONAL CONCERN

BY TRACY BEHRINGER

Anyone who has endured a long wait time to get an appointment with a mental health counselor has first-hand experience with the mental health workforce shortage. Long wait times to see a therapist or other professional were a problem before the COVID-19 pandemic. In the past year, as the demand for mental health service has significantly increased, the problem has gotten worse.

The Centers for Disease Control and Prevention notes that mental health conditions are among the most common conditions in the United States, with one in five Americans experiencing a mental illness in any given year. The Center also reports that more than half of all Americans will experience a mental health condition at some time in their lifetime. It's a concern that Community Care Behavioral Health (Community Care), Pennsylvania's largest not-for-profit behavioral health managed care organization, is addressing head-on. Community Care contracts with many mental health and drug and alcohol treatment providers in Chester County and is focused on how to meet the challenges of the workforce shortage in a number of ways. They and Chester County's Department of Human Services collaborated to create a Workforce Development Committee in 2021. The team is implementing different approaches to address the problem.

Matthew Hurford, MD, a psychiatrist and the President and Chief Executive Officer (CEO) of Community Care, says the workforce shortage is a multi-faceted problem that needs a multi-faceted solution.

"There have been enormous changes in the field since the start of the pandemic," Hurford said.

Understanding and finding ways to address employee stress and burnout that reached crisis levels since the pandemic began is vital. But Hurford notes that other challenges include kinks in the workforce pipeline such as the 5% decrease in undergraduate enrollment in colleges and universities, which occurred between 2009 and 2019[1], the slowdown of post-secondary students taking classes during the pandemic[2], overall recruitment and retention efforts, and strengthening and supporting leadership in the behavioral health field.

"We know that people in this field need to have a real sense of purpose and know they are having an impact. Workers also want to be able to operate at the top of their license, have a sense of autonomy and not feel regulatory burdens," Hurford said.

Romani George, MD, a Board-Certified Psychiatrist and Senior Medical Director at Community Care, would agree with Hurford's assessment. Having worked as an attending psychiatrist at a community mental health center in Philadelphia and at a crisis center and acute psychiatric inpatient hospital in Norristown during her almost 30-year career, George says she got into psychiatry to make a positive difference in someone's life.

"My first psychiatry rotation drew me in," George recalled. When she finished her residency at Temple University Hospital, she worked for a mobile crisis unit which allowed her to see a wide

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[1] National Center for Education Statistics. (2021, May). Postsecondary education: Undergraduate enrollment. https://nces.ed.gov/programs/coe/indicator/cha

[2] National Center for Education Statistics. (2021, May). Postsecondary education: Impact of the coronavirus pandemic on fall plans for postsecondary education. https://nces.ed.gov/programs/coe/indicator/tpb?tid=74

Human Services Career Clusters

Chester County Department of Human Services, in collaboration with Community Care Behavioral Health, is excited to offer your students an opportunity to hear personal career path stories from experts in the behavioral health field.

- Psychiatrists
- Project Coordinators
- Program Directors
- Chester County Probation
- Clinical Supervisors

The High School Initiative is designed to support the system of care through enhancement of workforce development and diversity within Chester County. This initiative aims to introduce high school students to careers in the mental health field while empowering them to begin their career paths through volunteer activities, clubs, and mental health advocacy.

EVERYONE HAS A STORY

PANEL DISCUSSIONS DESIGNED FOR HIGH SCHOOL STUDENTS INTERESTED IN THE BEHAVIORAL HEALTH FIELD

PERSONAL CAREER PATH STORIES FROM EXPERTS IN THE FIELD

SCHEDULE YOUR EVENT TODAY

Contact:

Julie Miller at millerj31@upmc.edu to schedule a panel discussion

UPMC COMMUNITY CARE Behavioral Health Organization

The Behavioral Health Workforce Shortage

continued from page 20

range of need and situations. "It was very rewarding. I got to know my patients very well. I remember so many of them from my early days," she said. "They enriched my life, and I felt like I was having a positive impact on their lives."

In the past decade there have been numerous reports and calls to action about the declining number of psychiatrists nation-wide, as well as projections that the country will be short between 14,280 and 31,091 psychiatrists by 2024[3]. It's a trend Amy Herschell, Ph.D., has been watching for the past decade. The Senior Director of Research Strategy and Outcomes Management for Community Care, Herschell says they have learned a lot about what organizations can do to recruit and retain their workforce. Some of the responses, such as a focus on leadership, employee wellness, and making sure workers feel compensated and appreciated, come as no surprise.

"Providers have learned a lot through the pandemic and have become more nimble. They're using innovative strategies to recruit and retain staff," Herschell said.

Some evolution in this complex system of care, from increased access to telehealth and apps, to increased preventative screening and more integration of physical and behavioral health, are all part of the multi-faceted approach to the problem, Hurford said.

Chester County's Workforce Development Committee has been working on other ways to increase awareness about job opportunities and encourage individuals to consider various career paths in the behavioral health field. The group has held two job fairs since they began, and they are currently doing outreach to colleges and universities in the region. The goal is to create relationships and connections for internships and collaborations.

The committee has also been in touch with local high schools to offer career panels that will introduce and expose students to various careers in the field.

"The panels are designed so that students can hear the personal career path stories from the professionals in the field," said Tyree Lewis, Director of Quality Management for Chester County's Department of Mental Health/Intellectual and Developmental Disabilities and one of the Workforce Committee co-chairs. To schedule a career panel, pursue internship information or find out about the next job fair, contact Lewis at tylewis@chesco.org or his co-chair, Julie Miller, Manager of Special Projects at Community Care, at millerj31@upmc.edu.

Behavioral health workers hold a wide array of jobs. A small sample is depicted in the circles on page 21. For more information on the types of jobs currently available, contact the Chester County Workforce Development Committee at the email addresses above, or contact PA CareerLink, Chester County, http://www.pacareerlinkchesco.org/. ■

[3] National Library of Medicine. (2018 June) Projected Workforce of Psychiatrists in the United States: A Population Analysis. https://pubmed.ncbi.nlm.nih.gov/29540118/

PHYSICIAN BURNOUT RATE SPIKES TO NEW HEIGHT

CHICAGO - The burnout rate among physicians in the United States spiked dramatically during the first two years of the COVID-19 pandemic, according to a newly published study in *Mayo Clinic Proceedings.* Researchers found that 2020 marked the end of a six-year period of decline in the overall rate of work-induced burnout among physicians. By the end of 2021, after 21 months of the COVID-19 pandemic, the physician burnout rate spiked to a new height that was greater than previously monitored by researchers.

"While the worst days of COVID-19 pandemic are hopefully behind us, there is an urgent need to attend to physicians who put everything into our nation's response to COVID-19, too often at the expense of their own well-being," said AMA President Jack Resneck Jr., M.D. "The sober findings from the new research demand urgent action as outlined in the AMA's Recovery Plan for America's Physicians, which focuses on supporting physicians, removing obstacles and burdens that interfere with patient care, and prioritizing physician well-being as essential requirements to achieving national health goals."

The new physician burnout research builds on landmark studies conducted at regular intervals between 2011 and 2021 by researchers from the AMA, Mayo Clinic and Stanford Medicine. Together, these studies found the overall prevalence of burnout among U.S. physicians was 62.8% in 2021 compared with 38.2% in 2020, 43.9% in 2017, 54.4% in 2014, and 45.5% in 2011. Each study consistently demonstrated that the overall prevalence of occupational burnout among physicians was higher relative to the U.S. workforce.

Since 2012, the AMA has led the national conversation on solving the physician burnout crisis and advocated for new thinking and solutions that acknowledge physicians need support, system reforms, and burden reduction. The COVID-19 pandemic exacerbated many of the drivers of physician burnout. Research has shown that due to COVID-related stress, 1 in 5 physicians intend to leave their current practice within 2 years.

The AMA's ongoing work to mitigate physician burnout, as exemplified by the Recovery Plan for America's Physicians, strives to attack the dysfunction in health care by removing the obstacles and burdens that interfere with patient care. The AMA website offers physicians and health systems a choice of cutting-edge tools, information and resources to help rekindle a joy in medicine, including:

- STEPS Forward™ – a collection of more than 70 award-winning online toolkits offered by the AMA that help physicians and medical teams make transformative changes to their practices and cover everything from managing stress and preventing burnout to improving practice workflow.
- Organizational Biopsy™ – a set of measurement resources developed by the AMA that assess burnout levels within medical organizations to provide metrics that can guide solutions and interventions that mitigate system-level burnout rates and improve physician well-being.
- International Conference on Physician Health – a biennial meeting held this October in Orlando, Fla. that brings together the AMA, British Medical Association and Canadian Medical Association to support health and well-being in the ranks of physicians and medical students.
- Joy in Medicine™ Health System Recognition Program – an AMA distinction, now in its third year, that recognizes health systems with a demonstrated commitment to pursue proven strategies that reduce work-related burnout among care teams.
- Debunking Regulatory Myths – a series created by the AMA that provides physicians and their care teams with resources to reduce guesswork and administrative burdens and focus on streamlining clinical workflow processes, improving patient outcomes and increasing physician satisfaction.

The AMA continues to work on every front to address the physician burnout crisis. Through our research, collaborations, advocacy and leadership, the AMA is working to make the patient-physician relationship more valued than paperwork, preventive care the focus of the future, technology an asset and not a burden, and physician burnout a thing of the past. ■

About the American Medical Association

The American Medical Association is the physicians' powerful ally in patient care. As the only medical association that convenes 190+ state and specialty medical societies and other critical stakeholders, the AMA represents physicians with a unified voice to all key players in health care. The AMA leverages its strength by removing the obstacles that interfere with patient care, leading the charge to prevent chronic disease and confront public health crises and, driving the future of medicine to tackle the biggest challenges in health care.

Financial Perspective:

WHAT SHOULD ALZHEIMER'S CAREGIVERS KNOW?

BY BRENDAN MURPHY, AAMS, CRPS
FINANCIAL ADVISOR

If you have a family member who has been diagnosed with Alzheimer's disease, or is starting to show symptoms, you will face some real challenges. Navigating the Alzheimer's experience involves a long journey, and there's no easy answer for how you can cope with your emotions. But you can at least address some of the financial issues involved to help give yourself a greater sense of control.

Here are some moves to consider:

Plan for care costs and identify insurance coverage. The list of Alzheimer's-related medical expenses is long and includes ongoing medical treatment, medical equipment, home safety modifications, prescription drugs and personal care supplies. As a caregiver, you'll want to know the extent of your loved one's health insurance: Medicare, supplemental policies, veteran's benefits if applicable, and so on. One big question is how much coverage they might have for adult day care services, in-home care services and full-time residential care services, and other long-term care options. Long-term care is one of the largest health care costs not covered by Medicare, so you'll want to determine if your loved one has a long-term care policy or another insurance policy with a long-term care rider.

Identify assets and debts. You'll need to know your family member's financial position, both what they own — bank accounts, investments, property, etc. — and what they owe, such as credit card debt, a mortgage, lines of credit, and so on. This knowledge will be essential if you're granted power of attorney to take over your loved one's finances.

Look for tax breaks available to caregivers. If you're a caregiver, you may have to pay for some care costs out of pocket. Consequently, you could receive some tax credits and deductions. These benefits vary by state, so you'll want to consult with your tax advisor to determine your eligibility.

Ensure necessary legal documents are in place. As a caregiver, you may need to ensure some legal documents are in place, such as a durable power of attorney for finances, which lets you make financial decisions for your loved one with Alzheimer's, and a durable power of attorney for health care, which lets you make health care and medical decisions on their behalf. It's important to have these and other necessary documents drawn up before someone is diagnosed with Alzheimer's or when they're just starting to exhibit the earliest signs of the disease, so they can understand what documents they are signing. If you wait until they no longer have this cognitive ability, things will get much more challenging. You could apply to become a conservator, which grants decision-making abilities similar to a power of attorney, but the conservatorship process takes time and could involve court procedures. To avoid this potential difficulty, work with your tax and legal professionals to ensure all the relevant legal documents are in-force and updated.

Finally, you don't have to go it alone. To help deal with the emotional challenges of caregiving, you can find local Alzheimer's support groups at alz.org that can offer practical suggestions for coping. As for the financial issues, consider working with a financial professional who can look at your family's overall situation and recommend appropriate actions.

A diagnosis of Alzheimer's will change the lives of everyone in your family. But as a caregiver, you can help ease the burden. ■

This article was written by Edward Jones for use by your local Edward Jones Financial Advisor.

Edward Jones, Member SIPC

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Raising Awareness Through Music

BY EVAN TULL

I wrote an article which appeared in the winter 2022 edition of *Chester County Medicine* and focused on the importance of speaking up about the closure of two of our Chester County Hospitals. You may remember the photo of the roadside billboard on Route 202 saying *"Support our Local Hospital."* I stressed that it is important to speak up and promote the community coming together to find some solutions. The next vision for our group, *Keep Our Lifeline At The Brandywine,* is to coordinate and promote music festivals.

This is a slightly different approach to raising awareness and we have already held two festivals, one at the West Brandywine Township Building and another at Hibernia County Park. We've been invited to return to Hibernia in 2023. I see this as an effective and productive way of getting the community involved.

Community involvement is key. It's important to keep the focus on these hospital closures alive in the community and to promote action instead of apathy. These days, too many people stay quiet due to a fear of judgement or possible repercussions. We're hoping to promote involvement!

Through a process of networking, we are focused on building effective lines of communication between the community and our representatives at all levels. As we advocate for the community's needs, we're able to establish healthy communication with many key players. The music festivals are open atmospheres, without speeches. The concerts include local bands and help to soothe the soul and help the community rebuild relationships.

We'd like to thank those who have already supported us and announce that we are planning to build our charity and grow into a larger organization, filing for non-profit 501(c)3 status by our next festival in September of 2023. Thank you for accepting our vision and sharing such positive feedback. Once our non-profit filing is approved all donations will be tax deductible.

We've enjoyed organizing these events and hope to continue to do so in the years to come. However, as you may know, we cannot continue to absorb all of the costs. In the next year we plan to play at various sites throughout Chester County and collect some much-needed funding for the fall festival. We hope you will attend some of these "pop-up" shows – stay tuned, we'll soon start releasing a schedule of events. If you'd like to join our list of performers, please let us know – contact me by email at KeepOurLifelineAtTheBrandywine@gmail.com.

Our charity is being organized and events planned to show active community involvement supporting the re-opening of Brandywine Hospital. We need stronger healthcare resources, safer school environments, more transparency and better relationships here in Chester County. We want to help make this possible; the charity is not for profit – it's for people!

Our story really starts over a year ago. As hospitals were closing, with nobody being heard, I decided to speak up. I thought that someone needed to speak out about our right to be able to receive excellent treatment through local resources. In the beginning, I thought that organizing and promoting a petition would be enough. The petition helped to draw attention to the closure(s) and our situation became known, even outside of Chester County. We received much favorable feedback for the petition; it was a good beginning.

After circulating and sending the petition to all of our elected officials, things became quiet again. There were not many answers yet a lot more questions and I decided to develop the website as a *"virtual town hall."* I wanted to create a place where people could go and know that they were being listened to.

As a musician, I for one know how much music can help heal someone. It has helped me through life when I felt like nobody could hear me. I would sit down at the piano and play out my emotions. As much as I would talk, people would have so much more to say after I played. Instead of being judged for having an opinion, I was accepted for having a talent. That has always been exciting to me.

When we go to a concert most of the time we have fun. With no judgement, happy feelings, and good music, we all leave with a smile, feeling like a million dollars. That is our vision for the public with our festivals. We want you to come out for a free day of music and leave knowing that you were part of a bigger solution, involved in making a difference and standing up for what you deserve – better resources. You will never hear speeches at our festivals. We will never collect money for anything other than the cost of bringing the festival to you. As the charity begins to grow, we hope you will join us and help build trust throughout the community.

As of the writing of this article there is still no resolution for Brandywine Hospital. We will continue to advocate for its re-opening in Coatesville and welcome the support of all community members. With people like yourselves speaking together, we hope to find some real solutions.

The most effective way to help our efforts and our visions is to move forward with kindness. Let's stand together and rebuild the bonds in Chester County. Please feel free to reach out with any questions or suggestions – email keepourlifelineatthebrandywine@gmail.com.

Follow us on Facebook and our website at www.keepourlifelineatthebrandywine.com. Learn about our advocacy. ■

Politics & Medicine

So, You Won the Election

BY LARRY L. LIGHT
RETIRED PAMED LOBBYIST

We've known for a while that November 8, 2022, would be a very big day in Pennsylvania. The widely anticipated mid-term elections were long a focal point for both Democrats and Republicans, especially after the controversial 2020 Presidential election. With statewide contests for two open seats, Governor and US Senator on the ballot, Pennsylvania was in the national political spotlight.

In this pivotal election, Pennsylvania voters selected 203 State Representatives, 25 State Senators and 17 Members of Congress along with the Governor, Lt. Governor and a US Senator. All of the legislators, except the new US Senator, will be elected to serve their constituents in reapportioned legislative districts with new boundaries realigned by the decennial mapping process. Many of the "newly elected" legislators will be incumbents, experienced both in the legislative process of introducing and voting on bills and amendments. They will also be experienced in providing constituent services. And they will be familiar with the lay of the land in the capitol building when they arrive there for legislative sessions.

Six state senators and 40 representatives will be leaving legislative service thru retirements or primary election losses in 2022; more will join them after the general election votes are tallied. That is a significant number by any measurement and an unprecedented change in our representative government. By definition, all of the first term legislators will be novices in the practical realities of the legislative process, and they are all facing a very sobering reality check over the next two years. That will hit the hardest after the victory celebrations wind down. Swearing in day will be a celebratory occasion that is well deserved. After all, they won the election.

Newly elected legislators face a daunting task in getting organized during their first months in office. They are beginning a job that is closely scrutinized by the public and the media. They will be one among many legislative colleagues, most of the others having significant seniority in the position. Things like parking spaces, hiring staff, new cell phones and computers, how to get bills and amendments drafted, how to read legislation and even how to dress appropriately are all part of the on-boarding process. And lurking in the background is the new challenge of getting re-elected in the very near future.

They will already know that the pay is pretty good. The annual salary for rank-and-file state legislators was $95,432 in 2022. For members of Congress, it was $174,000. Though, their salary cannot increase during their elected term of office.

So, they decided to run for office and then they won their election, likely surviving a primary election opponent from their own party and then an opponent in the general election. Maybe they earned some notoriety by defeating an incumbent. They ran with a platform of policy principles and ideas. They will be energized to have an impact in the legislative body to which they were elected.

Then, at some point, they will come to realize:

They no longer control their own lives or their own daily calendar. Legislative leaders set the schedule of session days and on those days the same leaders and committee chairs set the times for committee meetings, opening of session, caucus meetings and when session will adjourn for the day. If you want to actively engage in the legislative process, participation in those events is highly recommended. *Hint: Don't schedule a dental appointment for a session day.*

They will have to make significant changes in their professional and personal life as they transition to the legislative schedule. Given that legislative candidates bring some record of professional accomplishment to their campaign for office, the individuals are usually active in their profession and in their community. Now, session days in Harrisburg and long days of meetings and social functions back in their district will compete for their time. *Hint: The strength of your background was one of the more important reasons that you won the election. But now you are known as a legislator, accountable to the public and the media.*

They can't do it all. They are now a boss, a self-employed supervisor, responsible for running a district office (or maybe two of them) and a capitol office. Although their employees are paid from state funds, each legislator hires staff to run their capitol and

district offices and to help with constituent work. *Hint: Some of the "volunteers" who worked in your campaign are likely to want those jobs.*

It will take hard work to fulfill their campaign promises. Legislation they promised to support may not be brought to the floor for a vote. Legislation they promised to introduce may be buried in committee, perhaps for years. *Hint: Keep working on your priorities but also find new viable issues that will help your constituents.*

Legislation and votes in Harrisburg make headlines but poor constituent service from their district office gets noticed. *Hint: Hire good district staff, people who will be loyal to you and the constituents in your district.*

One of the most important tasks is securing local district office space. *Hint 1: Find a location somewhere central in your legislative district to help advertise that you are accessible. Hint 2: Legislative funds pay for the rent or lease, but if the amount is remotely extravagant you will get negative publicity.*

A seemingly trivial and seldom discussed big decision is where they will stay overnight when they are in Harrisburg for session. Hotels are often an option, and they usually offer a "government" rate that won't overwhelm your allotted expenses. Some legislators end up in houses or apartments where a legislative colleague rents out space to a friendly group. *Hint: You will decide and then probably change 6 months later when you find someplace better suited to your needs.*

Campaign season never ends. With another campaign due to start only 12 months in the future for House members with 2-year terms and only 3 years away for Senators with 4-year terms they will have to put together a sustained plan to raise campaign funds. At the same time, it is important to transition from the role of candidate (an individual) to the role of policy maker within their party caucus and mesh that into your constant campaign mindset. *Hint: If you liked them, keep your campaign treasurer and other top volunteers busy planning your first "re-elect" campaign.*

The legislative process is challenging. How frustrated will they be when other legislators who they have to work with, even those from their own party, don't agree with the priorities and projects that they believe they must champion. *Hint: Don't take it personally.*

That week-long family vacation planned every year for when the kids get out of school in June will likely move to August. In Harrisburg, June is for busy and long session weeks devoted to passing a new budget, and sometimes it doesn't get done until after the July 4th holiday. Freshman legislators have to be there to vote, although they won't have much, if any say, as to what is in the budget. *Hint: Use the time to learn.*

Committee assignments are important. Caucus leaders dole out committee assignments to their party colleagues. The general intent is to match the new legislator with a committee that will allow them to make a difference in their home district. That may or may not be a committee of interest to the first term legislator. *Hint: Talk to veteran legislators and learn which committees can help your district and which will allow you to focus on your interests. They may not be the same.*

The legislative process is complex. In government class it sounds easy. The House and Senate each pass the legislation and the Governor signs or vetoes it. The hidden truth is that it is far easier to defeat than pass legislation. To enact a law you must win a vote at every procedural step, from committee to final passage in both chambers and then approval by the Governor. If the proposal is controversial, every one of those steps will be aggressively contested by advocacy forces or the other political party. The opposition only has to win one time. *Hint: Whether you are trying to pass or defeat a bill, don't do it alone.*

Hopefully, despite these challenges the new legislators will not lose their enthusiasm for the challenge of making a difference. Elected office is a rewarding calling and, whatever their political views, we need dedicated public servants. ■

Pennsylvania Legislature Passes Prior Authorization Reform

Pennsylvania lawmakers have passed critical legislation to reform the prior authorization process and support patients' timely access to care. An amended bill aiming to streamline the prior authorization process is headed to the Governor's desk.

PAMED President David A. Talenti, MD, said, *"The passage of prior authorization reform is a huge win for the medical community but more importantly, for our patients. PAMED has stayed the course over the last 6 years and worked vigorously to negotiate with a broad coalition of stakeholders who made their voices heard. This bill is a substantial improvement to health care in Pennsylvania and I applaud it."*

While the final bill does not eliminate prior authorization, it provides standardized parameters that govern the relationships between patients, providers, and insurers in making health care coverage decisions.

The legislation, Senate Bill 225, sponsored by Senator Kristin Phillips-Hill (R-York), has now reached Governor Wolf's desk for his signature.

Once signed into law, the bill would require insurers to provide timely approval for both nonurgent and emergency healthcare services to physicians before services and treatment plans are rendered, according to a news release from sponsor Sen. Kristin Phillips-Hill's office.

It would also create a timely process for appeals determinations, and if a payer questions the necessity of a service, the bill calls for a peer review by a physician from the specialty in question. It would also create an electronic portal with all prior authorizations and accompanying paperwork flowing into one site.

Senate Bill 225 establishes processes that will reduce delays in medically necessary care for patients, while also lessening costly administrative burdens for physician practices and hospitals.

Key Provisions in the bill:

- Defines terms for the prior authorization process for all commercial insurers, including the state's Medicaid and Children's Health Insurance Program (CHIP) managed care plans
- Affirms that emergency treatment is not subject to prior authorization
- Requires insurers publish a list of all services and drugs that require prior authorization, as well as the criteria used to approve or deny coverage
- Establishes defined timeframes for insurers to respond to prior authorization requests and for providers to submit additional information
- Requires written documentation with specific reasons for denial decisions and instructions for how patients can appeal
- Sets minimum requirements for FDA-approved opioid use disorder treatments that must be available without prior authorization
- Creates a process where patients and physicians can request exceptions from step-therapy (also called "fail first") programs
- Outlines the sharing of electronic documents between the patient, physician, and insurer which continues to protect privacy of electronic medical records

This reform was made possible by a large group of diverse stakeholders including the Pennsylvania Medical Society, the Hospital & Healthcare Association of PA, the state's specialty organizations, and many other organizations such as the American Cancer Society. ■

A Healthy Habit

BY FRANK SPEIDEL, MD, MBA, FACEP

We have grown up in medicine. We are the children of Morbidity and Mortality, M&M, and attending rounds. Since we proudly put on our first white coats, we embraced having our findings, analysis and decisions, aggressively questioned.

It is good we do this, ruthlessly, intensely. For the assessments and decisions we make have more substance than the toppings we select for our snow cones. We humbly park our egos and resolve to grow our understanding and competence as physicians.

In my practice of emergency medicine, I saw the critical review grow from the regularly scheduled M&M and end of shift review with the attending to an immediate team huddle after a significant event in the emergency department.

The asthmatic who ended up on a vent, the cyanotic 4 month old, the returned missed diagnosis, all deserved our attentive, careful review as soon as we could find the safe time. It was part of our growth and also part of our healing.

The intense examination of our performance when our actions fail short of our intentions is not limited to medicine. It healthily extends through our society. Not surprisingly, reviewing our missteps seems woven through the fabric of our society. Where the outcomes of our actions have more significance than snow cone toppings, the critical review is vital.

Medicine is not alone in seeing value of intensely examining where our actions succeeded and where they fell short. During my service time, I learned that a ship deployed is continual review and inspection. As it should be, for an operating nuclear aircraft carrier is a dense-pack of kinetic and potential energy waiting for a mishap. I learned the virtue of a checker, checking the safety checker. Redundancy is a virtue in safety.

How we evaluate the healthcare we provide has matured for the better. Assessment of care was often a painful, threatening experience. The individual's, the practitioner's bad performance had to be identified and corrected.

One of the drivers of improved assessment of our actions is the work of James Reason, professor of Psychology at the University of Manchester. A long time investigator of human error, in 1990 Dr. Reason wrote Human Reason. This went on to become a seminal work in quality and error management.

Dr. Reason saw managing error as having two trial arms, a person approach and system approaches.

We are all familiar with the person approach. The person approach is what I experienced during my medical training. The individual made the misstep, so we need to discourage making future mistakes. Naming, blaming, shaming, and convicting appear to be a good start to correcting the inattentive and careless. Sadly, causes of poor performance may have been beyond the individual seeing and treating the patient. Staffing, resources and support shortfalls seem more common than indifference and laziness in causing bad outcomes. Enter Dr. Reason.

Dr Reason summarizes a different way to approach error, a systems approach. He artfully observed:

"We cannot change the human condition, but we can change the conditions under which humans work."

Reason invites us to create systems. He sees systems as the physical environment of the operator, along with rules, protocols, standards, and redundancies serving as guardrails to prevent the adverse. And when errors do occur, the system contains the errors, mitigates the consequences, notifies the operator of the error and identifies causes of the errors.

Dr. Reason notes, "Mishaps tend to fall into recurrent patterns." No. surprise as similar circumstances seem to evoke similar outcomes.

Beginning in 2020, not just healthcare, but our country and county were devasted by the Covid-19 pandemic. We have lost over a million Americans to Covid. We made fear the coin of the realm. We have hobbled a generation with insecurity. We have cratered the education of our children.

Profound events such as the pandemic deserve a thoughtful, thorough examination. Finding what was done well and what could have been done better is, I think, the way to improve and prepare for the next disaster. And the review ought to be a systems review, not individual fault finding.

And I think the Chester County Medical Society is the ideal group to undertake and lead the examination of a pandemic and our response to a novel lethal respiratory pathogen. ■

2022

CHESTER COUNTY MEDICAL SOCIETY ANNUAL LEGISLATIVE CLAM BAKE

The 2022 CCMS Clam Bake was held on Thursday evening, September 29th at the Farmhouse at People's Light in Malvern, PA.

Following an outstanding reception, CCMS President Bruce A. Colley, DO, welcomed the crowd of over one-hundred forty (140) physicians and guests.

David E. Bobman, MD, was installed as the new President of the society, beginning a three-year term of office. Dr. Bobman presented Dr. Colley with a "President's Wall Plaque" and thanked him for an outstanding job in leading the society over the past three years.

The 2022 William Darlington Scholarship was presented to Abiah Mahmood, a West Chester University junior and a graduate of West Chester East High School.

The 2022 Mian A. Jan, MD, Scholarship was presented to Brianna Ribic, also a junior at WCU and a graduate of Bishop McDevitt High School in Harrisburg, PA.

Dr. Mian A. Jan, Legislative Chair, introduced a number of elected officials, including: Senators Carolyn Comitta and John Kane; State Representatives Tim Hennessey, Dianne Herrin, Christina Sappey and Danielle Otten; and County Commissioners Marion Moskowitz and Josh Maxwell.

The event was successful thanks to the strong support of several corporate sponsors including: AbbVie, Abbott, Astra Zeneca and Novo Nordisk Pharmaceuticals and UNIVEST Financial (Banking, Insurance & Investments). ■


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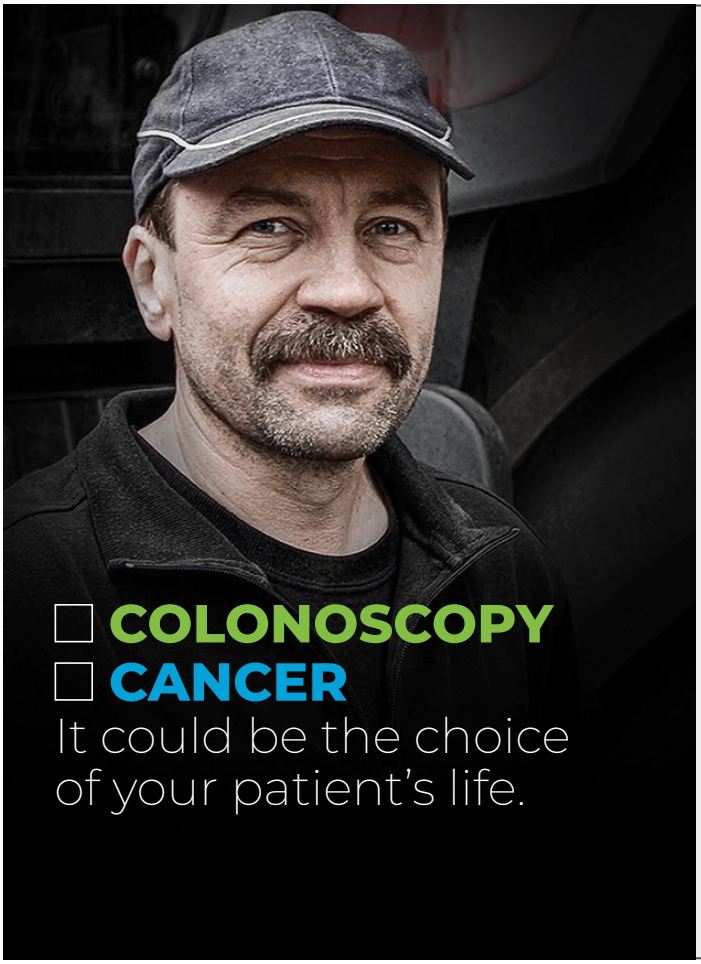

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