President's Message

The Times, They Are a-Changin’

By David A. Sass, MD, FACP, FACG, AGAF, FAASLD

As fall draws to a close and the winter sets in, we have a chance to reflect on the past few months in gastroenterology in Pennsylvania and look forward with renewed interest to what we have in store for 2015.

As PSG President, I am deeply appreciative of the tremendous, high-quality scientific program that my colleague, Dr. Georgios Papachristou, was able to organize so flawlessly in Nemacolin at our Annual Meeting. I am also indebted to our top-notch speaking and “hands-on” faculty for all of their efforts in making this meeting such a memorable one. Heartily congratulations to our FIT poster winners, as well as our PSG Special Achievement Awardee, Dr. Sidney Cohen (both are featured in later articles in this issue of Rumblings). Thanks also to our four PSG corporate sponsors and the numerous industry exhibitors who so generously supported our educational event. We eagerly anticipate our next Annual Scientific Meeting, to be held in Lancaster, PA, in September 2015. The Program Chair will be Dr. Manish Thapar from Drexel University College of Medicine.

In late October, we also recently enjoyed a successful PSG reception at the ACG Annual Meeting in Philadelphia. My thanks go to our two Pennsylvania ACG Governors, Drs. James Reynolds and Leonard Baidoo, for helping to spread the word amongst their ACG constituents. Their ACG representation on our PSG Board has been a truly worthwhile endeavor. It portrays our spirit of solidarity where the two societies can unify their efforts to address matters of common interest affecting the Pennsylvania GI community.

As was shared with our members in an e-mail blast, the PSG Board continues to work closely with PAMED and the Pennsylvania Society of Anesthesiology on issues pertaining to proposed changes to monitored anesthesia care (MAC) coverage in PA. We recently received notification from both Novitas Solutions (the Medicare contractor for Jurisdiction L) and Highmark that neither group will make any changes in their MAC coverage policies until sometime in 2015. For now, the current active local coverage determination for MAC will remain in effect. In the meantime, CMS has just published its final rule outlining Medicare payments for 2015. CMS has recognized that the “prevailing practice for endoscopies in general and screening colonoscopies in particular is undergoing a transition, and that anesthesia separately provided by an anesthesiology professional is becoming the prevalent practice”. CMS has determined to include “anesthesia” in the definition of “colorectal cancer screening tests” and that this is separately furnished and payable in conjunction with screening colonoscopies. The effect of changing the definition is an extension of the waiver of beneficiary coinsurance and deductible for anesthesia or sedation continued on page 3
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services furnished in conjunction with a screening colonoscopy. We trust that this revision in the CMS final rule will favorably affect our group’s further discussions with Highmark and Novitas and this national level policy was impacted by our grassroots efforts within Pennsylvania. As always, your PSG leadership is fully committed to closely monitoring this situation and providing timely updates to our members.

On a national level, the three GI societies (ACG, AGA, and ASGE) had their fourth meeting in 2014 with CMS to again discuss the upper and lower endoscopy code families. At the meeting, the societies officially requested that CMS not implement any changes to the valuation of lower endoscopy codes in the 2015 Medicare Physician Fee Schedule (PFS) in order to allow these codes to be included in CMS’ new proposed process for greater transparency. With the release of the 2015 PFS Final Rule it is evident that the tri-society approach was successful in getting CMS to recognize that greater transparency is needed in the current rate-setting process. They continue to work together to ensure that endoscopy codes will benefit from the new process.

As Charles Darwin once said, “It is not the strongest or most intelligent who will survive, but those who can best manage change.” In this era of declining physician reimbursements, we, the Pennsylvania gastroenterologists, must forge on and continuously strive to improve our lot. We are all too familiar with the many distractions that may hamper our ability to deliver superior patient care. As clinicians, we receive constant daily reminders from our hospital administrators regarding quality metrics such as “meaningful use attestation” in EHR Incentive Program, “PQRS,” “30-day readmission rates,” and “length of stay,” not to mention the looming specter of ICD-10, which will be with us within the next calendar year.

For those of us actively involved in fellow education and in training our future gastroenterologists, we are certainly not immune to the changing landscape. The ACGME has decided to promote patient safety/quality of care in the Clinical Learning Environment Review (CLER) Program. So what is new for the next accreditation system? There will be annual reporting of data to ACGME, recognition of specific “milestones” in training, “competency-based” rather than “time-based” evaluations, and the introduction of EPA’s (Entrustable Professional Activities), which are an observable and measurable collection of core competencies assessing knowledge, skills and attitudes of trainees as they progress through their fellowship. The ACGME, during their institutional site visits, will be assessing trainees’ involvement in hospital initiatives such as in patient safety, QI, and cost-containment designed to assess alignment of hospital priorities with trainee education.

We at the PSG remain steadfast in our commitment to serve the needs of the Pennsylvania gastroenterologist during these ever-changing times. To conclude, I am reminded of the famous words by the professor of educational psychology from the last century, William Frederick Book, which still ring true today: “Learn to adjust yourself to the conditions you have to endure, but make a point of trying to alter or correct conditions so that they are most favorable to you.”
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Get Involved! Make Your Voice Heard at DDNC!

By Ralph McKibbin, MD, FACP, DDNC Representative

The Digestive Disease National Coalition (DDNC) functions as an advocacy organization comprised of the major national voluntary and professional organizations concerned with digestive diseases. The DDNC focuses on improving public policy related to digestive diseases and increasing public awareness with respect to the many diseases of the digestive system. PSG represents the interests of Pennsylvania gastroenterologists at the DDNC and advocates for our patients.

The 2015 congressional legislative and policy agenda is dependent on the outcome of the November elections. Control of the Senate as well as leadership of key legislative committees will determine the upcoming agenda. Discretionary spending supports much of the public health infrastructure and the medical research portfolio and is subject to pressure. The National Institutes of Health (NIH) has experienced a $1.394 billion funding cut, and the Centers for Disease Control and Prevention (CDC) has experienced a $99 million cut since fiscal year 2010 (FY10). The DDNC met in November and again in early December to determine the 2015 opportunities and priorities related to digestive diseases.

To achieve change, it will be important to continue to educate new members and incumbents on the importance of the NIH, CDC, and Public Health agencies. Each spring, prior to the publication of the new federal budget, the DDNC convenes a public policy forum in Washington, DC. Patients, health care providers, industry representatives, lawmakers, and their legislative staff meet for two days of educational programs, legislative updates and advocacy training. PSG members should encourage their local digestive disease-focused advocacy groups to participate. The 2015 Public Policy Forum will be held on Sunday, March 1 and Monday, March 2 in Washington, DC. The voices of our patients are one of the greatest tools we have to promote the importance of research and development and public policy revision focused on digestive disease. Registration is free and accommodations are available at a discounted rate. Online registration is available at www.ddnc.org.

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- Are you a PSG member and have a professional accomplishment to share? We now welcome news items to publish in our “PSG Members in the News” feature. To submit a news item, contact Dr. Ravi Ghanta, Newsletter Editor, at rghanta@hotmail.com.
The 2014 Annual Scientific Meeting of the Pennsylvania Society of Gastroenterology

A WORD FROM THE 2014 PROGRAM CHAIR

Reflections on 2014 Annual Scientific Meeting in Nemacolin, PA

By Georgios Papachristou, MD

The Pennsylvania Society of Gastroenterology held its Annual Scientific Meeting the weekend of September 19-21, 2014 at the Nemacolin Woodlands Resort in Farmington, PA. The meeting was thoroughly enjoyed and received excellent evaluations by the nearly 100 attendees.

The weekend started with a welcome reception with cocktails and hors d’oeuvres at the hotel on Friday night. Physicians and nurse attendees participated in an excellent CME/CEU scientific program chaired by Dr. Georgios Papachristou from the University of Pittsburgh Medical Center and assisted by Dr. David Sass, PSG President, from the Sidney Kimmel Medical College at Thomas Jefferson University. The conference consisted of two half-day activities that included general scientific lectures devoted to a range of gastrointestinal disorders with special emphasis on pancreaticobiliary endoscopy and advances in hepatology. Four hands-on stations were available for hands-on learning of new endoscopic tools. Once again, the hands-on track was a great success! There were also parallel sessions for mid-level providers (of both the lecture format and hands-on variety). As has been customary, twenty high-quality scientific abstracts were presented during the conference by GI trainees throughout the state.

Another highlight of this year’s meeting was the Saturday evening dinner. Those who attended enjoyed a tasty dinner and a humorous, motivational speech by Mr. Michael Broome, who is a stress reduction expert. Furthermore, a PSG Special Achievement Award was given to Dr. Sidney Cohen from Jefferson University honoring him for his lifetime dedication to the GI scientific community, both in Pennsylvania and nationally.

As we reflect on another successful Annual Scientific Meeting, we look forward to the 2015 meeting, which will be held at the Lancaster Marriott at Penn Square in Lancaster, PA the weekend of September 18-20, 2015. Hope to see you all there!
Thank You to Our 2014 Exhibitors and Sponsors!

The Pennsylvania Society of Gastroenterology would like to thank and acknowledge the following organizations for supporting our 2014 Annual Scientific Meeting:

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leaders in gastroenterology throughout the state of Pennsylvania. During his tenure at Penn, Dr. Cohen has trained and mentored a litany of exemplary GI physicians, a real “Who’s Who in Gastroenterology”. Names such as A.J. DiMarino, Chief of Gastroenterology at Jefferson; James Reynolds, former Chief of GI at UPMC and current Chairman of Medicine at Drexel; Robert Fisher and Henry Parkman from Temple; Bill Lipshutz at Pennsylvania Hospital; Ann Ouyang at Penn State Hershey; and David Katzka, formerly from Penn, currently at the Mayo Clinic. These are all notable gastroenterologists who have trained and had research mentoring under the tutelage of Dr. Cohen.

Sid is a world-renowned gastroenterologist and one of the leading authorities on motility disorders of the esophagus, with particular expertise in the connective tissue disease, Scleroderma, achalasia, and eosinophilic esophagitis. Much of his earlier motility research was focused on motility of the lower esophageal sphincter, GERD, and disorders relating to the pyloric sphincter, ileo-cecal valve, and colonic motility disorders. His CV lists a total of 460 original research publications, editorials, reviews, book chapters and scientific abstracts.

On a national level, Dr. Cohen is past president of the AGA, a position he held in 1991. During his tenure, he created the AGA’s Foundation for Digestive Health and Nutrition, whose mission is to provide funds for research and public education in the prevention, diagnosis, treatment and cure of digestive disease. He is past chair of the foundation which awards $1.5 million in research grants annually. He has also served as president of the Association of Professors of Medicine and chair of the Gastrointestinal Motility Program at TJUH. Dr. Cohen has had a long, exceptionally productive, and very distinguished career in gastroenterology, and I beg your indulgence to allow me to touch on some of the highlights.

He received a full scholarship to Rutgers University, where he graduated with a Bachelor of Arts Degree. He thereafter obtained his Doctor of Medicine *Magna cum laude* from State University of New York in 1964, where he was elected to the AOA Medical Honor Society. He completed all of his postgraduate training in Boston, doing his internship and residency at Boston City Hospital and GI fellowship at Tufts University Medical School.

Dr. Cohen has spent the past 45 years of his clinical practice and academic career in the state of Pennsylvania, with the time being almost equally split among three University hospitals in Philadelphia: the first 17 years at Penn, the next 14 at Temple, and the last 14 at Jefferson. Affectionately known and respected by many in the region as the “Dean of Gastroenterology in the City of Philadelphia,” Dr. Cohen has held endowed professorships at all three institutions, a feat which I doubt has been equaled by many of his peers across the country. Sid was the T. Grier Miller Professor of Medicine and Chief of Gastroenterology at the University of Pennsylvania from 1977-1986. Following this, he served as the Richard Laylord Evans Professor and Chairman of the Department of Medicine at Temple University from 1986-2000, after which he moved to Jefferson in 2001.

I’m sure that Dr. Cohen will agree that one of his legacies for which he is most proud is that he has helped springboard and shape the careers of many fine local

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Getting to Know the 2014 PSG Special Achievement Awardee

Comments from David A. Sass, MD, PSG President

It is my great privilege to present this year’s *PSG Special Achievement Award* to Dr. Sidney Cohen. Dr Cohen is the J. Edward Berk Endowed Professor of Medicine at the Sidney Kimmel Medical College at Thomas Jefferson University. He is also Director of Research at the Digestive Disease Institute and Director of the Gastrointestinal Motility Program at TJUH. Dr. Cohen has had a long, exceptionally productive, and very distinguished career in gastroenterology, and I beg your indulgence to allow me to touch on some of the highlights.

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In 1995, he received the Janssen Award for Lifetime Achievement in Gastrointestinal Motility, and in 2002, Sid was awarded the Julius Friedenwald Medal of the AGA, its highest honor, for Lifetime Achievement in Gastroenterology. Earlier this year, he also received the Distinguished Alumnus Award from his medical school, SUNY Downstate.

Dr. Cohen has been very gracious in accepting our invitation to spend the weekend with us at Nemacolin with his lovely wife, Lois, and I am truly delighted to present this year’s PSG Special Achievement Award to Sidney Cohen, MD.
Meet the 2014 FIT Poster Contest Winners!

Each year during PSG’s Annual Scientific Meetings, GI fellows and internal medicine students have the opportunity to submit research abstracts for peer review. The selected abstracts are displayed as research posters and judged by PSG leadership. Meeting participants also review the research posters and interact and network with the fellows and students. Here are the trainees honored this year for their outstanding research:

1st Place Winner (of $750):
Toufic Kabbani, MD, UPMC
Research Title: Association of Mean Vitamin D Level with Clinical Status in Inflammatory Bowel Disease: A 5-Year Prospective Study

2nd Place Winner (of $500):
Zahida Khan, MD, PhD, Children’s Hospital of Pittsburgh
Research Title: Isolation and Characterization of PAS+ Globule-Enriched Hepatocyte Subsets in PiZ Mouse Model of Alpha-1 Antitrypsin Deficiency

3rd Place Winner (of $250):
Gloria Francis, MD, Jefferson Medical College
Research Title: First Generation Protease Inhibitor-Based Triple Therapy and Risk of Hepatocellular Carcinoma

Meet the 2014 FIT Poster Contest Winners!

Lia Kaufman, MD, accepts the 1st Place Poster Prize on behalf of her co-GI fellow and poster author Toufic Kabbani, MD.

Zahida Khan, MD, PhD, poses with her research poster during the FIT Poster Contest.

Gloria Francis, MD, accepts her award from PSG President David Sass, MD.
The 2014 Fellow-In-Training (FIT) abstract competition was a great success. The competition was open to all adult and pediatric fellows in Pennsylvania gastroenterology and hepatology programs, as well as residents in internal medicine. Trainees whose abstracts were selected for presentation were invited to the Nemacolin Woodlands Resort to present their posters at the Annual Scientific Meeting. Generous cash prizes were awarded to the first, second, and third place winners. This year’s first place abstract and poster winner was awarded to Dr. Toufic Kabbani for his project entitled, “Association of Mean Vitamin D Level with Clinical Status in Inflammatory Bowel Disease: A 5-Year Prospective Study.” We had the opportunity to speak with Dr. Kabbani following the meeting.

Tell us a little bit about yourself and your background.

I am originally from Lebanon. I went to school at the American University of Beirut. I did my internship at the University of Florida and continued my training in internal medicine at Georgetown University-Washington Hospital Center. After residency, I had the opportunity to train as a clinical and research fellow studying celiac disease at the Beth Israel Deaconess Medical Center. I simultaneously earned an MPH from the Harvard School of Public Health. I am currently a second year clinical fellow in Gastroenterology, Hepatology, and Nutrition at the University of Pittsburgh Medical Center.

What inspired you to pursue this specific project?

Vitamin D has recently been proposed as an important modulator of the immune system, with decreased levels leading to a worse disease course in those with chronic immune-related disorders, including multiple sclerosis and Type I Diabetes mellitus. We sought to test this hypothesis in patients with inflammatory bowel disease (IBD).

What was the major finding of your research and how do you think it will change how we care for patients in the future?

In summary, we found that IBD subjects who have low vitamin D levels require biologics, steroids, and narcotics more often, and have worse pain, quality of life, and disease activity scores with greater utilization of the healthcare system compared to those with normal vitamin D levels. These findings suggest a potential synergistic role for vitamin D when given with maintenance therapy in ameliorating the disease course in IBD. Based on our findings, we recommend that healthcare providers aggressively monitor and supplement vitamin D levels in IBD subjects, with a goal of 40-60 ng/mL.

What are your future plans in medicine?

I aspire to a career in academics and to continue to ask medical questions and answer them through research. My next step is applying for small grants to sponsor my own research ideas. Mid-term goals include applying for the K award, and later on, the R-01 award. I also have aspirations to join the task force for lowering costs and improving the quality of healthcare delivery. I currently sit on institutional and national panels to advocate for quality improvement, and would like to pursue this valuable role over the course of my career.

How would you like to see healthcare change in the future?

Our current medical model is flawed by the “one size fits all” approach. I believe that healthcare should take a more personalized approach and focus on preventing symptoms and progression of disease through a robust use of genetics, rather than reacting to symptoms once disease has already developed. This needs to be balanced with the overall goal of improving quality of care and lowering health care costs. Benchmarks for quality control and governmental regulatory reform are inevitable to achieve this desired cost-effective healthcare model.

What are your plans for the prize money?

I am pooling money from several awards, including this generous prize, to apply for a small grant to support my next IBD-related research.

Thank you again to Dr. Kabbani, all the participating trainees, and our judges from the PSG Board, for their efforts in making this year’s competition a success.

Read the winning poster abstract on next page
Background and aim: Emerging data suggests that vitamin D plays a significant role in immune homeostasis and deficiency is implicated in the pathogenesis and modulation of disease activity in both animal models and human Inflammatory Bowel Diseases (IBD). Prospective data evaluating the association of vitamin D serum status and clinical disease course in IBD is lacking. We sought to determine the relationship between mean vitamin D status over a multiyear time period with clinical course in IBD patients followed prospectively in a referral center which routinely monitors and supplements with vitamin D.

Methods: We used a prospective, consented longitudinal IBD natural history registry, focusing on patients with 5 years of follow-up. In addition to demographic data, patients were categorized by a mean serum 25 OH vitamin D level over the 5 year time period. Mean vitamin D levels < 30 ng/ml were defined as low and higher mean levels were considered normal. IBD clinical status was approximated with patterns of medication use (steroids, immune-modulators, biologics and narcotics), healthcare utilization (phone calls in electronic medical record, ED visit, clinic visits, CT scans, hospital admissions and surgery), biochemical markers of inflammation (ESR levels, CRP levels), disease activity scores (Harvey-Bradshaw index, UC disease activity index) and health related quality of life (SIBDQ) obtained at clinic encounters.

Results: 944 IBD patients formed the study population (mean age 44 years. 52.3 % female) and 30.1% had mean vitamin D < 30 ng/ml, and these individuals formed the Low D IBD subgroup. Subjects with low and normal mean vitamin D levels had similar age, gender and ethnicity. Over the 5-year study period, Low D IBD patients required significantly more steroids, biologics, narcotics, CT scans, ED visits, hospitalizations, and surgery compared to IBD patients with normal mean vitamin D levels. Moreover, Low D IBD subjects had more abdominal pain, worse disease activity and poorer quality of life (Table 1). There was no difference in the patterns of CRP levels, ESR levels, frequency of phone calls or clinic visits, and use of immune-modulators between the two groups. Table 1

Conclusions: In IBD patients, low mean vitamin D levels are associated with worse disease activity and higher morbidity including increased pain, higher ED visits and hospitalization rates, and increased need for biologics, steroids and narcotics. Future studies that explore the potential mechanism(s) by which vitamin D modulates IBD activity are warranted.

TABLE 1. IBD disease activity indicators

<table>
<thead>
<tr>
<th></th>
<th>Low vitamin D group (n=299)</th>
<th>Normal Vitamin D group (n=695)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prednisone use (%)</td>
<td>53.8%</td>
<td>66.9%</td>
<td>p&lt;0.005</td>
</tr>
<tr>
<td>Biologics use (%)</td>
<td>47.2%</td>
<td>37.3%</td>
<td>p=0.004</td>
</tr>
<tr>
<td>Narcotics use (%)</td>
<td>41.1%</td>
<td>30.6%</td>
<td>p=0.001</td>
</tr>
<tr>
<td>Pain sub-scores *(Mean, SD)</td>
<td>4.92 5.1.17</td>
<td>5.32 5.4.4</td>
<td>p=0.0001</td>
</tr>
<tr>
<td>HBI score for CD (Mean, SD)</td>
<td>5.34 (4.7)</td>
<td>4.1 (3.9)</td>
<td>p=0.0001</td>
</tr>
<tr>
<td>HBI score for UC (Mean, SD)</td>
<td>4.8 (4.9)</td>
<td>3.8 (3.8)</td>
<td>p=0.01</td>
</tr>
<tr>
<td>SIBOQ score** (Mean, SD)</td>
<td>49.58 (12.21)</td>
<td>52.3 (10.63)</td>
<td>p=0.001</td>
</tr>
<tr>
<td>ED visits (Mean, SD)</td>
<td>3.82 (10.38)</td>
<td>2.7 (8.3)</td>
<td>p=0.0001</td>
</tr>
<tr>
<td>CT (Mean, SD)</td>
<td>1.3 (2.4)</td>
<td>0.9 (2.04)</td>
<td>p=0.006</td>
</tr>
<tr>
<td>Hospitalization (Mean, SD)</td>
<td>2.1 (3.73)</td>
<td>1.2 (2.9)</td>
<td>p=0.0001</td>
</tr>
<tr>
<td>Surgery (%)</td>
<td>55.2%</td>
<td>44.1%</td>
<td>p&lt;0.001</td>
</tr>
</tbody>
</table>

*Lower score indicates more pain 
**Lower score indicates higher disease activity 
***No statistical difference in CRP elevation, abnormal ESR, immune-modulators use, number of telephone encounters, and clinic visits.

Read the Winning Poster Abstract

Association of Mean Vitamin D Level with Clinical Status in Inflammatory Bowel Disease: A 5-Year Prospective Study.

Toufic Kabbani, MD, MPH; Claudia Ramos Rivers, MD; Jason Swoger, MD, MPH; Miguel Regueiro, MD; Arthur Barrie, MD, PHD; Marc Schwartz, MD; Jana Al Hashash, MD; Leonard Baidoo, MD; Michael Dunn, MD; David G. Binion, MD
The Specialty Leadership Cabinet (SLC) of the Pennsylvania Medical Society (PAMED) convened on September 9, 2014. The SLC serves as a forum through which the specialty organizations can share information with their specialty colleagues and introduce possible collaborative efforts to the PAMED Board of Trustees.

Introductions
Dr. David Talenti, SLC Chair, introduced Lora S. Regan, MD, the new Occupational Medicine SLC member.

PHRI Medicare Data Entity
Past PAMED President Ralph Schmeltz, MD, spoke to the Cabinet about the Pittsburgh Regional Health Initiative, which is a CMS-qualified not-for-profit stakeholder regional health improvement collaborative. Medicare has requested quality data to be published for public consumption. PHRI represents western PA in this initiative, which will eventually spread across the county.

The target date for publishing the quality data is January 1, 2015; the data will be posted on a publicly-accessed website. Proposed quality measures to be researched and published are the specific aspects of:

- Breast cancer screening
- Colorectal cancer screening
- Diabetes care
- Lower back care, and
- All cause readmissions.

The data will come from the billing records and Quality Insights will store the data. The practices of each of the above-mentioned components will be rated as average, above average, and below average. The data will be released to practices in PA 60 days prior to the public release. A stakeholder group and a physician advisory group will be created.

Update on Opioid Prescribing Guidelines
The SLC previously directed the creation of a task force on opioid prescription. This PAMED task force worked in collaboration with the PA Department of Drug and Alcohol Programs, Secretary Gary Tennis, and Physician General Carrie DeLone, MD, to develop recommended opioid prescribing guidelines for physicians in PA. A third party also created similar guidelines, to which PAMED responded with an official letter. PAMED also responded to the June-released House of Representatives Joint State Governance Commission on PA’s laws regarding proposed guidelines for opioid prescription.

The SLC has had a lot of impact on the issue of opioid prescription. Since they were released in July 2014 and posted on the PAMED website, the suggested guidelines have received more than 3,000 page views.

Opportunities for Collaboration
- **ACA Payment Enhancement for Primary Care**—Allen S. Nussbaum, MD, the SLC member representing pediatrics, discussed the ACA payment enhancement for primary care, which is slated to end on December 31, 2014. Dr. Nussbaum related that a number of pediatric practices have contacted The PA Chapter, American Academy of Pediatrics (PaAAP) regarding what is happening to sustain payment levels; his understanding is that the proposed 2014-15 federal budget includes funds to continue. But if that doesn’t happen, PA says it will not provide state dollars. PaAAP would like PAMED and specialty support to push for cost of administering vaccinations to be taken care of. This issue is on PAMED’s radar.

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**Welcome NEW Members**
Asyla Ahmad, MD
Ramsey Dallal, MD, FACS
Toufic Kabbani, MD, MPH
Cecilia Kelly, MD
Barry Kizlof, MD
Karen Kroh, MD
Dustin Latimer, MS, PA-C
David Levinthal, MD, PhD
Jane Malick, BSN, RN, CGRN
Shahid Malik, MD
Maribeth Schiavone, CRNP
Ali Siddiqui, MD
• *ConcussionWise*—Leslie Howell, PAMED Director of Continuing Medical Education, Training & Physician Leadership Programs, spoke to the SLC about a new opportunity, brought to you by the SLC and the Pennsylvania Athletic Trainers’ Society (PATS), for specialties to serve on a new task force to review and update the ConcussionWise DR program for Pennsylvania physicians. PAMED and PATS are partnering with the Pennsylvania Department of Health on this important project for leading current and consistent education that will hopefully lead to better identification and treatment of concussions statewide.

**Legislative Priorities**

David Thompson, Chief Lobbyist for PAMED, spoke to the SLC about pending legislation in the remaining days of the 2013-14 session, as well as medicine-centered legislation that was passed and enacted in the current session.

Since the September SLC meeting, the following bills have been signed into Pennsylvania law:

- House Bill 803, which provides access to emergency epinephrine in schools
- House Bill 1655, which creates a patient-centered medical home advisory council
- Senate Bill 1164, which provides Good Samaritan immunity to people seeking aid for someone experiencing a drug overdose, and allows naloxone, a lifesaving opioid antagonist, to be prescribed to first responders, and
- House Bill 22014, which provides early intervention/tracking services to homeless infants and toddlers.

As of October 22, 2014, the following bills await Governor Corbett’s signature:

- Senate Bill 1180, which will create a statewide controlled substance database, and
- House Bill 1907, which will require hospitals to provide oral and written notice to patients about their outpatient status after they have spent a full day in the hospital outside of the emergency department.

**Regulatory Priorities**

Carol Bishop, PAMED Associate Director Payer Relations, spoke to the Cabinet about CMS’ final rule for stage 2 options for flexible reporting. Providers must be able to have documentations of any software issues they experience. Providers must also be able to maintain records for six years in case of possible auditing. Providers who were successful in implementing the 2014 technology are not eligible for flexible reporting.

More information is coming. The more information you can keep on hand, the better. PAMED has been unsuccessful in getting copies of the auditing guidelines. If you have questions, contact Ms. Bishop at PAMED’s main line, extension 2646.

PAMED State Counsel Legislative Affairs Angela Boateng described regulatory updates at both the state and federal levels. Ms. Boateng reminded Cabinet members of the Open Payments Database, which was slated to be accessible by the public by September 30, 2014. PAMED encourages members to check the database for accuracy. Also, the Federation of State Medical Boards has created a compact to increase access to healthcare in rural and underserved areas. As of September 9, Pennsylvania is not part of the compact. On the state level, Ms. Boateng reviewed new regulations on medical and chemotherapeutic waste, Governor Corbett’s regulatory agenda, and the Federation of State Medical Boards’ policy for the appropriate use of telemedicine technologies.

In a Pennsylvania Medical Political Action Committee (PAMPAC) update, Larry Light, PAMED Senior Vice President of Physician Advocacy & Political Affairs, referenced two PAMED “consult” reference papers regarding employed physician legislation. PAMED has drafted employed physician legislation and is seeking a legislative sponsor.

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Elizabeth Metz, PAMED General Counsel, outlined Pennsylvania’s new Child Protective Services Law update. Changes/updates in the current child abuse reporting law include requirements/definitions regarding:

- Types of child abuse
- Culpability requirement
- Failure to provide essential medical care
- Other exclusion categories
- Definition of “mandated reporter”
- Triggers for reporting obligations
- Reporting procedure
- Patient confidentiality
- Penalties for failure to report
- Protections for reporting
- Training and CME requirements

Ms. Metz discussed PAMED’s new child abuse reporting education campaign and urged PAMED members to check the PAMED website later this fall for more information and a webinar. Specialties: tell your members about PAMED’s resources!

Dennis Olmstead, PAMED Chief Strategy Officer & Medical Economist, briefed Cabinet members about Governor Corbett’s new Healthy Pennsylvania initiative, which was approved by CMS on August 28, 2014. The private coverage option will be effective December 1, 2014. There will be a 20-question screening questionnaire for enrollees and insurers. Medicaid reforms include high risk and low risk benefits packages.

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**Becoming a LifeGuard® Program Preceptor**

PAMED Foundation Executive Director Heather Wilson and LifeGuard® Program Director Marcia Lammando presented the Foundation’s LifeGuard Program and urged SLC and PAMED members to consider serving as preceptors for the program.

When a situation arises wherein a physician’s medical knowledge or clinical skills are called into question, LifeGuard is a resource for the physician or other referring entities. LifeGuard’s clinical competency skills assessment and recommended remediations are uniquely tailored to the individual needs and specialty of each physician. LifeGuard evaluates and assesses the neurocognitive status, physical status, and medical knowledge of referred physicians and provides an objective report describing assessment results and recommendations for remediation (if applicable).

The preceptorship is the hallmark of LifeGuard, providing a clinical experience that allows the participant a supervised reentry into medical practice. The preceptor is an integral part of the program, providing invaluable expertise, supervision, and evaluation of the participant.

For more information about LifeGuard® program or serving your colleagues as a preceptor, visit http://www.lifeguardprogram.com/.

The next meeting of the PAMED Specialty Leadership Cabinet is scheduled for Tuesday, February 3, 2015.
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