

RUMBLINGS

Pennsylvania Society of Gastroenterology Newsletter



Pennsylvania
Society of
Gastroenterology

President's Message

Ravi K. Ghanta, MD, PSG President

 [@RAVIGHANTA5](https://twitter.com/RAVIGHANTA5)



It is with great pleasure and an honor to assume the role as the 20th President of the PSG. I am very grateful to my predecessors who have made the PSG such an amazing organization. I have a tremendous amount of respect and gratitude for Dr. Richard Moses who had done a wonderful job

growing the organization and adding value during his term as President. My goal is to continue that momentum and to continue to provide value to our members. During his term, Dr. Moses was committed to enhancing the membership categories to not just include physicians and Advanced Practitioners, but also to include other members of the gastroenterology team such as technicians, nurses, medical assistants and administrators. I strongly feel we should continue to involve these other groups and increase our engagement with them as they are also an important part of the GI team.

The Pennsylvania Society of Gastroenterology was founded in 1980 by Dr. Edwin Cohn at the Albert Einstein Hospital in Philadelphia where he served as the first president of the society from 1981 to 1983. His vision was to have a specialty organization that would serve the educational needs of GI

practitioners, improve care of patients with gastrointestinal disorders, and to advocate for patients and providers in the field of gastroenterology. The first meeting of the PSG was held at the Museum of the University of Pennsylvania in 1981. As we approach the 40th anniversary of the PSG in 2021, we are looking forward to commemorating this milestone and plan on having the Annual Meeting in Philadelphia where the PSG started.

The 2019 Scientific Meeting held at the Kalahari Convention Center in the Poconos was a great success. Thanks to Dr. Harshit Khara, the Meeting Program Director, who did a superb job organizing the meeting and recruiting excellent speakers from throughout the state. The GI Fellows Research Poster Competition and the GI Fellows Jeopardy Tournament were enjoyable parts of the conference as well.

Importantly, I would also like to thank our PSG professional management staff who help make this a great organization. These behind the scene experts are Jason Harbonic, our Executive Director, Jessica Winger, the PSG Meeting Manager, Melissa Harper, Deputy Association Executive, and Resaica Cannon, our Member Services Specialist.

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Immediate Past President's Message

Richard E. Moses, DO, JD, Immediate Past President, PSG

 [@THE REALGIDOC](#)

 [@MOSESMEDLAW](#)



The idiom, “Time flies when you are having fun,” is the first thing that comes to mind as I write my last article for RUMBLINGS as your President/Immediate Past President. It has been two years since I appeared on the front page of the Fall/Winter 2017 RUMBLINGS as your “new” President – could that really have just been two years ago – or was it only yesterday?

Our 2019 Scientific Conference was a tremendous success, thanks in great part to our Program Chair, Dr. Harshit Khara. He brought together top notch speakers to address timely topics mostly requested by our members and attendees of the 2018 conference. The preliminary course evaluations reinforced what a great job Dr. Khara did in providing us with what we need to know in order to continue to practice the high quality of GI care that Pennsylvania gastroenterologists deliver.

I would be remiss not to acknowledge and thank all the work that Jessica Winger, our expert conference coordinator and meeting manager, did in ensuring the Kalahari Conference Center provided everything the PSG and members needed for the academic sessions plus coordinating a weekend filled with family friendly activities. We had a record 140 attendees at the family fun night, 153 conference attendees and guests, 37 exhibitors and 7 corporate sponsors. Our FITs had 11 printed Posters and 10 ePosters! I also thank Robbi Cook, our immediate past Executive Director, for all of her work prior to her departure, and Jason Harbonic, our new PSG Executive Director who many of you met at the conference, who picked up the baton to keep things going to make the weekend a success on all fronts. Special thanks to Jenn Redmond, an Executive Director who has worked with the PSG in the past, for stepping in to help at the conference with registration. It was an honor to work with this team of professionals. Dr. Jen Maranki, our 2020 Conference Chair, and our PSG team are already putting together next year’s program that will be held at the Hershey Hotel.

During my term as President, I outlined a number of goals that I thought were important to accomplish to ensure the viability of the PSG and grow our organization. With the help of my great Board and staff, we accomplished most of those goals and initiatives. I cannot list everything the PSG has done to move forward over the past 2 years but I shall try to highlight some of our major accomplishments. We revitalized the Board with some younger members and increased its diversity, reorganized the Committee Chairs and Regional Chairs, implemented quarterly President phone conferences with both sets of Chairs and our FITs, implemented bi-weekly phone calls with our Executive Director, started the President’s eMessage, expanded RUMBLINGS, increased membership, rewrote the PSG By-Laws and mission statement, instituted recognizing long-standing members with the “years of recognition” program, increased FIT involvement at the Annual Scientific meeting and FIT engagement in the organization, brought the family friendly conference concept to the next level, engaged and increased exhibitor and corporate sponsorship, broadened our membership categories, strengthened our financial position, improved membership communication, and took a more active role in voicing our opinions and concerns regarding legislative issues relating to patient care and practice in Pennsylvania and nationally.

We revitalized the Board with some younger members and increased its diversity...

Over this past year, I also worked side by side with our then President-Elect, Dr. Ravi Ghanta, to guarantee a smooth leadership transition to keep moving us forward as a premiere state GI organization. Congratulations and thanks to all of you who made this happen!

As I step down as the President of our great society, I am confident that your new President will continue our work. He is energetic, engaged, brilliant, full of ideas, and well prepared to immediately assume the important position of President and continue to move the PSG forward. The officers and the Board of Directors of the Pennsylvania Society of Gastroenterology are fully supportive of Dr. Ghanta and are anxious for him to lead us forward by continuing the mission of the society over the next two years. Enjoy those years, Ravi – they will fly by! Finally, I am not planning to go anywhere and am always available to assist and work with my PSG family.



PHARMACEUTICAL COMPANIES OF
Johnson & Johnson



GILEAD

Annual Meeting Photo Album...

Harshit S. Khara, MD, Program Chair



2019 Pennsylvania Society of Gastroenterology ANNUAL SCIENTIFIC MEETING

OCTOBER 11-13, 2019

Kalahari Convention Center | Pocono Manor, PA



Poster Presentations



Corporate sponsors lunch, Dr. Moses, Crystal Bradley, Takeda, Donna Judd, Pfizer, Doug Major, AbbVie.



Exhibit Hall



Welcome Reception



Children enjoying the activities at Family Fun Night.



Corporate sponsors enjoying lunch with the Board.

continued on page 6

GASTROINTESTINAL
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Jenkintown, PA

Gastrointestinal Associates, Inc. is seeking a BC/BE gastroenterologist to join our practice. We are especially interested in expanding our advanced therapeutic program and would welcome applicants completing an advanced therapeutic fellowship. You would provide a full range of care to patients, both in hospital and through outpatient procedures. This is a full-time position with shared clinical and administrative responsibilities. Gastrointestinal Associates, Inc. was founded in 1972 and has grown to a team of 19 professional health care providers. We serve a wide range of patients over various locations in the Philadelphia, Montgomery and Bucks County areas. We offer a competitive salary package to include benefits along with a partnership track.

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Gastrointestinal Associates, Inc.
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 Email: ARawlings@gastropa.com



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Our vision is clear: bring new, differentiated therapies to the millions of patients who live with GI diseases.

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New Technology and Techniques

Z-POEM Case for Rumbblings

David L. Diehl, MD, 1st Vice President PSG



A 70-year-old man had a history of dysphagia for more than a year. A barium esophagram was done, showing a Zenker's diverticulum (ZD) (FIG 1). He was referred for flexible endoscopic incisional therapy for the Zenker's (FEIT-Z). However, at the time of that endoscopy, no Zenker's diverticulum was seen, and

therefore the FEIT-Z procedure was not done.

Another barium esophagram was done which again demonstrated the Zenker's diverticulum. The clinical options were discussed with the patient, and he agreed to come back for another attempt at endoscopic Zenker's treatment.

At the time of the second endoscopy 3 months later, only a small depression could be seen at the site of the diverticulum (FIG 2). It was unlikely that standard incisional treatment could get down deep enough to cut the cricopharyngeus muscle, which is the point of the FEIT-Z procedure. Therefore, a different approach was undertaken, the so-called "Z-POEM" (Zenker's per-oral endoscopic myotomy) technique.

In Z-POEM, an entry point is made either in the mucosa overlying the cricopharyngeus (FIG 3), or at a point 2-3 centimeters above. A "tunneling" entry is made, much like for an esophageal POEM procedure. Tissue is dissected on both sides of the cricopharyngeus to isolate it. Then the cricopharyngeus muscle can be sectioned endoscopically, and full cutting of this muscle can be assured (FIG 4). Finally, the entry point is closed with endoscopic clips (FIG 5).

This technique was carried out safely, with a procedure time of 20 minutes which was fairly comparable to the FEIT-Z approach. Pre-procedure Ancef was given, similar to the esophageal POEM procedure. The patient did well after the procedure, complaining only of some left neck/throat pain. He was admitted overnight for observation. The next morning, he felt well with minimal throat pain, tolerated a soft breakfast, and was discharged. Clinical follow-up one month later has shown excellent clinical improvement in his swallowing symptoms.

Discussion: Endoscopic treatment of ZD has become more widely done in the last decade. Clinical results are good with permanent resolution of dysphagia in more than 85%, and a small number of cases which require repeat treatment, usually with sustained improvement. FEIT-Z is less invasive than surgical options and can be used in patients who may not be surgical candidates either due to medical comorbidity or inability to hyperextend the neck or open the mouth sufficiently.

However, very small ZDs can still present a management problem. Insufficient cutting of the cricopharyngeus muscle may lead to treatment failure. In the current case, a newer endoscopic approach "Z-POEM" procedure was used with good clinical success and safety.

While the current FEIT-Z procedure is still very safe and effective, Z-POEM can be used in cases with non-favorable anatomy for the standard incisional approach.

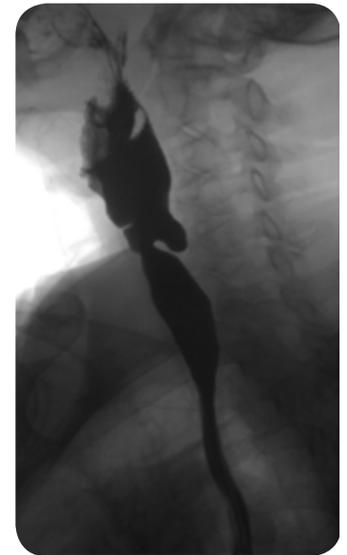


Fig 1. barium swallow demonstrating Zenker's diverticulum.

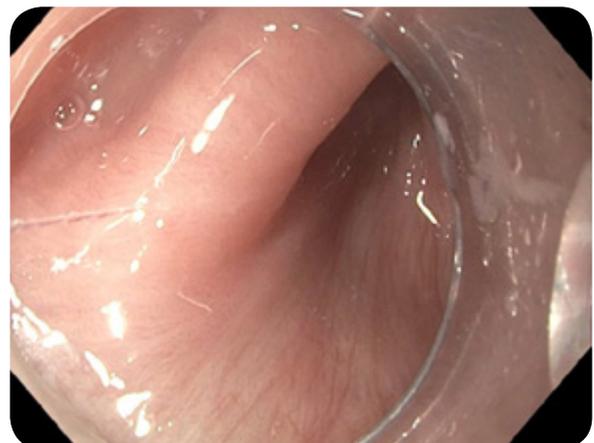


Fig 2. cricopharyngeal bar shown, with minimal diverticulum (to the left of the bar).

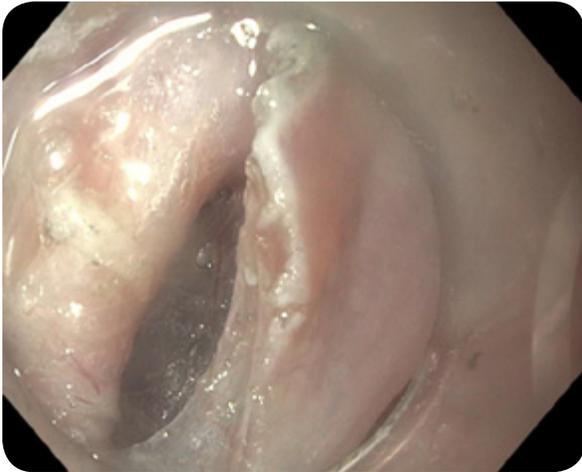


Fig 3. Initial mucosal incision for the Z-POEM made on the mucosa overlying cricopharyngeal bar, which can be seen slightly to the left.

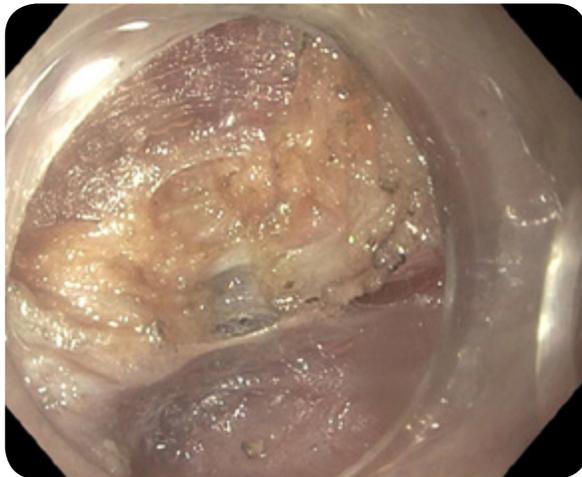


Fig 4. The cricopharyngeal muscle has been cut (the muscle has a slightly yellowish color).

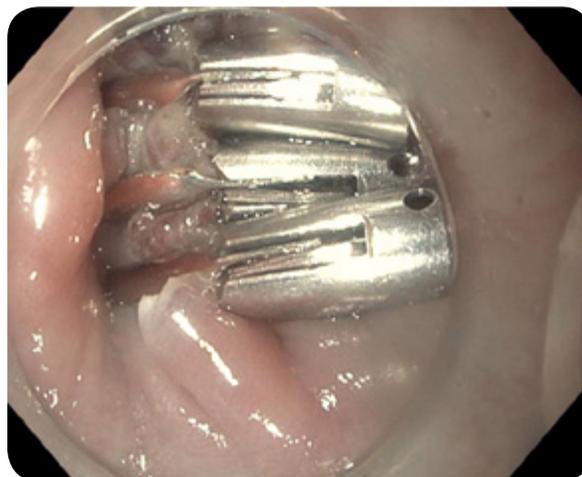


Fig 5. The entry point is closed with clips.

Welcome New Members

Associate Members

Kamal Amer, MD
 Simranjit Bedi, DO
 Wai Kan Chiu, MD, PhD
 Furkan U. Ertem, MD
 Amir A. Ghaffari, MD, PhD
 Hemant Goyal, MD, FACP
 David J. Hanna, DO
 Jacob S. Lipkin, MD
 Scott Manski, MD
 Akshata Moghe, MD, PhD
 Brianna Shinn, MD
 Sunny Tao, MD
 Kishore Vipperla, MD, FACP

Non-Physician Clinician Members

Kaitlyn R. McCaffery, PA-C
 Bethany Stough, MSN, CRNP
 Brianna Taylor, PA-C



Pennsylvania
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DDNC November Update

Ralph McKibbin, MD, DDNC Immediate Past President and PSG Representative



The Digestive Disease National Coalition (DDNC) is an advocacy organization comprised of the major national voluntary and professional societies concerned with digestive diseases. The DDNC focuses on improving public policy and increasing public awareness with respect to diseases of the digestive system.

Our mission is to work cooperatively to improve access to and the quality of digestive disease health care in order to promote the best possible medical outcome and quality of life for current and future patients. Current updates include:

Health & Health Reform

- **Step Therapy Legislation** - On September 25, 2019 Senators Lisa Murkowski (R-AK), Bill Cassidy (R-LA), and Doug Jones (D-AL) introduced the Safe Step Act (S. 2546), which would establish an exceptions process and improve transparency for patients and clinicians impacted by these protocols. The bill is similar to its House companion, HR 2279

The Digestive Disease National Coalition (DDNC) and other voluntary and professional health care organizations coordinated and ran a National Day of Advocacy on November 13th to encourage federal legislators to support this legislation. Throughout the day, advocates from around the country urged their members of Congress to improve patient access by co-sponsoring the Safe Step Act. Pennsylvania as one of the target states sent representatives to advocate to our Federal representatives. We should also voice our support to our congressional representatives.

- **Surprise Medical Billing** – The American Lung Association, the American Cancer Society and the American Heart Association are inviting patient advocacy organizations to sign a joint letter urging

Congressional leadership to continue action on the issue of surprise medical billing. The letter urges legislators to work together to protect patients from the potential of massive medical debt. Please see attached principles and the draft letter. The DDNC signed on to this letter.

- **Drug Pricing** - House Democratic Leadership introduced its proposal to reign in drug prices, the Lower Drug Prices Now Act (HR 3). This legislation has similarities with some of the pending Senate proposals. For example, both HR 3 and the Senate HELP Committee's proposal include provisions to address "surprise" medical billing. Further, both HR 3 and the Senate Finance Committee's proposal include patient out-of-pocket spending caps for Medicare Part D.
This bill:
 - Gives Medicare the power to negotiate directly with the drug companies and creates strong new tools to force drug companies to the table to agree to real price reductions, while ensuring seniors never lose access to the prescriptions they need.
 - Makes the lower drug prices negotiated by Medicare available to Americans with private insurance, not just Medicare beneficiaries.
 - Stops drug companies ripping off Americans while charging other countries less for the same drugs, limiting the maximum price for any negotiated drug to the average price in countries like ours, where drug companies charge less for the same drugs – and admit they still make a profit.
 - Creates a new, \$2,000 out-of-pocket limit on prescription drug costs for Medicare beneficiaries, and reverses years of unfair price hikes above inflation across thousands of drugs in Medicare.
 - Reinvests in innovation and the search for new cures and treatments, using some of the savings from lowering the unjustified drug prices that are bankrolling Big Pharma's stock-buybacks to reinvest billions of dollars in the search for new breakthrough treatments and cures at the National Institutes of Health.



Pennsylvania
Society of
Gastroenterology

Application for Membership

1. Instructions

- Please print or type all responses.
- Return completed form to: info@pasg.org or PSG, PO Box 8820, Harrisburg, PA 17105-8820 for processing.
- Please attach current curriculum vitae.
- Please enclose payment of current year's membership dues.

2. Name: _____

3. Office Address: preferred mailing address _____

4. Home Address: preferred mailing address _____

5. Phone (best/preferred number to reach you): _____

6. Email: _____

I give permission to PSG to add my email address to their database for PSG use only.

7. Date of Birth: _____

8. Medical School: _____

Graduation Year: _____

9. Residency: _____

Begin Date: _____ End Date: _____

10. GI Fellowship: _____

Begin Date: _____ End Date: _____

11. Medical License Number: _____ State: _____

12. In active practice of gastroenterology since: _____

13. Board Certification

a. Internal Medicine _____ Yes _____ No (date _____)

b. Gastroenterology _____ Yes _____ No (date _____)

14. Member of: AMA Pa Medical Society CMS AGA ASGE ACG AASLD

*Membership due may be tax deductible for federal income purposes as ordinary and necessary business expenses.
Please consult your tax advisor regarding your specific situation.*

Application for Membership (cont.)

15. Fellow of _____

16. **Application for Membership** (please check one):

Active (dues \$175): Hold a current, unrestricted medical or osteopathic license; Have good standing in the community; Of sound moral and ethical nature and free of any felony conviction; Shall hold a current board certification in gastroenterology or fulfilling the criteria for eligibility for board certification in gastroenterology;

Full voting privileges

Associate (dues \$0): Hold a current, unrestricted medical or osteopathic license; Be a fellow or resident in training for the gastroenterology subspecialty; Provide name and email address of Chief of Service;

No voting privileges

Chief of Service: _____

Email address: _____

Affiliate (dues \$88): Be a any person of good character who expresses an interest in the subspecialty of gastroenterology; May not attend Board or Business Meetings of PSG; May not hold office, but may serve on committees, but not as chair; No voting privileges

Non-Physician Clinician, NCP (dues \$60): APPs, CRNPs, PAs, RNs, APRNs, CGRN, LPNs, VVNs, GI Techs and other NPCs who work in the field of gastroenterology; May not hold office, but may serve on committees, but not as chair; Must have an Active PSG sponsor; No voting privileges

Name of Active Member: _____

Administrator (dues \$0): Practice Managers, executive office administrators, billing specialists;

Must be currently employed by an Active member; May attend PSG meetings for free; No voting privileges

Name of Active Member: _____

17. **Membership Dues Payment:**

Check: to be mailed to PSG, PO Box 8820, Harrisburg, PA 17105-8820

Credit Card (Mastercard, Visa, Discover, American Express)

Name: _____

Billing Address: _____

Card Number: _____

Exp Date: MM/YEAR _____ CVV Code: _____

ACG Governors' Update

Joyann Kroser, MD, FACC, Eastern Governor and Randall Brand, MD, FACC, Western Governor



Joyann Kroser, MD, FACC
Eastern PA ACG Governor



Randall Brand, MD, FACC
Western PA ACG Governor

Our mission as ACG Governors of Eastern and Western Pennsylvania is to provide two-way communication between the College, the Pennsylvania Society of Gastroenterology (PSG) and individual ACG and PSG members.

At the ACG Board of Governors Meeting held in October during the annual ACG meeting in San Antonio, Texas, we discussed ways that State GI societies and the ACG can engage collaboratively.

Pennsylvania gastroenterologists are fortunate to have a strong State society that works well with the College on legislative and regulatory agendas. There are many Pennsylvania GIs that have leadership in the ACG including the Board of Trustees, Board of Governors and on College Committees.

Several issues that we in Pennsylvania are facing were common to many states including decreased reimbursements, site of service differentials, insurance denials and prior authorizations and independent practice by nurse practitioners.

We want to assure you that the ACG, along with the other national societies, continues to advocate on your behalf for change in the Maintenance of Certification issue with the ABIM.

We learned ACG leaders met with Exact Sciences, manufacturer of Cologuard, to express concerns our concerns regarding marketing and reporting of this test. We encourage all PSG members to apply for membership in the ACG.

As your ACG Governors, we can facilitate advancement to ACG Fellowship, answer membership questions and bring your concerns forward to College leadership.

Please consider attending the ACG Board of Governors/ASGE Best Practices Course and IBD School which will take place in Las Vegas on January 24-26, 2020 or one of the other regional ACG courses.

You can check out all that ACG has to offer by visiting the website at www.gi.org or by following the link from our own PSG website at www.pasg.org.

Please do not hesitate to contact either one of us to bring your concerns to the ACG or to get more involved in the organization.



House/Senate Fall Schedule

Session Schedule:

November 18, 19, 20, 21;
December 9-11 (H only); 16, 17, 18

7 days left for the Senate and
10 days left for the House.

Patient Education

Making the Most of Your Physician Visit: Useful Tips

Manish Thapar, MD, PSG Treasurer



Over the last decade, the practice of medicine has evolved and undergone drastic changes especially with the adoption of electronic medical records. Health care delivery is complex and it is easy to get lost in large health systems. Physicians and providers are pressed for time, and often a

visit does not fulfill the expectations of the patient or their physician. Most patients are looking for specific answers but lack a concrete plan to help make the most of their appointments. The goal of this article is to enhance the patient physician experience. The following suggestions can help you make the most of your visits.

Write down your questions

Normally, patient appointments are scheduled for a small, defined duration of time. In order to make the most valuable and productive use of time, it is helpful to prepare for the visit. It is never too soon to start writing down concerns you want addressed at the visit. Preparing beforehand guides the conversation during your visit and ensures your questions are addressed.



Update important information

Consider taking the time before your visit to update information such as your pharmacy, insurance plan and medications. Availability of updated information goes a long way in saving valuable visit time. It is crucial that your physician knows exactly what doses of medications and complementary therapy you are currently receiving. It is imperative that you carry an updated medication list or all of your pill bottles for your visit.

Give yourself extra-time

Arrive before your appointment time to complete any necessary paperwork. Sometimes the office may need to verify your insurance information or obtain referrals if required. Planning ahead gives you extra time to complete the visit in a relaxed manner.

Understand your insurance plan

Familiarize yourself with your copay and deductible as it relates to clinic consultation fees, laboratory draws and imaging tests. Sometimes, payment may be required prior to your visit. If your plan requires a referral to see a specialist, make sure you obtain one from your primary care physician. There are dozens of insurance plans in the market and they are constantly changing. It is impossible for your healthcare provider to know all of the benefits or coverage available under these plans.



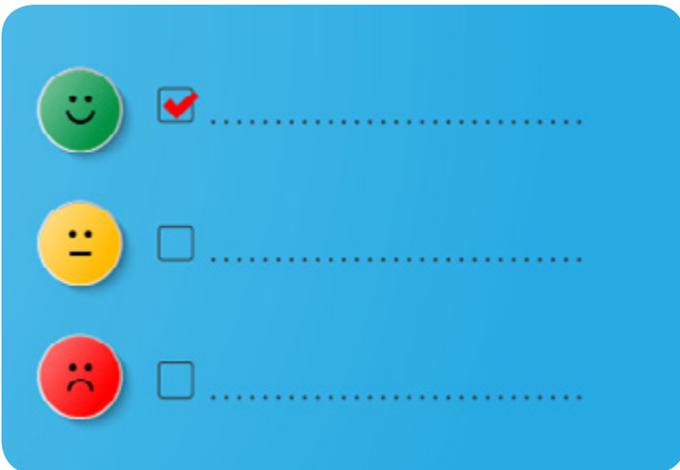
Medical records

Consider carrying your medical records and any recent or relevant test results with you, particularly if these were done outside the health system. While electronic medical records have made the world of medicine easier, they may not always carry over. Carrying a copy of your medical records will increase the efficiency of your visit.

Avoid disruption and distractions

You and your physician develop goals and work together to help you lead a healthy, productive, and long life. Engaging in social media or other activities on your phone while in the exam room signals a lack of interest on your part. Please silence and put away any devices, especially your cell phone. Putting away your phone signals an intent to take ownership of your health and goes a long way in developing a long term partnership with your provider.





Leave a review, especially if your experience is positive

We all live in the age of digital media where online evaluations are widespread. Often, physicians only receive negative feedback. So, any positive feedback that you can give in person or online are valued.

Develop a long term relationship

Physicians and providers have your best interest in mind and strive to help you live a healthy life. It is crucial that you hear them out and do your best to follow their suggestions. Like with any other relationship, your relationship with your physician should be a partnership and the importance of patience can not be overstated. If you encounter problems with insurance coverage where you are considering changing your insurance plan, it would be prudent to check if your provider participates in the new coverage plan.

Own your health

Last but not least, it behoves you take ownership of your health. Your physician serves as your coach and mentor through this process. A proactive approach on your part with prior authorisation requests, scheduling follow up visits or bloodwork go a long way in achieving your goals.

The views expressed in this piece are of the author, based on his experience in taking care of patients in several different patient settings. They do not represent the views of any organization or institution that he may be associated with.

Members of PSG are encouraged to reproduce or make copies of this article to give their patients.

Be prepared

 Write down your questions and concerns

Know your meds

 Carry an updated medication and over the counter supplement list

Plan ahead

 Give yourself extra time for paperwork

Understand your insurance

 Obtain referrals if needed, you likely have copay and deductibles

Records are the key

 Consider carrying records. Do not assume that tests done elsewhere will be available in the electronic records

Silence the phones

 Avoid unnecessary distractions

Feedback is vital

 Give positive feedback when possible, in person or online

Develop a partnership

 Identify achievable health goals with your provider

Own your health

 Schedule follow up visits and tests

FIT Update

Several Roads Diverged Into Yellow Wood

Shannon Tosounian, DO, 2nd year FIT



To which Robert Frost would allude, big life decisions require significant contemplation. This article will be the first of a series from fellows-in-training in regard to navigating the business side of medicine, and specifically in the context of gastroenterology. Fellows are overwhelmed with professional decision making

and require mentorship in transitioning from a strictly regimented academic setting to the seemingly endless options and speed bumps of obtaining our first “real” job and succeeding in this daunting role.

While focusing attentively on becoming strong clinicians, mastering endoscopic skills, and performing research and quality improvement projects, fellows in their professional lives are also quietly taking in various points of view to decide what they want for their future career. By the end of first year, most fellows feel the pressure to decide on major career-altering decisions: either an additional subspecialty year (in advanced endoscopy, hepatology, motility, IBD, amongst others), versus general gastroenterology in private, hospital employed, or academic practice. Though there is no formal data on fellowship program incorporation of business training, Singla *et al* wrote in their review of training programs that this type of education was essential and should be required curriculum¹. For most of academic training, young physicians are shielded from understanding the very factors that can help them determine their ideal future work environment. Terms like “equity-backed practice”, or “RVUs” are a seemingly foreign language if not required for trainees to consider in their everyday work.

Reviewing the book *Transitioning from Medical Training to Professional Life*², written by past PSG president Dr. Moses, has provided invaluable insight into practice models. Glazing over job listings trying to understand the opportunities ahead, it is difficult to decipher whether certain positions are actually privately owned versus hospital employed. The concept of “single-specialty practice” is a growing trend for subspecialties, and understanding the possibilities of contracts within one

model is important foresight to have before signing your name. Regardless of the practice type we choose, Dr. Moses heeds the advice, “you need to make a ‘mental’ move, from clinical learning to clinical productivity.” With the expanding changes in medical culture and reimbursement, performance factors and efficiency will be heavily weighed in your career, regardless of the setting.

Pursuing a “fourth-year” in subspecialty training has become increasingly more available and frequently chosen after standard GI fellowship. After four years of undergraduate training, four years of medical school, three years of internal medicine residency, and three years of general gastroenterology training, some might think “well, what’s one more year?” while others are thinking, “that’s a whole additional year!” As a personal opinion, additional training decision should be taken with the same approach to deciding on pursuing gastroenterology after a daunting internal medicine residency; will the additional year enrich your life and future in a positive way? Is the additional year necessary to pursue the career you wish to have? If the answers to both of those questions are “yes,” proceed.

In a great editorial on succeeding during gastroenterology fellowship, Adams *et al* advised that career planning is most significant during the transition from second to third year³. I would argue that at the beginning of first year, fellows should be alert in deciding what they anticipate their ideal career to be, so as to set themselves up for success including focused research, early outreach to regional specific jobs, or researching available subspecialty fellowships. I have had the fortunate opportunity to seek mentorship from general gastroenterologists and subspecialists both in academic and private settings to help me navigate this decision of the career setting I wish to pursue. The unanimous advice I have received thus far includes:

1. The most important factor in your career is not your salary, benefits, or workload. Rather, do you enjoy showing up to work every day?

2. No decision is permanent. If you decide to initially pursue academic medicine but realize private setting or hospital employed position is more ideal, you are free to change.
3. If applicable, the happiness of your significant other and/or children is essential to job satisfaction; shared decision making in choosing the right path is encouraged.

Finding the perfect job setting seems impossible, but starting early in fellowship to decide on non-negotiables and practice design is the first step. Seek mentors early on, and encourage your fellowship leadership to start a formal business curriculum if not implemented already. Mastering endoscopy and clinical gastroenterology is fun and exciting, but if you find yourself performing those skills in an environment that's not for you, it no longer

has its appeal. Choose wisely in your further career decisions, but always remember you are always able to change. And as any wise mentor would tell you, never be afraid to ask for insight from your faculty — chances are they are more than happy to guide you in this challenging but exciting process.

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Legislative Update

Pa. Supreme Court Rules Mcare Statute of Repose Is Unconstitutional

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Update: On Nov. 13, 2019, UPMC filed an application asking the Pennsylvania Supreme Court to reconsider its decision to strike down the Mcare law's statute of repose. On Nov. 14, the Pennsylvania Medical Society, the American Medical Association, and several other organizations filed briefs in support of UPMC's petition.

In a 4-3 decision, the Pennsylvania Supreme Court ruled that the Medical Care Availability and Reduction of Error Act's (Mcare) statute of repose, which limits the filing of most medical professional liability claims to seven years, is unconstitutional.

Trial and Superior Courts Barr Plaintiffs' Claims Under Statute of Repose

Yanakos v. UPMC involves a son, Christopher Yanakos, who donated part of his liver to his mother, Susan Yanakos who suffered from Alpha-1 Antitrypsin Deficiency (AATD)—a genetic disease affecting her liver.

In August 2003, Christopher informed his physician that several members of his family suffered from AATD, but he did not know whether he had the same condition. The physician ordered additional tests to see whether Christopher also had AATD, but did not inform Christopher of the results. This testing, Christopher alleges, showed he also had AATD, which should have disqualified him as a suitable donor. In September 2003, however, the liver transplant was completed.

The Yanakoses alleged that in 2014, eleven years after the surgery, they discovered the physician's negligence when additional testing revealed that Susan still had AATD, which the transplant should have removed.

In December 2015, more than twelve years after the transplant was completed, the Yanakoses filed a medical liability suit against UPMC and several affiliated physicians (the Defendants). The Defendants raised the affirmative defense that the Yanakoses' claim was barred by the seven-year Statute of Repose. The trial court agreed with the Defendants and granted summary judgment. The Yanakoses subsequently appealed to the Superior Court of Pennsylvania.

Before the Superior Court, in relevant part, the Yanakoses argued that Mcare's statute of repose violates the Pa. Constitution's "open courts" guarantee as it arbitrarily and capriciously permits actions by similarly situated patients after seven years (i.e., patients with injuries caused by foreign objects and injuries of minors), but deprives some patients of access to courts. However, similar to a foreign object suit, the Yanakoses claimed they could not have learned of their injury within seven years and that they should be afforded the same opportunity to file suit outside of Mcare's seven-year window.

The Superior Court rejected the Yanakoses' argument holding that the statute of repose did not violate the Remedies Clause. Thereafter, the Yanakoses filed a petition for allowance of appeal, which was granted by the Pa. Supreme Court.

Pa. Supreme Court Reverses Superior Court Decision
On Oct. 31, 2019, the Pa. Supreme Court issued its decision striking down the Mcare statute of repose as unconstitutional. The majority opinion was authored by Justice Mundy with Justice Todd and Justice Dougherty joining. Justice Donohue authored an opinion concurring in the majority's decision but dissenting in the level of judicial scrutiny applied. Justice Wecht authored the dissenting opinion, with Chief Justice Saylor and Justice Baer joining.

The issue before the state Supreme Court was whether the Mcare Act's seven-year statute of repose violated the Remedies Clause under the Pennsylvania Constitution.

The Mcare Act's statute of repose, found in Section 513 of the MCARE Act, places an outer limit on the timeframe within which a plaintiff can bring a lawsuit. Accordingly, the law stipulates that no action asserting a medical professional liability claim may be commenced seven years after the date of alleged malfeasance. There are, however, two exceptions: injuries to minors and injuries caused by a foreign object unintentionally left in an individual's body; these cases may be brought outside of the seven-year limitation.

The Remedies Clause (also known as the “open courts” guarantee) provides that all courts shall be open and individuals “shall have remedy by due course of law, and right and justice administered without sale, denial or delay.”

At the outset of the majority’s opinion, the majority deemed the Remedies Clause an “important right” based on its explicit inclusion in the state’s constitution along with the provision’s historical significance.

Having identified the Remedies Clause as an important right that is curtailed by the Mcare Act’s statute of repose, the majority reasoned that the statute must withstand “intermediate scrutiny” to be deemed constitutional. Intermediate scrutiny is a heightened level of judicial review applied to laws that are thought to impinge on important constitutional rights. Under intermediate scrutiny, the law at issue must be substantially related to an important government interest. Ultimately, the majority concluded that the Statute did not meet this level of scrutiny.

The majority recognized the important government interest in controlling the rising costs of medical malpractice insurance premiums; however, the majority concluded that the statute of repose was not substantially related to achieving this interest.

In support of this conclusion, the majority noted that there was no evidence explaining how the Pa. General Assembly arrived at a seven-year repose period with the exception for foreign objects cases and minors. The majority pointed out that the legislature did not cite statistics on the number of medical malpractice actions that are commenced after seven years of the cause of action, and that there no indication that this timeframe would have any effect on insurance cost.

Furthermore, the majority opined that the foreign objects and minors exceptions under the statute are not substantially related to the government’s interest in controlling medical professional liability costs because insurers still have to account for unpredictable long-tail cases in calculating premiums.

Consequently, the majority reasoned that the statute offers insurers no definite period after which there will be no liability claims, thus precluding actuarial predictability. Accordingly, due to the perceived inability of the insurers to achieve actuarial predictability, the

majority concluded that the statute of repose is not substantially related to controlling the cost of malpractice insurance rates.

Justices Wecht, Baer and Saylor Dissent

In the dissenting opinion, authored by Justice Wecht, the dissent disagreed with the application of the intermediate scrutiny standard and argued that even if the application of intermediate scrutiny standard was appropriate, the statute of repose should still be deemed constitutional. The dissent opined that one need not be an expert in the economics of the insurance industry to understand that the cost of insurance coverage corresponds generally with the insurer’s own costs, which would decrease when fewer aged claims are filed. The dissent asserted that because the statute advances the underlying objective of reducing the cost of malpractice insurance, it would withstand intermediate scrutiny.

The dissent also cautioned that it is not the court’s role to upend duly enacted legislation simply because such legislation may be deemed as imperfect or unwise. The dissent recognized the legislature’s important interest in ensuring physician access to affordable professional liability insurance so that citizens have access to affordable medical care.

Furthermore, the dissent observed that the foreign object exception does not render the statute of repose arbitrary or irrational. To this end, the justices highlighted the rarity of such cases, the possibility that a foreign object could go unnoticed for years, and that the discovery of a foreign object itself is compelling evidence of some earlier negligent act.

What Does This Decision Mean for Physicians?

Because of the decision in *Yanakos v. UPMC*, professional liability insurers no longer have a seven-year date of actuarial predictability and insurance premiums could consequentially rise.

Also, liability claims that might have previously been barred by the statute of repose could now be filed. Keep in mind though that the statute of limitations for medical professional liability claims is still two years from the date of reasonable discovery. The statute of limitations requires that patients file their medical professional liability claims within two-years of the medical procedure or other event that potentially caused their injury or within two years of reasonably discovering their injury if they could not have discovered their injury at the time

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of the procedure. Previously, the statute of repose barred any plaintiff claims, except those involving foreign body injuries and injuries of minors, from being filed more than seven years after the medical procedure in question.

For example, if a plaintiff discovered an injury five years after a medical procedure that potentially caused their injury, the plaintiff would have two years from that date of discovery to file their claim under the statute of limitations. However, if the plaintiff discovered their injury ten years after the medical procedure, the plaintiff could not file a suit because the seven-year period of the statute of repose had expired.

However, now as a result of the Yanakos v. UPMC decision, if a plaintiff discovered their injury ten or even twenty years from the date of the procedure in question, the plaintiff would not be barred from filing a lawsuit and they would have two years from the date of discovery to bring their claim.

This decision could also impact medical record retention requirements. Regulations promulgated by the State Boards of Medicine and Osteopathic Medicine currently

require medical records to be maintained for seven-years past the last date of service for adult patients and potentially longer periods for minor patients. Professional liability carriers and healthcare providers may establish their own policies in excess of these requirements.

The Pennsylvania Medical Society (PAMED) will inform members of any proposed updates to existing state regulations. However, it is advisable that physicians contact their legal counsel and professional liability carriers for any impact on existing policies and practices.

PAMED's Legal Resource Center

PAMED's Legal Resource Center provides quality, timely legal advocacy and resources for member physicians who practice in Pennsylvania. You'll find:

- News on PAMED's strong legal advocacy in the courts, legislature, and state government agencies.
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Practice Management

MSO and Private Equity: What does it all mean?

Louis La Luna, MD*



The Summer 2019 edition of Rumbly's article entitled "Private Equity Investment in GI: A New Frontier", penned by Dr. Ravi Ghanta*, touched on the concept of private equity entering the realm of GI. This article will shed more light on the subject. Below are brief answers to three frequently asked questions.

Is Private Equity (PE) a fad that will be long lasting? Or will this trend be a waste of time and fizzle out?

The truth is that PE has been involved in other fields of medicine for many years including eye and dental care as well as dermatology, emergency care and even GI. Endoscopy ownership/management companies like Physicians Endoscopy, Amsurg, USPI and Covenant are all backed by different Private Equity partners and have been in the GI space for over 20 years. So, my opinion is that PE is here to stay for the long run.

This has led to the formation of Management Service Organizations (MSO's)

How does it work?

Endocenters and Ambulatory Surgical Centers (ASC's) are allowed to have direct partnerships with PE backed companies as stated above. In independent private practice, this type of direct ownership is not allowed due to the corporate practice of medicine. This has led to the formation of Management Service Organizations (MSO's). MSO's are designed to bring together fragmented or small practices, with common goals and needs, in a way that allows them to deliver higher quality care in a more efficient manner. In the same way a health care system manages health insurance, retirement plans, durable equipment, as well as services like HR and compliance administration for employed physicians, MSOs provide these services for the large group practice.

A platform group (usually started by a large group or a coming together of multiple large groups) develops an MSO with a private equity company. They begin the process as described above. The formation of the "platform" and the relationship between the practice and the MSO takes a long time and complex legal negotiations. Once formed, other practices join the platform to build and strengthen their individual practice in a symbiotic relationship.

Is this right for my group?

Obviously, this is a very simplified overall explanation, but it gives the general concepts of how it works. Given the changing landscape of healthcare, we all have to continuously evaluate our options. Remaining solo, joining a group or a healthcare system, or becoming part of an MSO all need to be considered. The decision to become part of an MSO is not for everyone and should not be taken lightly. While being part of an MSO keeps control of practicing medicine in the hands of likeminded doctors, there is a certain amount of autonomy that you give up to both the MSO and the newly formed large physician group. If you are considering this option, you should first, start by meeting with the physicians and administration of an MSO to see if the culture and fit of the organization is right for you.

*Both Dr. La Luna and Dr. Ghanta are partners of Digestive Disease Associates and US Digestive Health. A Pennsylvania based MSO.



President's Message

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The 2020 Annual Scientific Meeting will be held on September 11 -13 at The Hershey Hotel in Hershey, Pennsylvania. Jennifer Maranki, MD from the Penn State Hershey Medical Center, will be the Meeting Program Director. We will continue with the theme of a family-friendly event as Dr. Moses had done during his term. Combining an educational agenda along with social activities and a family-friendly venue will almost certainly make this a memorable experience. I encourage all of you to look to your calendars and consider blocking off

I am also looking forward to increasing engagement amongst trainees.

some time to attend this very educational and enjoyable event. As busy professionals, we all know that time is our most precious commodity. I am confident that attending this event will be time well spent. This is a great opportunity

to meet up with old friends and colleagues, make new contacts, learn cutting edge information or refresh some old knowledge, or simply to have an enjoyable time with other people of similar interests at a nice location.

It is more important than ever to stay abreast of the changes that are happening in our field. Whether you are an employed physician or a private practice doctor, you will be impacted in one way or another. One of my goals is to increase engagement amongst our private practice doctors as well as employed doctors, whether in the academic realm or nonacademic clinic practice. Increasing government and third-party regulations, decreasing reimbursements, increasing practice overhead and decreasing autonomy are major factors that are affecting not just our specialty but the medical field as a whole.

During my 2-year term, I would like to continue growing the organization, increase engagement of the membership and continue to advocate for our patients and our members. In future newsletters, we are planning to add additional sections including a medical-legal section, financial education for health care providers, practice management, current events pertaining to our field at the state and local level, members in the news, and others.

I am also looking forward to increasing engagement amongst trainees. One of my goals is to institute the PSG Training Committee. With this new group, we are looking to develop an educational program that should provide valuable education on topics that may not be taught in-depth during fellowship such as job exploration, medical-legal topics, financial education, and many others. Although we have wonderful national specialty organizations in the field of GI, one of my goals is to have PSG fill in the "gaps" at a more local and state level.

I am looking forward to working with our ACG governors, Dr. Kroser and Dr. Brand, to enhance collaboration between our state and national organization.

I am very optimistic that we will continue to see the PSG grow and move forward. I am excited to work with my team to achieve many positive things. I want to maintain an open-door policy and want to be receptive to any ideas or concerns.

Ultimately, PSG is OUR organization and together we can help maintain high standards for our profession and continue to improve the care for our patients. We are fortunate in Pennsylvania to have such a robust organization since most states do not have a state GI medical society of this caliber. I am always grateful for what my predecessors have done before me to make this a great organization.

In conclusion, I am both humbled and honored to serve as your 20th President of the PSG and look forward to continuing PSG's tradition of being a valuable state specialty organization.



Ravi. K. Ghanta, MD

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Adherence to H. pylori Testing



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