



# RAM

RICHMOND ACADEMY OF MEDICINE

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Patient's Advocate • Physician's Ally • Community's Partner

## *The Leg Up*

Local, state and national news of interest to the physician community

February 27, 2019

[Email the Editor](#)

### **Drug Prices Are 'Morally Repugnant,' But Pharma Dodges a Bullet**

**U.S. senators called drug pricing practices "morally repugnant"** and told drug company executives they do not want to hear them blame others for the high prices, taking an aggressive stance at a Senate hearing on the rising costs of prescription medicines yesterday, [reports The New York Times](#).

Senators took aim in particular at Abbvie Inc Chief Executive Richard Gonzalez and his company's rheumatoid arthritis drug Humira - the world's top-selling prescription medicine.

Executives from AstraZeneca PLC, Sanofi SA, Pfizer Inc, Merck & Co, Johnson & Johnson and Bristol-Myers Squibb Co also answered questions from members of the U.S. Senate Finance Committee.

The executives pointed to their companies' records of developing lifesaving medications, saying profits generated in the lucrative U.S. market help them fund expensive research and development of future treatments.

The hearing was largely a rehashing of arguments that lawmakers and the drug industry have spent years sharpening. For the most part, the **industry execs who testified dodged tougher lines of questioning, pivoting repeatedly to lines about innovation and new cures.**

# APRIL 9 RAM DINNER MEETING

Physicians aren't 'burning out.' They're suffering from moral injury.



Moral injury is often mischaracterized, portrayed as just burnout among physicians. But there's a lot of more to it. Without understanding the difference between burnout and moral injury, physicians and patients will suffer the consequences of the stress involved in practicing medicine today.

Join us on **April 9** at the **University of Richmond Jepson Alumni Center** and hear from **Drs. Wendy Dean and Simon Talbot**, who have created *MoralInjury.healthcare* to help change the conversation about health care. This is NOT about physician burnout. It is about physicians taking care of themselves by taking care of patients. [CLICK HERE](#) for the article that caused a national sensation.



RAM and RAM Alliance will again join forces for the event. Because the subject matter of our April 9 dinner affects all members of the medical family unit, we are discounting our guest fee from \$40 to \$20 to encourage partners and spouses of members to make it a date night and join us. If your spouse is a member of RAMA, he or she may attend for FREE. (If your spouse is not a RAMA member and would like to learn more, [click here](#).)

Cocktails at 5:30 p.m., dinner at 6:15 p.m. and the presentation at 7:00 p.m.

**REGISTER NOW!**

## Op-ed: When Your Doctor Is Not the One Deciding Your Treatment

The Richmond Times-Dispatch recently published this timely article by RAM member **Harry Gewanter, MD**.

"Every day a Virginia doctor and patient discuss and determine the best treatment given the specifics of the patient's situation, only to have someone else decide what care the patient will actually receive. Why? Because the doctor then has to discover what treatment the insurer or pharmacy benefit manager (PBM) considers appropriate and will actually cover," he writes. "While this one-size-fits-all decision-making works for some patients, it often falls short for the 1 in 5 patients with complex or chronic conditions. One of these practices, allegedly designed to save money, is called step therapy, better known as "fail first."



Gewanter, along with RAM colleague **Bruce Silverman, MD**, was instrumental in keeping Step Therapy in front of legislators during the 2019 General Assembly session.

## 2019 General Assembly Wraps Up

Advocates like Drs. Gewanter and Silverman ensured that the house of medicine scored some wins in the General Assembly. **Thanks to all the RAM members** who visited, emailed or called legislators to make sure our messages were heard.

RAM sends a special shout out to member and state **Sen. Siobhan Dunnivant, MD**, for chief patronage of the accumulator bill, SB 1596, on the Senate side, as well as [SB 1607](#) protecting patients and physicians.

Here's an update on some of our 2019 victories from MSV:

### Prior Authorization and Step Therapy

A top priority this year was prior authorization legislation. SB 1607 was a huge victory for physicians and patients, streamlining medication prior authorization and ensuring payment for pre-approved surgeries and invasive procedures. During an approved procedure, if a physician provided appropriate additional medical care, he or she would be reimbursed without requiring an additional authorization.

HB 2126 (Davis) will reform step therapy and improve clinical criteria as well as create expedient exemptions processes for patients already on an effective treatment or with an urgent need.

(And by the way, [here's a great article](#) about possible reforms to Step Therapy on the national level.)

### Physician Assistants

Both HB 1952 (Campbell) and SB 1209 (Peake) make administrative updates to Physician Assistant practice, bringing Virginia's code in line with current Board of Medicine regulations.

### Public Health

SB 1727 (Norment) and HB 2748 (Stolle) increase the minimum age to 21 years old to sell, purchase or possess tobacco products, nicotine vapor products, and alternative nicotine products.

HB 2026 (Stolle) would include a screening for congenital cytomegalovirus in newborns who fail the initial newborn hearing screen.

### Health Insurance

HB 2515 (Hugo) and SB 1596 (Dunnavant) co-pay accumulator bills require any insurance carrier in the Commonwealth to count any payments made by another person on the enrollee's behalf, including prescription drug coupons, toward a patient's out-of-pocket maximum or cost-sharing requirement.

[Click here to see photos from White Coats on Call on RAM's Facebook page!](#)

## However ... Surprise Billing Reform Didn't Make It Through

Virginia legislators told physicians, health care systems and insurers that if they didn't provide a viable solution to the **problem of surprise billing**, that lawmakers would.

**Despite unified support from the physician, hospital, and patient communities**, SB 1763 (Sturtevant) was killed due to health plan opposition and lobbying. The bill would have prohibited balance billing for emergency care and required physicians be paid the regional commercial average payment directly. It would have strengthened the prudent layperson standard by requiring the plans to cover the emergency care, regardless of the final diagnosis.

RAM will continue to fight for fair compensation for physicians and protection for patients.

And here's a [Brookings Institution paper](#) that outlines **ways to prevent patients from receiving surprise medical bills**. The paper recommends two fixes:

1. States could cap out-of-network provider rates in these situations, limiting patients' cost-sharing to what they'd normally pay for in-network services.
2. Separate billing would be banned for out-of-network doctors at in-network facilities. Insurers would instead pay the hospital a certain amount and then that facility would pay providers for their services.

## Join Us!

Come out to one of Richmond's hottest spots, **Canon & Draw Brewing Company**, on March 27 for RAM's Member Networking Social.

Members (and one guest each) can enjoy brews and bites from 6 - 8 p.m.



[Click here to register!](#)

## Building a Better Needle

Scientists have given the needle a **21st-century upgrade** to make it easier to deliver drugs to the right spot, reports Axios. When you're inserting a needle into tissue, you can't see where that needle is going. So scientists set out to design a system that's as simple as what exists right now, but that could enable better tissue targeting.



The proof-of-concept work was published in [Nature Biomedical Engineering](#).

One scientist explains: "When inserting a needle, there's often a thicker tissue encountered before you get to the target. If you're trying to get a needle into a blood vessel, the blood vessel wall is dense, but where you're trying to go is fluid-filled. We designed the needle so fluid can't come out until you're no longer in dense tissue. We tested this in a region of the eye with two thin layers of tissue that touch, like a balloon inside of a balloon. We showed that our needle could stop in between without overshooting"

## Bills Will Expand Access to CBD, THC-A Oils



In the final weeks of its 2019 session, the General Assembly passed three bills that would help people using cannabis-derived medications, [says Capital News Service](#).

The House and Senate gave final approval to a bill allowing students who have proper documentation to use CBD oil and THC-A oil at school.

Earlier in the month, legislators passed SB 1557, introduced by **Sen. Siobhan Dunnivant, MD**, which allows physician assistants and licensed nurse practitioners to write a certification for cannabidiol oil and THC-A oil.

**Dunnivant, the only physician in the Virginia Senate, has been an advocate for expanding access to medical cannabis.**

"Allowing nurse practitioners to make treatment available will shorten the wait time and suffering for patients dealing with pain," Dunnivant stated in support of SB 1557. "It is an effective way for physicians to offer low-cost and low risk remedies to their patients." Dunnivant hopes that expanding the use of cannabis-derived medications will help combat the growing opioid crisis.

Also passed was SB 1719, which would allow patients receiving CBD or THC-A oil to designate a registered agent to pick up the medication on their behalf.

## 'Vaccines Cause Adults'

The staff at one New York pediatrics practice shared a photo on Facebook showing its entire staff clad in "**Vaccines Cause Adults**" T-shirts. They captioned the photo, "Vaccines. Save. Lives."

The practice owner told a local news station that spreading vaccine awareness is important. "Kids are getting sick from vaccine-preventable illnesses, which shouldn't happen in 2019," she said. "One of the things that are so important for pediatricians and other healthcare givers is to get out there and make it as loud a message as possible that vaccines save lives."



The **resurgence of measles across the United States is spurring a backlash against vaccine critics**, from congressional hearings probing the spread of vaccine misinformation to state measures that would make it harder for parents to opt out of immunizing their children, [reports The Washington Post](#).

In Washington state, where the worst measles outbreak in more than two decades has sickened nearly 70 people and cost over \$1 million, two measures are advancing through the state legislature that would bar parents from using personal or philosophical exemptions to avoid immunizing their school-age children. Both have bipartisan support despite strong anti-vaccination sentiment in parts of the state.

And this week, **Facebook said it will soon take action against misinformation about vaccines**. Public health experts have pointed fingers at social media platforms, saying that false claims that vaccines cause autism and other diseases have frightened parents into refusing to vaccinate, resulting in the current measles outbreak.

## House Dems Reveal Plan for Medicare for All

[The Wall Street Journal reports](#) some details of the new **Democratic proposal for Medicare for All**.

Under the Medicare for All Act of 2019, **the federal government would pay for health coverage for every American**, including premiums, copays or deductibles. It would expand the Medicare program for seniors to younger Americans, replacing Medicaid for the low income and disabled and most employer-sponsored coverage. Employers and private insurers would be barred from providing benefits or selling coverage that duplicates benefits, but they could provide supplemental coverage.

Benefits would include primary care, outpatient services, prescription drugs, dental care, substance-abuse and mental-health treatment, full reproductive services, as well as long-term care and services. The transition to the new system would take place over about two years.

The transition to the new system would take place over about two years. Existing medical benefits or services under the Department of Veterans Affairs and the Indian Health Service would continue.

## Sorry ER Patients. Elective Procedures May Get Hospital Beds First



**In a medical emergency, patients may have a surprisingly difficult time finding a bed in a hospital.**

This is because **elective admissions** — that is, patients whose hospital stays have been scheduled in advance — take priority over emergencies, [says The Washington Post](#). Such a preference for elective admissions might be unexpected, as emergency patients are, by definition, emergencies. But elective patients have attributes that make them financially attractive. They arrive promptly in the morning; they are well-insured; and they undergo invasive procedures that represent a significant revenue stream for hospitals.

The weekday peak in elective admissions creates a bottleneck that results in admitted patients "boarding" in the ED. Boarded patients have nominally been admitted to the hospital, yet they physically remain in the ED until vacancies in the hospital arise. But vacancies may not arise for hours or, in extreme cases, days.

An alternative is to increase efficiency by a process known as "smoothing." Smoothing reorients schedules to distribute surgical cases uniformly across the workweek,

mitigating the bottleneck at emergency admissions. At the Mayo Clinic, smoothing resulted in "improvement in operating room operational and financial performance." At Massachusetts General Hospital, which performs more than 36,000 operations a year, smoothing decreased congestion and improved effective operating room capacity.

But smoothing can be disruptive to the doctors who perform the surgeries and procedures that drive hospital revenues. It can require them to work less desirable hours and alter long-standing practices, such as having a dedicated day of the week in the operating room.

As a result, adoption has been slow, according to research published in 2012 in Health Affairs. Only 6 percent of hospitals with the busiest EDs were found using smoothing for surgical scheduling in a 2015 study.

## The Peril and Potential of DNA Testing

The sudden ubiquity of **home DNA kits** is giving rise to a lot of new clinical potential — and a lot of privacy concerns at the same time, [Axios writes](#).

"I think there's a future in which everyone is sequenced, prenatally or at birth, and their genomic data is part of their medical record and is continually analyzed and that information is integrated into your medical care," NIH bioethicist Benjamin Berkman said.



**Drug companies** clearly see that potential. Ancestry.com and 23andMe — which, combined, store the DNA data of 15 million users — both sell anonymized genetic data to pharmaceutical companies. 23andMe is also working on its own line of potential treatments.

DNA-testing services aren't specifically covered by federal privacy rules, such as HIPAA. They are subject to the FTC's privacy rules, and some FDA research standards.

**If you've shared your data and later have regrets, [Consumer Reports explains how to delete it](#).**

## Study: Physician Burnout Rate Falls

For the first time since 2011, the **physician burnout rate has dropped below 50 percent among doctors in the U.S.**, according to a new triennial study, [says the AMA](#). However, while the decrease in the physician burnout rate might suggest that health systems are on the right track, **more work still needs to be done**.

More than 5,000 physicians responded to a survey conducted by researchers from the AMA, the Mayo Clinic and Stanford University School of Medicine. The study found that 43.9 percent of U.S. physicians exhibited at least one symptom of burnout in 2017, compared with 54.4 percent in 2014 and 45.5 percent in 2011.

Published in Mayo Clinical Proceedings, the study, "[Changes in Burnout and Satisfaction with Work-Life Integration in Physicians and the General US Working Population between 2011-2017](#)," also found that, in comparison, the overall prevalence of burnout among U.S. workers was 28.1 percent in 2017. This is similar to levels found in 2014 (28.4 percent) and 2011 (28.6 percent).

"The tide has not yet turned on the physician burnout crisis," said AMA President Barbara L. McAneny, MD. "Despite improvements in the last three years, burnout levels remain much higher among physicians than other U.S. workers, a gap inflamed as the bureaucracy of modern medicine interferes with patient care and inflicts a toll on the well-being of physicians."

## Overlapping Surgeries Safe for Most -- But Not All

**Surgeons are known for their busy schedules** — so busy that they don't just book surgeries back to back. Sometimes they'll double-book, so one operation overlaps the next, [notes NPR](#). A lead surgeon will perform the key elements, then move to the next room — leaving other, often junior, surgeons to finish up the first



procedure.

A large study published Tuesday in JAMA suggests that this practice of overlapping surgeries is safe for most patients, with those undergoing overlapping surgeries faring the same as those who are the sole object of their surgeon's attention.

But the study also identified a subset of vulnerable patients who might be bad candidates. The practice of double-booking the lead surgeon's time seemed to put these patients at significantly higher risk of post-op complications, such as infections, pneumonia, heart attack or death.

## Op-ed: ERAS System Reduces Complications, Boosts Satisfaction

RAM member **Michael Scott**, MB ChB FRCP FRCA FFICM, a professor in the Department of Anesthesiology and division director of Critical Care Anesthesiology at VCU, penned this great column on a new system that's vastly improving patient outcomes after operations.



**ERAS – Enhanced Recovery After Surgery** – changes the process around surgery, he writes, standardizing care and incorporating simple measures such as encouraging patients to have a carbohydrate drink two hours before surgery to avoid dehydration.

It's [a fascinating read in the Richmond Times-Dispatch](#).

## Man Who Tried to Halt Tuskegee Syphilis Study Dies



**Bill Jenkins, a government epidemiologist who tried to expose the unethical Tuskegee syphilis study** in the 1960s and devoted the rest of his career to fighting racism in health care, died earlier this month.

[The New York Times news obituary](#) took a look back at his influence.

Jenkins was working as a statistician at the United States Public Health Service in Washington in the 1960s when he first learned of the infamous Tuskegee study. In that study, the federal government deceived hundreds of black men in Macon County, Ala., where Tuskegee is the county seat, into thinking that their so-called "bad blood" — they weren't told that they had syphilis — was being treated when it wasn't.

For Jenkins, the Tuskegee study confirmed what he had long believed — that medical research was biased against people of color and that this study was just the tip of the iceberg.

It would change his life. He would go on to devote himself to trying to reduce disease and illness among African Americans and other people of color, in part by recruiting more such people into the public health professions.

He was one of the first researchers at the Centers for Disease Control and Prevention to recognize how dramatically AIDS was affecting black men. He helped organize the first conference on AIDS in underserved neighborhoods and became the C.D.C.'s director of AIDS prevention for minorities.

And for 10 years he oversaw the government's Participants Health Benefits Program, which provides free lifetime medical care to the men of the Tuskegee study and their eligible family members.

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## Isn't It Spring Yet?

Thanks for allowing Leg.Up to take a break last week. I went to Berlin to soak up some culture (opera, symphony, jazz clubs and even K-Pop) and

to get away from the craziness of Virginia politics.

I'm glad to be back, and recognize all the RAM physicians who made a big difference in pushing through wins in this year's General Assembly. Well done!

Please feel free to contact me with your ideas, suggestions and concerns (or complaints). You can reach me by [email](#) or at (804) 622-8136.



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