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A Summer Challenge

BY JAMES G. (JIM) BECKNER
Executive Director



PHOTO BY NA INHO

"A Successful Life: To laugh often and much; to win the respect of intelligent people and the affection of children; to earn the appreciation of honest critics and endure the betrayal of false friends; to appreciate beauty; to find the best in others; to leave the world a bit better, whether by a healthy child, a garden patch, or a redeemed social condition; to know even one life has breathed easier because you have lived."

— Ralph Waldo Emerson

I love this quote. It is the signature on my ancient personal AOL account. Yes, AOL still exists! If you've been to my office, you know it is framed and hanging by my door. I have a framed copy at home by my door as well. It is my goal, my hope in life, my creed, my aspiration.

In almost 40 years of health care work, I have been blessed to know and challenged to emulate scores of medical professionals who are the living embodiment of this passage. From my time at Fan Free Clinic to the present day at Access Now, I've witnessed thousands of clinicians give so freely of their time and talent and skill to those in need. Volunteers who put away billing and bureaucracy for a few moments to practice just the art of medicine for a patient with no other options. At RAM I see firsthand what the generosity of

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Hey, Break the Walls!

BY TOVIA M. SMITH, MD



"Cut me loose I seek the truth, / I bet the freedom, the freedom will carry me"

— Fitz and the Tantrums

You will forgive me for starting with borrowing a song title and a quote from the lyrics of a somewhat obscure Los Angeles Indie band, but this seemed most appropriate for what I am feeling.

On the occasion of my second newsletter as your Academy's President, I had been hoping to find a "hook" to animate in bas-relief my sincerest wish for our group – both during my time leading, and, I hope, in the future.

My hope is to help catalyze, or more importantly for RAM to catalyze among members, a breakdown of the silos, institutional, social, or geographic, that separate us from helping our patients and each other. If anything is standing in the

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Where Do Your Patients Come From?

BY ISAAC L. WORNOM III, MD FACS



When I was a fellow in craniofacial surgery at the University of Pennsylvania, my teacher and mentor was Dr. Linton Whitaker. Dr. Whitaker was the chair of Plastic Surgery at Penn, a world-famous craniofacial surgeon, and a very busy cosmetic surgeon. It was the craniofacial surgery part that led me to do one extra year of training with him to learn this relatively new field at the time. During the year I spent with him I also assisted him on many cosmetic operations, and I noticed for these patients he often seemed to know them as friends. I asked him one day about all the friends he operated on and how that felt. His answer to me was "Isaac, if I didn't operate on my friends I wouldn't have any patients."

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way of our being the *patient's advocate, physicians' ally and community's partner*, I would ask you to let me "help break the walls."

And then, all of a sudden, I found out that I didn't need to tear down any walls, just walk through an open door. Specifically, the open door of my dear friend from childhood, fellow physician, and fellow RAM member, Dr. Lang Liebman, who held a reception and information session in her own home about the local charity, *Noah's Children*. If we needed a synecdoche of what I hope for our medical community, there might be none better.

Noah's Children is a group founded at the suggestion of children for fellow children, immanentized in 1997 through the singular vision of Dr. Bob Archuleta, Richmond community pediatrician. Noah's Children provides specialized and comprehensive palliative care to children with a life-threatening or life-limiting illness. But, here's the kicker: we are talking about an organization housed in the Bon Secours Richmond Health Care Foundation, led by a Medical Director, Dr. Kelly Lastrapes since 2019, who also has a part-time Children's Hospital of Richmond — VCU appointment, which cares for patients referred from all of the major health systems in Central Virginia. Approximately 50% of their referrals are from VCU and the other 30% plus split between HCA, Bon Secours and community referrals.

I knew within moments of hearing the organization's story that Noah's Children exhibits the very essence of unsiloed integrated care for patients that I hope to encourage. In fact, RAM recognized the importance of this program even in its infancy when it presented Dr. Archuleta the Distinguished Service Award for Ministry to Children for founding Noah's Children in 1999.

I remember some of my academic mentors teasing me that when I chose to go into private practice out of my

fellowship, that at least my patients would be straight forward and not as medically or surgically complex. Well as it turns out, that is not the case at all. Just yesterday, in my half-day of office after operating, I saw three patients of whom I was either a 2nd or 3rd medical/surgical opinion for complex reasons. All these women are currently being comanaged by physicians in different health system communities, and for good reason! That is what is best for their care.

Now today, I need to pick up my cell phone and reach out to their other doctors to ask how I can best be part of their care team. Because after all is said and done, our goal as physicians is to achieve the best outcomes for our patients (and to do no harm). And the downstream effect will be that the RVA community will continue providing world-class care.

So, over the next two years, prepare to hear more about exciting inter-system and interspecialty cross-pollination, whether here at RAM or in our community. Having already had the chance to mix at our re-booted RYPE social — thanks to Dr. Darren Guffey and Dr. Charlene Ng for taking the reins for the RYPE Group going forward — and our RAM Social at Natalie's Taste of Lebanon — many thanks to Dr. Anne-Marie Irani for hosting — I can attest that breaking down walls can be as fun as it is delicious.

Cross-pollination? I hope you checked out the networking event hosted by the Randolph-Macon College Physician's Assistant Program at Brambly Park. Better yet, if you are aware of how RAM or how I can facilitate or spotlight your work bringing us together here, you know where to find me! **R**



Dr. Smith is a urogynecologist at Virginia Women's Center and serves as RAM's president. She can be reached at toviasmith@gmail.com.

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time accomplishes by those who serve on the various Boards, interest groups, and committees. We all experience the benefits of the men and women who choose to fight the legislative and regulatory battles on behalf of everyone else. The drive to make the world a better place is omnipresent, it's in the very life breath of healers.

Decades ago, in the height of the emergence of HIV, I caught a physician doing something truly remarkable. On a steamy summer Sunday afternoon, I went to Retreat Hospital to see a friend of mine who had AIDS. He had just gotten a diagnosis of a medical milestone that marched him ever closer to what was then the inevitable path to death. As I neared his room, I heard someone with him. I stood outside the door and heard something oddly familiar. Someone was reading the book, *The Giving Tree*. I peaked in and saw my friend lying in bed with his physician sitting on the edge, book in hand, reading aloud. That was a successful physician.

These days, there are so many who want to tell clinicians differently. Some even from within the fold. Assaults on the profession are exhausting. The definition of success has become so warped. Success is supposedly productivity or charging the highest code or seeing the most patients in a day or saving the company the most money. Success is supposed to be financial gain or a game of massive competition pitting system against system, town vs gown, clinician vs clinician. Success is the outcome of some warped definition of quality where patient care falls by the wayside. Success is now a brand of car, or a house in a specific neighborhood, or a bank account, or a trip to Timbuctoo. Success has become a mill which grinds and chews and ultimately spits out those who fall into it. No wonder clinicians are exhausted and leaving the profession.

Even so, the healers still get up every day and do what they do best, give the gift of life.

As the lazy days of summer rise like the humidity we all love, I hope each of you will stop and take a moment to ponder what is a successful life. I hope you will see in yourself what I see in you. I hope you see it is well beyond things or numbers. Contemplate your own success and then celebrate your life. **R**



Would you like to comment on this column, or is there an issue YOU would like to discuss? Please contact Jim at jbeckner@ramdocs.org, by direct dial at (804) 622-8131, or via the Academy website, ramdocs.org.

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This answer points out one of the many places our patients come from, our social circles. Many of us certainly treat people we know socially from time to time. Our friends also send us their friends and family to take care of. These word-of-mouth referrals are often some of the best ones. The patient comes already knowing something good about you as a person and physician. This can help establish an immediate rapport. In my field of plastic surgery often the new patient has seen the results of a surgery their friend had performed, and this gives them confidence in me as a surgeon before they even meet me.

Treating patients we know socially can be stressful, especially if there is a complication or an outcome that is less than optimal. If you are going to take on friends as patients, you must be prepared to deal with this if it happens. Some doctors won't treat friends because of this. This is something every physician must decide for themselves. It can become especially difficult in rural practices or small-town family medicine where everybody knows everybody else and there may not be other options available for health care. The West End, Midlothian, The Fan, or Church Hill are not much different than a small town after you have lived here for a while.

Of course, our social circles are not the only place our patients come from. Our fellow physicians are another and very important referral source. That is particularly true for most medical and surgical specialty practices. Often these patients are diagnosed with illnesses by their primary care providers and sent to a specialist for a particular medical or surgical treatment to manage their

disease. Most of my skin cancer and breast reconstruction patients have come to me via this route over the years. Just like patients who come to us via our social circles or through previous patients, these patients often arrive knowing something good about us told to them by the referring doctor or their staff which helps build rapport and confidence from the beginning.

Over the past ten to fifteen years a very new way has developed for patients to find us: the internet. Often patients will use Google searches and ratings to decide which doctor they will go see for a particular treatment. My own practice has a robust website with constantly updated content in text, photos, and video and posts daily on Facebook and Instagram. We have been told patients want to feel like they know us as people before they ever come to see us for a consultation. In this situation technology is functioning as the social circle to introduce us as physicians to our patients before they meet us.

There is, however, an entirely different way patients come to us in which the patient knows nothing about us from the beginning: the hospital emergency room. Patients who come to the ER are often brought there by ambulance, extremely ill with acute illnesses or traumas that require urgent care. There is often no time to build a rapport or establish a relationship beyond immediately providing care. Sometimes invasive procedures or surgeries need to be performed on a patient who is unconscious. Decisions are made rapidly, and often family members must make decisions and give consents in these situations. Also, all patients who come into a hospital ER must be cared for, which

can lead to overcrowding. Walk around just about any hospital ER on a Saturday night and you will see patients lying in the hall on stretchers. These departments can also be understaffed. All in all, it can be a very difficult place to work. Burnout among ER docs is common. I have often wondered if one of the reasons is this total lack of control over who you are going to care for on a given day.

Hospitals have many doctors who work within them who get their patients from the hospital system via the ER or other inpatient and outpatient venues. These include hospitalists who give daily care on the wards, radiologists, pathologists, and anesthesiologists. These groups of doctors are dependent on the hospital system for their patients. Like ER docs, their control of patient flow is fairly limited. From what I hear, many of these docs also feel overworked and I wonder if this lack of control may be one reason why.

Another venue where doctors work that has a unique way patients get to them is the free clinic system. Richmond is blessed to have multiple free clinics like CrossOver and Health Brigade that provide a safety net for those among us with no insurance or funds for health care. The Academy's Access Now program, which provides a mechanism for these patients to gain access to specialty care, plays an important role in this as well. Free clinics usually have a mix of paid staff and volunteers that provide the care. Access Now docs provide specialty care with the help of our hospitals and surgery centers here in central Virginia. I can tell you that the staff at these free clinics and those of us who volunteer see the gratitude of these patients expressed daily. They

are often very happy places to work.

There is a relatively new way patients are coming to doctors that I have become aware of through a young physician I mentored when she was growing up: street medicine. This model of medical care is aimed at the homeless. Many homeless people don't trust doctors and will not seek care because they are afraid of authorities or being taken away from their friends on the street. Many won't even go to free clinics. In street medicine the doctor goes to them. It starts with a slow build of rapport leading eventually to medical care given on the street where the person lives. It is sort of like a house call or a mission trip to a developing country. I don't know if this model has arrived in Richmond yet, but it is growing in certain large cities like Boston and Denver. The young physician I know is currently finishing her family practice residency in Denver and plans to work in this area there when she finishes. How to pay for street medicine will be a challenge, but if the homeless population continues to grow this could become a real need.

Patients come to see doctors in many ways. I think this will continue to change and evolve. My hope is that human contact will remain paramount in the doctor-patient relationship. In my opinion, that is the key to happy patients and happy doctors. **R**



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Déjà Vu Diseases: Are We Entering the Germ's Golden Age?

BY SCOTT C. MATTHEW



The avian flu (H5N1) has been all the talk as of late in infectious disease circles. As I sat working on this article on April 1, a news alert flashed across my computer screen alerting me to the second-ever case of H5N1 avian flu contracted in the U.S. For several weeks prior and since, cattle across multiple states had been sickened by the virus, which originated in waterfowl. From a bird to a domestic mammal to a human, the virus' history of host jumps reminds us that pathogens are volatile, highly adaptive, and refuse to be confined.

It may be the most talked about in the media currently, but H5N1 is just one of a plethora of pathogens around the globe causing mayhem. Dengue fever is running rampant in Central and South America. Cholera is spreading in lesser-developed parts of the world as a vaccine shortage fuels crisis. Mpox is still a menace warranting attention. Antibiotic-resistant infections, both microbial and fungal, are matters of immense concern to scientists and physicians alike.

If COVID-19 taught us anything, it's that, for all the gains we've made in

the field of infectious disease, nothing can be taken for granted. With all our scientific knowledge and medical innovations, particularly vaccines, how could something so similar to the Spanish influenza pandemic of 1918-19 happen in our time?

The notion once seemed so archaic to many outside the medical field. Humans have triumphed over smallpox. We've reduced polio to its final stand. Syphilis may have snuffed out Al Capone, but that was 1947. In the U.S., a developed nation, there had long seemed no need to be concerned about "consumption," whooping cough, and measles. Just the names conjure up black-and-white images of a distant age.

But something peculiar appears to be happening in the U.S. We are witnessing an apparent resurgence of infectious diseases that many once considered relegated to the history books. The current measles outbreaks across the country headline a litany of such ailments, such as syphilis, tuberculosis, mumps, pertussis, and others that make appearances in our weekly Leg.Up newsletter's infectious disease report with alarming regularity.

Once again, mankind is learning the hard way that nature does not tame easily, especially when human nature gets in the way. But are the headlines media hype, or is there really something more alarming going on in the world of infectious disease medicine?

The Rogues Gallery

"There is definitely a resurgence of some vaccine-preventable diseases like mumps, measles, and pertussis (whooping cough) in the U.S.," says **Sara Monroe, MD**, VCU Professor Emerita Infectious Disease. "These are true increases in cases, not journalistic hype. Although plague cases have increased, the numbers remain small, and I think the appearance of this in the media is due to fearmongering to increase traffic."

Virginia Department of Health Commissioner **Karen Shelton, MD**, notes, "We have seen a concerning increase in several of these diseases in Virginia and nationally...Measles has had a global resurgence and outbreaks are increasing in the U.S., with exposures and cases occurring in Virginia as well.

"TB rates had been decreasing

in the U.S. since 1992, with an even bigger dip seen during the COVID-19 pandemic. However, a rise in national case counts has been seen every year since 2020, with an increase in rate from 2.5 per 100,000 persons in 2022 to 2.9 in 2023. In Virginia, TB cases have risen from 191 cases reported in 2019 to 207 cases reported in 2023; mirroring the national trend. It remains to be seen if rates will continue to rise over the next few years, or if this represents a blip.

"Pertussis rates have increased slightly every year since 2021 in the U.S., however, these rates are still



Karen Shelton, MD

much lower than the recent peak in 2012 when 15.2 cases per 100,000 persons were reported. Virginia data follows the same trend...

"Another vaccine preventable disease, meningococcal disease (predominately *Neisseria meningitidis* serogroup Y, sequence type 1466), has been increasing in Virginia and across the U.S. over the last year," Dr. Shelton notes. A statewide outbreak centered in the Hampton Roads area has been tracked since June 2022; it has resulted in seven deaths.

"Other diseases such as sexually transmitted infections (STI) have been dramatically increasing nationwide, with 2.5 million cases of syphilis, gonorrhea, and chlamydia reported in the U.S. in 2022," according to Dr. Shelton. "Syphilis and congenital syphilis are of particular concern, as syphilis cases have increased almost 80% in the U.S. between 2018–2022.

"In Virginia (and nationally) we have seen an increase in syphilis cases in women, especially those with substance use, homelessness, and previous incarceration, which has sadly increased our number of infants born with congenital syphilis. Previously, we had 2–3 cases of congenital syphilis a year, and in the

last 3 years we have been at 18 (in 2021), 20 (in 2022) and 21 cases (in 2023)."

Empowering Microbes

What is catalyzing this new influx of old diseases?

"I think the resurgences of vaccine preventable diseases is directly connected to the copious amount of medical disinformation available online," Dr. Monroe shares. "This feeds into vaccine skepticism followed by children not receiving appropriate immunizations. As the pool of non-immunized children increases, so does the risk of outbreaks.

"Unfortunately, medical information has become politicized, and people have developed tribal beliefs which result in skepticism about and rejection of science. There is also a decline in trust of the medical profession which has complex roots but is partially due to the corporatization of medicine. Patients are now consumers and physicians (and other HCWs) are replaceable widgets."

"I'm kept up at night by the potential for measles cases to surge and how unnecessary this is," says Dr. Monroe. Indeed, through May 9, this year has

seen 132 cases in 21 states, the CDC reports. That's already over double the entire year's U.S. cases in 2023.

"Some of these diseases, such as measles, are vaccine preventable," Dr. Shelton says. "Vaccination rates have decreased worldwide, leading to an increase in cases internationally. This puts the U.S. at a higher risk for measles outbreaks. International travelers moving through airports located in Virginia have already led to two exposure events in 2024. We need vaccination rates of 95% or higher to achieve the best protection and prevent outbreaks when exposures occur; at this time, Virginia has a measles vaccination rate of 95.8%.

"However, nationwide vaccination coverage is currently at 93%, reducing herd immunity and increasing our vulnerability to outbreaks. It is important to mention that even with a high vaccination rate at the state level, vaccination rates vary by locality and there may still be communities that are at risk of an outbreak if an exposure occurs."

Another peril is microbial resistance to drugs, which is "on the rise, with nearly 3 million antimicrobial-resistant infections occurring each year," says Dr.

Shelton. "This translates into more unnecessary deaths, more use of second- or third-line antimicrobials with their concomitant side effects and prolonged recovery, and more infections with a lack of effective treatment options. Prudent use of antibiotics is essential to prevent this threat from getting even worse." This issue has contributed to the rise of *Candida auris*, an extremely tough-to-treat and deadly fungal infection.

Warming Temps, Swarming Mosquitoes

Humanity may be choosing its lot not only with vaccine hesitancy and overly liberal antibiotics usage but also with its effects on the environment. "Some emerging infections, notably the systemic mycoses like histoplasmosis, blastomycosis, and coccidioidomycosis, are increased due to changing environmental conditions brought about by climate change," Dr. Monroe says.

"We've recently witnessed the northward movement of *Aedes* sp. mosquitoes and their associated outbreaks of Dengue, Zika and Chikungunya viruses in North

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America,” says **Richard P. Wenzel, MD, M.Sc.**, a world-renowned infectious disease expert. “The same mosquito also transmits yellow fever. These outbreaks highlight the effects of global warming and the failure of vector control,” he says, supporting Dr. Monroe’s point.



Richard Wenzel, MD

Dr. Wenzel fears that yellow fever, a truly historical American illness, could well make a comeback. “Recall the historical outbreak of yellow fever in Philadelphia during the hot and humid summer in 1793, with 5,000 deaths and the exodus of over one-third of the city’s

population. French colonial refugees, on ships fleeing present-day Haiti, introduced the virus to our country. We’ve seen this scenario before.

“Of interest, there are 15 nonstop flights daily from Africa to the U.S. and 18 from Brazil directly to the U.S. Obviously, more indirect routes to both countries could account for many more possible introductions. Outbreaks in Mexico would shortly be followed by infections and transmission in our country.

“Clinically, yellow fever usually has few symptoms or mimics influenza. But 10%-30% are severe, with hemorrhagic fever and death. Estimated annual severe cases in Africa are 50,000 to 300,000 with 20,000 to 100,000 deaths. Across the ocean, in 2016 and early 2017, Brazil reported 792 infections, with a case fatality rate of 35%. This is a deadly infection.”

Although there is an excellent vaccine with 99% efficacy, with one dose good for life, it is not produced in sufficient volumes to be ready for a sudden large outbreak. “With totally susceptible populations in Mexico (130 million) and the U.S. (330 million), the pipeline is insufficient: we’re unprepared for the risk,” Dr. Wenzel reveals.

“I worry that the lessons we should have learned from SARS-CoV-2 have already been forgotten and that we still don’t have the public health infrastructure to confront global infectious disease threats,” Dr. Monroe shares.

What Can Be Done?

In this overwhelming war against microbes and misinformation, what role can physicians and their patients play?

“We must champion vaccination for vaccine preventable diseases,” Dr. Shelton says. “This is particularly important for infants and children, high-risk populations, and those entering the U.S. from other countries who may not be up to date with their vaccines.

“Keeping our public health infrastructure ready for the next emerging disease is crucial. We need the right people, the right services (including laboratory capacity and surveillance), and the right partnerships in place to identify and respond to the ‘next big thing’ that comes our way...”

“Healthcare providers should... maintain a heightened awareness for patients with symptoms... so that prompt testing and treatment can occur. If healthcare providers are

seeing an unusual increase in any cluster of symptoms or disease, they should report these immediately to public health so that we can determine if there is an outbreak or an emerging threat to address.

“Physicians are a trusted source of healthcare information for their patients. With so much information coming from unreliable sources, we need our physicians to be advocates for the health of their patients. Share your knowledge, encourage health literacy, and continue the strong, dedicated work that you already do every day,” Dr. Shelton says.

Dr. Monroe agrees. “It’s critical that patients trust the health information they get from their providers. The providers need to be up to date on emerging infectious disease threats, their identification, diagnosis and treatment.

“We need to take the time to listen to our patients’ concerns and give them appropriate information rooted in science. At the same time, we need to counter disinformation with empathy if at all possible. Which is easier said than done!” **R**

Scott Matthew is the Director of Communications for Richmond Academy of Medicine (RAM) and can be reached at communications@ramdocs.org.



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RAM Stands with You: Change Healthcare Advocacy

BY SCOTT C. MATTHEW

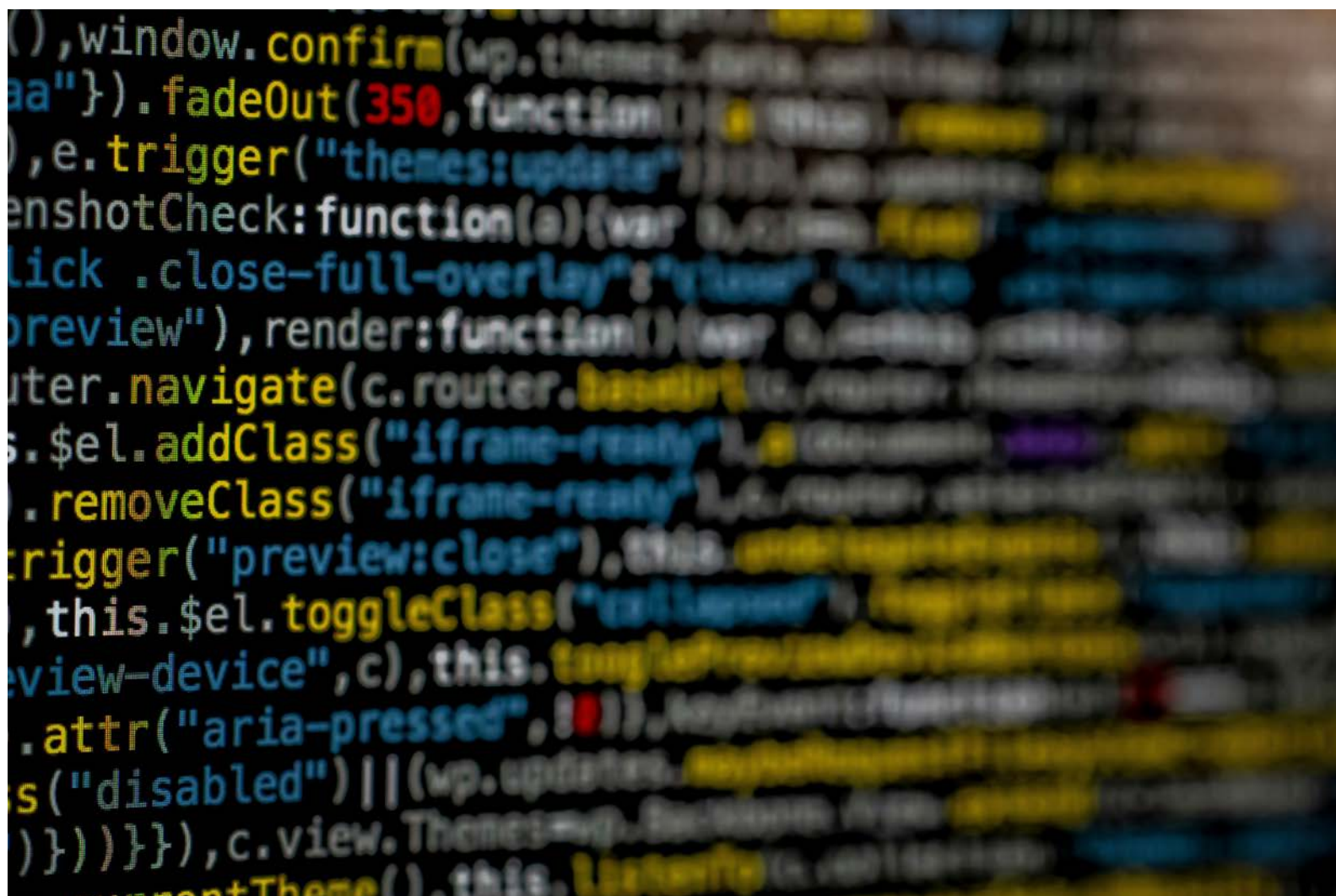


PHOTO BY MARKUS SPIKKE

“We provided you with advice on how to best position yourself for the long run.”

February 21, 2024: A date that will certainly go down in the history of modern medicine, and one not likely to be long forgotten by many of you. That day saw the start of the massive Change Healthcare cyberattack and data breach, which crippled over a third of the nation’s medical economy for many weeks.

The Richmond Academy of Medicine heard from practice managers and independent physicians alike, who shared with us the adversities they faced because of the event. For many, cash flows abruptly hit a standstill, and fears of the consequences of a long-term system outage weighed heavy on your minds and ours as well.

From the very beginning, the Academy closely monitored media reports and industry leaders, reporting every news development to you in our weekly newsletter, *The LegUp*.

But the Academy did not just passively follow the event: We immediately gathered as much advice as we could from those in the financial sector and encouraged you, our members to act upon it. We provided you with advice on how to best position yourself for the long run. Any lead we could find as to possible relief we relayed to you as

soon as we received it.

The Academy actively reached out to the large banks in the Richmond area, notifying them of the Change Healthcare situation early on and requesting that they reach out to all their clients in the medical sector. Due to the Academy’s efforts, the banks were briefed early on about the severity of the situation, which many at that time did not fully recognize.

We’ve maintained close contact with the Medical Society of Virginia (MSV) to ensure our members’ perspectives and voices are heard in the hallowed halls of legislative institutions as we push for more action, more relief, and more industry reforms.

Finally, we’ve maintained an open line with you and all our members, answering any questions you have had and reaching out to find answers we might have lacked amidst the haze of confusion. For two centuries, the Academy has been a stalwart ally to physicians and patients, and we promise we’ll continue to stand by you no matter how big the challenge may be. **R**

Scott Matthew is the Director of Communications for Richmond Academy of Medicine (RAM) and can be reached at communications@ramdocs.org.

2024 Legislative Update

BY JAMES PICKRAL



The General Assembly adjourned “sine die” on March 9th. This session began with historic turnover in both chambers due to our new non-partisan redistricting system. This ushered in almost totally new leadership in both the House and the Senate. Because of this we had expected the start of session to be a little rough but both chambers got on track quickly.

The General Assembly met on April 17th for the Reconvene Session. This is where the Governor’s amendments to bills and vetoes are acted upon. During Reconvene the General Assembly had 157 vetoes and 233 amendments to the state budget to consider, not including amendments to various other bills. Because of the large number of amendments to the budget, the General Assembly decided not to act



James Pickral

on any of them and instead called for a Special Session to be held on May 13th.

After weeks of negotiations between General Assembly leadership and the Governor’s Office, a compromise on the budget was reached. The budget was passed during Special Session and signed by the Governor the same day.

There were numerous bills of interest to RAM and medicine in general this session. Some of the most significant have been highlighted below.

Medical Malpractice Cap

Senator Bill Stanley sought to remove the cap for children under the age of 10. Senate Bill 493 passed out of the Courts of Justice Committee but failed to pass from the Senate Finance and Appropriations Committee, causing the bill to fail for the year. It is likely that Senator Stanley will bring this bill back in the 2025 session.

Nursing

Senator Jennifer Boysko and Delegate Rodney Willett introduced Senate Bill 351 and House Bill 978 which would have dissolved the Joint Boards of Medicine and Nursing. Both bills failed in sub-committee and are dead for the year.

Delegate Kathy Tran introduced House Bill 971 which sought to reduce the number of years that

a Nurse Practitioner would have to practice in collaboration with a physician from five years to two years. Additionally, the bill would have allowed for a Nurse Practitioner to act as a Patient Care Team Leader. The bill was amended through the efforts of Medicine to increase the two-year provision to three years. Although we weren’t able to maintain the five-year time period, three years is still the longest time period in the nation among states that allow independent practice. Additionally, the provision allowing for Nurse Practitioners to act as Patient Care Team Leaders was removed from the bill.

Delegate Sickles introduced House Bill 1322 which would have allowed for independent practice for Certified Registered Nurse Anesthetists. This bill failed to pass from committee and is dead for the year.

Prior Authorization

Senator Favola and Delegate Willett introduced bills (Senate Bill 98 and House Bill 1134) to extend the prior authorization grace period from 30 to 90 days and prohibit retrospective prior authorization denials. Both bills passed and were signed by the Governor. **R**

James Pickral is a founding partner at Commonwealth Strategy Group.



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Telehealth Technicalities: Clarifying Out-of-State Prescription Requirements

BY SCOTT C. MATTHEW



Telehealth truly took off during the COVID-19 pandemic, cementing its place as a staple practice in medical care from here onward. It's opened doors for patients and physicians alike, improving patient access, adherence and outcomes, reducing travel, and reducing pathogen exposures, among other benefits.

The long-distance nature of the technology has extended the reach of the physician beyond state borders; between federal regulations and differences in state laws regarding telemedicine, many physicians have found themselves unsure of what they legally can and cannot do when it comes to prescribing to patients in other states.

The Academy has had several inquiries from members who want to ensure they are practicing out-of-state telemedicine properly. Everyone from multistate clinicians to physicians writing prescriptions for their snowbird patients has expressed confusion.

Many of our members attended our November 14, 2023, General

Membership Dinner, where Karen Rheuban, MD, Professor of Pediatrics and Director, UVA Center for Telehealth and a leading telehealth authority, presented on the topic. Much ground was covered during that presentation, and one of the most asked-about topics was out-of-state telemedicine prescription requirements.

As the Department of Health & Human Services telemedicine website notes, "the ability to deliver health care services across state lines varies based on state regulations."

Some states require out-of-state physicians practicing in their state to have obtained full licensure to practice and prescribe within their state, thus ensuring individual state oversight. Others have different rules, including licensure reciprocity with other states, licensure compacts, temporary practice laws (for continuity of care for transient populations), and telehealth registrations. In short, a physician wishing to see patients located in another state must be aware of that state's specific requirements.

COVID Confusion

The pandemic may have advanced telemedicine, but it also could be the source of much of the confusion regarding out-of-state requirements.

According to Dr. Rheuban, many states waived licensure requirements by executive order during the public health emergency (PHE). The result was a loosening of restrictions that individual states had mandated. In Virginia, for example, out-of-state non-Virginia licensed providers were permitted to practice in the Commonwealth under two circumstances: Continuity of care for 12 months; and under contracts with healthcare systems under special circumstances.

Although many state legislatures acted to make permanent many of the changes implemented during the public health emergency, not every state chose to allow out-of-state providers to continue practicing without being licensed by their state's board of medicine. As a result, when the PHE ended on May 11, 2023, those requirements returned to their original status quo.

So, what should a physician licensed in Virginia know about practicing virtually in another state? The Academy consulted two experts on the subject to get their take.

W. Scott Johnson, Esq., an attorney with Hancock, Daniel, Johnson P.C., reiterated that "as a general rule of thumb, the physician has to be licensed in the state in which the patient is located. However, most states have exceptions for continuity of care (like Virginia does).

"For the most part, if the patient is a resident of Virginia and has



W. Scott Johnson, Esq.



Caroline D. Juran, RPh, DPh

already established a doctor-patient relationship with the Virginia licensed doctor, the doctor can prescribe to that patient if the patient

is on vacation, at school in another state, or at their second home in another state.

“However, if the patient is a full-time resident of another state, then the doctor would have to have a license in that other state to establish a relationship and prescribe.”

DEA Rules for Controlled Substance

Of course, when dealing with controlled substances, the physician also must be aware of federal regulations as established by the Drug Enforcement Administration (DEA).

Prior to the pandemic, a physician could not “prescribe [controlled substances] to a patient in another state unless he or she held a

DEA registration in the state where the patient resides,” notes **Caroline D. Juran, RPh, DPh**, Executive Director of the Virginia Board of Pharmacy.

“During the COVID-19 public health emergency, DEA did provide an exception for a physician needing to obtain a DEA registration in the state where the patient resides.”

That exception is still in effect, through the end of this year, per the American Psychiatric Association. “On October 6, 2023, DEA and HHS announced the second temporary extension of flexibilities around telemedicine prescribing of controlled substances from the COVID-19 public health emergency (PHE).

“The emergency flexibilities will be extended in full until December 31, 2024. These flexibilities include:

- Patients can be prescribed schedules II-V controlled substances without a prior in-person examination as clinically appropriate and within your normal scope of practice.
- DEA registration in one state allows prescription of controlled substances in any state.”

Playing It Safe

For many common out-of-state prescription cases, there is a workaround to avoid accidentally violating varying state telemedicine prescription requirements.

If you wish to write a prescription for a snowbird or temporarily transient patient in another state, and you have an established relationship with them as their primary care physician (PCP), simply call the prescription in to a local Virginia pharmacy. Have the PATIENT call that pharmacy and request the prescription be moved to a corresponding pharmacy near them.

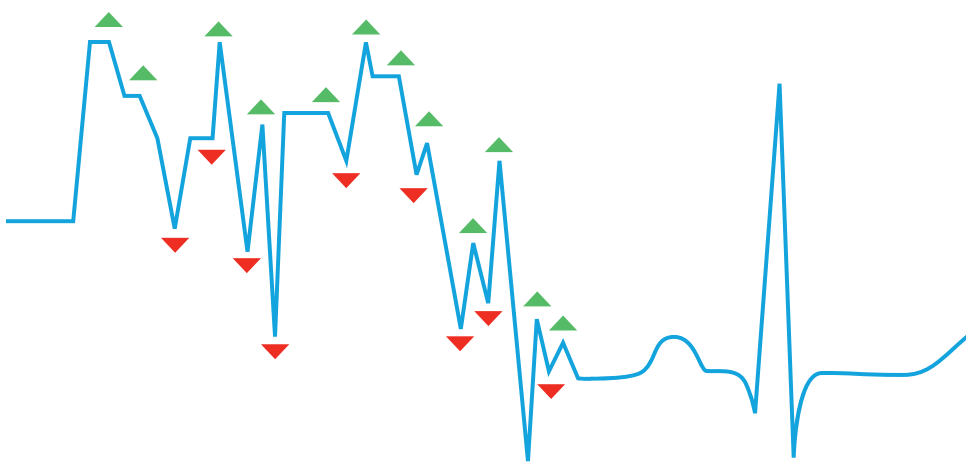
In that case, it is the patient moving the prescription. You are prescribing within your state, and legally, you are protected. **R**

Scott Matthew is the Director of Communications for Richmond Academy of Medicine (RAM) and can be reached at communications@ramdocs.org.

“In short, a physician wishing to see patients located in another state must be aware of that state’s specific requirements.”

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Just the words “summer camp” bring back happy memories. Sunny days splashing in the pool, making arts and crafts, going on nature hikes, or roasting marshmallows. And the wonderful friendships made along the way.

Thanks to SOAR365, over 400 kids and adults with disabilities can experience the joy of summer camp this year, too! But SOAR365 needs help from medical professionals to make the summer safe and fun for everyone.

SOAR365 (formerly the Greater Richmond ARC) is seeking medical professionals with current licenses (M.D., LPN, RN, or Pharmacist) to count and log campers’ medications during check-in. Volunteers can help for all or part of check-in on Sundays, now through August 11, 2024, from 11:30 a.m. – 4:00 p.m.

“Seeing the campers’ excitement when they arrive is so heartwarming,” says Liz Harris, Manager of Volunteer Engagement. “Volunteers can be a part of making memories for so many campers who otherwise wouldn’t get to experience summer camp.”

And if your schedule won’t allow volunteering this summer, Liz says it’s never too early to plan to volunteer at Summer Camp next year. Many of SOAR365’s volunteers come back again and again, because the non-profit makes volunteering easy, fun, and rewarding.

Set in twenty-two acres of woodlands, Camp Baker has been home to SOAR365’s Summer Camp since 1954. This peaceful location is perfect for tent camping, fishing, horseback riding, and paddle boating. Campers also enjoy the swimming pool, dance parties, face painting and talent shows.

Summer Camp runs from June to August, offering eight weeks of camp for adults and two weeks for children. For families unable to afford the cost of camp, scholarships are provided.

Camp Baker’s cabins and dining facility were specially designed with accessibility in mind. And a new UTV now offers wheelchair users the opportunity to travel the trails.

Campers come from all over the region to attend SOAR365’s Summer

Camp. When leaving their loved one at camp, parents need to know that their medical needs will be met. With help from medical staff and volunteers, SOAR365 makes sure everyone can safely join in the fun.

One of SOAR365’s campers, Rachel, has both Down syndrome and autism. She takes medication and receives counseling for anxiety and mood stabilization and has a variety of other medical needs.

Her mother, Lori, shared with SOAR365 that Rachel’s vision is 20/70 with nystagmus, causing trouble with depth perception and daily tasks like stepping off a curb. Rachel also wears orthotic inserts and has orthostatic hypotension.

As her caregivers, Rachel’s parents need Summer Camp to give them a much-needed break. “There have been times I’ve considered hospitalizing myself because I’m so worn out,” says Lori. “We don’t have any family in this area, so getting a break is very difficult for my husband and me. It’s very much appreciated.”

SOAR365 provides personalized care that they can trust. “SOAR365

has done a good job with her. They’re very communicative about medication and things that may occur there,” says Lori.

Summer Camp is just one way that SOAR365 fulfills its mission to create life-fulfilling opportunities for individuals with disabilities. SOAR365 offers pediatric therapy, after-school and summer programs for youth, and day support for adults. They also help people with disabilities find meaningful jobs within SOAR365’s own businesses or out in the community. And SOAR365’s Saunders location is home to PARK365, an award-winning playground where children and adults with and without disabilities can play together.

Interested in volunteering at Camp Baker this summer? Have questions about volunteering with SOAR365? Contact Liz Harris, Manager of Volunteer Engagement at (804) 665-1210 or liz.harris@soar365.org.

To learn more about all SOAR365’s programs and volunteer opportunities, visit soar365.org.

Rave It Up at RAM’s Medicine Ball on November 2

Dust off those dancing shoes: The Academy is gearing up for its Medicine Ball on November 2nd!

Event planner Tunstall Willis, who organized the legendary 200th Anniversary Gala in November 2022, is putting together another amazing event for the Academy. Mark your calendars now! You won’t want to miss this relaxing evening of entertainment and socializing as we celebrate as only RAM can!

Held at the Country Club of Virginia — Westhampton, the gala will offer a fabulous evening with delicious drinks, dinner, live and silent auctions as guests dance the night away to the tunes of Tidewater Drive.

Although there will be open seating, we are offering sponsorships that will allow you to reserve seating for you and your party. Also, there will be opportunities to purchase tickets for med students.

Beautiful works of art, crafted and donated by RAM members, will be on display in a silent auction. As the graphic accompanying this story notes, we are currently accepting these donations and would love to hear from those of you with a knack for creative hobbies!

Proceeds from this can’t-miss event will benefit Access Now, an organization that is ever-vigilant in ensuring our region’s under- and uninsured residents are connected to the valuable care they desperately need. Please visit www.accessnowrva.org for more information on this wonderful charitable organization affiliated with the Academy.

More surprises are right around the corner — Stay tuned to the Academy’s digital communications for updates!



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Many of you are more than just amazing physicians: You have the gift of artistic flair, and we’re itching to help you show it off!

RAM is seeking art and craft donations for its silent auction to be held at RAM’s Medicine Ball on Saturday, November 2, 2024, at the Country Club of Virginia.

Please consider donating one of your beautiful pieces to this worthwhile event. The proceeds will benefit Access Now and the wonderful works it oversees for our community.

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How Many Stars? A Guide for Physician Practices in Responding to Negative Online Reviews

BY NATHAN MORTIER



Nathan Mortier

Just like reviews for that perfect new grill or an inflatable T-rex costume, online reviews are readily available for medical practices, often condensing a practice or a provider's public reputation to a simplistic five-star rating system.

At best, online reviews can help healthcare consumers identify and validate their choices for healthcare providers. At worst, a few unfiltered comments by disgruntled patients can disproportionately damage a healthcare organization's reputation. When faced with a negative online review that is disparaging, inaccurate, and inflammatory (or worse), what can a medical practice do?

While medical practices and other healthcare organizations are generally not outright prohibited

from responding to online reviews, the practical and legal risks of such responses can often make things worse, not better. In addition to other considerations, responses to online reviews must fit within narrow guardrails to avoid potentially costly violations of patient privacy under the Health Insurance Portability and Accountability Act (HIPAA) and applicable state laws.

For example, the Department of Health and Human Services' Office for Civil Rights (OCR) recently imposed a hefty penalty of \$30,000 and imposed a corrective action plan for disclosing Protected Health Information (PHI) in response to negative online reviews in violation of the HIPAA Privacy Rule. In an investigation, OCR had found that the provider impermissibly disclosed four patients' PHI, including information about the patients' diagnoses and treatment of their mental health conditions. OCR also found that the provider failed to implement adequate policies and procedures to protect patient privacy.

In a separate settlement, OCR imposed a \$23,000 fine on a dental clinic for improperly using social media in disclosing PHI in response to reviews. In response to that action, OCR Director Melanie Fontes Rainer stated:

This latest enforcement action demonstrates the importance of following the law even when you are using social media. Providers cannot disclose protected health information of their patients when responding to negative online reviews. This is a clear NO. OCR is sending a clear message to regulated entities that they must appropriately safeguard patients' protected health information. We take complaints about potential HIPAA violations seriously, no matter how large or small the organization.

Thus, both small and large healthcare organizations could and have faced significant penalties for inappropriate responses to negative online reviews.

Beyond the constraints of HIPAA and state privacy laws, medical practices and other healthcare organizations must consider potential other negative consequences in deciding whether to respond to negative online reviews.

The Risks of Responding to Online Reviews

- **HIPAA and State Privacy Law Violations:** The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule imposes strict regulations on the disclosure of patient information. Responding

to a review with specific patient details, even inadvertently, can constitute a HIPAA violation. Even acknowledging that the writer of a review was served by the healthcare organization likely violates the HIPAA Privacy Rule. This applies even if a patient has revealed personal information about themselves or their care in the review itself. State privacy laws could also be implicated.

- **Escalation:** Engaging in online disputes with patients may escalate the situation and potentially garner more attention for a negative review. Responding emotionally or defensively can harm the provider's professional reputation and exacerbate the impact of a negative review. Even a polite response from a healthcare provider to a negative review can backfire, leading to a public response from the writer, additional negative reviews, or even licensure board complaints.

General Recommendations for Responding to Online Reviews

Despite the potential risks in responding to online reviews, medical practices are not required to

sit by passively and may be judicious in responding to reviews. In some situations, timely and appropriate responses could demonstrate a commitment to patient satisfaction and can mitigate the impact of negative reviews. Below are a few recommendations for a medical practice that chooses to respond to negative reviews:

Protect Patient Privacy

Never disclose patient-specific information in a public forum. If the review references a particular incident, healthcare organizations may wish to offer a general, neutral response about the policies of the organization without addressing any details about the specific patient experience described in the review. A response should never acknowledge or otherwise reveal that the writer was a patient and should include no other type of information specific to the writer.

Consider Taking the Conversation Offline

In response to an online review from a patient who is publicly identified in the review, consider reaching out to the writer directly to ask them to explain their concerns and offer to troubleshoot any issues.

All such communication should be professional, courteous, and private. If the matter can be resolved successfully, the patient may be willing to remove the negative review upon request.

Set Clear Policy

Healthcare organizations should set clear policies for the appropriate use of social media and any responses to online reviews that are compliant with HIPAA and other applicable privacy laws. For some organizations, it could be helpful to develop a template response for negative reviews that expresses neutral gratitude for feedback, and a general commitment to improving patient experience, while respecting patient privacy. For example: "We value your input and would appreciate the opportunity to discuss your concerns while respecting our commitment to patient privacy. Please contact our office at _____ and we would be glad to assist you."

Any staff with access to social media or other online accounts with the ability to respond to reviews should be trained in specific policies and best practices, and policies periodically reviewed and updated. **Critically, the actions of any**

workforce member can lead to a HIPAA violation, meaning that penalties can result from an online response from anyone within the organization, whether practice manager, physician owner, or even marketing intern.

Seek Legal Advice

Consult with legal counsel if there are questions about how to comply with privacy laws and before responding to particularly accusatory, sensitive, untruthful, or inflammatory reviews. In some situations, legal counsel may advise further action to address untruthful or defamatory statements that are likely to damage the organization's reputation if unaddressed.

Conclusion

Online reviews are a reality that medical practices and all other types of healthcare providers cannot afford to ignore. While the desire to address negative reviews is understandable, the risks associated with responding inappropriately necessitate a cautious, strategic, and consistent approach. **R**

Nathan Mortier is a healthcare lawyer and shareholder at Sands Anderson PC. He can be reached at nmortier@sandsanderson.com.

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Events

January 23 & February 19 – White Coat Lobby Days



March 5 – Independent Physicians Social



February 10 – Women in Focus – Flower Arranging



January 30 – Inauguration of Dr. Tovia Smith



April 13 – Family Day at the Richmond Metro Zoo



April 22 – Practice Administrators with James Pickral



April 24 – Member Social at Natalie’s Taste of Lebanon



May 7 – Lunch on Tuesday with Dr. Matthew Barrett



May 14 – General Membership Dinner with Dr. Michael Myers



May 8 – Women in Focus with Dr. Avinash Pillutla



RAM Calendar

Please note that these dates and events may change as we work to ensure the safety of our members.

DATE	MEETING/LOCATION/TIME
September 10, 2024 Tuesday	<i>RAM General Membership Meeting: "Increasing Access to Health Care in a Post-Pandemic World"</i> The University of Richmond Jepson Alumni Center 442 Westhampton Way, Richmond, VA 23173 5:30 – 8:00 p.m. Join us for cocktails (5:30), dinner (6:15) and a presentation (7:00) by B. Frank Gupton, PhD, Chief Executive Officer, The Medicines for All Institute (M4ALL); Chair, Department of Chemical & Life Science Engineering, VCU School of Engineering.
September 17, 2024 Tuesday	<i>Independent Physicians Group: Staffing</i> Richmond Academy of Medicine Office 2821 Emerywood Parkway, Suite 200 Richmond, VA 23294 6:00 – 7:30 p.m. With Katie Nunn , MBA, CMPE, Bright Ideas Medical Consulting.
October 6, 2024 Sunday	<i>Fall Family Event at Lloyd Family Farms</i> 12204 Pinhook Road Rockville, VA 23146 2:00 – 5:00 p.m. Enjoy a fall afternoon with your family at Lloyd Family Farms. \$25 family ticket price gets admission to the farm for you and your family and also includes a small takeaway pumpkin for kids. We'll have a covered area at the barn for our group to mingle and enjoy treats!
October 8, 2024 Tuesday	<i>Lunch on Tuesday: Latest Research and Procedures in the New Adjustable Intraocular Lens Implant</i> The Westwood Club 6200 West Club Lane Richmond, VA 23226 12:30 – 1:30 p.m. With Dr. Seth Krawitz , Virginia Eye Institute.
October 9, 2024 Wednesday	<i>Women in Focus: The Management of Type II Diabetes</i> The Westin Richmond Maggiano's Little Italy at Short Pump Town Center 11800 West Broad St., #2204 Richmond, Virginia, 23233 6:00 – 8:00 p.m. With Dr. John Clore, Bon Secours.
November 2, 2024 Saturday	<i>RAM Medicine Ball</i> The Country Club of Virginia 6031 Saint Andrews Lane Richmond, VA 23226 Join fellow RAM members for an evening of comradery and fun. The Country Club of Virginia will be filled with live music, dancing, great food, fellowship, and silent/live auctions to benefit our own Access Now. Come party the night away with friends and colleagues to the stylings of TIDEWATER DRIVE!
November 13, 2024 Wednesday	<i>Independent Physicians Group: Benefits</i> Richmond Academy of Medicine Office 2821 Emerywood Parkway, Suite 200 Richmond, VA 23294 6:00 – 7:30 p.m. With Ritter Jonas of One Digital.
December 8, 2024 Sunday	<i>Family Event at Lewis Ginter's GardenFest of Lights</i> Lewis Ginter Botanical Garden 1800 Lakeside Avenue Henrico, VA 23228 5:00 – 8:00 p.m. Get into the holiday spirit with RAM while touring the beautiful Christmas lights throughout the Gardens.

Should you have questions about any of our upcoming meetings, please call the Academy at (804) 643-6631. Do you have a colleague interested in becoming a RAM member? Bring him or her along to the next RAM event!



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Practice Areas

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Our team of trial attorneys zealously defend physicians and their practices in medical malpractice cases in courts across Virginia. We draw on deep experience, creative advocacy, and detailed preparation to achieve excellent results for our clients in the courtroom.

Board of Medicine Investigations & Licensing

The attorneys of Byrne Canaan Law have unmatched experience representing physicians in Virginia Board of Medicine proceedings. Our team has extensive knowledge of the laws and regulations governing health care professionals, as well of the intricacies of the Board and its investigation process. This insight allows us to provide effective representation when our clients' licenses are on the line.

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Five questions for ...

Jenny Salluzzo, MD, FACS, President, Virginia Bariatric Society



Jenny Salluzzo, MD, FACS

Among the Richmond Academy of Medicine's many "hats" so to speak is its Services Corporation, which helps several Virginia-based medical (and one non-medical) societies run their day-to-day operations and plan for their future.

RAM Service Corp.'s dedicated staff are highly experienced in medical society management, working closely with each society's board to draft and achieve the society's goals. From governance and conventions to communications and financial management, our organization helps its clients run smoothly and grow in membership and influence as they navigate the world of advocacy.

RAMifications has profiled several of the societies we are honored to serve in the past several issues. This time, we caught up with the Virginia Bariatric Society, an official state chapter of the American Society of Metabolic and Bariatric Surgery. VBS has a busy schedule, with its Annual Meeting scheduled at Boar's Head Resort in Charlottesville on August 9th and 10th.

The Virginia Bariatric Society's President, **Jennifer L. Salluzzo, MD, FACS, FASMBS**, graciously took the time to answer our questions so you, our readers, can learn more about what VBS and RAM Services Corp. are all about!

Weight loss is a highly visible cultural issue, with obesity drugs like Wegovy and Mounjaro changing the landscape. How has this affected the Virginia Bariatric Society (VBS) and its mission, and how do you anticipate it will change bariatrics?

VBS is dedicated to improving the care for the treatment of persons living with obesity and obesity-related medical conditions,

which currently affects 30% of the American population of about 80 million people. Importantly, only about 0.5% of patients that are eligible to receive bariatric surgery based on BMI criteria undergo surgery, thus leaving millions of people without an effective available treatment. The addition of more effective anti-obesity medications (AOMs) is a welcome addition to the armamentarium of available treatments, as obesity is a complex disease process and requires a multidisciplinary approach. We advocate utilization of every possible option to help manage the obesity epidemic, including bariatric surgery. While bariatric surgery has been shown to be the most effective option for lasting weight loss, remitting obesity associated diseases, improving quality of life, and decreasing early mortality rates in patients with clinically severe obesity, it is still not for everyone. The addition of AOMs into our arsenal is vital to the overall treatment of patients with severe obesity and while few patients may choose AOMs over bariatric surgery, AOMs are already being used to help patients lose weight prior to bariatric surgery and help decrease rates of weight regain after surgery.

What are some ways your society reaches out to educate the community at large about bariatrics?

VBS provides educational opportunities and resources to allied health care and providers in Virginia and West Virginia, including a well-attended annual meeting. This in turn results in elevated care for our patients. While patient outreach is primarily from individual bariatric or weight loss centers, our goal for

the future is to organize community events and education directly to primary care providers, specialists, and patients.

In what ways have the works of VBS improved patient care in the greater Richmond area?

In addition to the educational opportunities and resources to allied health care and providers, VBS has been involved in advocacy efforts that have led our state legislature to pass legislation that all health insurances in Virginia should offer the option of bariatric surgery as a covered benefit.

What benefits do members of VBS gain?

Members of VBS are part of a large organization of people dedicated to improving the care of patients with obesity. As such, we are able to share ideas, ask questions, and learn from one another. We hold an annual meeting so that we can come together and learn from invited speakers who are leaders in the field. VBS offers a community for the scientific and clinical advancement of our practices.

How does RAM Services Corp. help the Virginia Bariatric Society?

Richmond Academy of Medicine has a solid infrastructure to help us advance our society's goals. We are able to allocate resources more effectively to augment the educational endeavors of the society. The Academy's foundation of advocacy allows us to broaden our reach and find ways to advocate for access to obesity care, which continues to be limited. **R**

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