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Looking ahead to a great year
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NSMA President Dr. Howard Baron highlights our successes at the 2019 State Legislature. 
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A year ago, my charge was to honor the past, work hard in the present, and preserve and protect the future. Often this past year I have been asked a great question; why? Why do all of this? Why travel to Carson City and interview legislators? Why participate in the countless events, late night calls, and meetings? Because others in the past have done it for us.

That is why we have a medical school up north that turned 50 this year, why we have two medical schools in Las Vegas and another on the way. That is why we have a thriving scholarship fund that gives more than $26,000 a year to deserving medical students. We have built more hospitals in town, and recruited more physicians. We have built clinics that have patients flying TO Las Vegas for care. We defended our profession with KODIN. All this transpired and continues to improve because of organized medicine.

More importantly, there are two groups of people that are paramount to the why. The future of medicine is sitting amongst us: the medical students and residents.

Know that you are part of an ancient and honorable profession. You are not a "provider." You are a physician. Medicine is a calling, not a job.

It is up to us, here in this organization, to leave the house of medicine in better shape than when we found it, and so that the patient physician relationship remains paramount and sacred.

The final group of who requires a brief story...

I had occasion, 4 years ago, to be standing on the 5th floor of Sunrise Hospital. There is a floor to ceiling window outside the doors of the Pediatric ICU that looks west towards the strip. It was July 4, and some families were looking out of the window to see the fireworks.

I was standing next to Hector Rodriguez—nice guy, pretty good english, busboy at the Wynn. His six-month-old daughter just had open heart surgery.

Now, so many things had to occur to make that happen. Arduous training of Pediatric Cardiothoracic Surgeons. Assembling a team of Pediatric Anesthesiologists, OR nurses, perfusionists, techs, pre and post op nurses, and a practice like Children’s Heart Center to recruit and retain the physicians. A hospital like Sunrise dedicated to this effort. All of this is influenced by organized medicine.

Even more important than all of that, the question is asked: who speaks for Hector and his daughter?

We do.

We are the only ones that at the end of the day, speak from a place of truth, without a personal agenda, for our patients—present and future.

We do this as we strive to do the right thing and conduct ourselves so that those in power listen to us, and also do the right thing.
You see, Hector does not know anything about skinny networks, or KODIN, or Medicaid reimbursement levels or all the other things that we spend time on. But as his daughter fights for her life all of it, all of what we do, is crucial for that moment to take place. At the time to Hector, and all of the parents staring out at the now dark night sky, none of it matters. The only thought is if their son or daughter is going to make it through the night.

That is your who, which gets you to your why.

Honor the past. Work hard in the present. Preserve and Protect the Future.

Jeffrey Roth, M.D.
President
Clark County Medical Society
INCOMING PRESIDENT’S MESSAGE
Looking ahead to a great year!

By Daniel Burkhead, M.D.
Incoming President, Clark County Medical Society
Member Since 2002

First, I want to thank everyone who attended the Installation Dinner and Awards Ceremony on Saturday, June 1. Your attendance and continued support of our efforts means EVERYTHING to myself and to the leadership of Clark County Medical Society, so THANK YOU!

At the risk of sounding like an Academy Award speech, I do also want to extend a heartfelt thank you to the Installation Dinner planning committee, who helped us tremendously to pull off the event. I’d also like to thank the partners in my medical practice, Dr. Dzung, Dr. Wu, and Dr. Brimhall, for allowing me reduce my clinical burden in order to devote more of my efforts toward the very worthy cause of CCMS. Thanks to all of the honorees and award winners for helping us elevate health care in Las Vegas, and lastly thanks to my family: my parents Ken and Jeannette, my children Sam, Max, Jenna, and Corey for allowing the sacrifice of their father's time, and especially to my wonderful wife Lisa for not smacking me upside the head when I asked her if I should accept the nomination for Presidency! Seriously, thank you all for your support!

We heard a lot about the Las Vegas Community that night. The Merriam-Webster Dictionary defines community as “a group of people living in the same place or having a particular characteristic in common”... well, guess what... we qualify! We all live in the same place, and we all have many characteristics in common—one being the overwhelming success of a sports team such as our beloved Golden Knights, and their ability to “give back” through the Golden Knights Foundation. Another could be the “strip” of neon lights that illuminate our beautiful city, but I think the characteristic we have most in common is the determination to succeed.

When the housing crisis of 2008 halted construction projects and resulted in people leaving Southern Nevada, we stayed, and we fought to rebuild our city. When a madman opened fire on our fellow citizens, we banded together and became stronger. No matter what is thrown in our path, the people of Las Vegas are determined to succeed and that is even more apparent in the incredible improvements to the delivery of quality health care we've seen here in just the past few years.

In medical school, we are taught two principle values; first to do no harm, second never treat a patient in a manner that you wouldn't treat your own mother! Sorry Dad, as usual, no mention of you!

The physicians I’ve worked with in Southern Nevada have, without exception, held these principles close to their hearts.

When I see the healthcare ratings that don’t always reflect favorably on Nevada, I am somewhat puzzled and certainly disheartened. But these ratings are based on certain criteria that will take time to change and improve, such as the number of academic institutions, the number of research centers, and the number of physicians per capita, all of which, Nevada has been lacking until recent years.

It is the mission of Clark County Medical Society to serve physicians, their patients, and the Clark County community with responsibility and integrity. To improve the perception and reality of quality health care here in Southern Nevada, and like the rest of Las Vegas, we are determined to succeed.

With the establishment of our medical schools in Southern Nevada such as Touro University, UNLV School of Medicine, and the soon-to-be accredited Roseman University School of Medicine, as well as the restructuring of the VA Medical Center, Las Vegas is definitely able to provide quality medical education. Clark County Medical Society is there to help support these institutions by providing scholarships to their medical students, providing CME credits to their physician members, and by offering educational town hall events as well as social mixers to encourage involvement of both medical students and residents. In this way, CCMS is helping to define Las Vegas as a premiere medical community. We also work with state and federal legislators to assure that patients in Nevada have adequate access to care by ensuring the means of recruiting young, bright medical minds into our premiere medical community and keeping them here once they arrive!

I have some very lofty goals for the upcoming years of Clark County Medical Society, but I know that, together, with some hard work and dedication, we can ensure that soon, Las Vegas will be known not only as a community of resilience to major tragedy and a community of amazing fiscal rebound after a huge economic crisis, but it will also be known as one of the most respected medical communities there is---because this place is more than “a group of people living in the same place or having a particular characteristic in common”—this place is Downtown, and Red Rock, and Summerlin, and the Strip—it's the Air Force base, the suburbs, and everything in-between. This is OUR community, and we will continue to build it's reputation as our premiere medical community!
CCMS BOARD OF TRUSTEES MINUTES

A synopsis of the May 21st Board of Trustees Meeting

The meeting was called to order by Dr. Roth at 6:07 p.m.

Action Items:

Minutes: by Dr. Roth
The minutes from the April 16, 2019 meeting were reviewed.
Motion to approve the April 16, 2019 minutes (M/S Reeves/Hunt - Approved)

Financial Report: by Dr. Kuhls (written report submitted with verbal additions)
Written Report:
Profit & Loss Budget Performance (Page 1-6)
Income Highlights (Round numbers)
- 1600 Building Fundraising campaign $0, YTD 7,399, no budgeted amount
- 3310 Dues from active members - $(4,230), YTD $202,592, Annual budget is $230,000 for the year.
- 3312 Dues from New Members - $(939.15), YTD to $6,033. Annual budget is $8,000.
- 3335 Newsletter Advertising - $6,551.34, YTD $40,262.34. Annual budget is $65,000
- 3338 Website Advertising - $0, YTD $3,600. Annual budget $2,000
- 3345 Rental Income - $2000, YTD $14,150, Annual Budget is $17,800
- 3345 Rental Income - $2000, YTD $14,150, Annual Budget is $17,800
- 3365 Pictorial Directory Ad Sales - $0, YTD $9,625, This year's budget is $20,000.00
- 3435 Installation Dinner Income - $13,600, YTD $22,046. Annual budget is $90,000
- 3451 General membership events income - $(3,500), YTD $10,080. This year's budget is $55,000.
- 3465 Mini-internship Income - $0, YTD $1,000, annual budget is $6,000.00

***Total Income this month is $13,382, YTD $317,975. Annual budget is $502,100

Expense Highlights (Round numbers)
- 4000 Operating expenses - $16,632, YTD $169,314, YTD budget is $235,557. Annual budget $282,374 The Executive Committee is looking into payroll, workers compensation and employee benefit #s.
- 4200 General Office Expenses - $1,159, YTD $17,847 YTD budget is $23,458. Annual budget $29,350
- 4300 Meetings/Events - $19,34, YTD $24,753, YTD budget is $64,700. Annual budget $90,000
- 4350 Newsletter & Directory - $5,487, YTD $28,039.39, YTD budget is $31,000. Annual budget $36,000
- 4400 Adv/Legal/Accounting - $0, YTD $8,010.42, YTD budget is $8,749. Annual budget is $10,500
- 5399 Other building expense is $(520), YTD $15,752, YTD budget is $8,749. Annual budget is $10,500

***Total expenses this month $31,598, YTD $308,200, YTD budget is $403,006. Annual budget is $497,974.

NET INCOME: -$18,217, YTD +$9,774, YTD budget is +$21,970. Annual budget is +$4,125
Balance Sheet (Pages 7-8)
- Total Current (Liquid) Assets are $329,976
- Total Assets are $968,264
- Accounts Receivable and Payable need to be analyzed for accuracy
- Bank statements need to be reconciled

Accounts Receivable Aging Summary is pending
CME Event Income/Expense Report (page 9) – Total Income $2,000; Expense $455; Net Income $1,545
Adult Wear the White Coat Internship (page 10) – Income $0; Expense $1,185.03; Net Income $8,940
RFMS Mixer at PKWY Tavern (page 11) – Income (sponsor) $10,000; Expense $1,060; Net Income $8,940

Verbal Additions:
- Dues from active member (3310) down due to NSMA adjustment.
- We expect significant revenue from the Installation Dinner.

Motion to approve the April Financial Report (M/S Burkhead/Reeves - Approved)

Applicants to go before the BOT:
New Physicians: Katherine D. Travnicek, MD
Returning Physicians: Paul Kalekas, DO
Medical Students: Yaacov Davidow, Omron Hassan, Sheshanna Phan, Stephanie Ringle, Jessica Joshep, Audrey Tran
Motion to approve the Member Applicants (M/S Hunt/McHale-Approved)

Medical School Reports:
Touro University: by Dr. Gilliar (written report submitted)
Written Report:
- The Stephen J. Cloobeck Regional Center for Disaster Life Support was recently named a certified training center by the national Disaster Life Support Foundation. With this recognition, Touro University Nevada is home to the only certified disaster life support center in Southern Nevada. If you would like to sign up for a class, register at www.tun.touro.edu/ndlsf.
- Several students working on research projects with Dr. Amina Sadik were awarded with prestigious recognitions for their work:
  - Bersabel Woldemariam, a third-year DO student, received a $5,000 Kaiser Permanente Northern California Medical Student Scholarship in recognition of her commitment to supporting underserved communities.
  - Nicole Clifton and Meena Sandhu, first-year DO students, received the ABE Distinguished Student Award for their abstract entitled “Improving Exam
Scores Through Students Authored Formative Assessment: A Pilot Study.”

- Dr. Sadik was recently accepted as a New Fellow in the Teaching and Evaluation category for the national Academy of Osteopathic Medical Educators (NAOME).
- Faculty members Dr. Aurelio Lorico, Dr. Cheryl Vanier, and Mark Santos recently had papers published:
  - Extracellular Vesicles as Biological Shuttles for Targeted Therapies.
  - Anti-human CD9 antibody Fab fragment impairs the internalization of extracellular vesicles and the nuclear transfer of their cargo proteins.
  - Extracellular Vesicles from Thyroid Carcinoma: The New Frontier of Liquid Biopsy.
  - Clinical Significance of Extracellular Vesicles in Plasma from Glioblastoma Patients.
- Spring Commencement is Monday, May 13, 1:30 pm at the Westgate Hotel. Touro University Nevada will be graduating more than 250 new doctors, occupational therapists, family nurse practitioners, and nurses. Following the tradition of past commencements Touro will also bestow honorary doctorates during the ceremony. In what is believed to be the first time for a medical school, 20 Holocaust survivors will be formally hooded as recipients of the Honorary Doctorate of Humane Letters. The university will celebrate their bravery, perseverance, and resilience as well as the contributions they have made in Southern Nevada and to the world at large. The somber fact that there is no telling what these steadfast heroes could have accomplished if not for the horrid circumstances they faced in their youth makes the honorary degree even more treasured.
- Touro University Nevada is hosting a lecture in partnership with the Catholic Medical Society on Thursday, May 23. Dr. Alicia W. Thompson, DO, MPH, topic is “On the Commodification of Human Life: Current Landscape of Assisted Reproductive Technologies.” Cocktail reception is at 5:30 with the keynote speech at 6:30 pm. This lecture is available as a one hour CME category 1A for $40 per attendee or it is free to the general public or providers who do not desire CME credit.

UNLV School of Medicine: by Paul Joncich (written report)

- U.S. Senator Jacky Rosen toured the School of Medicine on April 15th. Sen. Rosen met with Dean Atkinson, faculty and students, talked about the doctor shortage, the school’s effort to increase the number of doctors in Southern Nevada, and the effort in Washington D.C. to add medical residencies.
- The President of the Association of American Medical Colleges (AAMC), Darrell Kirch visited the Shadow Lane campus April 22nd. Dr. Kirch spoke to medical students about avoiding burnout and stressed the importance of reaching out for help. He also toured the classrooms and virtual anatomy lab and received an update on plans for future growth.
- New Hire – Dr. John Phelps joins the UNLV SOM as Professor of Obstetrics and Gynecology.
- A graduate of Georgetown, Dr. Phelps completed a fellowship in reproductive endocrinology and infertility at Johns Hopkins. He is also a licensed attorney and is currently a U.S. Naval Reserve Captain. Dr. Phelps has authored 73 peer reviewed medical publications and nine book chapters on topics that included laparoscopic hysterectomy.
- The School of Medicine has been named “Volunteer Partner of the Year” by the organization Communities in Schools. Communities in Schools specifically acknowledged the efforts of two medical students for volunteer work at local high schools. Andrew Han, MS1, and Greg Calfee, MS2, are among several medical students who perform volunteer service at disadvantaged high schools in Southern Nevada.
- Founding Dean Barbara Atkinson was honored with the 2019 Women of Distinction Award in the Medical/Healthcare Services Category. Dean Atkinson is the only woman to be dean at three U.S. medical schools. The National Association of Women Business Owners awards ceremony was held May 7th at the Conference Center of Las Vegas.
- Members of the charter class recently reached a big milestone in their medical school careers. They are in the midst of 15 weeks of Longitudinal Integrated Clerkships. This takes them out of the classroom and into the hospitals and clinics, where they are shadowing physicians and witnessing procedures.
- 3rd class of students accepted. Members of the Class of 2023 have an average GPA of 3.7 and average MCAT of 510. We received more than 1,950 completed applications for 60 slots. The 31 males and 29 females in the class of 2023 will arrive on campus on July 15th, bringing the total number of students at the UNLV School of Medicine to 180.

Roseman University: by Dr. Penn (written report)

- Roseman University has engaged Tripp Umbach to determine need for and feasibility of another medical school in our community. A public meeting of their findings will take place on the Roseman Summerlin Campus, 1 Breakthrough Way, Auditorium – June 19, 8:30-10am. Thanks to those of you who have contributed to the survey.
- Dr. Bruce Morgenstern, Vice Dean for Academic and Clinical Affairs, has agreed to join CCMS and fill in for Dean Penn on the CCMS Executive Board as an ex-officio member beginning July 1, 2019.
- A family physician will officially join RMG (Roseman Medical Group) in July 2019. More information to come.

SNHD: by Dr. Iser (written report)

- Influenza Update – Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other health care providers. During week 18 (April 28-May 4), influenza activity continues to decrease in the United States. In Nevada, the geographic spread of influenza was regional, and influenza-like illness activity (ILI) was minimal. In Clark County, 950 influenza-associated hospitalizations have been reported, with 64 percent being people 50 years of
age or older. There have been 36 influenza-associated deaths reported, including three deaths in children under the age of 18. The proportion of emergency room and urgent care clinic visits for ILI was 2.4 percent in week 18 which was slightly lower than week 17 (2.5 percent). Approximately 53 percent of area emergency room and urgent care clinic visits for ILI were made by children under 18 years of age. Influenza A was the dominant type circulating. The Southern Nevada Health District will continue to update the public on the flu season and encourage people to get vaccinated. Health District influenza surveillance updates are available at www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/.

- Mosquito Surveillance – The Health District’s Mosquito Surveillance Program monitors the local mosquito populations for arboviruses such as West Nile, St. Louis Encephalitis, and Western Equine Encephalitis. The program also provides information on the types of mosquitoes present in Clark County. Arboviral diseases in humans are reportable to the Office of Epidemiology and Disease Surveillance (OEDS). Currently, West Nile virus and St. Louis Encephalitis are the only locally acquired arboviral diseases that have been reported to the Health District. Sporadic travel-associated cases of dengue, chikungunya, and Zika virus have been investigated by the office. In April, the Health District reported the first West Nile virus case of 2019. The individual, a female over the age of 50, had the more serious neuroinvasive form of the illness and has recovered. There were no reported human cases of West Nile virus in Clark County last year. As of May 10, the Health District’s Mosquito Surveillance Program has set 389 traps throughout Clark County and submitted 195 testing pools, representing 3,072 mosquitoes to the Southern Nevada Public Health Laboratory for analysis. All results received have been negative. The Health District continues to urge the public to “Fight the Bite” by eliminating standing water around their home, preventing mosquito bites by wearing an EPA-registered repellent, and reporting mosquito activity to the Health District by calling (702) 759-1633. More information on the Health District’s Mosquito Surveillance activities is available on its website at www.southernnevadahealthdistrict.org/programs/mosquito-surveillance/. For additional information and prevention tips visit the Centers for Disease Control and Prevention’s website at www.cdc.gov/features/stopmosquitoes/index.html.

- Harm Reduction – In 2017, more than 47,000 people in the United States died from overdosing on opioids, and in Nevada, the Department of Health and Human Services Office of Analytics reports that there were 401 opioid-related overdose deaths. A new study recently estimated that the federal tax revenue lost to the opioid epidemic totals $26 billion, nationally. Diseases related to drug use have also surged, with Hepatitis C increasing 133 percent between 2004 and 2014, tracking with the growth of opioid injection hospital admissions. In April 2017, the Health District and Trac-B Exchange collaborated with community partners to launch a first of its kind harm reduction initiative aimed at preventing the spread of infectious diseases associated with syringe use and disposal. This was accomplished using a novel method: vending machines. Harm reduction vending machines are used to dispense packages of clean syringes, as well as safe sex kits, and more. The vending pilot program expands on more than 20 years of data that show syringe service (or needle exchange) programs and traditional storefront models are effective in preventing the spread of deadly diseases like HIV or hepatitis C. The success of the program can be attributed to the efforts of Health District staff working with the Harm Reduction Center Las Vegas, Trac-B Exchange, and the Nevada AIDS Research and Education Society (NARES). In the first year of operations, nearly 300 unique accounts had at least one syringe vending machine transaction, and there were a total of 2,712 vending machine transactions. A total of 2,354 syringe kits were distributed by the vending machines, equaling 23,540 syringes distributed. The majority of clients were male (67%), white (79%), non-Hispanic (85%), and between 21 and 34 years old (52%). Syringe vending machine use appeared to be more frequent among people experiencing homelessness – compared to people who were housed, and those who were homeless had a higher average number of transactions. Currently, clients have access to three machines in Southern Nevada. About a quarter of clients requested a hepatitis C or an HIV test, and 10 percent requested education about either of these diseases, with 5 percent seeking a referral for drug treatment. About a quarter also said they were sharing needles and about a third said they were sharing other injection equipment, illustrating how important clean paraphernalia can be for stopping the spread of disease through injection drug use. Finally, nearly half of the clients requested naloxone, and 70 percent of them said they had someone they could trust to help should an overdose occur.

Public Health Heroes – Every year during Public Health Week, the Southern Nevada Health District recognizes individuals or organizations whose actions have served to improve the health status of the community. This year, Las Vegas Metropolitan Police Department (LVMPD) volunteers Maria Soto-Henry and Michael Slonina, and Clark County Code Enforcement’s Lt. Dave Pollex were honored at the April meeting of the Southern Nevada District Board of Health.

- Maria Soto-Henry and Michael Slonina/Las Vegas Metropolitan Police Department Volunteers - As part of the Health District’s public health preparedness efforts, a cache of medication is maintained so the Health District can meet the needs of the community. Maria Soto-Henry and Michael Slonina volunteered to repackage medication in individual treatment courses that would be provided to first responders in a public health emergency so they, in turn, can continue to provide services to the community. Each week during the
yearlong project, Soto-Henry and Slonina repackaged 500, 10-day treatment courses. During that time, they donated 224.5 hours to the Health District. Their efforts provide vital support to the Southern Nevada Health District’s emergency operations activities, specifically its Medical Countermeasure dispensing plan.

- Lt. Dave Pollex/Clark County Code Enforcement - As of 2019, Lt. Dave Pollex has served as the lead organizer of the Clark County Multi-Agency Response Team (CMART) for 20 years. In that time, he has facilitated and coordinated 300 community projects to address public health and safety issues. As the CMART organizer, he uses a team approach to organize and conduct abatements throughout the county. This approach ensures that the right agencies are on hand to provide the right assistance to the people who are impacted the most. His efforts reach out to individuals in the community who are the most vulnerable, and he ensures each CMART activity has adequate outreach partners to assist them.

CCMS Alliance: (written report)
Written Report:
Our May Hat Luncheon was a success with over 100 attendees at the Smith Center. This is also the Installation Luncheon of our upcoming 2019-2020 Board of Directors. We raised $102,000 dollars from the Fashion Show and distributed $34,000 dollars to each of the charities chosen this year at the luncheon. The three charities chosen help individuals with Autism Spectrum Disorder: Sunshine Nevada, New Vista and UNLV Project FOCUS.
We had our last and transitional Meeting last week and we introduce Michele Volker and Ginger Allen as our new Co-Presidents of the Alliance for the upcoming year.
We attended the Unveiling and Ribbon Cutting of a Pediatric Treatment Room that was funded by last year fashion show at UMC Medical Center last Tuesday in collaboration with Nevada Medical Center represented by governor Richard Bryan. Our past Presidents Alexia and Jessica Kartzinell have won the social Media award from the AMAA with their Outreach Project. Both Jessica and Alexia will be attending the AMAA Annual meeting in Chicago in June to receive their award.

AMA: by Dr. Jameson (written report)
I am happy to announce that your Nevada Delegates and Cat will be attending the AMA Annual meeting from June 8-12, 2019 in Chicago, Illinois. I will have an update for you when we return.

Committee Reports:
Bylaws Committee: by Dr. McHale (verbal report)
- The proposed bylaws changes have been accepted by the membership.
- The Bylaws Committee will be reviewing changes to CCMS Standard Operating Procedures and employee manuals during the summer.

CHPR & Subcommittees: by Dr. Hunt (written report submitted)
Written Report:
Physician Education
- The CHPR Committee is working in collaboration with NSMA and the Perkins Group to design a Legislative Update CME most likely in late July or early August.
- In addition, an Opioid Update CME will be in the fall based on a recent seminar held by Dr. Dickson and Dr. Burkhead.
- The CHPR Committee is in the process of creating a CME focused on what physicians need to know about legalized marijuana, currently slated for Q1 of 2020.
Resident/Fellows and Medical Students
- The CCMS Summer Mentorship Program match happened on 5/7/19, emails will be going out to the selected mentees to connect them with their physician mentors this month.
- The Resident Board Representative has been selected to be approved by the Board of Trustees, Helene Nepomuceno.
- The Student Board Representative has been selected to be approved by the Board of Trustees, Savannah Spataro.
- As of July 1 2019, the Residents/Fellows and Medical Students Subcommittee will become an standing committee per the bylaws, separate from the Community Health & Public Relations Committee. They are actively seeking a chair.
- General feedback includes interest in expanding resident attendance.
- Dr. Quartuccio has volunteered to contact program directors for next year’s mixer.
- Dr. Kuhls has suggested setting a later start time (after 6:30p) to accommodate resident schedules.
- Claire to connect Sarina with Student Doctor Ameer Khalek OMS1 for nomination.
- Student/physician pairs have been matched by a subcommittee comprised of Claire Chen, Maran Shaker and Dr. Wint.
- Claire to compile list of matched pairs and draft acceptance letter language.
- RFMS aims to confirm and connect pairs before the Installation Dinner.

Winged Heart Awards
- The 2019 Winged Heart Awards were a success, we received over twice the number of nominations as last year and significantly more press for the medical society.
- The winners of the 2019 Winged Heart Awards are:
  - Nurse – Cassandra Trummel, UMC
  - Nonprofit – Jewish Family Services Agency
  - First Responder – John Steinbeck, Clark County Fire Dept.

County Line Magazine
- We are now accepting submissions and story ideas for the July 2019 issue of the County Line Magazine, please submit
to Josh at josh.maceachern@clarkcountymedical.org.

CHPR Updates
- We are seeing steady growth across all CCMS channels, including web and social media.
- Thank you to Dr. Hunt for a fantastic year as CHPR Chair, and welcome Dr. Fiore!

Membership Committee: by Dr. Reeves (written report submitted)
- Continued engagement with VA, Nellis Air Force Base, SWA, HCPN
- Installation a valuable platform and opportunity for potential members
- Moving forward in 2019-2020 with improved membership SOPs
- 2019-2020 Will be evaluating membership budget goals

NSMA: by Dr. Baron (verbal report)
- NSMA is seeing good progress in Carson City, with the opioid adjustment bill passed.

MedPAC/Government Affairs Committee: by Dr. Lehrner (written report)
- There are 2 truths about politics in this segment of the play. First, we learn that we must the play the game if we are to have any chance to “win”. Second, for maximum effect, you must be in the ROOM where the deals are being struck.
- Unless you want to run for office and become the Governor, a Legislative leader or committee chair, you cannot get into the room. However, if we simply give up and do not even play the game then another political truism will come into play- if you are not at the table you are on the table. If you do not understand it means your interests will be served up to someone’s interest. You will be the Thanksgiving turkey.
- Your Legislative Core Group of doctors has worked very hard with our administrative staff and lobbyists to represent our interests doing the current Legislative session which will have ended by the time you read this. Several bills of interest to us have passed or probably will have passed including out of network ER billings, fixing the controlled substance Rx bill, eRx prescribing for controlled substances and a Commission to study Health Care in Nevada.
- While we might have wanted some changes to these and other bills to make them better, never let the pursuit of perfect get in the way of the good. While you worked in your office, hospital, clinic, surgical center, etc. providing excellent care to the citizens of Nevada, CCSM and NSMA were busy protecting your interest in Carson City so that you can continue to do what you love- take care of patients.
- Now I know your political juices are flowing and you are asking “How can I help and get closer to The room where it happens”. The answer is simple- support our PAC and sign up to be a delegate to the NSMA annual meeting 13-15 Sep 2019 in Reno. Forms for both activities are on the following pages.

Scholarship Fund: by Dr. Roth (verbal report)
- Proceeds from the 65th Installation Dinner & Awards Ceremony Silent Auction benefit the CCMS Scholarship Fund, please bid!

Installation Planning Committee: by Dr. Burkhead (verbal report)
- The 2019 Installation Dinner event is looking to be a success.
- Kudos to the staff for all their hard work.
- Please spread the word to your colleagues and potential vendors to help make this event the biggest yet!
- The Planning Committee currently consists of Drs. Burkhead, Reeves, Kuhls, and now Littman.

President’s Report: by Dr. Roth (verbal report)
- Thank you for a phenomenal year, see you at the Installation Dinner!

New Business
- Dr. Kuhls and the Board of Trustees thanked Dr. Roth for his hard work as President this past year.
- The incoming BOT will be planning a retreat after the Installation Dinner.

Old Business
- All staff and ex officio members of the board were asked to leave-attended by voting members of the board only.
- The Board reviewed the past 4 week timeline of personnel matters as it pertained to the CCMS.
- In addition items of note discovered by board and staff members of the Society were reviewed.
- Areas that will require focused attention moving forward include accounting, Standard Operating Procedures for the Medical Society, and an updated and ratified Employee Handbook.

Future Board of Trustees Meeting
June 18, 2019 6 p.m.

Adjournment: 8:30 p.m.
This is our last message for the CCMSA 2018-2019 calendar year. The May Hat Luncheon is our final meeting with the installation of the next board of directors. The luncheon was a sold out event at the Smith Center and Ginger Allen and Michele Volker will be chairing the President position. We are grateful for all of our current board of directors’ relentless efforts to make our year successful.

This year, we raised over $125,000 dollars with the help of our donors, sponsors and community supporters. With the Holiday Project, we awarded 14 scholarships to nursing students from Nevada State College and UNLV. We also gave a scholarship to a deserving Medical Student from Touro University and for the first time this fall a student from UNLV School of Medicine will be awarded a scholarship from the CCMSA Endowment. Since 1974 the interest of the CCMSA endowment had been awarding a scholarship to a medical student at UNR Medical School.

At this luncheon, we also distributed the monies raised at the 18th Annual Fashion Show luncheon presented by Vasari at the Four Seasons to three non-profit organizations: Sunshine Nevada, Project FOCUS at UNLV and New Vista. Each of these charities received $34,000 dollars to benefit individuals affected by the Autism Spectrum Disorder (ASD). We are pleased to see our vision become a reality as we increased awareness to the community of the individuals affected by Autism Spectrum Disorder.

We are also excited to announce that our Immediate Past-Presidents Alexia Crowley and Jessica Kartzinel won the AMA Alliance Social Media Award with their Outreach Project. They will be attending the AMAA Annual meeting in Chicago in mid June where they will both receive recognition. The CCMSA was also invited for the grand opening/unveiling of the UMC Pediatric Treatment Room that was funded by the 2017-2018 Fashion Show proceeds under the leadership of Jessica and Alexia.

Finally, we thank the Clark County Medical Society for their continued support and we look forward to attending the Installation of Dr. Burkhead on June 1st at the Bellagio. We also thank all of our members for their support this year in helping us to continue building a healthier Southern Nevada.
ARE YOU HIPAA COMPLIANT?

- Is your network secure?
- Are you prepared for an audit?
- Do you have a disaster recovery plan?
- Do you have policies and procedures in place?
- Have all of your staff been trained on security practices?
- Are you prepared for a ransomware attack?
- What do you do if you have a breach?

Running a medical practice involves much more than treating patients. You must protect their personal information and we can help.

NETWORK HEROES

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NETWORK-HEROES.COM

TECHNOLOGY SOLUTIONS THROUGHOUT LAS VEGAS
Tobacco use is responsible for **480,000** deaths each year in the United States. However, thousands of those lives can be saved when you talk to your patients about quitting smoking and tobacco use.

**As a healthcare provider, you can:**

**ASK** about tobacco use at every visit.

**ADVISE** all tobacco users to stop.

**ASSIST** patients who are ready to quit by offering them medication and/or referring them to the Nevada Tobacco Quitline.

**FREE** Quitline services are available at **1-800-QUIT-NOW** (1-800-784-8669) to all Nevada residents who call from a Nevada area code.

View our short training module at [www.gethealthyclarkcounty.org](http://www.gethealthyclarkcounty.org). You may also request **FREE** materials or learn about e-referral to the Nevada Tobacco Quitline by calling **702-759-1270**.
Bank of Nevada, a division of Western Alliance Bank, Member FDIC. Western Alliance ranks top ten on Forbes’ Best Banks in America list, four years in a row.

Your banker should say what they’ll do and do what they say.

Not one time, but every time.
Volunteers in Medicine of Southern Nevada, Our Free & Charitable Clinic
Needs a Medical Director with a Compassionate Heart

Who Will Help Those without Access to Quality Healthcare...? Could You Be Our Candidate?

Basic Requirements: Experienced and Compassionate Family Practice or Internal Medicine MD or DO licensed in Nevada with an interest working in an integrated care environment.

Send Resume to resume@vmsn.org
1240 N Martin Luther King, LV 89106

Consider Joining our Team; We Need Volunteers - Medical, Dental, Behavioral Health, Social Work & Non-Medical, Too!
www.vmsn.org

HEALTHIE NEVADA
Connecting to Care

HealthIE Nevada is a private, nonprofit, community-based company dedicated to connecting health care organizations in our state. We believe sharing medical information immediately, securely and accurately improves the quality of care.

HealthIE Nevada can:
• Improve coordination of care
• Reduce hospital readmissions
• Enhance patient outcomes
• Increase patient satisfaction
• Decrease duplicate testing and procedures

FIND OUT MORE: Learn about how HealthIE Nevada can help reduce operational costs by calling 855-4-THE-HIE (855-484-3443) or emailing hie@healthinsight.org.

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The positive outcomes include increasing connections to treatment and decreasing needlestick injuries, overdose deaths, and bloodborne pathogen exposures. Additionally, these programs have not been shown to increase crime or drug use.

Syringe vending machines offer many of the same services seen in a traditional syringe services program – information about harm reduction, treatment, HIV, hepatitis, and proper disposal are included with the supplies. Syringe vending machines are a new way to address an old problem while also providing additional advantages. These include the expansion of service areas and allowing services to be provided in more areas with fewer costs when compared to opening traditional brick-and-mortar locations, thus allowing communities with fewer resources to provide services at a lower cost. Using vending machines also allows services to reach people who have been resistant to services, such as the unsheltered homeless population in suburban or rural areas who may not have access to harm reduction services more often offered in urban areas. Vending machines may also help to reduce the stigma of practicing harm reduction by allowing people to access clean supplies discreetly. Syringe vending machines serve as a component of harm reduction services in other parts of the world; however, the only other known program in the U.S. was in Puerto Rico. Unfortunately, that machine was damaged during Hurricane Maria and has closed.

Only clients who have vending machine swipe cards and an identification number are able to access the machines. To receive these, clients are required to show some form of identification, to help prevent someone from receiving multiple accounts. Clients then complete a form with basic demographics, service needs, and information about current practices.

In the first year of operations, nearly 300 unique accounts had at least one syringe vending machine transaction, and there were a total of 2,712 vending machine transactions. A total of 2,354 syringe kits were distributed by the vending machines, equaling 23,540 syringes distributed. The majority of clients were male (67%), white (79%), non-Hispanic (85%), and between 21 and 34 years old (52%). Syringe vending machine use appeared to be more frequent among people experiencing homelessness – compared to people who were housed, and those who were homeless had a higher average number of transactions. Currently, clients have access to three machines in Southern Nevada.

Use of the vending machines allowed valuable information to be gathered about clients and their drug use, which will be used to ensure services provided continue to respond to client needs. Importantly, about a quarter of clients requested a hepatitis C or an HIV test, and 10 percent requested education about either of these diseases, with 5 percent seeking a referral for drug treatment. About a quarter also said they were sharing needles and about a third said they were sharing other injection equipment, illustrating how important clean paraphernalia can be for stopping the spread of disease through injection drug use. Finally, nearly half of the clients requested naloxone, and 70 percent of them said they had someone they could trust to help should an overdose occur.

The Health District is looking forward to building on the overwhelming evidence behind syringe exchange programs and to expanding this program. The science of this crucial public health intervention is no longer limited by the amount of staff on hand or even the number of working hours in a day. Syringe vending machines have been a success for the Health District, its partners, and most importantly, the clients it aims to keep healthy and safe. The team is looking for opportunities to expand to rural communities and to provide additional services through the vending machines, and it hopes to see a similar model take hold in other localities where needed and appropriate.
CCMS MEMBER NEWS

NEW PHYSICIAN MEMBERS:

Katherine D. Travnicek, M.D.
Physical Medicine/Rehabilitation
7435 West Azure Dr.
Las Vegas, NV 89130

RETURNING PHYSICIAN MEMBERS:

Paul Kalekas, D.O.
Internal Medicine
874 American Pacific
Henderson, NV 89014

NEW MEDICAL STUDENT MEMBERS:

Yaacov Davidow
TUNCoM 2022

Omron Hassan
TUNCoM 2022

Sheshanna Phan
TUNCoM 2022

Stephanie Ringle
TUNCoM 2022

Jessica Joseph
TUNCoM 2022

Audrey Tran
TUNCoM 2022

LET’S GET SOCIAL
Don’t forget to follow Clark County Medical Society and let us know when you have news!

facebook /ccmsnevada
twitter @ccmsnevada
instagram @ccmsnevada
I suspect many (most) of you have seen the musical hit Hamilton, but did you think it had anything to teach physicians about politics? Well, being a political junkie, I was struck by the number “The Room Where It Happens,”

When you got skin in the game, you stay in the game
But you don’t get a win unless you play in the game
I wanna be in
The room where it happens
Wanna be (The room where it happens)
In the room where it happens (The room where it happens)

I’ve got to be in
The room… (The room where it happens)
I’ve got to be...
The room where it happens
I’ve got to be...
The room where it happens

There are 2 truths about politics in this segment of the play. First, we learn that we must the play the game if we are to have any chance to “win”. Second, for maximum effect, you must be in the ROOM where the deals are being struck.

Unless you want to run for office and become the Governor, a Legislative leader or committee chair, you cannot get into the room. However, if we simply give up and do not even play the game then another political truism will come into play: if you are not at the table you are on the menu—your interests will be served up to someone else’s interest. You will be the Thanksgiving turkey.

Your Legislative Core Group of doctors has worked very hard with our administrative staff and lobbyists to represent our interests doing the current Legislative session, which will have ended by the time you read this. Several bills of interest to us have passed or probably will have passed including out of network ER billings, fixing the controlled substance Rx bill, eRx prescribing for controlled substances and a Commission to study Health Care in Nevada.

While we might have wanted some changes to these and other bills to make them better, never let the pursuit of perfect get in the way of the good. While you worked in your office, hospital, clinic, surgical center, etc. providing excellent care to the citizens of Nevada, the Clark County Medical Society (CCMS) and Nevada State Medical Association (NSMA) were busy protecting your interest in Carson City so that you can continue to do what you love—take care of patients.

Now I know your political juices are flowing and you are asking, “how can I help and get closer to the room where it happens?” The answer is simple—support our PAC and sign up to be a delegate to the NSMA annual meeting September 13-15 in Reno, NV. Forms for both activities are on the following pages, please complete and return to CCMS.

If you have any questions/comments/suggestions, please e-mail me at llehrner@prodigy.net

I look forward to hearing from you and working with you.

Larry Lehrner, M.D.
Government Affairs Committee Chair
Delegate Chair 2019-2020
PAC member
TAKE A SEAT …

“Be the Voice” for fellow physicians at the 2019 NSMA Annual Meeting

Strong Leadership is needed – and it is needed NOW. Be a part of the solution!
Be the voice for your fellow physicians and medical community!
Sign up to be a CCMS Delegate today! Here’s how it works:

If I sign up as a delegate, what happens next? Does it cost anything?
- As a CCMS Delegate you will attend three (3) required preparatory meetings prior to the annual meeting to discuss resolutions to submit to the House of Delegates at the annual meeting. Meetings are April 16, 2019, May 21, 2019 and June 18, 2019 and held at the CCMS Office immediately following the CCMS Board of Trustees meetings at 7:15 pm.
- Delegates must attend the 2019 NSMA Annual Meeting from Friday, September 13 - Sunday, September 15, 2019 in Reno at The Row, located on 407 N Virginia Street, Reno, NV 89501.
- CCMS Delegates are at least partially reimbursed for the meeting registration. Reimbursement Fee to be determined.

What is a resolution?
- Resolutions determine the Association's policies and priorities.
- Example resolutions are available online at the CCMS Website at www.clarkcountymedical.org (Any CCMS member can submit a resolution to the delegation committee)

Can I attend the annual meeting if I am not a delegate?
YES, you can and you should for the following reasons...
1) Network with people who coordinate efforts for all legislative medicine-related issues dealing with tort reform and regulatory issues that affect physicians every day.
2) Voice your opinions and give valuable input as to the mission and purpose of our organization.
3) Exchange ideas with physicians from throughout the state about many topics from problems with hospitals or insurance companies, to public health issues.

How does the society determine the number of county delegate seats?
- Each county society is allotted one (1) seat per every 20 members
- CCMS is entitled to approximately 30+ representatives in the House of Delegates—the final numbers of seats are determined by NSMA 45 days preceding the annual session.

SIGN ME UP AS A CCMS DELEGATE TODAY!
Complete form below and fax to 702.739.8345 or email Lisa Duran at lisa.duran@clarkcountymedical.org

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Join a Committee  
More Involvement, More Impact

The Clark County Medical Society (CCMS) invites all members in good standing to participate in one or more of the standing committees. This offers members an opportunity to work with other physicians and influence CCMS policies on issues of interest.

You may choose to participate in more than one committee. We solicit active participation from committee members to achieve the most success in shaping the CCMS. Committee assignments begin in September and end in June 30th of the following year. Please provide a first and second choice of the committee that you are most interested in and email to membership@clarkcountymedical.org.

Name: __________________________ Phone: __________________________
Email: __________________________ Fax: __________________________

CCMS Standing Committees:

☐ Board of Trustees (Elected Position Only) – CCMS at 702.739.9989
☐ Building Committee
☐ Bylaws, Policies & Procedures Committee
☐ Community Health & Public Relations Committee (CHPR)
  Sub-Committees under CHPR:
  ☐ Mini-Internship
  ☐ Speakers Bureau
  ☐ Winged Heart Awards
  ☐ Resident/Student Outreach
  ☐ Continuing Medical Education
☐ Credentials Committee
☐ Ethics & Grievances Committee
☐ Government Affairs Committee
☐ Internal Affairs Committee
☐ Membership/Credentials Committee
☐ CCMS Delegate: Participate in the Nevada State Medical Association Annual Meeting

If you have any questions about the purpose and obligations of any committee please contact the Clark County Medical Society at 702-739-9989 | membership@clarkcountymedical.org
A physician in suburban Detroit recently created his own diabetes prevention program (DPP), and it's already proving effective. Here's how he launched a DPP that has produced positive results among patients in less than two months.

Charting new solutions: one physician’s plan for diabetes prevention

Robert Jackson, MD, a family physician with Western Wayne Physicians, decided to develop his own DPP after struggling to find viable care options that fit value-based payments for many of his working class patients with prediabetes.

“We've been heavily invested in fee-for-value, but I got really frustrated with care as it had to be for my practice to be profitable,” Dr. Jackson told AMA Wire. “I wanted to deliver better care, and I wanted to deliver the right care at the right time. That’s why I became a doctor. So I immersed myself in finding new ways to help patients and the community.”

He contemplated starting a diabetes prevention program but didn’t have enough resources to properly train his staff, so for months, his DPP ideas languished. Thankfully, this didn't last very long: fellow members at the Michigan Academy of Family Physicians and Michigan State Medical Society introduced Dr. Jackson to staff on the AMA’s Improving Health Outcomes team—and that's when his program planning took off.

“I really feel nurtured by the AMA,” Dr. Jackson said. “They kept meeting with my staff, giving direction, holding our hands along the way.”

With the help of the AMA, Dr. Jackson received enough guidance and resources to successfully launch a DPP for Western Wayne. AMA staff advised Dr. Jackson and his care team on CDC requirements for DPPs, employee training and establishing a strong program infrastructure.

Patients in Western Wayne's program now meet for an hour and a half, once a week, on Tuesday evenings, for the first 16 weeks. After they complete this first phase of the program, their meetings shift to once every three weeks through the 26th lesson.

Since starting their diabetes prevention sessions nine weeks ago, many of Jackson's patients have witnessed positive results, including improved activity levels and temperament. Of the 14 patients who agreed to participate, 13 are still enrolled and many have lost weight—some up to as much as seven pounds.

“People are losing weight. They're engaged in the meetings. They're exercising. It's doing the right things,” said Kayla Jones, the office's receptionist and lifestyle coach for the group. “Some have lost about seven pounds, but most have lost three or four pounds, which isn't huge, but it's definitely significant considering they're only looking to lose 5 to 7 percent in the first six months. Two months in, having any weight loss is a good thing.”

Six steps to start your own DPP

So what's the secret to their success? If you wish to launch your own effective DPP, Western Wayne suggests:

1. Find room in your budget. While Medicare coverage of CDC-recognized DPPs will begin January 1, many of the nation's 86 million people with prediabetes are under 65, and coverage of the benefit outside of Medicare is spotty. “You have to be able to pay your staff—Kayla isn't doing this for free, and we had to backfill her position,” Dr. Jackson said. “You’ll need to make a commitment to doing something that may not make you money for a while.”

2. Identify key staff members. “Pick people who like people. They have to be able to stand in front of a group and talk,” Dr. Jackson said. “You'll also need people who are studious enough to review the curriculum and understand it.”

3. Get trained. Sign up with a CDC-approved training program. “It's definitely something that's doable, regardless of what kind of staff you have. They give you the resources you need,” Jones said. “Once we went through the training, it didn't take us very long to get it started. Within a matter of weeks, we were able to contact patients and get the first class going.”

4. Download and organize the literature. This will be available from the CDC-approved program after you have done the training. “We put it all in three-ring binders with tabs,” Jones said. “You’re giving patients 26 weeks’ worth of information, and you want them to stay organized so it’s easier for them to remain interested in what’s going on.”

5. Locate a meeting space. Western Wayne uses one of its conference rooms. “Theoretically, somebody could do this in their waiting room after patient hours,” Dr. Jackson said.

6. Recruit patients. Dr. Jackson's staff pulled a list of patients with prediabetes from the practice's EHR. “Then I looked for patients who I thought would work well in groups and seemed motivated,” Dr. Jackson said. “Going forward, we’re going to have to pick some people who might fail, but I wanted my staff to have more motivated people at first so they could gain experience. And as they gain that experience, they’ll be able to deal with more difficult patients.”

Preventing Diabetes in Nevada.

The AMA and Clark County Medical Society have partnered to continue advancing patient participation in similar DPPs throughout Nevada. This partnership is part of Prevent Diabetes STAT, a strategic effort launched by the AMA in collaboration with the CDC in 2015 to engage more Americans with prediabetes and slow the progression of type 2 diabetes.
CHICAGO — The American Medical Association (AMA), the premier national physician organization in the country, voted this week to adopt new policies aimed at improving the health of the nation. The new policies, which include supporting plans to end the HIV epidemic, decriminalizing HIV status non-disclosure, and supporting access to contraception for incarcerated persons, were approved during the voting session of the AMA's Annual Meeting.

The policies adopted by the House of Delegates include:

- **Advocating to end the HIV epidemic, decriminalize HIV status non-disclosure**
  
  The AMA adopted new policy aimed at supporting plans to end the HIV epidemic. Under the new policy, the AMA will strongly advocate for the funding of plans that focus on: (1) diagnosing individuals with HIV infection as early as possible, (2) treating HIV infection to achieve sustained viral suppression, (3) preventing at-risk individuals from acquiring HIV infection, including through the use of pre-exposure prophylaxis (PrEP); and (4) rapidly detecting and responding to emerging clusters of HIV infection to prevent transmission.

  An additional policy was adopted, calling on the AMA to advocate for repealing state laws that criminalize non-disclosure of HIV status for people living with the virus. The new policy also calls on the AMA to work with other stakeholders to develop a program whose primary goal is to destigmatize HIV infection through educating the public, physicians, and other health care professionals on current medical advances in HIV treatment that minimize the risk of transmission due to viral load suppression and the availability of PrEP.

  “The AMA is committed to helping put an end to the HIV epidemic by supporting plans that will help with early diagnosis, treatment, and prevention of HIV,” said AMA Board Member E. Scott Ferguson, M.D. “It is also time that non-disclosure of HIV status is decriminalized. Current criminalization laws are outdated and do not reflect the current science of HIV transmission or the fact that HIV is a chronic, but manageable medical condition—particularly since non-disclosure of other infectious diseases are not criminalized.”

  The new policies adopted this week build on AMA efforts to bolster education and training to combat HIV/AIDS and to increase multi-layer collaboration to increase public awareness. These policies include supporting improved education of physicians on the effective use of PrEP to prevent HIV acquisition in high-risk individuals, and advocating that all insurers be required to cover the costs associated with the administration of PrEP.

  Earlier this week, the U.S. Preventive Services Task Force (Task Force) published its latest recommendation statements on HIV screening and HIV prevention. Based on its review of the evidence, the Task Force recommends that clinicians screen for HIV in everyone age 15 to 65 years and all pregnant people. Younger adolescents and older adults at increased risk for HIV should also be screened. The Task Force also recommends that clinicians offer PrEP to people at high risk of HIV.

Supporting Access to Contraception for Persons who are Incarcerated

According to the U.S. Bureau of Justice Statistics, more than 200,000 women are incarcerated in U.S. correctional facilities and the majority of these women are within reproductive age. The AMA adopted policy today aimed at supporting persons who are incarcerated in accessing contraceptive care. The policy specifically calls for persons who are incarcerated to have access to evidence-based contraception education, access to reversible contraceptive methods, as well as autonomy over the decision-making process without coercion.

“The majority of incarcerated women face multiple barriers in accessing health care, including reproductive care. It is important that we help ensure incarcerated women have access to contraceptive care, and the information they need to make their own health decisions concerning contraception prior to transitioning back into the community,” said AMA Board Member E. Scott Ferguson, M.D.
NSMA President’s Note on the 2019 Legislative Session

We have passed sine die, the official end of the legislative session and it is time to look back at what our NSMA team of lobbyists, executive director Cat O’Mara, and the legislative core group have accomplished thus far.

Each session we hope to make some positive gains for patients and physicians, and this session was no exception. Having weathered the passionate implementation of the previous governor’s opioid bill (AB 474) last session, we helped craft and supported a bill this session aimed at fixing many of the overlooked or unintended consequences of the previous effort, and as of this writing, it appears our “opioid fix” bill (AB239) has passed out of both houses with minor amendments is now on its way to Governor Sisolak.

The other proactive agenda item for our team this session was the creation of a maternal mortality review board (AB169) and it is a great accomplishment and testament to our efforts that this bill has been signed by the Governor into law, with details to be fleshed out in the coming weeks.

On the reactive side of things, months (even years) of hard work between legislative sessions on out of network billing (so called “surprise medical billing”) has resulted in a compromise bill (AB469) signed by the Governor, to prevent OON billing but allow a simplified baseball style arbitration scheme for physicians and hospitals to use when the OON payment offered by the patient’s insurance company does not satisfy the provider of care. The main victory in this instance was the elimination of reimbursement for OON emergency services based on a multiple of Medicare or Medicaid, which was the previous hard and fast offer by the payers during last session and during the interim. With Speaker Jason Frierson stepping in for resigned Assemblyman Sprinkle to guide the negotiations, we seem to have come to a compromise position on this topic that will hopefully not have deleterious consequences on access to emergency services in our state, and a database was added to the bill to allow collection of complaints on network adequacy by patients, so that going forward we can all learn how much of a problem access is for our population.

Several bills died in committee because of strong efforts by our team, including allowing sale of raw milk across county lines, punishing surgeons for performing operations on the genitalia of intersex patients or even non-intersex infants with medical deformities of their genitalia that have nothing to do with gender identification (e.g. Hypospadias repair). Some interim discussions will occur with interested parties in these issues, and we will happily be participating in these to make sure your interests and those of our patients are protected. Our team helped prevent additional mandated CMEs.

There are many more accomplishments that came out of efforts by our NSMA lobbying team and all the time and efforts of our Legislative Core Group which faithfully met every week to hash through the long list of hundreds of medically-relevant bills presented over the last 4 months. Please share these accomplishments with your colleagues and encourage them to get involved!

Having had the opportunity to see our team of Cat O’Mara and the Perkins Group in action during trips to Carson City this spring, I remain in awe of what they do for us, the level of sophistication in their strategizing, the incredibly strong relationships they have built with the legislators on our behalf, and the tireless work put in. I truly hope we are afforded the opportunity to continue working with this great team in the coming months during the interim, and next legislative session.

They say when referring to legislation, that if you like sausage, don’t watch it being made. However, after watching the “sausage being made” in Carson City the past few months, I still like sausage, and am excited for what lies ahead for NSMA.

Howard Baron, MD
President
Nevada State Medical Association

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We want to hear from you!
Do you have an idea for a story for the County Line Magazine, or an important update about your practice?

Contact us today at communications@clarkcountymedical.org
CHICAGO — The American Medical Association (AMA) adopted policy at its Annual meeting aimed at ensuring greater diversity in the physician workforce. Through the new policy, the AMA will work toward establishing best practices for the sustainability and success of health care career pipeline programs, or “pathway programs”—designed to draw students from diverse backgrounds into the field of medicine. One of the ways the AMA will accomplish this is through the publication of a white paper chronicling these programs, which will focus not only on helping identify best practices but also tracking participant outcomes.

“Studies show that patients prefer receiving health care from and have better health outcomes when they can relate to, understand, and share similar backgrounds with their doctors. That’s why the AMA is committed to efforts aimed at ensuring medical schools are building a diverse pipeline of physicians whose racial and ethnic backgrounds reflect the actual needs of patients,” said AMA Board Member S. Bobby Mukkamala, M.D. “One big way to advance health equity is to promote greater diversity among medical school applicants and enrollees. We will continue to support and improve pipeline programs because we know they are an effective way to help ensure there are enough physicians being trained to better reflect patients in the communities they serve.”

To help identify whether a medical school applicant has previously participated in a pipeline program, the new policy calls for the AMA to help develop a relevant question that will be included on the Association of American Medical College’s (AAMC) electronic medical school application. As part of this policy, the AMA will work with AAMC and other stakeholders to create a plan to analyze the resulting data to help determine the effectiveness of various pipeline programs.

While reports indicate that communities of color are growing much more quickly in the U.S. than whites, African-American/Blacks, Hispanics/Latinos, and Native Americans, continue to be a very small percentage of medical students and the physician workforce. In fact, fewer than 10 percent of physicians throughout the U.S. are from an underrepresented minority group, including African American/black, Native American, Alaska Native, or Hispanic.

The new policy extends the AMA’s work to achieve health equity and increase diversity in the physician workforce, both of which are key goals of the AMA’s Accelerating Change in Medical Education Consortium. As part of their work with the AMA’s 37-medical school consortium, Morehouse College of Medicine is sharing their success with the extensive pipeline programs that they have with local colleges—providing mentoring support from current students and alumni. Additionally, as part of their work with the consortium, University of California, Davis, School of Medicine collaborated with Kaiser Permanente to develop a three-year education track for students committed to primary care careers, with an emphasis on addressing medically underserved populations, workforce diversity and workforce gaps. This program currently enrolls 50 percent of its students from traditionally underrepresented communities in medicine.

Most recently, the AMA convened two meetings of medical education experts from the 37 medical-school consortium. Both focused on improving diversity and inclusion in physician training. One meeting worked on issues related to creating an inclusive educational environment where physicians-in-training from diverse backgrounds will thrive. The other worked on selection and retention issues that will lead to a more diverse physician workforce.
Cleveland Clinic to Host International Lewy Body Dementia Conference

Conference to be held in Las Vegas brings together experts with patients and caregivers

Cleveland Clinic will host the International Lewy Body Dementia Conference, June 24-26, bringing together the world’s experts on the neurological disorder along with affected individuals, care partners, and family members.

The International Lewy Body Dementia Conference, to be held at the Caesar’s Palace Conference Center in Las Vegas, is a forum for research scientists, clinicians and other health care professionals to share the latest scientific information. Additionally, the conference will provide an opportunity for affected individuals, care partners and families to gain new knowledge and interact with researchers, clinicians and other patients and care partners.

The second most common form of neurodegenerative dementia in the elderly, LBD is a progressive neurological disorder caused by a buildup of abnormal protein deposits, called “Lewy Bodies,” in brain cells. Because symptoms can closely resemble other more commonly known diseases like Alzheimer’s and Parkinson’s, it is currently widely underdiagnosed.

“Lewy Body Dementia is quite common in the elderly, but has no approved drugs to treat the disease, and limited options for symptoms,” says conference director James Leverenz, M.D., director of Cleveland site of the Lou Ruvo Center for Brain Health. “This event is an opportunity for everyone with a stake in Lewy Body Dementia – research scientists, clinicians, affected individuals and their care partners, and concerned community and advocacy groups – to come together to interact and learn the latest on this disorder and work to make progress towards improved diagnosis and treatment.”

The conference, endorsed by the Lewy Body Dementia Association, will feature dual tracks — a CME-certified scientific track for researchers and clinicians along with a separate patient and caregiver track, with several sessions offered jointly across both.

Faculty will include leading experts in LBD from across the nation and the world. The three-day scientific track will feature an update on diagnostic criteria, overview of new research findings and a review of current therapeutics as well as those in the pipeline.

The two-day patient and caregiver track will offer educational sessions on diagnosis, symptom management and planning for the future as well as review the latest research advances and provide opportunities to interact directly with the scientific community. Additionally, panel discussions will dive into the experience of living with the disorder and reasons for hope.

“The International Lewy Body Dementia Conference is unique in that it will unite the researchers and healthcare professionals working on this disease with the patients and family members that we are serving,” says Marwan Sabbagh, M.D., director of Cleveland Clinic Lou Ruvo Center for Brain Health Las Vegas. “With this parallel track, we will bring significant and much needed visibility and awareness to the disease, in hopes of improving both diagnosis and treatment moving forward.”

Cleveland Clinic is a major research center in LBD. In 2017, the National Institutes of Health awarded a $6 million grant to establish a national research consortium focused on developing biomarkers for LBD. The Dementia with Lewy Bodies Consortium aims to centralize research efforts and create a national, coordinated registry for clinical, genetic and biomarker data on LBD.

The five-year grant, led by Dr. Leverenz, supports a nine-site multi-center study aimed at finding LBD biomarkers which can assist with diagnosis, detect disease progression, and ultimately measure response to treatment.

For full details and updates on the conference, as well as to register, visit cccfme.org/ILBDC19. Pre-registrations are accepted until June 21, after which attendees can register on site.
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Triple-digit temperatures are common between June and September in Southern Nevada. Everyone should take precautions to reduce their risk of heat-related illnesses. High summer temperatures can be especially harmful to older adults, people with chronic medical conditions, and children. Residents and visitors who may not be used to the high temperatures should use precautions. The following steps can help minimize the risk of heat-related illness and injury:

- Plan activities earlier in the morning or later in the evening.
- Dress in light, loose fitting clothes.
- Wear a wide-brimmed hat to protect the face and use sunscreen.
- If unaccustomed to working or exercising in a hot environment, start slowly and gradually increase the pace.
- Avoid being out in the sun for extended periods.
- When planning extended outdoor activity, bring an adequate supply of water. Drink plenty of water at regular intervals - regardless of activity level.
- Avoid alcohol or liquids that contain high amounts of sugar.
- Plan well-balanced light meals.
- Check the local weather forecasts and plan activities accordingly.
- Check on the status of homebound neighbors and relatives.

Caution: People who have epilepsy or heart, kidney, or liver disease; are on fluid-restrictive or low-salt diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake or changing what they eat and drink.

“The best defense against heat-related illness is prevention,” said Dr. Joe Iser, Chief Health Officer for the Southern Nevada Health District. “Taking steps to stay cool and making simple changes to your fluid intake, outdoor activity levels, and clothing choices during hot weather and extreme heat conditions can help you to have a safe, healthy, and happy summer.”

More information on extreme heat is available on the Centers for Disease Control and Prevention’s website at https://www.cdc.gov/disasters/extremeheat/index.html. For more summer safety tips, visit the Health District’s website at https://www.southernnevadahealthdistrict.org/safer-summer.
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