In this Issue:

Welcome our 2019-2020 Board of Trustees!

The Clark County Medical Society’s 65th Annual Installation Dinner & Awards Ceremony celebrated medical excellence and welcomed our new Board of Trustees! Pages 23-25
When I first got involved in Clark County Medical Society in 2002, I did not know much about politics or organized medicine in general. What I did know is how to recognize practitioners of various subspecialties that could provide quality care that was on the cutting-edge of medical proficiency. I had opened a brand-new practice the prior year, and I was starting a family in the city that I'd fallen in love with over the past several years. I was working hard to get out and meet subspecialists who could establish a quality referral network for chronic pain patients in Southern Nevada, and what I found was that there were many subspecialists in the areas of neurosurgery, orthopedic surgery, neurology, physiatry, and internal medicine that were superb practitioners within their respective areas of expertise.

The harsh reality of the time was that many of the specialists that I met were considering leaving Las Vegas to practice in another state. The reason behind their discontent was primarily due to the rising costs of malpractice insurance that made it almost impossible for certain high-risk specialists (neurosurgery, OB/GYN, and ER Medicine) to profit from the practice of medicine. As someone who was relatively new to the practice of medicine, and certainly inexperienced as to business elements required to run a successful practice, I was shocked—I knew that something must be done in order to preserve the quality of medical care in Las Vegas, and fortunately, I found my solution, and I found my voice! The Clark County Medical Society had launched the KODIN (Keep Our Doctors In Nevada) campaign around that time, and the goal of this campaign was to work with elected state officials to find a solution to this "mass exodus" of physicians from our community.

Fast-forward a few years, and history will show that Clark County Medical Society, with collaboration from many other patient-advocacy groups were successful in achieving some legislative action that accomplished exactly what it set out to do: Keep Our Doctors In Nevada! This served as a "slap-in-the-face" to me as a relatively inexperienced physician and businessman.

After this initial lesson regarding the politics of medicine, I realized that I MUST stay involved to keep my voice heard. I became more and more involved over the years, culminating in my induction as President of Clark County Medical Society on June 1, 2019.

I am extremely honored to be entrusted with this responsibility by the very knowledgeable members of the Board of Trustees, and I can assure you that I have the support of a highly motivated Executive Council and Board of Trustees that has already been very busy putting in considerable time and effort to provide representation and advocacy on behalf of patients and physicians in Southern Nevada—we will not let you down.

It is imperative that I provide thanks to the immediate Past President, Dr. Jeffrey Roth, and the other members of the outgoing Board of Trustees for laying the foundation for a very productive and successful organization moving into the new fiscal year. However, at the same time, our new Board will not be satisfied with "riding on the coat-tails" of the previous administration.

Similar to when I joined CCMS in 2002, in this 2019 legislative session there were a significant number of challenges to the practice of medicine. Clark County Medical Society leadership and membership teamed up with Nevada State Medical Association to combat these challenges, and we
were successful on many fronts—in fact, there was an update on legislative victories and ongoing challenges provided at CCMS Headquarters on July 24, and we thank all who attended.

Although this is not a year when the state legislators are in session, this will be one of the more important years for Clark County Medical Society and Nevada State Medical Association to solidify their approach to many of the challenges to medicine that are expected to occur in 2021. It may seem like a long way off, but without a well-organized effort, our chances of success in the legislature will decrease.

Likewise, if we don’t have numbers on our side, our chances of future legislative success are grim. We need your help in order to maintain a productive practice of the medical arts in Southern Nevada! How can you help? GET INVOLVED! If you’re not a member of CCMS, become a member. If you are a member, come to a Board meeting to discover how you can make your voice heard. Become a delegate to the Nevada State Medical Association Annual Meeting and help to influence the direction of health care in the future and talk to your colleagues about becoming a member. Politicians listen to groups that have wide outreach and large membership.

Based on the events of this legislative session, the next two years may be critical for the practice of medicine in Nevada and this is an early “call to action” for all physicians who want their voices heard. Join CCMS now and appreciate all the numerous benefits that membership will provide for you, most importantly the chance to have a seat at the table and have your voice heard!

Daniel Burkhead, M.D.
President
Clark County Medical Society

UPCOMING EVENTS:

**CCMS & NSMA**

**August 7**
Resident/Fellow and Medical Student Committee Meeting
5:30 p.m. | Conference Call

**August 8**
Community Health & Public Relations Committee Meeting
6:00 p.m. | CCMS Office

**August 12**
Membership Committee Meeting
6:00 p.m. | CCMS Office

**August 15**
NSMA Government Affairs Commission Meeting
6:00 p.m. | Las Vegas & Reno

**August 19**
NSMA Medical Practice Commission Meeting
6:00 p.m. | Las Vegas & Reno

**August 20**
CCMS Board of Trustees Meeting
6:00 p.m. | CCMS Office

**August 21**
NSMA Public Health Commission Meeting
6:00 p.m. | Las Vegas & Reno

**August 29**
NSMA Internal Affairs Commission Meeting
6:00 p.m. | Las Vegas & Reno

**September 9**
Membership Committee Meeting
6:00 p.m. | CCMS Office

**September 10**
Community Health & Public Relations Committee Meeting
6:00 p.m. | CCMS Office

**September 11**
Resident/Fellow and Medical Student Committee Meeting
5:30 p.m. | Conference Call

**September 13-15**
NSMA Annual Meeting
Reno
You specialize in the science of medicine.

We specialize in the science of a healthy financial lifestyle.

Specialties:
- Wealth Management
- Retirement
- Practice Exit Planning
- Estate Planning
- Executive Benefits

Congratulations to Dr. Daniel Burkhead and the incoming CCMS Board!

Travis Scribner
Brennan Drew
Anand Nair
Jason Oshins
The meeting was called to order by Dr. Burkhead at 6:08 p.m.

Action Items:

Minutes: by Dr. Burkhead
The minutes from the May 21, 2019 meeting were reviewed.

Motion to approve the May 21, 2019 minutes (M/S Roth/Hunt - Approved)

Financial Report: by Dr. McHale (written report submitted with verbal additions)

Written Report:

Over the course of the past month, your Executive Council, as well as CCMS staff, with the assistance of Tim McHale, have been reviewing the financial records of CCMS. We have unfortunately noted many concerning issues, including posting of income and expenses to incorrect line items, which has made budget comparisons and creation of the next fiscal year budget very difficult. These incorrect postings do not appear to affect the bottom line of income and expenses, however, much work will be needed in the upcoming months to correct these erroneous postings. All of these transactions occurred prior to June 1, 2019. Your Executive Council will be working with CCMS staff to locate and verify the supporting documentation for expenses and income from the prior two fiscal years, and will then work with our new accounting team to appropriately correct these errors. Our prior accountant, Regi, is no longer affiliated with CCMS.

Accordingly, the financial statements provided at the time of today’s meeting, are undoubtedly incorrect. As such, I will call attention only to the most obvious of these errors, and other verified significant discrepancies from the year to date budget.

INCOME

• Line 3310 – Dues from Active Members – $25,000 below budgeted amount YTD
• Line 3335 – Newsletter Advertising - $21,000 below budgeted amount YTD
• Line 3365 – Pictorial Directory Ad Sales - $10,000 below budgeted amount YTD
• Line 3451 – General Membership Events - $40,000 below budgeted amount YTD

EXPENSE

• SUSPENSE - $785 – this is still unclear where this should be applied
• Line 4101 – Salary - $82,500 below budgeted amount YTD
  • This is actually approximately $68,500 after correctly re-posting error items
• Line 4111 – Payroll Expenses
  • Posted to wrong line items, corrected after 6/1/19
  • The majority of this – $19,000 misposting is now applied to Salary (4101)
• Line 4203 – Credit Card Services – negative posting

• This is likely income incorrectly posted to an expense line item, and will be further investigated.
• Line 4351 – General Membership Events - $15,000 below budgeted amount
  • This is in proportion to the decreased income from same events (Line 3451)
• Line 5399 – Other Building Expenses – non-budgeted item, $7200
  • Improvements in landscaping appear to be the majority of this expense

Overall, we are at a net income of $50,000 for the fiscal year to date. This does not account for the Installation Dinner Income and Expense, which will be presented separately. There is no available reconciliation for the financial statements at this time, as this has not been performed since March 2019. Our prior accountant did not did not perform this prior to termination of his services.

Verbal Additions:

• Dr. McHale and staff are working to improve financial reports, potentially with the help of a forensic accountant.
• Reconciliations are underway.
• The BOT discussed the potential formation of an ad-hoc finance subcommittee.
• The BOT thanked Dr. McHale and staff for their efforts to fix accounting issues.

Motion to approve the May Financial Report (M/S Reeves/Roth - Approved)

Applicants to go before the BOT:

New Physicians: Adam Antflick DO, Parminder Kang MD, Andrew Kim DO, Steven Nishiyama DO, Sungkook Park MD, William Rosenberg MD, Richard Winder MD, Rosaly Diaz Torruellas MD

Returning Physicians: Warren Volker MD, Roger Fontes MD

Residents: Philip Kaseska MD

Motion to approve the Member Applicants (M/S Hunt/Bassewitz - Approved)

Medical School Reports:

Touro University: by Dr. Gilliar (written report submitted)

• Spring Commencement was held Monday, May 13, 1:30 pm at the Westgate Hotel. Touro University Nevada graduated more than 250 new doctors, occupational therapists, family nurse practitioners, and nurses.
• The Department of Basic Sciences welcomed a new faculty member, Dr. Germana Rappa, MD, PhD.
• Dr. Robert Kessler will be retiring on June 30. Dr. Kessler has been with Touro University Nevada College of Osteopathic Medicine Osteopathic Manipulative Medicine department since our opening in 2004 and will be deeply missed.
• CEO and Senior Provost, Shelley Berkley, hosted a Town Hall on Thursday, June 6 where the employee of the year was
• The Jay Sexter Library (Joanne Muellenbach and Jason Fetty), together with the Office of Academic Services and Institutional Support (OASIS) (Kyle Mefford and Dustin Harris) within the DOSA, are the recipients of a $12,000 Express Outreach Award from the National Network of Libraries of Medicine. The project, entitled: “Using Virtual Reality and 3D Technologies to Expand the Health Professions Pipeline in Southern Nevada,” will target first-generation, and economically disadvantaged middle school, high school, and undergraduate students in the region, beginning in May and continuing throughout the award year. The goal is to spark prospective students’ interest in medical and health sciences careers through the use of VR and 3D technologies, with a focus on anatomy, basic sciences, and clinical sciences software programs.

• Jason Fetty was recently accepted to the Medical Library Association’s Academy of Health Information Professionals (AHIP). AHIP credentialing demonstrates continuing pursuit of professional education, experience, and accomplishments in medical librarianship. Jason hopes that his efforts will continue to enhance the research footprint throughout the TUN community.

UNLV School of Medicine: by Dr. Kuhls (verbal report)

• UNLVSoM has started a new group of students in their EMT training program.
• The first UNLVSoM class has started their clinical rotations.
• New UNLVSoM residents start July 1.

Roseman University: by Dr. Penn (verbal report)

• The family practice department is growing at Roseman having just added a new physician and nurse practitioner.

• Roseman has engaged Tripp Umbach Strategic Consulting Service to evaluate the feasibility for another medical school in Southern NV.

SNHD: by Dr. Iser (written report submitted)

• 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. As of June 10, the Health District’s Mosquito Surveillance Program has set 809 traps throughout Clark County and submitted 636 testing pools, representing 15,707 mosquitoes to the Southern Nevada Public Health Laboratory (SNPHL) for analysis. The SNPHL has identified the first West Nile virus positive mosquitoes of the year from a submission pool collected in the 89005 ZIP code. The first human case of West Nile virus in Clark County had previously been reported in April. The individual, a female over the age of 50, had the more serious neuroinvasive form of the illness and has recovered. 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.

• The Mega-POD – On Sunday, June 2, the Southern Nevada Health District, Clark County, and the University of Nevada, Las Vegas held The Mega-POD, a full-scale emergency response exercise at the Thomas & Mack Center. The exercise tested plans that included dispensing medication to Southern Nevadans in a public health emergency and approximately 200 staff members from Clark County playing multiple roles during the simulated event. Participation in The Mega-POD allowed the Health District and its partners to test parts of their respective response plans and train employees who may not have emergency response duties as part of their daily assignments. The exercise included implementing inter-agency agreements, training employees in POD operations, testing the efficiency of POD set up and demobilization activities, and evaluating the POD plan’s ability to accommodate people with special needs.

• Heat Safety – In response to excessive heat warnings, the Southern Nevada Health District is urging residents and visitors to take precautions now and throughout the summer. Triple-digit temperatures are common between June and September in Southern Nevada. In 2017, 126 people in Clark County died from heat-related illnesses and 692 people visited emergency departments. Residents and visitors who many not be used to the high temperatures should use precautions. The following steps were provided to 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. 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.

• Legislative Update – The Southern Nevada Health District’s priorities for the 2019 legislative session focused on furthering its public health mission to improve the community’s health and the agency’s ability to continue to meet the growing demand for public health services. These priorities included modernizing the Nevada Clean Indoor Air Act to include electronic cigarettes and vaping products, taxing e-cigarettes at a rate equivalent to traditional tobacco products, enacting Tobacco 21 legislation to prevent smoking initiation among high school students, establishing a Public Health Improvement Fund, and supporting legislation to require laboratories report chronic disease markers to the Division of Public and Behavioral Health and local public health authorities. As with all legislative sessions, these priorities were met with mixed success. However, the Health District, tobacco control, and public health partners are celebrating the significant gains made with the passage of Senate Bill 263.

• Senate Bill 263 - SB263 brings vapor products into the existing tax structure as “other tobacco products” and prohibits internet sales to minors. It also accomplishes our stated priority of updating the Nevada Clean Indoor Air Act to include vaping products and electronic cigarettes in places where children and adults are protected from secondhand smoke – and now secondhand aerosol from vaping products. Other important components included in SB263 are the requirements for retailers to have the appropriate license to do business in Nevada, penalties for selling to minors, and prohibitions on internet sales to minors. The funds from this bill will provide an additional $2.5 million for tobacco prevention and control programs.

• Assembly Bill 470 - The Health District was planning to support another tobacco control bill that would have provided funding for a Public Health Improvement Fund. Assembly Bill 470 was the original Nevada Clean Indoor Air Act Modernization bill set to be introduced at the beginning of the legislative session. The bill was scheduled for a hearing and then pulled from the agenda. In addition to including comprehensive updates to the Nevada Clean Indoor Air Act, the bill draft language included Tobacco 21 language developed in conjunction with public health advocates and a funding mechanism for local public health authorities. While this was an unfortunate setback, some of the bill language was salvaged through amendment into SB263.

• Senate Bill 171 - Senate Bill 171 was another priority bill for the Health District. It would have required laboratories to report chronic disease markers to the Nevada Division of Public and Behavioral Health. This was an important mandate that would have provided vital information about our population’s risk for developing chronic diseases as well as increased cancer deaths. Work was done during the session to ensure hospital laboratories in smaller communities would not be impacted by this bill. Unfortunately, while this bill passed unanimously in the Senate, it never received a vote in the Assembly. This means health authorities will continue to rely solely on self-reported data or medical claims data collected through Medicaid or hospital discharge billing.

• Assembly Bill 317 - Assembly Bill 317 originally directed the State Board of Health to adopt regulations for designating facilities as trauma centers and prohibited hospitals from charging an activation fee for trauma care provided at a Level III or Level IV trauma center. The bill was later amended, and passed as amended, to reverse the current process for designating trauma centers. The Health District is still assessing the impact of this bill.

• Senate Bill 418 - The Health District also worked diligently with its partners to oppose Senate Bill 418, the bill to revise provisions governing the distribution and sale of raw milk. These efforts were ultimately successful, and the bill did not receive a hearing in the Assembly.

• Additional bills supported by the Health District that passed this session included Assembly Bill 169 which establishes the Maternal Mortality Review Committee, Assembly Bill 223 which directs the state to apply for a waiver to authorize the Department of Health and Human Services to provide dental care services to adults with diabetes who are eligible for Medicaid, and Senate Bill 159 which allows students to possess and use sunscreen and wear protective clothing to reduce their risk of skin cancer and excessive exposure to District or the tobacco control community. Tobacco 21 continues to be a priority issue for public health and tobacco control advocates, and work continues on this front.
ultraviolet radiation.

- Due in part to the effective collaborations of public health, health care, and community partners, there were many gains made that will positively impact the health of the community this session, and just as importantly, a foundation laid to build on our successes next session.

CCMS Alliance: (written report submitted)

- We attended the previous CCMS Board Meeting in May
- We attended and were honored to be a part of the CCMS Board Installation gala. We filled 2 tables with CCMSA members and friends, we also had many other friends and members in attendance. It was a wonderful event.
- We had our first official incoming board meeting on May 21st.
- We announced our Mental Health Awareness for Youth Platform for 2019-2020.
- We announced our health care related charity for 2019-2020, Born This Way Foundation. They provide Teen Mental Health First Aid training for high school seniors in collaboration with the National Council for Behavioral Health. Our goal is to sponsor 10 high schools in Southern Nevada.

Committee Reports:

Bylaws Committee: by Dr. McHale (verbal report)
The Bylaws Committee will be reviewing changes to CCMS Standard Operating Procedures and employee manuals during the summer.

CHPR & Subcommittees: by Dr. Fiore (written report submitted)
Written Report:
Physician Education
- The CHPR Committee is in the final stages of planning for the 2019 Legislative Update, to be held on a Saturday morning at CCMS pending availability from Cat O’Mara. Light refreshments will be provided, and all are encouraged to come learn about our legislative successes.
- Comagine is in the process of providing CCMS with a link for a free online webinar on tapering opioids, which provides CME credit. Josh will distribute to the membership upon receipt of this added member benefit.
- The CHPR Committee is looking to plan an Opioid CME Event and possible town hall in collaboration with the August 14-15 summit on opioids, featuring Travis Rieder.
- The Nevada Psychiatric Association has recently posted several online CME opportunities for Suicide Prevention and Ethics credits that will be distributed to the CCMS Membership.
- The CHPR Committee is planning a CME on what physicians need to know about legalized marijuana in Q1, likely January. The Las Vegas Medical District has shown interest in partnering on this event to make a combined CME/Town Hall, similar to the 2017 Opioid Town Hall.

Wear the White Coat Internship Subcommittee
- The Youth Wear the White Coat Internship is tentatively scheduled for October. CCMS Staff are in the process of reaching out to the Clark County School District to determine next steps.
- This program is currently seeking sponsorship, please contact Josh with any potential sponsor leads.

CHPR Goals 2019-2020
- The CHPR Committee is focusing on adding value through additional CME programming and networking events through FY 2019-2020, including potentially hosting year-round online CME courses focusing on required categories such as Ethics, Suicide Prevention, and Opioids.
- We are looking for more active members to join this planning committee!

Events
- The CHPR Committee recommends moving the 2019 Resident Job Fair to November, in order to better accommodate the schedules of graduating residents. Staff is making contact with GME program leads to determine how to increase attendance to this important event.

Resident/Fellow and Medical Student Committee: by Dr. Wint Spataro (written report submitted with verbal additions by Savannah Spataro)
Written Report:
- The new bylaws were reviewed as RFMS is now their own committee
- Bylaws state that the resident and medical students are the RFMS committee co-chairs even though this committee has been operating with an additional medical student co-chair. It was recommended that moving forward, the third person be entitled as the “liaison” to the advisor, the co-chairs, and the committee. Ameer Khalek is the RFMSC liaison for the 2019-2020 fiscal year
- The Medical Student Mentorship Program has been moving forward. The student participants have been selected and have been paired to CCMS physicians. Students will be working directly with their paired physicians over the summer months.
- The committee will be working on a SIGNATURE PROJECT for the 2019-2020 fiscal year
- Project Considerations include:
  - Engagement with high school students who want to pursue a career in healthcare
  - Volunteer with community engagement such as collecting school supplies, toy and/or food drive
  - Volunteer at a nonprofit medical clinic

Membership Committee: by Dr. Reeves (written report submitted with verbal additions)
Written Report:
Membership
- June-1 Resident, 2 Returning Members, 8 New Members
- 2018-2019 Membership Stats
Objectives and Goals for 2019-2020

- Continued engagement VA, Nellis Air Force Base, HCPNV, groups, and hospitals.
- The committee recommends changes to the membership.
- After coordination with Nevada State Medical Association, the committee recommends that the board of trustees direct the establishment of policy regarding release of CCMS member contact information to active CCMS members in accordance with the following guiding principles:
  - The CCMS member requesting contact information of other CCMS members shall be advised to check whether the CCMS web site already contains the needed contact information for easy download and use.
  - Member contact information can only be released to authorized CCMS members for those who have provided CCMS a signed release of information form authorizing sharing of their personal contact information beyond the information posted on the CCMS web site and in the annually published member directory.
  - The CCMS member requesting CCMS member contact information must submit to CCMS a written request (electronic submission is acceptable) specifying a.) the minimum required contact information elements, b.) the date of the request, c.) the names of individuals who may review the contents of the requested information, and d.) the purpose of the request for this contact information.
  - The CCMS member requesting CCMS member contact information shall sign a document attesting that only individuals with a legitimate need to know the contact information will access the information that is released.
  - The CCMS board secretary shall initially review the request for clarification and compliance with this policy and recommend approval or denial to the executive committee of the board of trustees.
  - The CCMS executive committee of the board of trustees shall determine whether release of the requested CCMS member contact information is approved, by majority vote of a meeting of the executive committee attended by a quorum of executive committee members.
  - If release of CCMS member contact information is authorized, the private confidential information shall be released in accordance with methods that meet applicable privacy and security regulations and laws regarding protection of personally identifiable information.
  - Release of CCMS member contact information by non-members of CCMS beyond the information posted on the CCMS web site or in the printed membership directory shall require approval by majority vote of a meeting of the executive committee attended by a quorum of executive committee members.

Summary of releases of CCMS member contact information outside the CCMS web site and CCMS printed member directory including requester, purpose, and contact information elements released shall be reviewed by the board of trustees at least annually to determine whether policy changes are warranted.

Verbal Additions:
- The committee will provide Dr. Lehrner with a directory book for finding delegates.

**Motion to approve amended changes to membership form (M/S Reeves/McHale - Approved)**

**Motion to send decision for SOP regarding distribution of member information to committee (M/S McHale/Burkhead - Approved)**

**NSMA: by Dr. Baron (verbal report)**
The 2019 Legislative Session was an overall success, for updates on wins/losses/draws check out the Legislative Wrap-Up on July 24.

**MedPAC/Government Affairs Committee: by Dr. Lehrner (written report)**
- CCMS/NSMA are looking at potentially rolling MedPAC into NEMPAC.
- Dr. Lehrner will be continuing as chair.
- More discussion on the future of MedPAC/GAC during the July retreat.

**Past Presidents’ Council: by Dr. Roth (verbal report)**
Drs. Adashek and Roth are working to plan a dinner for the council.

**Delegate Committee: by Dr. Lehrner (verbal report)**
The second-to-last Delegate meeting will take place after BOT, with the final meeting on July 16.

**Scholarship Fund: by Dr. Burkhead (written report submitted)**
- Plan to make this a more active committee for the 2019-2020 year and onward.
- Committee members include Dr. Ellerton, Dr. Burkhead, Dr. Roth, Dr. Kuhls, Dr. Bernstein, Dr. Jameson, Dr. Reeves, Dr. Fiore, and Dr. Dickson.
- The first meeting of the year was held 6/18/19 at 5:00 p.m., with Brian Buckley in attendance. Meetings will be quarterly moving forward, with the next one being held Wednesday, September 18 at 6:00 p.m.
- The CCMS Scholarship Fund provided $13,000 to Touro SOM and $13,000 to UNLV-SOM students (26 x $1000
As the new Co-Presidents we intend to continue the mission of the Alliance being charitable, educational and building a healthier Southern Nevada.

CCMSA Membership Drive, we accept membership applications throughout the year. Members receive special invitations and members only pricing with some of our community partners such as the Las Vegas Philharmonic, Las Vegas HEALS, the Nevada Healthcare Forum, and so much more! Join or renew your Membership to receive Member Only Benefits! Visit us online at www.ccmsa-lv.org or email at ccmsalv@gmail.com.

CCMSA Holiday Scholarship Project takes place in the fall, where we raise funds for scholarships to deserving medical and nursing school students. We have awarded over $520,000 in scholarships since its inception in 1949.

CCMSA Fashion Show & Luncheon, scheduled to be held on March 19, 2020 at the Four Seasons Hotel, where the net proceeds will benefit a chosen health-related charity. This year, we chose Mental Health Awareness for youth as our platform. We are proud to announce our charity of choice for the 2019-2020 year is the Born This Way Foundation, founded by Lady Gaga and her mother, Cynthia. Their program called teen Mental Health First Aid (tMHFA), in collaboration with the National Council for Behavioral Health, teaches high school students about common mental health challenges; how to support their own mental health as well as anyone who may suffer from it. Our goal is to bring this program to 10 high schools in Southern Nevada.

We are excited to be a part of the CCMS. We wish everyone a wonderful summer and thank you for your continued support.

Michele Volker & Ginger Allen
2019-2020 CCMSA Co-Presidents
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.

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HIGHLIGHTS
- Owner/User Medical Office – Move In Ready
- Located in the Highly Desirable Henderson Sub-Market
- Close Proximity to Dignity Health Siena Campus – 326 Bed Facility
- Ample Parking
- Excellent Surrounding Demographics
- CN Zoning

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$2,200,000
$343.75 PSF
$1.85 NNN
±6,400 SF
Your banker should say what they’ll do and do what they say.
Not one time, but every time.
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**.
HEALTH DISTRICT UPDATE

Health District works with community partners to address high rates of syphilis and congenital syphilis in Southern Nevada

Joseph P. Iser, M.D., DrPH, MSc | Chief Health Officer, SNHD
Member since 2013

The Southern Nevada Health District's priorities for the 2019 legislative session focused on furthering its public health mission to improve the community's health and the agency's ability to continue to meet the growing demand for public health services. These priorities included modernizing the Nevada Clean Indoor Air Act to include electronic cigarettes and vaping products, taxing e-cigarettes at a rate equivalent to traditional tobacco products, enacting Tobacco 21 legislation to prevent smoking initiation among high school students, establishing a Public Health Improvement Fund, and supporting legislation to require laboratories report chronic disease markers to the Division of Public and Behavioral Health and local public health authorities.

As with all legislative sessions, these priorities were met with mixed success. However, the Health District, tobacco control, and public health partners are celebrating the significant gains made with the passage of Senate Bill 263.

SB263 brings vapor products into the existing tax structure as “other tobacco products” and prohibits internet sales to minors. It also accomplishes our stated priority of updating the Nevada Clean Indoor Air Act to include vaping products and electronic cigarettes in places where children and adults are protected from secondhand smoke — and now secondhand aerosol from vaping products. Other important components included in SB263 are the requirements for retailers to have the appropriate license to do business in Nevada, penalties for selling to minors, and prohibitions on internet sales to minors.

The funds from this bill will provide an additional $2.5 million for tobacco prevention and control programs.

Assembly Bill 544 was another piece of tobacco legislation introduced at the end of the session as an emergency bill. This measure included language to raise the legal age to purchase tobacco products to 21. Unfortunately, the Tobacco 21 issue was being used as a political issue by tobacco industry players, and the language in this bill could not be supported by the Health District or the tobacco control community. Tobacco 21 continues to be a priority issue for public health and tobacco control advocates, and work continues on this front.

The Health District was planning to support another tobacco control bill that would have provided funding for a Public Health Improvement Fund. Assembly Bill 470 was the original Nevada Clean Indoor Air Act Modernization bill set to be introduced at the beginning of the legislative session. The bill was scheduled for a hearing and then pulled from the agenda. In addition to including comprehensive updates to the Nevada Clean Indoor Air Act, the bill draft language included Tobacco 21 language developed in conjunction with public health advocates and a funding mechanism for local public health authorities. While this was an unfortunate setback, some of the bill language was salvaged through amendment into SB263.

Senate Bill 171 was another priority bill for the Health District. It would have required laboratories to report chronic disease markers to the Nevada Division of Public and Behavioral Health. This was an important mandate that would have provided vital information about our population’s risk for developing chronic diseases as well as increased cancer deaths. Work was done during the session to ensure hospital laboratories in smaller communities would not be impacted by this bill. Unfortunately, while this bill passed unanimously in the Senate, it never received a vote in the Assembly. This means health authorities will continue to rely solely on self-reported data or medical claims data collected through Medicaid or hospital discharge billing.

Assembly Bill 317 originally directed the State Board of Health to adopt regulations for designating facilities as trauma centers and prohibited hospitals from charging an activation fee for trauma care provided at a Level III or Level IV trauma center. The bill was later amended, and passed as amended, to reverse the current process for designating trauma centers. The Health District is still assessing the impact of this bill.

The Health District also worked diligently with its partners to oppose Senate Bill 418, the bill to revise provisions governing the distribution and sale of raw milk. These efforts were ultimately successful, and the bill did not receive a hearing in the Assembly.

Additional bills supported by the Health District that passed this session included Assembly Bill 169 which establishes the Maternal Mortality Review Committee, Assembly Bill 223 which directs the state to apply for a waiver to authorize the Department of Health and Human Services to provide dental care services to adults with diabetes who are eligible for Medicaid, and Senate Bill 159 which allows students to possess and use sunscreen and wear protective clothing to reduce their risk of skin cancer and excessive exposure to ultraviolet radiation.

Due in part to the effective collaborations of public health, health care, and community partners, there were many gains made that will positively impact the health of the community this session, and just as importantly, a foundation laid to build on our successes next session.
CCMS MEMBER NEWS

NEW PHYSICIAN MEMBERS:

Adam J. Antflick, D.O.
Anesthesiology/Pain Management
7220 S. Cimarron Rd. #270
Las Vegas, NV 89113

Parminder Kang, M.D.
Orthopaedic Surgery
2800 E. Desert Inn Rd. #100
Las Vegas, NV 89012

Andrew Kim, D.O.
Physical Medicine/Rehab
2800 E. Desert Inn Rd. #100
Las Vegas, NV 89012

Steven Nishiyama, D.O.
Orthopaedic Surgery
2800 E. Desert Inn Rd. #100
Las Vegas, NV 89012

Sungkook Park, M.D.
Pain Medicine
2800 E. Desert Inn Rd. #100
Las Vegas, NV 89012

William Rosenberg, M.D.
Family Medicine/Sports Med.
2800 E. Desert Inn Rd. #100
Las Vegas, NV 89012

Richard Winder, M.D.
Orthopaedic Surgery
2800 E. Desert Inn Rd. #100
Las Vegas, NV 89012

Rosaly Diaz Torreullas, M.D.
Physical Medicine/Rehabilitation
2124 Mountain Rail Dr.
Las Vegas, NV 89084

RETURNING PHYSICIAN MEMBERS:

Warren Volker, M.D.
Gynecology
770 E. Warm Springs Rd. #240
Las Vegas, NV 89119

Roger Fontes, M.D.
Orthopaedic Surgery
2800 E. Desert Inn Rd. #100
Las Vegas, NV 89012

NEW RESIDENT MEMBERS:

Philip Kaseska, M.D.
Internal Medicine
What if Nevada State Medical Association was not at the 2019 Legislative Session?

Catherine M. O'Mara, JD
Executive Director
Nevada State Medical Association

NSMA has a core group of dedicated members who put in incredible effort during the last legislative session focusing on advocacy. Ask any of these folks about the value of NSMA and they will readily jump in with successes from 2019: our efforts to improve the opioid law to make the rules more patient and physician friendly, or to stop very bad legislation to unwind tort reform, or some of our public health successes. Those physicians who may be less “plugged in” to our daily activities often ask me what is the value of my membership in NSMA? What is it all for?

For those physicians and for each of us, it’s worth a pause to consider: What would have happened to Nevada physicians if the NSMA was not at the 2019 Legislative Session?

Without the NSMA in 2019, you as a Nevada physician would face:

- Less Protection from frivolous lawsuits and weakening of KODIN
- Continued frustration for patients and physicians dealing with opioid prescriptions
- More mandated CME and yearly unfunded reporting requirements
- Mandated E-prescribing of all medications starting in 2020, without exemptions or waivers
- An outright ban on balance billing with no protection for physicians’ contracts or the market
- Scope of practice creep including independence for Physicians Assistants
- A moratorium on necessary surgeries for babies and children to correct hypospadias
- No improvements for patient protections in insurance coverage
- No increased transparency in insurance rental markets
- No Maternal Mortality Review Committee to improve maternal mortality and morbidity

Fortunately, NSMA was there for you and your patients, working tirelessly to improve the practice of medicine in Nevada. In 2019, NSMA:

- Prevented legislation from being introduced that would impact tort reform protections
- Improved the process of opioid prescribing. (AB239)
- Stopped harmful mandates including CMEs and reporting requirements, instead working with agencies to provide physicians who treat veterans with information to treat their patients.
- Negotiated a mandate on e-prescribing to apply to only prescriptions for controlled substances, to be implement in 2021 in alignment with new federal rules and which allows for several exemptions and waivers to ensure the needs of patient care and physician practices are met. (AB310)
- Negotiated a hard-fought deal on out of network billing in emergency situations that includes protections for existing contracts, dispute resolution system that considers the low dollar amounts of most out of network bills and establish a reporting requirement that ensures transparency in networks and contracting practices of insurers. (AB469)
- Prevented independence for PAs and began discussions to help PAs be successful in their practices within the practice team. These discussions will be on-going through the interim.
- Prevented legislation that would ban necessary surgeries and began an important dialogue with proponents of the legislation to better communicate the clinical side to address their concerns of unnecessary surgeries.
- Improved patient protections by protecting pre-existing conditions and requiring insurance agencies to register case contacts with the office of consumer health advocates to help patients navigate complicated insurance plans and sparse networks.
- Improved transparency by requiring insurers to disclose to physicians, those renting networks and provide physicians with the opportunity to decline to be a part of the rental arrangement.
- Established Nevada’s Maternal Mortality Review Committee (AB169) to study instances of maternal mortality and morbidity and to make recommendations to improve the lives of Nevada mothers, and
- Represented Nevada Physicians with dedication and integrity.

As we often say at NSMA about politics and policy making, “you’re either at the table or you’re on the menu.” NSMA was at the table for you in 2019, and with your help, we will continue to be there, protecting you and your patients for years to come.
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
On Thursday, July 11, Cleveland Clinic Lou Ruvo Center for Brain Health celebrated 10 historic years in Nevada with a commemorative time capsule event to recognize the tremendous impact the center has made over the past decade, thank the Las Vegas community for its unwavering support, and honor the future of health care and brain disease research.

Nearly 300 patients, caregivers and community leaders gathered at the reception to compose personalized messages that were included in the community time capsule, cementing their experiences and hopes for the future of brain disease for years to come. Additional items sealed in the time capsule included:

- A commemorative coin from Mayor Carolyn Goodman
- Forward thinking statements from each of the Lou Ruvo Center for Brain Health physicians on the future of brain disease research and treatment
- A plaque from the center’s grand opening celebration in 2009
- A Team Ruvo t-shirt symbolizing that the future of brain disease will not be a “one size fits all” treatment, complete with signatures of Cleveland Clinic staff and event attendees
- A congratulatory letter from Touro University Nevada

Following the reception, John Katsilometes, famed entertainment columnist for the Las Vegas Review-Journal kicked off the program by welcoming Former Mayor of Las Vegas and long-time supporter of the Lou Ruvo Center for Brain Health, Oscar Goodman to the stage to discuss the influence that the center has made on Nevada’s health care industry, referencing that, “Las Vegas will be known as the city where the cure took place.” Continuing the program, Marwan Sabbagh, M.D., director of Lou Ruvo Center for Brain Health, showcased the achievements in clinical research and treatment over the past decade, and was followed by presentations from Jean Georges, caregiver and one of the first volunteers for the center, Tina Dortch, patient at the Lou Ruvo Center for Brain Health, and a special message on behalf of Camille and Larry Ruvo thanking the Las Vegas community for its support of their mission during the 10-year journey.

Las Vegas Raiders owner and newly-appointed Keep Memory Alive Board Member Mark Davis spoke on his excitement to be a part of the Lou Ruvo Center for Brain Health and the future of world class health care in Las Vegas. He then congratulated both the center and the entire Las Vegas community on this milestone achievement and surprised the crowd with a $25,000 outright donation to Keep Memory Alive, fundraising arm of the center.

Dr. Sabbagh closed the presentation with forward-thinking objectives for the next 10 years of Cleveland Clinic Lou Ruvo Center for Brain Health as well as hopeful achievements in the health care industry sharing, “And if the answers to these diseases are going to happen, they’re going to happen here in Las Vegas because of you, because of the support from the community.” The program concluded with a ceremonial sealing of the time capsule by Dr. Sabbagh, Oscar Goodman, Jean Georges, Tina Dortch and Mark Davis.

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Henderson Hospital Honored by Immunization Action Coalition for Hepatitis B Vaccine Birth Dose Rate

Henderson Hospital has been recognized by the Immunization Action Coalition (IAC) and the Nevada State Health Department for achieving one of the highest reported rates in the state for its work to protect newborns from hepatitis B virus infection.

“Immunizations are one of the most valuable tools parents can give their children, and we are committed to begin vaccinations within our Birthplace,” said Sam Kaufman, CEO/Managing Director of Henderson Hospital. “We are proud of the work our team has done to earn its spot on the honor roll, and hope that parents continue to immunize their infants and children to protect them against many diseases.”

Henderson Hospital is the newest entry into IAC’s Birth Dose Honor Roll (www.immunize.org/honor-roll/birthdose), which recognizes hospitals and birthing centers that have attained high coverage levels for administering the hepatitis B vaccine at birth. The Birthplace at Henderson Hospital team immunized 91 percent of babies over a 12-month period, and took additional steps to prevent perinatal transmission of hepatitis B.

The national standard of care to prevent hepatitis B virus infection in babies is to administer hepatitis B vaccine to all newborns before they leave the hospital or birthing center. This standard is being adopted by centers of healthcare excellence nationwide as a safety net to protect newborns from a wide range of medical errors that lead to babies being unprotected from perinatal hepatitis B infection.

“Hospitals and birthing centers have a responsibility to protect babies from life-threatening hepatitis B infection,” said Deborah Wexler, MD, executive director and founder of IAC. “Henderson Hospital’s commitment to the best practice of hepatitis B vaccination at birth has shown them to be a leader in preventing the transmission of the hepatitis B virus.”

Henderson Hospital is a member of The Valley Health System, a network of six acute care hospitals that provide care for patients throughout Southern Nevada and nearby communities.
In its ongoing commitment to the rapid evaluation, diagnosis and treatment of stroke, the six hospitals of The Valley Health System (VHS) have all received the American Heart Association/American Stroke Association’s Get With The Guidelines® Stroke Quality Achievement Awards. The award recognizes the hospitals’ commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

“Our hospitals have been focusing on stroke education and stroke diagnosis, intervention and treatment since the mid-2000s,” said Karla Perez, Regional Vice President of The Valley Health System. “According to the 2019 statistics from the American Stroke Association, someone dies from a stroke every 3.7 minutes. Additionally, 46 percent of U.S. adults are estimated to have hypertension [high blood pressure]* which is often called the silent killer and is a top risk factor for having a stroke.”

“We are continually educating our community about the risk factors, signs and symptoms of stroke, while simultaneously evaluating, diagnosing and treating both ischemic and hemorrhagic strokes in our emergency departments and on our patient care units,” explained Perez. “It’s an enormous responsibility, and one that clinicians throughout our hospitals take very seriously.”

Each hospital earned its award by meeting specific quality achievement measures for the diagnosis and treatment of stroke patients at a set level for a designated period. These measures include evaluation of the proper use of medications and other stroke treatments aligned with the most up-to-date, evidence-based guidelines with the goal of speeding recovery and reducing death and disability for stroke patients. Before discharge, patients should also receive education on managing their health, get a follow-up visit scheduled, as well as other care transition interventions.

According to the American Heart Association, the VHS hospitals have achieved the following awards:

- Centennial Hills Hospital earned the Get with the Guidelines Stroke GOLD PLUS Award with Target Stroke Honor Roll Elite Achievement Award.
- Desert Springs Hospital earned the Get with the Guidelines Stroke GOLD PLUS Award with Honor Roll Achievement Award.
- Henderson Hospital earned the Get with the Guidelines Stroke GOLD Award Achievement Award.
- Spring Valley Hospital earned the Get with the Guidelines Stroke GOLD PLUS Award with Target Stroke Honor Roll Elite Plus Achievement Award.
- Summerlin Hospital earned the Get with the Guidelines Stroke GOLD PLUS Award with Target Stroke Honor Roll Elite Plus Achievement Award.
- Valley Hospital earned the Get with the Guidelines Stroke GOLD PLUS Award with Target Stroke Honor Roll Elite Achievement Award.

The Target: Stroke Honor Roll awards recognize that hospitals have met quality measures to reduce the time between the patient’s arrival at the hospital and treatment with the clot-buster tissue plasminogen activator, or tPA, the only drug approved by the U.S. Food and Drug Administration to treat stroke.
AMA: Leading medical organizations fight for transgender Americans

Employment discrimination based on gender identity jeopardizes health of transgender individuals

The American Medical Association (AMA) and 15 additional medical, mental health, nursing and other health care organizations filed a joint friend-of-the-court brief urging the Supreme Court of the United States to rule in favor of protecting transgender individuals from employment discrimination to ensure their physical and mental health.

The brief was submitted in the cases of Bostock v. Clayton County, Georgia, Altitude Express Inc. v. Zarda and R.G. & G.R. Harris Funeral Homes Inc. v. Equal Employment Opportunity Commission, which consider whether Title VII of the Civil Rights Act of 1964 protections against discrimination on the basis of “sex” include sexual orientation and gender identity.

The AMA-led brief cites more than four dozen studies and papers demonstrating the consensus among health care professionals regarding: what it means to be transgender; the protocols for the treatment of gender dysphoria, which include living in accordance with one’s gender identity in all aspects of life; and the predictable harms discrimination poses to the health and well-being of transgender individuals.

The brief, intended to inform the high court, maintains that “being transgender implies no impairment in a person’s judgment, stability, or general social or vocational capabilities.” Despite this medical consensus, there is evidence of widespread employment discrimination against transgender people that exacerbates gender dysphoria, frustrates medical treatment, and impedes access to health care when such discrimination results in a person losing income or health insurance.

Many transgender individuals are diagnosed with gender dysphoria, a condition that is characterized by clinically-significant distress and anxiety resulting from the incongruence between an individual’s gender identity and birth-assigned sex. Medical treatments are effective in alleviating gender dysphoria.

But according to the brief, “employment discrimination against transgender people frustrates the treatment of gender dysphoria by preventing transgender individuals from living openly in accordance with their true gender identity and impeding access to needed medical care.”

Employment discrimination also reinforces the stigma faced by transgender people. The stressful environment created by stigmatization causes negative health outcomes and produces significant health disparities between transgender and cisgender individuals. In contrast, as noted in the brief, “living in congruence with one’s gender identity promotes well-being. Unsurprisingly, policies prohibiting employment discrimination lead to positive health outcomes in the transgender community.”

The Litigation Center of the AMA and State Medical Societies, a legal action coalition consisting of the AMA and medical societies from each state plus the District of Columbia, joined the brief. Other organizations that joined the AMA in the brief include the: AGLP: Association of LGBTQ Psychiatrists; American College of Physicians; American Nurses Association; American Public Health Association; Association of Medical School Pediatric Department Chairs; Endocrine Society; GLMA: Health Professionals Advancing LGBTQ Equality; Lesbian, Bisexual, Gay, and Transgender Physician Assistant Caucus; Medical Association of Georgia; Mental Health America; Michigan State Medical Society; National Council for Behavioral Health; Pediatric Endocrine Society; Society for Physician Assistants in Pediatrics; and World Professional Association for Transgender Health.

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
First Mile Care, a spinoff of the AMA-launched Silicon Valley innovation company Health2047 Inc., has an ambitious plan to create a digitally connected network of diabetes-prevention coaches across the nation’s 42,000 ZIP codes.

But when First Mile CEO Karl Ronn was asked if his company was starting by first building the technology platform or by developing the coaching network, he replied, “Neither.”

“We believe that the right place to start is with the physicians,” he said. That means helping them refer patients to the National Diabetes Prevention Program (National DPP) lifestyle change program, Ronn said. “We need to build around” physicians and strengthen their foundation, he added.

The goal for First Mile is to simplify the often-complicated lifestyle-change program referral process and make the patient’s journey as seamless as possible.

The National DPP lifestyle change program is an evidence-based, year-long program that has been clinically proven to reverse prediabetes. The program is facilitated by a trained lifestyle coach in a group setting and uses a Centers for Disease Control and Prevention (CDC) approved curriculum. In 2018, Medicare began paying up to $670 over a two-year period to cover the cost of a patient’s lifestyle change program.

In comparison, medical expenses for people diagnosed with diabetes average $16,750 a year. That is about 2.3 times higher than for people without diabetes.

The AMA’s Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies. This comprehensive and customized approach helps clinical practices and health care organizations identify patients with prediabetes and manage the risk of developing type 2 diabetes, including referring patients at risk to a National DPP lifestyle change program based on their individual needs.

There are more than 84 million Americans with prediabetes. But despite their proven effectiveness, only 200,000 people have participated in a lifestyle change program.

“Our job is to find out why it isn’t scaling,” Ronn said.

Long goals tied to short drives
Ronn believes the key to scaling the CDC-recognized lifestyle change program is to make it “hyperlocal,” meaning classes have to be held within a 10-minute drive of patients’ homes and led by a coach with local knowledge of neighborhood resources who can foster community-based, peer-to-peer connections.

“We need to set up on-demand availability,” Ronn said. “We can meet you where you are and be convenient in location as well as in time.”

The AMA has partnered with several innovative organizations—including Omada Inc. and the YMCA of the USA—that are striving to prevent type 2 diabetes. First Mile Care is another example of an organization applying a creative solution to overcome barriers for patients and physicians.

AMA Executive Vice President and CEO James L. Madara, MD, in his address at the 2018 AMA Interim Meeting, noted both First Mile’s commitment to on-demand convenience and the challenge of getting patients with prediabetes into a lifestyle-change program.

“Using an Uberized approach—the right time, the right place and the right match—First Mile Care will build a network of 100,000 digitally certified lifestyle coaches across all 42,000 U.S. ZIP codes,” Dr. Madara said. “Diabetes prevention programs have existed for nearly a decade, yet less than half of one percent of people with prediabetes in the U.S. have completed such a program—and so an approach that is scalable and easier to access is desperately needed.”

Ronn said that First Mile is working to find a physician in the San Francisco Bay Area so they can launch the enterprise close to their headquarters in Menlo Park. The physician will help “fine-tune the model,” he said, adding that “discussions are going on across the country for other places we would add next.”

National network, neighborly focus
Finding coaches will not be a problem, Ronn added. To qualify for the position, candidates need to take a four-session, two-week class.

First Mile is looking for people who have experience and skill with helping others help themselves to reach personal goals. Community workers, nurses and teachers who are working part-time positions would be likely candidates.

“Coaches are there to help facilitate small, sustainable, incremental changes rather than preaching at participants,” Ronn said, adding that duties would include developing weekly action plans for participants.

Programs will be working from a common platform and best practices will be shared. But the key is to develop programs that will work for the particular prescribing physician’s patient population.

“We have to make it work at a neighborhood level,” Ronn said. And, he added, “we have to support the individual physicians—period.”
AMA calls on DHS to address conditions at border facilities

AMA urges Administration to “develop policies that ensure the health of children and families is protected throughout the immigration process”

The American Medical Association (AMA) today called on the U.S. Department of Homeland Security (DHS) and U.S. Customs and Border Protection (CBP) to address the condition of their facilities at the southern border, which are inconsistent with evidence-based recommendations for appropriate care and treatment of children and pregnant women.

The AMA also issued a letter to the House Committee on Oversight and Reform in advance of the upcoming hearings entitled, “Kids in Cages: Inhumane Treatment at the Border,” and “The Trump Administration's Child Separation Policy: Substantiated Allegations of Mistreatment.”

“Conditions in CBP facilities, including open toilets, constant light exposure, insufficient food and water, extreme temperatures, and forcing pregnant women and children to sleep on cement floors, are traumatizing. These facilities are simply not appropriate places for children or for pregnant women. We strongly urge the Administration and Congress to work with the medical community to develop policies that ensure the health of children and families is protected throughout the immigration process,” wrote AMA CEO and EVP James L. Madara, M.D.

The full text of the letter is below:

“Dear Acting Secretary McAleenan and Acting Commissioner Morgan:

As the largest professional association for physicians and medical students, and the umbrella organization for state and national specialty medical societies, the American Medical Association (AMA) has been, and continues to be, deeply committed to ensuring the health and safety of all individuals regardless of immigration status.

We are writing to express our ongoing concerns that conditions in Customs and Border Protection (CBP) custody are inconsistent with evidence-based recommendations for appropriate care and treatment of children and pregnant women. Conditions in CBP facilities, which include open toilets, constant light exposure, insufficient food and water, extreme temperatures, and forcing pregnant women and children to sleep on cement floors, are traumatizing. Such facilities are simply not appropriate places for children or for pregnant women. We, along with numerous other medical and mental health organizations, have offered our strong support for passage of H.R. 3239, the “Humanitarian Standards for Individuals in Customs and Border Protection Custody Act,” and urge Members of Congress to work to advance this type of legislation as part of any humanitarian response to the situation at the southern border.

Sincerely,

James L. Madara, M.D.
AMA CEO and EVP”

Families seeking refuge in the U.S. already endure emotional and physical stress, which is only exacerbated when they are separated from one another or held in family detention facilities during the pendency of their immigration proceedings. It is well known that childhood trauma and adverse childhood experiences created by inhumane treatment often create negative health impacts that can last an individual’s entire lifespan. Given our concerns, we strongly urge the Administration and Congress to work with the AMA and other medical and mental health care experts to develop policies that ensure the health of children and families is protected throughout the immigration process. We further urge the Administration and Congress to work together to give priority to supporting families and protecting the health and well-being of the children within those families.

Sincerely,

James L. Madara, M.D.
AMA CEO and EVP”
THANK YOU

To all of the friends, colleagues, and members of the community for making our 65th Board Installation truly special.

Event Photos Inside!