



Pennsylvania Surgical News

News & Updates for the Keystone and Metropolitan Philadelphia Chapters
American College of Surgeons

August 2020

Keystone & Metropolitan Philadelphia Chapters Join Forces to Provide Services to Members During COVID Pandemic

The year began like any other year for the Keystone and Metro Philadelphia Chapters who serve surgical members in the central and eastern side of Pennsylvania. Plans were in the works for in-person educational conferences, networking events, mock oral boards, and resident poster and jeopardy competitions. In March, all plans came to an abrupt halt as the COVID-19 pandemic reached Pennsylvania and the Governor ordered all large, in-person events postponed or cancelled. Travel restrictions, limiting elective surgical procedures, funding cuts for members and our vendor supporters, and 2020 being a licensure renewal year posed hurdles for both Chapters. Council members knew the importance of adjusting plans and finding ways to continue to keep you, our members, engaged and supported. Both Chapters have joined forces to collaborate on services that would help you and the collective surgical community continue to deal with the daily changes.

In March, we published our first issue of the ***Pennsylvania Surgical News***. We continue to release this monthly eNewsletter providing information on managing your surgical practice,

updates on what is happening with the government-mandated restrictions and legislative issues. The eNewsletter letter continues to keep you updated on what is happening on the local, state, and national level.

On July 8th, Metro Philly Chapter's COVID-19 Task Force hosted a COVID-19 Roundtable webinar featuring lectures from epidemiologists, representatives from the Department of Health, a former MPACS Resident now working on the frontlines in New York City, and a current MPACS Resident shared her experience as a surgeon and COVID patient. The recorded webinar is available for viewing on the MPACS website (www.mp-ac.org).

Keystone Chapter began offering bi-weekly Zoom chat sessions on July 29th open to all Pennsylvania ACS members. ***The Keystone Respite***, is a 90-minute open floor format where members can "come when you can, speak when you can, and engage with your peers" to collaborate and discuss issues that will directly benefit participants and shape advocacy, future programs and benefits for all members. The next session will be held on August 13th beginning at 8:00 AM. Register is required. Click [here](#) to register.

In June, Dr. Stanley Stawicki, Keystone Chapter's Educational Programming Chair and Dr. Jeffrey Butcher, Metro Philly Past President, began a discussion on how to bring a "grand rounds" series

of webinars to the members. From that discussion, the ***Surgical Collaborative Educational Task Force*** was formed with plans to offer “grand rounds” opportunities to Keystone and Metro Philly members and healthcare institutions. The Task Force is hoping to kick off the first webinar in September and host additional webinars every two weeks. Stay tuned for more information.

And finally, Metro Philly is working to bring the annual in-person Mock Oral Boards to the virtual environment. The Boards will be held October 17 using a virtual platform providing examinees an opportunity for a mock oral experience in a structured environment, receiving feedback and helpful tips from examiners in preparation for the real ABS oral boards.

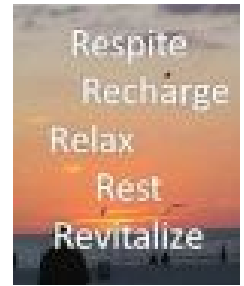
Even though the COVID pandemic has pushed many in-person events into 2021, the Keystone and Metro Philly Chapters are still working to provide opportunities for you to learn, grown and survive during this challenging time.

Has your dues lapsed? Are you not a current member of your local chapter? Now is the time to renew or join. To renew your membership, call the Chapter office at 717-220-5255 or email [Keystone](#) or [Metro Philly](#).

New members can join during our summer recruitment campaign and receive membership benefits through December 31, 2021. Visit either <https://www.kc-acg.org/join-us> or <https://www.mp-acg.org/join-us> and become a member today!



The Keystone Respite
August 13, 2020
8:00 AM—9:30 AM



Did you miss the inaugural session of ***The Keystone Respite*** on July 29th? It was a great session with lots of discussion, comments, and questions. We were ecstatic to hear from **YOU**. In response to the session, we are actively engaged with the American Board of Surgery to gather information and aid our board eligible and certified members surrounding a number of important issues. Stay tune for updates on this initiative!

To make participation accessible to all, we plan to rotate our sessions between morning, lunchtime, and early evening and on different days of the week. Our next bimonthly sessions will be held **Thursday, August 13th from 8:00 AM to 9:30 AM**. The open floor format is 90 minutes and provides **YOU** the opportunity to come when you can, speak when you can, and engage with your peers anything during the 90-minute window. Watch or listen — your choice.

Our focus topic for the August 13th session:

Telemedicine for Surgeons: Fabulous or Fraught with Challenges?

Issue 1: is this an appropriate platform for surgeons? Successes and failures? How have you incorporated telemedicine in your practice? Response from your patients? Legal considerations?

Issue 2: cost and financial implications—long-term bottom-line effects for your practice? Billing processes?

Issue 3: what tools exist versus what tools are needed to ease further telemedicine mandates and transitions?

To recap our format: There are no invited speakers. This moderated conversation and exchange of information will be driven by **YOU** and your level of participation. This is a safe space, not recorded or transmitted elsewhere, and not meant to be used for any other avenue. All comments are valued. The summative conversation and opinions shared will hopefully be of direct benefit to participants and further help guide your local leadership of the American College of Surgeons on your behalf. Whether to gather information, ask questions, or propose action on an issue, your efforts will lead to our action!

Registration is required in order to maintain a safe discussion environment for all participants. Please click the link below to register and take a moment to answer the query for questions or information you would like shared during the August 13th session.

Click [here](#) to register.

Join us for our next session on August 13th!



Is This How You Feel Some Days?

Join Your Fellow Surgical Colleagues
for some much-needed respite from the daily
grind.

[Register](#) for the August 13th *The Keystone Respite*
today!



Benefits of Joining Your Local ACS Chapter

Why belong to your local ACS Chapter?

Local Chapters offer

- opportunities to network with your colleagues in your backyard
- attend seminars and other educational events close to home
- monitor legislative and regulatory issues affecting Pennsylvania physicians
- looking for guidance or assistance with an issue, you can reach out to another member, close to home, that could be dealing with the same state-related issue

Healthcare associations, like Keystone and Metropolitan Philadelphia, represent the interests of physicians and the healthcare team. Focusing on the use of collective surgical knowledge the Chapters work in collaboration with the ACS to define standards and policy, provide educational opportunities and be a trusted voice in the surgical community.

As a current active member with the ACS, your membership in the local ACS Chapter is pre-approved. Simply complete the new member information sheet and submit your local dues. Our online membership portal makes it quick and easy to join and pay your dues.

New members joining during our Summer Recruitment Campaign (ending August 31, 2020) will receive membership benefits through December 31, 2021 at a discounted rate.

Not a member? Join today at [KCACS](#) or [MPACS](#).

AMERICAN COLLEGE OF SURGEONS NEWS & UPDATES



ACS continues to monitor the trajectory of COVID-19 cases and local restrictions in the conference's host city of Chicago, across the US, and throughout the world, and decided to hold Clinical Congress 2020 as an exclusively virtual event. Being held October 4–7, the event will be a little shorter than the traditional in-person event.

Like many other organizations, including the Keystone and Metropolitan Philadelphia Chapters, moving away from in-person events to virtual events was not an easy decision to make, but the health, safety, and welfare of members is paramount. The virtual Clinical Congress will ensure broad participation for all those who want to attend, especially individuals whose institutions have travel bans in place throughout the fall. It will include a live component and on-demand components beyond the dates of the Clinical Congress.

Additional information about virtual Clinical Congress 2020 can be found on the [ACS website](#). Registration details and additional important program information will be available shortly.

ACS 2020 Quality and Safety Conference VIRTUAL to Be Held August 21–24



The ACS 2020 Quality and Safety Conference has been rescheduled for August 21–24, and sessions will be offered daily from 8:00 am–12:00 noon Central Daylight Time. View the [final program](#). This event offers something for everyone, including the following:

- Free access to 600-plus presentations, individual speaker talks, panel discussions, fireside chats, abstract research, and quality improvement presentations
- Topics that cover quality, safety, and reliable surgical care, as well as global health, leadership and communication, diversity, equity and inclusion and COVID-19
- Interaction with experts in real time through chat during the conference

Conference content will be accessible in an easy-to-navigate platform via a one-click login, and all sessions will remain accessible post-event.

Registration is open. [Complete yours today](#). We will share details of how to access the conference on August 14.

ACS TQIP Accepting Abstracts for Annual Scientific Meeting until August 15

The American College of Surgeons Trauma Quality Improvement Program has issued a call for abstracts for the virtual TQIP® Annual Scientific Meeting and Training, December 7–10. The deadline for abstract submissions is 11:59 pm Central Daylight Time **August 15**. Late submissions will not be accepted.

Submitting an abstract offers a chance for you and TQIP registry staff to share the notable initiatives you have enacted at your hospitals. TQIP wants to

know what internal performance improvement efforts you have embarked on, and how you have been using TQIP in your center. In recognition of recent events, a COVID-19 category has been added to the submission topic list. We know that this difficult time has forced centers to be creative in efforts to keep patients and staff safe while still providing excellent trauma care.

View the [ACS TQIP meeting website](#) for more information and to submit your proposal.

ACS OFFERS OPPORTUNITIES FOR INCREASED SPECIALTY RESIDENT PARTICIPATION IN THE COLLEGE

Enrique Hernandez, MD, FACS, FACOG

Sonia Bhandari Randhawa, MD

Specialty societies provide surgeons in training with opportunities to expand their knowledge and clinical expertise through their training. Residency programs have a long checklist of knowledge and skills training they must provide to their trainees, yet somewhere along the way, the enrichment related to networking and career building gets lost. The Resident and Associate Society of the American College of Surgeons (RAS-ACS) is a specialty organization for residents and recent graduates that connects them to people and projects specifically for young surgeons. These opportunities help residents develop professionally as they progress through their training and early years in practice.

The RAS-ACS assists residents who want to attain skills pertaining to advocacy, health policy, leadership, global health, and career planning. It allows for networking and camaraderie, both of which are essential for professional development. This camaraderie fosters a kinship among residents whose common goal of surgical excellence attracts them to this profession. The challenge lies in attracting residents in the surgical specialties, such as residents in obstetrics and gynecology, otolaryngology-head and neck surgery, urology, and so on. These residents likely find their own specialty organizations provide much of the support they need, but they also would benefit from the extensive resources offered by the College.

Obstetricians-gynecologists (OB-GYNs) have been an integral part of the ACS since its founding more than 105 years ago. In fact, the College's founder, Franklin H. Martin, MD, FACS, chose the name *Surgery, Gynecology & Obstetrics* (now known as the *Journal of the American College of Surgeons*) for the organization's clinical publication. OB-GYN residents are an important part of the ACS legacy and should be encouraged to be active participants

in the largest and preeminent surgical association in the world.

The ACS Advisory Council for Obstetrics and Gynecology noted the void in OB-GYN resident involvement in RAS, and despite multiple efforts in the past, was unable to increase membership. At the 2019 Leadership & Advocacy Summit, the OB-GYN advisory council proposed a systematic effort to increase OB-GYN residents' interest in ACS. In the past, the program directors had been contacted through mail with little to no response. This year, the Resident Liaison on the advisory council and co-author of this article, Sonia Bhandari Randhawa, MD, paired with **ACS Regent Enrique Hernandez, MD, FACS, FACOG**, a member of the advisory council and the Metropolitan Philadelphia Chapter of ACS, and a co-author of this article, in an effort to significantly increase OB-GYN resident involvement in the ACS.

The goal was to form a Pennsylvania OB-GYN Resident Committee under the ACS to help residents learn about and take advantage of the resources that ACS has to offer, including leadership, advocacy, and surgical skills training, as well as networking opportunities. The authors started by reaching out to each of the 16 Pennsylvania resident program directors and coordinators, asking each program to nominate a resident to the committee. The purpose of the request was to give the program directors a chance to select a resident who was most interested in the surgical aspects of OB-GYN and, in turn, will carry their ACS membership throughout their career. Some programs were eager early on, whereas others needed to be contacted directly by an ACS Regent who knows the leaders of the programs. Our persistence eventually led to 15 of the 16 programs expressing interest in the project and nominating one to two residents per program.

The RAS-ACS is a specialty organization for residents and recent graduates that connects them to people and projects specifically for young surgeons.

Once we had representatives from most OB-GYN residency programs across the state, we hosted a welcome dinner for the selected residents where they learned about the ACS and the resources it has to offer them and about the goals of our committee. We had a significant turnout at the dinner and positive responses from the residents nominated to become ACS members.

We asked these residents to take back to their programs what they learned about the College and to encourage their fellow residents to join the organization; to select a junior resident in their program who would continue in this role after the initial group graduated; and to participate in a statewide service project for residents to lead a sanitary supply drive for a women's shelter in their community.

We are looking forward to this group of residents becoming involved in their RAS-ACS and in the Pennsylvania ACS chapters' (Keystone, Metropolitan Philadelphia, Northwest, and Southwest) activities.

The RAS-ACS is currently working on a template to assist other surgical specialties in implementing a similar program for their resident members.

For additional information, contact [Alison Powers, MBA](#), RAS/YFA Liaison.

The *Pennsylvania Surgical News* is a publication of the Keystone and Metropolitan Philadelphia Chapters of the American College of Surgeons. Guest articles submitted or reprinted with permission are the views expressed by the author and may or may not represent the views of the Keystone or Metropolitan Philadelphia Chapters of the American College of Surgeons. If you have any questions or concerns, please contact our [Chapter Executive Director](#).

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MINDFULNESS TIPS TO KEEP YOU CENTERED AT WORK AND HOME

Caring for patients and also caring for dependent children, spouses, and/or elderly parents has elevated during the COVID-19 pandemic. Many healthcare workers are "burning the candle at both ends" these days. Here are some helpful tips/reminders to keep you centered.

FIRST AND FOREMOST, BREATHE! Our flight or fight systems are in overdrive. Take 3 minutes to be still and quiet. Close your eyes, relax your muscles, and focus on your breathing. Slowly inhale and gently exhale, repeating at least three times in one sitting. Insert regular "stillness breaks" into your day whenever possible.

MANAGE YOUR MEDIA EXPOSURE. Create boundaries. Whenever possible, set limits on the frequency of which you check messages, posts, and other social media communications. Choose an "electronic-free" day when possible to disengage and rejuvenate.

GET A GOOD NIGHT'S REST. Wind down after an exhausting day, clear your mind and prepare for a restorative night's rest. "Unplug!" If not on call, choose an alarm clock over your cell phone to not interrupt your sleep or be tempted to check your phone in the middle of the night.

TEND TO YOURSELF. Now more than ever, self-care is essential. It is often difficult to make time to tend to your own well-being, but self-care strategies will improve your energy and stamina. Daily walks, exercise, enjoyable hobbies, proper nutrition will all help keep you in balance.

STAY CONNECTED. Maintain "physical" distancing, but not social distancing. Stay connected to family, friends, neighbors, and colleagues. Broad social ties and networks are vital to your individual well-being and sanity. Your well-being and sanity needs to be nurtured now more than ever.

TELEMEDICINE & LEGAL ISSUES BEYOND COVID-19

Richard E. Moses, DO, JD, FACG

According to the American Telemedicine Association, telemedicine has existed for approximately 40 years. Telehealth refers to a broad range of technologies and services to provide patient care and improve the healthcare delivery system as a whole. A few telehealth examples include remote patient monitoring of vital signs, ECG, blood pressure, oxygen level, transmission of medical imaging, and educational services. Telemedicine is a form of telehealth. This refers to remote doctor-patient consultations using technology. Telemedicine makes it possible to treat patients whenever and wherever the patient is via electronic media such as a computer or smartphone.

The Affordable Care Act (ACA) promoted telemedicine in order to enhance healthcare delivery in rural areas. In an attempt to reduce healthcare costs, the ACA encouraged physicians, hospitals, and other healthcare providers to establish Accountable Care Organizations (ACOs) in the Medicare program.

ACOs are established networks that coordinate patient care and become eligible for bonuses when they deliver that care more efficiently, i.e., when they save money. Telemedicine has played a strong role in cost saving under this model with the best example being patients with Inflammatory Bowel Disease. Most private insurers have been reluctant to reimburse, however, for telemedicine delivery. States also had individual restrictions although these have been loosened over time.

Telemedicine has grown exponentially over the past 5-10 years in some specialties of medicine and geographic areas of the United States. The COVID-19 pandemic imperiled our country and the world. As the pandemic spread in the US from SARS-CoV-2, the Centers for Disease Control and Prevention (CDC), public health agencies, and health insurers recognized telemedicine could be utilized to help

prevent a surge, by allowing patients continued access to care, with minimal exposure. COVID-19 has rapidly and drastically elevated telemedicine as a care delivery platform due to the need to take care of patients despite the universal lock down of our country.

Telemedicine platforms were ideally situated to help patients during the pandemic. The Coronavirus Aid, Relief, and Economic Security (CARES) Act significantly loosened the federal restrictions on telemedicine temporarily. This included the Office of Civil Rights temporarily pulling back some of the HIPAA restrictions during the COVID-19 pandemic. The Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (CPRSAA) is an emergency aid package that, among other things, expanded access to telemedicine for Medicare beneficiaries during the coronavirus public health emergency. CPRSAA permitted the U.S. Department of Health & Human Services (HHS) Secretary to take action broadening the circumstances under which Medicare will reimburse healthcare services provided via telemedicine. Many states and many insurers also liberalized their policies on telemedicine due to the COVID-19 pandemic.

There are a number of medical-legal issues regarding telemedicine delivery. Although the COVID-19 pandemic “bent the rules,” once the pandemic measures have been lifted, we will likely return to the former laws and issues controlling telemedicine.

State Laws and Licensure

The telemedicine visit is defined by the originating site (location) of the patient. If the patient is in Pennsylvania, that is the state where the televisit took place. This means that the healthcare practitioner must have a valid medical license in Pennsylvania. Physicians practicing telemedicine

across state lines will need a valid medical license in the state in which the patient is located.

State laws dictate whether physician assistants and nurse practitioners can practice telemedicine in a particular state. In addition, to state licensing requirements, practitioners must also comply with state and federal laws regarding telemedicine. Consultation with a health law attorney is mandatory as state and federal telemedicine laws and licensing requirements vary and continue to evolve.

Privacy and Security

Privacy and security risks are a major concern. The HIPAA Privacy Rule provides federal protections for personal health information (PHI) held by covered entities and gives patients an array of rights with respect to that information. The Privacy and HIPAA Security Rule need to be followed. Telemedicine creates potential vulnerability for providers with regard to malware and hacks. Password-protected screensavers, encryption, and other safety measures can help keep information safe, while unsecured devices and systems such as cellphones, laptops, and email can result in security breaches.

Informed Consent

Informed consent must be obtained prior to the telemedicine visit. Many states require physicians to obtain informed consent from patients before a virtual visit begins. The discussion must include disclosure of information about the telemedicine system, the potential risks and benefits of telemedicine, and equipment and technology limitations. The provider who is ultimately responsible for care should obtain and document the patient's oral or written informed consent prior to the telemedicine encounter. The patient should agree that telemedicine is appropriate for that particular visit and understand that he or she may stop the televisit at any time.

General Thoughts

Telemedicine has its limitations. For example, healthcare providers are unable to listen to a patient's lungs without specialized equipment.

You need to have a plan in place regarding which medical conditions practitioners are comfortable treating remotely, and which require in-person visits. There should be processes for when and how to escalate treatment to a face-to-face visit or send the patient to the ED. It is also important to develop a comfort level with the telemedicine equipment and platform before communicating with the patient. There are certification and training programs that have developed for telemedicine delivery.

Although there is little debate about the value of telemedicine visits to patients, the community, healthcare organizations, and healthcare practitioners during the COVID-19 pandemic such that many of the restrictions and rules have been relaxed, realizing the key areas of exposure is essential to mitigate risk. It is unclear at this time where and how telemedicine will fit into healthcare once the COVID-19 pandemic is under better control and we are back in our offices with patients full time. Until then, we are fortunate that telemedicine has been available during the pandemic.

Reprinted with permission. Richard E. Moses, DO, JD, FACP is a Gastroenterology and Hepatology physician based in Philadelphia. He is board certified in internal medicine and gastroenterology and is an Adjunct Associate Professor of Medicine at the Lewis Katz School of Medicine at Temple University. He served as the Chairman of the Department of Medicine and at Jeanes Hospital until it became a campus of the Temple Health System this past February.. He also served as Associate Medical Director for Medical Staff Development and Integration. Dr. Moses holds a Juris Doctorate degree from Temple University School of Law, is an Adjunct Professor at the Beasley Law School of Temple University, and principal of MedLaw Compliance, LLC. Connect with [Dr. Moses](#) or follow him on [Instagram](#) and [Twitter](#).



CONTINUING MEDICAL EDUCATION (CME) REMINDER FOR PENNSYLVANIA PHYSICIANS

Just a reminder – 2020 is a licensure renewal year and the clock is ticking.

The Pennsylvania Board of Medicine (**PBM**) and the Pennsylvania Board of Osteopathic Medicine (**PBOM**) require all licensees to earn 100 CME Credits every two-year renewal cycle. A minimum of 20 of the 100 CME must be Category 1 Credits, and both licensing boards require content-specific CME be included in this total.

PBOM licensees must renew by October 31, 2020 and PBM licensees must renew by December 31, 2020. The requirements are detailed below:

- **100 Credit hours every two-years:** A minimum of 20 hours must be *AMA PRA Category 1 Credits™ (PBM)* or *AOA Category 1-A Credits (PBOM)*.
- **2 Credit hours addressing Pain Management/Addiction/Prescribing:** All prescribers or dispensers must complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids. This continuing education must be in *AMA Category 1 or 2 approved activities for the PBM* and may be in either *AOA Category 1 or 2 approved activities or AMA Category 1 or 2 approved activities* to meet the **PBOM** requirement.
- **2 Board-approved credit hours addressing Child Abuse Recognition/Reporting:** Two hours of Board-approved continuing education in child abuse recognition and reporting requirements must be completed for renewal or reactivation of a license.

- **12 Credit hours addressing Patient Safety/Risk Management:** At least 12 of the 100 hours must be completed in activities related to patient safety or risk management and may be completed in either *AMA Category 1 or 2 activities*. **This requirement is exclusive to the Pennsylvania Board of Medicine.**

The American College of Surgeons has compiled and posted summaries of these [State CME Requirements](#) for your convenience. The Keystone and Metropolitan Philadelphia Chapters and the American College of Surgeons (ACS) are committed to providing members with the highest quality educational resources and support to meet Continuing Medical Education (CME) requirements, for example:

- Monthly online *AMA PRA Category 1 Credit™* and Self-Assessment Credit through your member subscription to the [Journal of the American College of Surgeons](#)
- Three free online [Safe Pain Control courses](#) totaling 4 *AMA PRA Category 1 Credits™*.
- Coming soon! A new online 8-module course, *Optimizing Perioperative Pain Management: An Evidence-Based Approach*, will offer 8 *AMA PRA Category 1 Credits™*
- [Clinical Congress 2019 Webcast packages](#) offer up to 175 *AMA PRA Category 1 Credits™* and 175 Self-Assessment Credits which can be tailored to a physician's interests or requirements, including Credit to Address Opioid/Pain Management and Patient Safety.
- Chapter Educational Conferences provide additional resources and offer up to 7.5 *AMA PRA Category 1 Credits™*.

State requirements are subject to change. Please contact mycme@facs.org or your [state medical board](#) if you have any questions or concerns. Individuals must check with their state to verify that course content meets specific CME requirements.