Taming "Fearbola"

From Richmond to Washington to Dallas and beyond, the public's response to a handful of Americans infected with Ebola reminded one columnist of the fear that gripped the country during the early years of the 1980s AIDS epidemic.

"There have been only three confirmed cases of, and one death from, Ebola in the United States," writes Washington Post columnist Steven Petrow, who witnessed the AIDS epidemic in San Francisco as a journalist and hot-line worker.

As some politicians called for quarantines on arriving passengers from West Africa ("a move public health officials say would only drive those at risk underground") Petrow recalled similar calls in the 1980s by Sen. Jesse Helms (R-N.C.) for a "quarantine of those infected" with HIV.
In the end, though, he writes that "science-driven AIDS policies trumped political grandstanding and scaremongering."

Of course, there was no Internet then, no Facebook, and little 24/7 news.

Today, the tension between the public's fears and the need to be prepared has been palpable, with local hospital and health officials working hard to offer sensible training and education.

The Department of Homeland Security announced that starting today all travelers from West Africa countries hit by Ebola "will be funneled through one of five U.S. airports with enhanced screening," reports USA Today. Enhanced screening - checking the traveler's temperature and asking about possible exposure to the disease - will be used for travelers from Liberia, Sierra Leone and Guinea.

The screening will take place at JFK in New York, Washington Dulles, Chicago O'Hare, New Jersey's Newark and Atlanta's Hartsfield-Jackson international airports.

"Some lawmakers have called for more restrictions, such as suspending visas or denying entry at ports for citizens from the three countries," USA Today reports.

**Virginia Health Commissioner Marissa J. Levine, MD, wrote** Oct. 21: "As of the writing of this letter there are no confirmed cases of EVD in Virginia." Screening at Dulles began on Oct. 16, she said.

If patients have questions about Ebola, she offers this link for frequently asked questions, as well as this call-line: **1-877-275-8342**.

Locally, at HCA's Capital Division hospitals, "**Chief nursing officer Ann Latstetter's** job these days includes quelling anxiety about Ebola - primarily by making sure staff are trained, prepared and have the proper equipment," reports the Times-Dispatch.

"We want to be careful not to message that to fear," she told the TD, noting "a very concerted effort to immediately train nurses and our physicians and all of those who could come into contact with any patient in isolation."

Taming anxiety among staff and patients is a major concern for hospital execs across the country, one legal expert told the TD.

"This is not a threat that is far off on another continent," said **Steven Gravely, an attorney with Troutman Sanders** who has worked with the American Hospital Association and the Virginia Hospital and Healthcare Association. "This is a threat that is potentially in every
hospital's emergency room and every doctor's office."

After the infections in Dallas of nurses who cared for patient Thomas Eric Duncan, who later died from Ebola, "nurses in the trenches are understandably worried," the TD noted.

The worries brought allegations by the National Nurses United union and others that nurses have been left without proper training and equipment, and questions about whether - with no vaccine to prevent infection from Ebola - nurses should be given the option to opt out of such patient care.

Meanwhile, federal officials announced new guidelines this week for the protection of hospital workers caring for such patients, reports the New York Times, "guidelines that might have prevented the infection" of the Dallas nurses.

"Among other changes, the guidelines say that no skin should be left uncovered; that street clothes and shoes should be replaced with waterproof fabric and boots; and that every step of putting on and taking off equipment must be done under the eyes of a supervisor whose job is to prevent mistakes."

Click here for the latest CDC guidelines on personal protective equipment for healthcare workers re: Ebola.

The new procedures are based on the stringent protocols used for years by Doctors Without Borders, which helped shape the improved guidelines, said Dr. Thomas R. Frieden, the CDC's beleaguered executive director.

Last week, Frieden told a congressional committee that "in retrospect, with 20/20 hindsight we could have sent a more robust hospital infection control team and been more hands-on with the hospital" in Dallas from Day One.

And veteran RAM member Dr. Richard P. Wenzel offered his thoughts on the knowns and unknowns of Ebola. Dr. Wenzel is a professor of internal medicine at VCU and a renowned infectious disease specialist.

Despite statements from public health authorities "that Ebola does not spread easily from person to person," he wrote in the TD, "Surely all of the recent experiences suggests that this is an unforgiving infection even after minor exposures."

And he noted, "For health care workers, this is a dangerous and unquestionably transmissible virus."

While it's generally thought that touching a hard surface where an infected patient was located should not transmit the disease, Wenzel wrote, "It is worth questioning then testing this assumption: Studies could be done to define the viral burden on surfaces in the patients' room, the
anterooms and exit rooms in U.S. hospitals caring for patients."

It might be more meaningful to perform the tests out of the "unusually high-tech wards such as those at Emory and Nebraska."

Testing should also be done on animal carriers of Ebola (e.g. the fruit bat) or secondary "reservoirs" such as gorillas and chimpanzees. And he suggests testing to challenge "the current assumption that Ebola is never airborne."

For example, "Could an extremely ill patient, late in disease vomit or cough, and in the distribution of droplets of varying size some small proportion be small enough to stay airborne for awhile?"

Wenzel also suggested making "fewer generic or average assurances and for more textured communication that includes what we know, what we do not know and what assumptions we closely hold. More quantitative responses would be useful."

He also thinks the CDC should be willing to "articulate areas of uncertainty" about Ebola, noting, "The CDC and the general public may not like uncertainty, but failure to recognize its large shadow followed by a series of contradictions that surface will only erode confidence in public health when we need it most."

Back in Dallas, things were pretty lax for the nurses. "Some nurses donned layer after layer of protective garb but unknowingly raised their risk of exposure to the Ebola virus when taking the gear off. Some wore gowns that left their necks uncovered and haphazardly applied surgical tape to the bare spots. And it was two days after the Ebola victim Thomas Eric Duncan was admitted before personnel began wearing biohazard suits."

With so many missteps - including letting Nurse No. 2 take a commercial flight - it's little wonder that the outbreak "fuels an epidemic of fear and anxiety in the U.S.," as The Washington Post reports.

**President Obama appointed Ron Klain**, a former chief of staff for Vice President Al Gore and Joe Biden, to manage the government's response - as a so-called "Ebola Czar."

But with the mid-term elections looming in early November, some political observers wondered whether the "Fearbola" outbreak might represent one of those random events that can sway an election, otherwise known as an "October surprise."

So far, neither major party has come up with an inoculation against that!
The New York Times' Peter Baker writes about the "steady drip of lost pride" in the federal government, as six years after President Obama's election, the public's confidence is waning.

"With every passing week or month, it seems, some government agency or another has missteps or is caught up in scandals that have deeply eroded public confidence," he writes.

After a series of missteps by the White House - including the Secret Service's failure to guard it - "Now public esteem for the long-respected Centers for Disease Control and Prevention has plummeted with the arrival of Ebola on American shores."

A recent CBS News poll "found that only 37 percent of Americans thought the centers were doing a good job, down from 60 percent last year."

Vote for YOUR 2015 Board of Trustees

Please vote now to AFFIRM the proposed leadership of the Academy for 2015. Yes, it's an uncontested election, but by casting your vote of affirmation you send a strong message of support for the proposed 2015 officers and trustees. For 2015, we are voting on the following trustees:

- Secretary: Dr. Sidney R. Jones III
- Trustee: Dr. Joseph W. Boatwright III
- Trustee: Dr. John F. Butterworth IV
- Trustee: Dr. Aaron S. Rosenberg
- Trustee: Dr. Kinloch Nelson

Please click here to learn more about each candidate.

Please click here to vote in the 2015 elections OR join us at the McGlothlin Medical Education Center on the MCV Campus of VCU on November 11th to vote!

Please click here to register for our November 11th meeting.

Legislator Meet & Greet
Please join us on **Thursday, November 13th** for our annual legislator meet and greet. Get to know your elected officials! Come out and enjoy light refreshments and a discussion of physicians' concerns. We want to see you there!

**THURSDAY, NOVEMBER 13TH**
*6:00 - 7:00 p.m.*

*at the new offices of*
*The Richmond Academy of Medicine*

2821 Emerywood Parkway, Suite 200
Richmond, Virginia 23294

Meet with **Senators Martin & Watkins and Delegates Rosalyn Dance, Manoli Loupassi, Joe Morrissey and Chris Peace!**

[CLICK HERE](#) to register or email Lara at lknowles@ramdocs.org!

Questions?
Contact Lara Knowles at 643-6631 or via email at lknowles@ramdocs.org

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**Future Shock for Docs**

Join us on **Tuesday, November 11** for a unique opportunity to tour the new **McGlothlin Medical Education Center** on the **MCV Campus of VCU** and to hear four experts address the challenges of the future physician workforce in Virginia and the United States.

A panel will be moderated by **Dean Jerry Strauss** with these featured panelists:

**Dr. Sheldon M. Retchin** will address workforce needs from a local and national perspective;

**John Duval** will report on residency and fellowship training
-- changes and challenges; and

**Dr. Alan Dow** will discuss inter-professional education and the providers of the future.

A buffet dinner and tours of the $160 million medical education center will be available starting at **5:30 p.m.**

Designed by I.M. Pei's internationally-acclaimed architecture firm, this building is truly "new age" and state of the art. In addition to seeing how the new interactive teaching facilities work, attendees will view the simulation surgical suites and mannequins.

This RAM General Membership meeting promises to be a great night of touring & learning!

**TO REGISTER**

Call 643-6631, email Lara at [lknowles@ramdocs.org](mailto:lknowles@ramdocs.org)
or [click here](#).

**Guest fee is $40**

Please mail guest fee checks to 2821 Emerywood Parkway, Suite 200, Richmond, VA 23220 or call the Academy at 643-6631 with your credit card information.

Questions? Contact Lara at 643-6631 or [lknowles@ramdocs.org](mailto:lknowles@ramdocs.org).
OrthoVirginia's merger with a Northern Virginia practice creates "the state's largest orthopedic specialty practice," reports the Times-Dispatch.

The Chesterfield County-based practice - known for decades as West End Orthopaedic Clinic - is merging with Commonwealth Orthopaedics.

The merger will occur on Jan. 1 with the merged company keeping the OrthoVirginia name.

"The combination will create an orthopedic specialty practice with 82 physicians and 21 offices," as well as an MRI facility and PT and OT clinics in central and northern Virginia. It also will operate several outpatient surgery centers.

Jim Perkins, OrthoVirginia’s administrator, told the TD that the two practices don't have any geographic overlap for providing services.

The merger will allow the practices to better compare data on what works for patients, he told the TD. There will also be savings in better managing non-medical costs in areas such as regulatory compliance and administration,

"With many physicians doing more standard work schedules or working for hospitals, we are hoping to help surgeons stay independent," said Perkins, a former RAM board representative. "This merger helps people do their jobs better."

Founded in 1960, OrthoVirginia has 11 locations and more than 500 employees in central Virginia. Commonwealth Orthopaedics, found in 1994, has 10 locations.

Earlier this year, OrthoVirginia said it is building a $20 million medical facility on the Bon Secours Memorial Regional Medical Center campus in Hanover County, north of Richmond.

"Sext" and the Single Teen

"Millions of teens send nude selfies to other kids, with
unpredictable consequences," writes Hanna Rosin in *The Atlantic*. In a story that begins at *Louisa County (Va.) High School*, she unravels the shocking truth of "sexting:"

It has become a kind of new rite of passage for many American girls and boys - and often their parents - and other adults, including pediatricians and other healthcare providers - are clueless about it.

After delving into the story, Rosin writes, "I wanted to understand how teens themselves think about sexting - why they send naked pictures and what they hope to get in return; how much or how little sexting has to with actual sex.

"My hope was to help figure out how parents and communities should respond. Because so often in sexting cases that go public, we adults inadvertently step into the role of Freddy Krueger, making teenage nightmares come true: We focus on all the wrong things; we overreact. Sometimes we create an even bigger disaster."

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**Is More Study of Medicaid Expansion Needed?**

After winning the battle against expanding Medicaid in Virginia, Republican members of the Joint Legislative Audit and Review Commission decided last week that JLARC staff should draw up a detailed study proposal before the commission's next meeting in November," reports the Daily Press of Newport News.

Depending on what side of the expansion debate one favors, the study - which will cost between $250,000 and $1.25 million - "is either totally necessary or a Republican stall tactic."

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**Cigna Sues HDL Over "Fee-Forgiving Scheme"**

The scrutiny of one of the area's biggest healthcare success stories - Richmond-based *Health Diagnostic Laboratory Inc.* - continues, reports the Times-Dispatch.

*Cigna Health and Life Insurance Co.* filed a lawsuit last week in federal court in Connecticut that accuses the blood-testing company of defrauding it out of $84 million.

According to the TD's account, the suit accuses HDL of "a fraudulent fee-forgiving scheme" that involved not charging Cigna insurance plan members for their share of the cost of out-of-network blood-testing services provided by HDL."
The suit claims HDL "lures" patients to use its services by waiving patient co-pays, co-insurance or deductibles. But Cigna claims that HDL has billed the insurers "exorbitant and unjustified" charges for the same tests.

HDL has more than 700 employees in the area, including its downtown office and lab. The company said in July that it was cooperating in a federal probe of some of the practices of the clinical laboratory industry.

An HDL spokesman declined comment, which he noted is "customary" in the case of any pending or threatened litigation.

New Children's Hospital "Must be Accessible to Everyone"

**TD columnist Michael Paul Williams** advocates for a freestanding children's hospital whose location "will speak to our region's values."

"If we erect a state-of-the-art children's hospital out of reach of the region's most vulnerable children, it will perpetuate the poverty, inequality and lack of mobility and access that afflict our region."

Noting that Richmond has a child poverty rate of 37 percent, Williams points out that "large chunk of Richmond's population is isolated in poverty and largely cut off from the rest of the region by the GRTC Transit System's limited reach into the suburbs."

Thus, if the new hospital is built in Goochland County off Route 288 - one potential site under discussion - it "could further seclude the region's impoverished families" - especially those who are poor enough to qualify for Medicaid.

**Katherine E. Busser**, president and CEO of the Virginia Children's Alliance, the nonprofit alliance spearheading the project, said she didn't disagree that such issues are paramount, according to Williams.

"I think access is the biggest factor," she told him. "If you build a world-class hospital, you want to make sure as many people as possible can access it."

Access issues also affect families and the hospital's employees, who will be working round-the-clock shifts, she said. It's going to take an array of transportation options to
help people reach the hospital, she told Williams.

Here's the pact between **Bon Secours Virginia Health System, VCU and the VCU Health System**, reports the Times-Dispatch.

More than 20 locations in the city and suburbs are under consideration, with final selection not expected until next year.

**Cybersecurity Blanket**

**The Doctors Company** offers this risk tip to protect patient records, avoid fines and safeguard your reputation.

"Cybercriminals target healthcare for two main reasons: healthcare organizations fail to upgrade their cybersecurity as quickly as other businesses, and criminals find personal patient information particularly valuable to exploit."

With requirements to report security breaches to federal authorizes, "The repercussion of security breaches can be daunting," and can include multi-million dollar fines!

**Goodman Shines Light on Advance Care**

As RAM launches **Honoring Choices Virginia** - a partnership with **HCA Virginia, Bon Secours Richmond** and **VCU Health System** - this is a timely and informative column by Ellen Goodman.

Goodman, who founded "The Conversation Project," did a survey last fall that showed about 90 percent of Americans think it's important to have conversations about how they want to live at their end of their days.

"This is an extraordinary figure," she writes, "90 percent of Americans don't agree on anything. But only about 30 percent have actually had those conversations. Isn't this
where we should begin?"

Goodman cautions about the way Americans quickly "rush to the barricades" on relatively rare requests for physician-assisted suicide (such as the case of Brittany Maynard, a 29-year-old terminally ill Californian who moved to Oregon to take advantage of its Death with Dignity Act.)

Her case "has momentarily turned a growing conversation about end-of-life care back into another battle over the contentious issue of assisted suicide. This is precisely the sort of debate we are famous for as a country - one that so often favors heat over light, the greatest controversy for the least effect.

"Maynard's decision to control the ending of her own life is the story of one in 500. Literally. Even in Oregon, where doctor-assisted suicide has been legal the longest, only one of every 500 people who die has chosen it. Why, I have wondered, should we continually engage our energies and our anger over a debate that affects 0.2 percent? What about the 99.8?

Click here to see Goodman's Conversation Starter Kit to help "start a conversation at the kitchen table with the people you love, people you might have to speak for."

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Keeping Cardio Patients Well

A new business "to keep patients battling cardiac conditions" out of the hospital was the subject of this Times-Dispatch business article.

The company, C3 Nexus, was started by Dr. Shaival Kapadia, co-director of the Bon Secours Heart and Vascular Institute along with two other investors in 2012 "to help cardiac patients avoid readmission to the hospital after a discharge."

Patients wear a heart rate monitor, allowing nurses employed by C3 to watch a patient’s vital signs. The nurses also call or visit patients several times a week and provide updates to doctors.

After conducting a study at Bon Secours St. Francis Medical Center, they found only 4 percent of the C3 Nexus patients were readmitted to the hospital within 90 days, and only 2 percent were readmitted due to a cardiac issue. Cardiac patients normally have a readmission rate of 20-25 percent, Kapadia, a RAM member, told the TD.

"Our high touches led to behavioral changes in the patients," he said. "Our goal is to promote self-care
management," such as weight loss and better medicine adherence

The company's work is aligned with the goals of Bon Secours and other hospitals to reduce hospital readmissions under threat of penalties by Medicare. Insurers also are keen on avoiding readmissions.

C3 officials told the paper that they are in talks with Virginia's Medicaid program, as well with hospitals and insurance companies in Texas and Arizona.

For physicians, Kapadia said, "We can provide the doctor with patient-generated data so they can now spend a majority of their time interacting with the patient rather than gathering data."

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**HCA Opens New Occupational Health Clinic**

**HCA Virginia's Johnston-Willis Hospital** has opened a new occupational health clinic, offering medical services for employees who have suffered an illness or injury on the job and employers seeking to improve the overall health of their organizations, reports the Times-Dispatch.

HCA's fifth occupational health clinic in Central Virginia offers a hotline to assist injured workers get to the nearest HCA occupational health facility: (844) 647-3678.

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**Dangerous Dietary Supplements at a Store Near You!**

A new study suggests that while the FDA often recalls dietary supplements that contain banned substances, "Many of these products return to store shelves months later with the same dangerous ingredients," reports the New York Times.

More than two dozen supplements that were pulled from shelves after they were found to contain anabolic steroids or powerful prescription drugs were back on the market a year later with the same banned ingredients, according to the study published in *JAMA*.

Most of the supplements were marketed for weight loss, exercise and sexual enhancement, and sold at convenience stores, health food stores and over the Internet, the Times reports.

"Under a federal law enacted two decades ago... dietary supplements can be sold and marketed with little regulatory
oversight. Companies do not need FDA approval to sell supplements to consumers, and they do not have to provide proof that their products contain the ingredients listed on their labels."

The authors of the study are calling for a change of federal law to stop the supplementary madness!

VCU Presidential Symposium on Cancer
November 1

VCU Massey Cancer Center invites all area clinicians to the VCU Presidential Symposium on Cancer, Tackling Tough Cancers on November 1, 2014. Sponsored by the VCU Office of Continuing Medical Education, this event will bring together cancer care providers from across the state to engage in dialogue about how to care for patients with some of the most difficult-to-treat cancers.

The symposium will feature keynote addresses from David Ryan, MD, and Richard Stone, MD, both leading oncologists at the Dana-Farber Cancer Institute, as well as experts from VCU Massey Cancer Center. In addition to a morning session focused on solid tumors and an afternoon session on hematologic malignancies, participants will also have the opportunity during a catered lunch break to engage with Massey clinicians in small round-table discussions on a variety of timely topics in cancer care.

Continuing education credits will be available for physicians and nurses interested in professional development. For more information including a detailed agenda, speaker bios and registration, please click here.

She’ll Help Your Patients Get Insurance!

With open enrollment for the federal health insurance exchange starting November 15, would you like to help any uninsured patients learn how to sign up?

If so, call or email Amelia Goldsmith, a patient navigator
with Enroll Virginia, at 804-200-6035 or Amelia@enroll-virginia.com.

Amelia meets with people by appointment and also provides basic guidance over the phone. She's also willing to visit medical practices and work with physicians, practice managers and nurses to provide guidance or education.

For the uninsured, she explains, "If you're above the federal poverty line, you need to know what your options are. You need to decide whether or not to enroll in a health plan at Healthcare.gov or, if you decide not to, you need to file an exemption to avoid the tax penalty."

Even if people choose not to enroll, it's important to submit an application to see if they're eligible. Amelia has been working with the Academy and its specialty care program, Access Now, to encourage eligible people to enroll.

Even though the plans offered under the Affordable Care Act should be affordable, "For low-income patients, it can be scary to go from something that doesn't cost money to something that does."

Nine out of 10 people she helps find "a very affordable and inexpensive plan."

For example, "I met with a woman who made $15,000 a year and she had a zero dollar deductible and zero dollar premiums."
Interest continues in this article that showed drug makers are still shelling out billions of dollars a year to doctors.

"Drug and medical-device companies paid at least $3.5 billion to U.S. physicians during the final five months of last year, according to the most comprehensive accounting so far of the financial ties that some critics say have compromised medical care."

The figure comes from the Sunshine Act, a transparency initiative that was part of the 2010 Affordable Care Act. It requires drug and medical device makers to disclose the payments they make to physicians and teaching hospitals each year for services such as consulting or research.

CMS posted the database, though the agency said that about 40 percent of the payment information won't identify the recipients due to data problems.

Click here to visit CMS' Open Payments website.

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Drs. Ryan and Vorenberg "Top 40 Under 40"

It was great seeing two familiar faces from RAM and Access Now in this week's edition of Style Weekly as part of the "Top 40 Under 40" about "young men and women who are changing a city."

They are Dr. Mark Ryan, 39, a physician at VCU Health System and an assistant professor of family medicine and population health, and Dr. Andrew Vorenberg, 37, a surgeon at Colon and Rectal Specialists.

Dr. Ryan is a dedicated RAM member who has helped us with Ramifications (among many contributions), and Dr. Vorenberg is a generous Access Now physician volunteer we saw not long ago at "Bringing Up the Rear," an event that helped Access Now patients receive free colonoscopies and follow-up care.

Here's a couple of sample quotes from them:

"A little bit of humor goes a long way," says Dr. Vorenberg, speaking about a fund-raiser, the Boxer Brief Battle 5-K. "Just calling it 'the colon cancer race' isn't going to be sexy enough."

Dr. Ryan, who serves on the National Physicians Alliance. Dr. Andrew Vorenberg
board, says of improving access to care: "When you look at how [medicine] interacts with health care, and the folks who don't have easy access and where the system fails them - it became very clear things have to be different."

EMRs & Lessons from the "Dallas Debacle"

"Will history someday show that the electronic medical record almost did the great state of Texas in?" asks Dr. Abigail Zuger in her New York Times column.

"We do not really know whether dysfunctional software contributed to last month's debacle in a Dallas emergency room, when some medical mind failed to connect the dots between an African man and a viral syndrome and sent a patient with deadly Ebola back into the community."

But "even scarier than that mistake, though, is the certainty that similar ones lie in wait for all of us who cope with medical information stored in digital piles grown so gigantic, unwieldy and unreadable that sometimes we wind up working with no information at all."

What's Happening?

Check your RAM calendar here.

Check out back issues of The Leg.Up.

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