



PULASKI COUNTY MEDICAL SOCIETY News

November 2020

2020 BOARD OF DIRECTORS

Pulaski County Medical Society

Kay Chandler, MD – *President*
Brian Wayne, MD – *President-Elect*
Krishnappa Prasad – *Vice President*
Dana Abraham, MD – *Secretary/Treasurer*
Joshua Chance MD – *Immediate Past President*
Kelly Burks, MD
Bobby Kakati, MD
Renee Montgomery, MD
Chad Rodgers, MD
Gary Wheeler, MD
Danny Wilkerson, MD
Julienne Daniel – *UAMS Student Representative*

2020 COMMITTEES

Pulaski County Medical Society

Dana Abraham, MD
Finance Committee Chair
Joshua Chance, MD
Nominating & Credentialing Chair
Gary Wheeler, MD
Bylaws Committee

2020 BOARD OF DIRECTORS

Pulaski County Medical Exchange

Joe Pevahouse, MD – *President*
John T. Baber, MD – *Vice President*
J. K. Buchman, MD
Melissa Graham, MD
Chandra Lingisetty, MD
Renee Montgomery, MD

Pulaski County Medical Society

500 S. University Ave., Suite 311
Little Rock, AR 72205
Phone: 501.687.0039
Fax: 501.663.1737
Email: derek@pulaskicms.org
Website: www.pulaskicms.org

Articles represent the opinions of the authors and do not necessarily reflect the official policy of the PCMS or the institution with which the author is affiliated. Advertisements do not imply sponsorship by or endorsement of PCMS.

When you think professional, ethical, quality healthcare,
think physicians of Pulaski County Medical Society.

HR Bulletin: Mandatory Vaccination Policies in the Workplace

As employees gradually return to work after months of pandemic-related shutdown, employers are being faced with the challenge of providing a healthy working environment for any on-site personnel. One way to keep employees healthy is making efforts to reduce the risk of transmission of respiratory illnesses in the workplace. While a vaccine for COVID-19 is still under development, some employers may be asking whether they can implement a mandatory COVID vaccination policy to reduce the occurrence of at least contagious respiratory illness in the workplace. Some employers already have policies in place related to other vaccines, such as influenzas. Now is a good time to assess whether your workplace should revise its current stance on mandatory vaccines.

According to Equal Employment Opportunity Commission (EEOC) guidance pertaining to pandemic preparedness in the workplace and the Americans with Disabilities Act, originally issued in 2009 in response to the H1N1 virus and updated in March 2020 after the initial spread of COVID-19, employers may lawfully implement a "mandatory" flu vaccination policy, subject to exceptions under the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964 (Title VII). An employee may be entitled to an exemption from a mandatory vaccination requirement based on an ADA disability that prevents him or her from taking the flu vaccine. The employer may be required to grant the employee a reasonable accommodation, unless doing so would place an undue hardship on the employer. Similarly, under Title VII, once an employer receives notice that an employee's sincerely held religious belief, practice, or observance prevents him or her from taking the flu vaccine, the employer must provide a reasonable accommodation unless it would pose an undue hardship on the employer. Under Title VII, an undue hardship is defined as "more than a de minimis cost" (more than trivial/minimal) to the operation of the employer's business, which is a lower standard than under the ADA.

Subject to these two exceptions, however, employers may otherwise implement a mandatory flu vaccine policy for its workplace. Businesses

continued on page 3



Foresight in 2020.

We believe that your malpractice insurance team should be ready and available when you need them most. SVMIC is built on this kind of reliable and dedicated relationship, so you can focus on your practice and we can focus on protecting it.

Move forward with us at
www.svmic.com



HR Bulletin: Mandatory Vaccination Policies in the Workplace

continued from page 1

must proceed cautiously with regard to any policy enforcement, particularly with respect to consideration of a religious exemption under Title VII. The EEOC has filed several lawsuits against employers with mandatory flu vaccine policies where the employer did not accommodate an employee's religious belief in objecting to receiving the flu vaccination or where the employer did not consider other possible accommodations.

With Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, predicting that a COVID-19 vaccine will be available by late 2020 or early 2021, employers may also want to begin considering policies related to COVID-19 vaccinations. While, like flu vaccinations, mandatory COVID-19 vaccine policies will likely be generally lawful, such a requirement could place employers in conflict with their workers, given that some may have concerns about the speed at which the vaccine is being developed. Employers must balance concerns related to the pushback from employees regarding mandatory vaccinations and the prevention of COVID-19 outbreaks by implementation of such policies.

Generally, employers should consider educating employees on the benefits of the vaccination and encouraging employees to voluntarily receive the vaccine by making it convenient. Employers could make it free to employees, offer to it at work, or pay employees for the time spent getting the vaccine. However, there will likely be certain environments in which employers have no choice but to mandate COVID-19 vaccination, such as meat-processing facilities that have experienced outbreaks due to the close proximity of workers or hospitals where employees have frequent contact with at-risk populations. In those circumstances, due the inevitable lack of long-term health data on the vaccine, it is important for employers to look to guidance from public health professionals as they monitor impacts and performance of inoculation.

As more information becomes available, employers should keep their employees informed in an effort to gain widespread acceptance of the vaccination, making employees less nervous about the vaccine and more likely to voluntarily receive it. This is a very unique time in the modern workplace, and balancing the legitimate concerns of a workforce with implementing reasonable safety measures will be delicate.

From the HR Bulletin of Cross, Gunter, Witherspoon & Galchus, P.C.

Early UAMS Study Results Show 3.5% of Arkansans Infected by COVID-19

Early results from a University of Arkansas for Medical Sciences (UAMS)-led COVID-19 antibody study show that 3.5% of Arkansans have been infected with the novel coronavirus.

UAMS researcher Joshua Kennedy, M.D., revealed the initial findings of the Arkansas Coronavirus Antibodies Seroprevalence Survey during a presentation Oct. 21 with Laura James, M.D., director of the UAMS Translational Research Institute.

The Arkansas Research Alliance (ARA)-sponsored talk focusing on UAMS' COVID-19 research efforts featured James, an ARA fellow, Kennedy and John Arthur, M.D., Ph.D., also a UAMS COVID-19 researcher. UAMS has eight

other studies testing new therapies for COVID-19 either active or in startup.

Kennedy, associate professor in the College of Medicine Department of Pediatrics, along with Craig Forrest, Ph.D., and Karl Boehme, Ph.D., associate professors in the College of Medicine Department of Microbiology and Immunology, have spearheaded an effort to analyze blood samples from Arkansans.

One aspect of the study involved using remnant blood samples from patients who visit UAMS clinics, including three Regional Campus clinics, and have their blood drawn for health reasons other than COVID-19. The

continued on page 4

Early UAMS Study Results...

continued from page 3

samples, which would be discarded otherwise, are being collected and shipped to UAMS from across the state for the antibody test, which was developed in the laboratories of Boehme and Forrest.

Of 1,220 adult blood samples tested so far, 43 were positive, or 3.5%. From this analysis, samples were collected in July and August, 2020. While low overall, Kennedy said, there are noteworthy differences across racial and ethnic groups:

- Hispanic (13 of 73 positive = 17.8%)
- Black/African American (21/501 = 4.19%)
- White/Caucasian (7/550 = 1.27%)

Kennedy said that, "based on the data and statistical analysis to date, Hispanics/Latinx and Blacks/African Americans have a higher percentage of positive COVID-19 antibody tests. This relationship will need to be studied further for other factors that might influence these numbers. We hope to work through some of these issues over the next two waves of the study."

"These early results show the importance of our efforts to survey statewide," said James, associate vice chancellor for Clinical and Translational Research at UAMS. "We will continue to evaluate antibody rates over the next several months to monitor the impact of COVID-19 in Arkansas."

UAMS Researcher Patents Tool to Study How to Improve Kidney Transplants

A researcher at the University of Arkansas for Medical Sciences (UAMS) has patented a research tool she hopes will bring scientists one step closer to making more kidneys available for lifesaving transplants.

More than 100,000 people in the United States are on the waiting list each year for kidney transplants, according to the National Kidney Foundation. Thirteen people die each day waiting for a kidney transplant. Meanwhile, a 2018 foundation report found that 10 potential donor kidneys from deceased donors are discarded daily.

There are several reasons a donor kidney might be discarded, but many of them are subjective. There isn't a clear-cut test to determine a donor kidney's quality. In addition, kidneys from live donors tend to perform better than kidneys from deceased donors, but scientists aren't entirely sure why.

UAMS researcher Lee Ann MacMillan-Crow, Ph.D., a professor in the Department of Pharmacology and Toxicology in the UAMS College of Medicine, hopes to help change that with her newly patented research enzyme assay.

Assays for enzyme activity help scientists target the specific thing they want to study, in this case, a protein

called OMA1 that MacMillan-Crow believes may be a key to unlocking why some donor kidneys thrive and others don't. There is strong evidence that mitochondrial dysfunction plays a fundamental role in donor kidney failure. Mitochondria are so much more than just the energy powerhouse of the cell, they participate in both cell growth and death under different conditions, by expanding and dividing in a dynamic fashion.

"We've been working in my lab on improving outcomes for kidney transplants for many years and have published several papers showing that mitochondria are damaged during the cold storage process of transplantation," MacMillan-Crow said. "In a paper from 2017, we narrowed it down to damage to several mitochondrial proteins involved with mitochondrial quality control, including the mitochondrial protease called OMA1."

When MacMillan-Crow's team reviewed the scientific literature, they were surprised to find out there was no way to directly assess OMA1 enzyme activity. So her team began working on development of a new assay. "We were lucky that our first attempt at developing our own assay for OMA1 worked," MacMillan-Crow said. "The assay was made publicly available in academic journals

continued on page 5

UAMS Researcher Patents Tool...

continued from page 4

for other researchers to use, but we wanted to continue improving it, and find industry partners who could make it more widely available. Thus, we needed to patent it."

To pursue the patent, MacMillan-Crow worked with BioVentures, LLC, a technology licensing and commercializing entity that helps UAMS faculty take innovative medical ideas from the drawing board to the marketplace so that they have a faster impact on patient lives. With help from the experts at BioVentures, MacMillan-Crow is actively pursuing partnerships that will make the assay more widely available, so researchers around the world can better understand how OMA1 functions in diseases like kidney failure.

"It's all about advancing the scientific knowledge in this area," MacMillan-Crow said. "If we can get to a place where we better understand how to preserve

donor kidneys for transplant or can identify with more certainty which donor kidneys will perform the best after transplantation, we'll save lives, bottom line."

UAMS is home to the only adult kidney transplant program in the state. MacMillan-Crow works closely with UAMS' team of transplant surgeons and kidney disease specialists and is keenly aware of the issues affecting patients with advanced kidney disease.

In Arkansas, 689 people died of kidney disease in 2018, according to the Centers for Disease Control and Prevention. Arkansas ranked seventh highest in the nation for deaths per 100,000 people. One in three American adults are at risk for developing chronic kidney disease. Risk factors include diabetes, high blood pressure, heart disease, obesity and family history. African-Americans are three times more likely than whites, and Hispanics are nearly 1.5 times more likely to develop advanced kidney disease.



Profiles in Excellence

Tommy Love, MD

What motivated you to choose medicine as a career?

The motivation of my parents was the driving force. They noticed the interest I took in science.

Why did you choose your specialty?

I chose Internal Medicine because of the challenge of problem solving and the perception of having independence.

Who are the people who influenced you the most in your professional life and why?

The attending physicians during my residency were encouraging and had a big influence on my professional life.

Profiles in Excellence is our way of spotlighting member physicians who are making a difference and changing our world. It is a chance to recognize doctors who have made outstanding contributions to medicine and local communities. Doctors may be recommended by fellow physicians or staff members by contacting the Pulaski County Medical Society office at 501-687-0039.

What advice would you give current medical students?

I would say to current medical students, choose wisely. Choose to do what you love and not what someone else may recommend because you will have to stick with that decision for a long time.

Name one interesting thing that most people would not know about you.

I grew up in a farming community. I love the outdoors where I can spend time gardening and working with a tractor.



Arkansas Health Network Improves Quality and Outcomes for Patients While Saving Medicare \$12.9-Million in the Last Performance Year

The Arkansas Health Network (AHN), a physician-led, clinically integrated network (CIN) serving Arkansas patients, providers and employers through a value-based approach to healthcare, saved Medicare \$12.9-million in its latest performance year. Out of 16 accountable care organizations (ACOs) participating in the Medicare Shared Savings Program through CommonSpirit Health, a 21 state nonprofit health system that includes CHI St. Vincent, AHN earned the highest total savings as an individual ACO.

“Working with Medicare patients as well as private employers, AHN has repeatedly proved that it is possible to realize healthcare savings by focusing on value, quality, consumer experience and compassionate care, rather than simply efficiency and reductions in healthcare coverage,” said AHN President Bob Sarkar. “We are

committed to providing the best value-based care both in the industry and Arkansas by focusing on quality outcomes, thus demonstrating that we can truly reduce healthcare costs while building healthier communities.”

“CommonSpirit Health is a growing community of healers and leaders building a high-performing population health engine for success in value-based payment programs,” said Bruce Swartz, Executive Vice President, Physician Enterprise for CommonSpirit Health. “Our ACOs and clinical leaders are an essential driver of this strategy, demonstrating a clear commitment to compassion across the continuum of care by building strong relationships with our patients, proactively supporting their health and wellbeing in their communities and modeling financial stewardship for sustainability.”

Baptist Health First in the Country to Use New Medical Device Designed by Arkansas Cardiologist

Baptist Health recently partnered with Arkansas-based medical device startup Vascugenix to introduce new technology to the U.S. that was developed by Baptist Health cardiologist Dr. Dwight Chrisman.

The Speed Torque is specially designed to improve the process of guidewire manipulation in cardiovascular procedures. The patented design allows physicians to easily manipulate a guidewire with one hand, unlike traditional guidewire torque devices that require two hands to advance and reposition.

“We have been working for several years to bring this device to patients,” said Dr. Chrisman, who invented the technology and is the Chief Medical Officer for Vascugenix. “Having a guidewire that can be manipulated



comfortably with one hand will ultimately save procedure time, money and improve patient safety. Our next focus is to get this into the hands of physicians working in cath labs around the country.”

The Speed Torque was first used by Dr. Chrisman on October 3 at Baptist Health Medical Center-Little Rock during a coronary artery intervention.

“Baptist Health has a long history of bringing the latest heart technologies to Arkansas,” said Greg Crain, president of Baptist Health Medical Center-Little Rock. “I’m grateful for Dr. Chrisman’s innovation and diligence to see this process through that ultimately will provide a better patient experience and outcome. All of our cardiologists at Baptist Health will have access to the new Speed Torque.”

Baptist Health Names Dr. Wendell Pahls as Medical Director of Emergency and Transfer Services



Baptist Health recently named Dr. Wendell Pahls as the health care system’s medical director of emergency and transfer services.

In this role, Dr. Pahls will focus on improving quality and efficiency in Baptist Health’s emergency

medicine services systemwide as well as improving hospital transfer processes to better care for the people of Arkansas.

Dr. Pahls will continue serving as medical director of the emergency department at Baptist Health-Little Rock and as a physician in the ED. He will also remain medical director for occupational and employee health.

One of the first residency trained emergency physicians in the state, Dr. Pahls has been in practice in emergency medicine for 36 years.

The Following are Proposed Changes in the Bylaws of the Pulaski County Medical Exchange

All highlighted areas in this column are words that have been omitted in the proposed wording	All highlighted areas in this column are words that have been added to the proposed change
Current Wording	Proposed Wording
<p>10. Members and Membership Fees. (Updated: 12/13/19)</p> <p>The Corporation shall have two (2) classes of members. Any member in good standing of the Pulaski County Medical Society, and/or any physician (MD or DO) who works for an entity whose main office is in Pulaski County, or its contiguous counties, who subscribes to a service of the Pulaski County Medical Exchange shall be a member in the Corporation. There shall be no membership dues.</p>	<p>10. Members and Membership Fees. (Updated: 12/03/2020)</p> <p>The Corporation shall have three (3) classes of members.</p> <ol style="list-style-type: none"> 1. Any member in good standing of the Pulaski County Medical Society 2. Any physician (MD or DO) who works for an entity whose main office is in Pulaski County, or its contiguous counties, whose physicians are members of the Pulaski County Medical Society. 3. Any healthcare company whose employed physicians (MD or DO), living in or working in Pulaski County and its contiguous counties are all members of the Pulaski County Medical Society shall be a member in the Corporation. Those employed physicians outside of Pulaski County, or its contiguous counties, will not be required to be a member of the Pulaski County Medical Society. 4. There shall be no membership dues.



Pulaski County Medical Society
500 S. University Ave., Suite 311
Little Rock, AR 72205

PRSR STD
U.S. POSTAGE
PAID
PERMIT NO. 1767
LITTLE ROCK, AR



Mission:

**Promote medical care,
professional growth, and
public health.**

Vision:

**To be a catalyst for change
in how healthcare is
viewed and implemented
in Central Arkansas**

Strategic Plan 2018 – 2021

1

Practice and Professional Viability

Maintain and enhance services,
professional staff and communications
to effectively implement the mission.

2

Community Voice and Outreach

Create and participate in events to
promote health; monitor and propose
government initiatives that affect public
health and safety; become the trusted
resource in the community for overseeing
the influencing of public health policy.

3

Leadership

Growing the number of active members
involved in the society's community
outreach and service, and take care of
the mental health of its members through
the foundation.

**If you would like to be involved in the
committee to help implement the
Strategic Plan please call 501-687-0039.**