



PULASKI COUNTY MEDICAL SOCIETY News

May 2020

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2020 BOARD OF DIRECTORS

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

PCMS donates \$10,000 to COVID-19 Emergency Relief Fund

The Pulaski County Medical Society board of directors voted in April to donate \$10,000 to the City of Little Rock's COVID-19 Emergency Relief Fund.

This fund provides financial support to two efforts—food relief coordinated by World Central Kitchen which provides Little Rock students who need daily meals because of the closure of schools, and the purchase of personal protective equipment (PPE) for health care professionals and first responders.

If you would like to donate as well go to
<https://appengine.egov.com/apps/ar/lr/donate> and donate.



Left to Right: Derek Rudkin – PCMS, Nathan Spicer – LR Emergency Operations, Dr. Kay Chandler – PCMS President, Frank Scott, Jr. – LR Mayor, Matt Burks – LR Emergency Operations, and Scott Massanelli – LR Finance



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Member News



Julienne Daniel



Chrystal Lau

UAMS Medical Students choose new representative to PCMS Board

chose Julienne Daniel as their representative to the Pulaski County Medical Society board of directors. Ms. Daniel is replacing Chrystal Lau who is leaving to begin her residency.

Ms. Daniel is a graduate of Central High School and the University of Arkansas. She was also the 2019 PCMS

During the fall of 2019 the medical students at UAMS

Carolyn Clayton scholarship recipient. The board looks forward to working with Ms. Daniel the next few years.

Ms. Lau has served as the Student Representative since 2017. She was born and raised in Little Rock, graduating from Central High and Stanford University. She graduated from UAMS in May 2020 and will begin her Otolaryngology- Head and Neck Surgery residency at UAMS. She has been diligent in providing insight into student issues and was instrumental in helping to expand the number of student projects the society funds each year. The PCMS board wishes her great success in her residency.

UAMS Receives \$1M Grant for Two Clinical Trials on Opioid Withdrawal in Infants

The University of Arkansas for Medical Sciences (UAMS), in collaboration with the Duke Clinical Research Institute, has received a \$1 million federal grant for two clinical trials involving infants with neonatal opioid withdrawal syndrome (NOWS).

The increase in maternal opioid use has resulted in a rise in the number of infants born with NOWS. The \$1,066,433 in funding comes from the National Institutes of Health (NIH) Helping to End Addiction Long-term (HEAL) Initiative SM, an aggressive, trans-agency effort to speed scientific solutions to stem the national opioid public health crisis.

At UAMS, Jeannette Lee, Ph.D., professor of biostatistics, and Jessica Snowden, M.D., associate professor of pediatrics, are leaders of the Data Coordinating and Operations Center for the Environmental influences on Child Health Outcomes (ECHO) IDeA States Pediatric Clinical Trials Network, which will conduct the trials in conjunction with the Neonatal Research Network, which is funded by the Eunice Shriver Kennedy National

Institute for Child Health and Human Development. Both trials aim to address management of infants exposed in utero to opioids.

“The two clinical protocols that we will be testing were developed over a two-year period through collaboration among the clinical sites and coordinating centers that are a part of this united effort,” Lee said. “In both instances, we are looking for new, improved tools for treating these infants, who are born with the physical symptoms of opioid withdrawal.”

One study will evaluate an innovative approach called “Eating, Sleeping and Consoling” for its effectiveness in caring for NOWS infants, as measured by decreased length of hospital stay compared to usual care. The other study will examine a rapid schedule of weaning NOWS infants from opioid replacement therapy to determine if it shortens the weaning period compared to usual care.

Both trials are scheduled to launch this year.

Summary of the Paycheck Protection Program and Health Care Enhancement Act (COVID 3.5)



The U.S. Senate and House of Representatives approved the latest COVID-19 relief bill on April 21 and April 23, respectively. Known as the “Paycheck Protection Program and Health Care Enhancement Act” (COVID 3.5), President Trump has indicated he will sign the bill into law. The bill provides \$484 billion in additional funding to replenish and supplement key programs under the CARES Act, including the Paycheck Protection Program (PPP), small business disaster loans and grants, hospitals and health care providers, and testing. The small business loan programs authorized under the CARES Act had been quickly depleted after only two weeks of operation. More details are below.

Paycheck Protection Program (PPP): Appropriates an additional \$321 billion in funding, with \$60 billion set aside for small, midsize, and community lenders (including minority lenders).

Disaster Loans: Appropriates an additional \$50 billion for the Disaster Loans Program and an additional \$10 billion for Emergency EIDL Grants.

HHS Hospital and Provider Grants under the Public Health and Social Services Emergency Fund: Provides an additional \$75 billion to support the need for COVID-19 related expenses and lost revenue due to coronavirus.

Testing: Provides \$25 billion for the HHS Public Health and Social Services Emergency Fund for necessary expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests. Requires the Administration to create a national strategy to provide assistance to states for testing and increasing testing capacity. Also requires states, localities, territories, and tribes to outline their own testing plans, as well as plans to ease COVID-19 community mitigation strategies. Requires the Secretary to issue reports on testing, which must include de-identified and disaggregated data on demographic characteristics, including, race, ethnicity, age, sex, geographic region and other relevant factors of individuals tested for or diagnosed with COVID-19, as well as information on the

number and rates of cases, hospitalizations, and deaths as a result of COVID-19. Specific funding is provided for:

- \$11 billion for states, localities, territories, and tribes to develop, purchase, administer, process, and analyze COVID-19 tests, scale-up laboratory capacity, trace contacts, and support employer testing. Funds are also made available to employers for testing.
 - \$2 billion provided to States consistent with the Public Health Emergency Preparedness grant formula, ensuring every state receives funding;
 - \$4.25 billion provided to areas based on relative number of COVID-19 cases; and
 - \$750 million provided to tribes, tribal organizations, and urban Indian health organizations in coordination with the Indian Health Service.
- \$1.8 billion provided to the NIH to develop, validate, improve, and implement testing and associated technologies; to accelerate research, development, and implementation of point-of-care and other rapid testing; and for partnerships with governmental and non-governmental entities to research, develop, and implement the activities.
- \$1 billion provided to CDC for surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance and analytics infrastructure modernization.
- \$1 billion for the Biomedical Advanced Research and Development Authority for advanced research, development, manufacturing, production, and purchase of diagnostic, serologic, or other COVID-19 tests or related supplies.
- \$22 million for the FDA to support activities associated with diagnostic, serological, antigen, and other tests, and related administrative activities.
- \$825 million for Community Health Centers and rural health clinics.
- Up to \$1 billion may be used to cover costs of testing for the uninsured.

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Profiles in Excellence

Dr. Gary Wheeler

What motivated you to choose medicine as a career?

My mom. She wanted me to be like Albert Schweitzer. Ironically, I have done my time in global health in Belize, been to U. of Chicago Divinity School and gone to medical school. I have played the organ but never edited Bach scores so I guess I didn't quite meet her standards.

Why did you choose your specialty?

My wife. She was supposed to be the pediatrician and I was supposed to be the internist. But, she flipped to internal medicine and we discovered we could not work together so I became a pediatrician. I have never regretted that move. The presence of children makes adults behave and excel. If I have been a good doctor, it is because the kids elevated my performance.

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

Oliver Sachs, the author of several books on neurology including *Awakening*, and I had a long chance meeting in NYC when I did an elective in the North Bronx. He was an incredible mentor. We were working in a rehab facility where he built a greenhouse on the roof and sent his patients to PT almost every day. I learned that

part of being human was being vertical (in PT) and growing things. He was an incredible humanitarian and role model. Betty Lowe was another. As the medical

leader of ACH, she taught me the value of quiet toughness and the importance of the AAP for policy change to help children. Finally, David Bourne. The person who taught me the most about policy and the qualities of beer. The truth is that my life is littered with peers who have enriched my education by their examples from my youngest to oldest colleagues. It is an incredible privilege to be a physician.

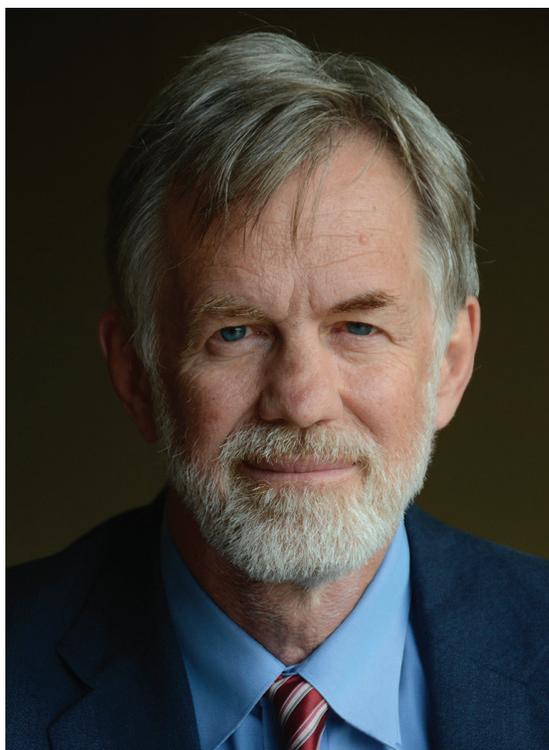
What advice would you give current medical students?

I really don't know where medicine is going these days, but the COVID-19 pandemic has shown me that the values of care and determination and public service are the heart of our profession. As

long as we are treating people, those people skills will have meaning and should be nurtured. Don't forget your liberal arts education. Read, listen, run, create, love.

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

I'll give you two. I was a college wrestler at UNC-Chapel Hill and I love Moon Pies.



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.

\$765,789 Grant to Focus on Racial, Ethnic Health Disparities

A five-year, \$765,789 grant to the University of Arkansas for Medical Sciences (UAMS) will support teaching graduate students advanced analytics to address racial and ethnic health disparities.

The grant, from the National Institute on Minority Health and Health Disparities (NIMHD), establishes the Arkansas Center for Health Disparities T32 Pre-doctoral Research Training Program.

Mick Tilford, Ph.D., professor and chair of the Department of Health Policy and Management in the UAMS College of Public Health, led the grant application with support from the UAMS Translational Research Institute.

"Minorities are much more likely to experience chronic diseases and have other poor health outcomes," Tilford said. "Exhibit A is COVID-19. African-Americans make up only 13% of the U.S. population, but 33% of hospitalizations are from this demographic."

He and Jonathan Bona, Ph.D., will co-direct the T32 program, which will select two graduate students per year. Bona is an assistant professor in the UAMS College of Medicine Department of Biomedical Informatics.

Tilford believes that developing the skills needed to

analyze large sets of data by computer will lead to a better understanding of the complex relationships between social determinants of health and population health outcomes.

With multidisciplinary, team-based science as part of the T32 training, Tilford said the program will produce a new generation of researchers to address health disparities

and to improve health equity.

"This is the only NIMHD T32 research training program in the state," he said. "It will serve as a model for improving disparate population health outcomes in the state, region and nation."

The program builds on the research infrastructure of the NIMHD-funded

Arkansas Center for Health Disparities Center of Excellence and five Ph.D. programs across the colleges of Public Health, Pharmacy and Nursing with support from the Department of Biomedical Informatics.

The T32 training will include collaborations with the Translational Research Institute, Regional Campuses and Institute for Digital Health & Innovation at UAMS, and the Institute for Advanced Data Analytics at the University of Arkansas, Fayetteville.



Lunch & Learn Topics

Do you have a topic you would like to have an industry expert speak about?

IF so, please call Derek at 501-687-0039, or email him at derek@pulaskicms.org, with your topic suggestion.



Calendar of Events

Medical Office Cybersecurity for Business People



Justin Huffaker

Wednesday, June 17, 2020
11:45 am – 12:30 pm
This is a webinar

Speaker
Justin Huffaker, Vice President of Strategic Technology

In the wake of the Equifax security breach, approximately half of all Americans have had personal identity and financial credit data stolen. And, the Equifax breach is not an isolated incident. It seems that on a daily basis news headlines are trumpeting yet another high-profile company who has had defenses compromised and data stolen. As business people, it is a mistake to see these breaches as expressly "IT problems" when many cybercrimes are the result of con artists, simple trickery, and ignorance on the part of office workers. These so-called "socially-engineered attacks" are a highly effective threat vector and require specific defensive actions in order to be mitigated. A well-conceived business security strategy should not only involve deep technical tools but should also include employee education and technology usage best practices.

This presentation is geared for a business audience and provides insight into steps that can be taken at an individual level to increase information security.

OSHA Training for Medical Office Staff



Anne Pontius

Wednesday, July 22, 2020
11:45 am – 12:30 pm

Speaker
Anne Pontius, SVMIC

This session covers the lecture elements of OSHA's required training for the Blood borne Pathogens Standard and Hazard Communications Act. We will also address specific information to

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protect employees at risk of exposure to SARS CoV-2, the virus that causes COVID-19. Documentation will include the site-specific information that must be taught by the practice's onsite OSHA Safety Officer. At the end of this session, attendees will have knowledge of the OSHA requirements that apply to most medical practices.

Cash Balance Plans



Matthew White

Wednesday,
August 19, 2020
1:45 am – 12:30 pm

Speaker
Matthew White, White & McGowan

How to increase deductible retirement contributions for physicians and office managers beyond the limits of a 401k and profit sharing plan.

Workplace Violence



Melony Hilton

Wednesday,
September 30, 2020
11:45 am – 12:30 pm
Suite 802 of the Doctor's Building,
500 S. University Avenue

Speaker
Melony Hilton, SVMIC

This session addresses the growing concern over workplace violence including the potential warning signs and appropriate responses to bomb threats and active shooters

Please check the PCMS website at pulaskicms.org for updated event information.



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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.**