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U.S. Surgeon General Discusses the Opioid Epidemic



Source: The Doctors Company

The Doctors Company’s 2018 Executive Advisory Board meeting—a gathering of some of the leading figures in medicine in the United States—featured a conversation between The Doctors Company Chairman and Chief Executive Officer, Richard E. Anderson, MD, FACP, and the United States Surgeon General, Vice Admiral Jerome M. Adams, MD, MPH.

In this first of two articles highlighting key excerpts from the conversation, Dr. Anderson and Dr. Adams discuss the opioid epidemic’s huge impact on communities and health services in the United States.

Dr. Anderson: Dr. Adams, you’ve been busy since taking over as Surgeon General of the United States. What are some of the key challenges that you’re facing in this office?

Dr. Adams: You know, there are many challenges facing our country, but it boils down to a lack of wellness. We know that only 10 percent of health is due to healthcare, 20 percent of health is genetics, and the rest is a combination of behavior and environment.

My motto is “better health through better

partnerships,” because I firmly believe that if we break out of our silos and reach across the traditional barriers that have been put up by funding, by reimbursement, and by infrastructure, then we can ultimately achieve wellness in our communities.

You asked what I’ve been focused on as Surgeon General. Well, I’m focused on three main areas right now.

Number one is the opioid epidemic. It is a scourge across our country. A person dies

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PCMS NEWS

\$1.5 Million Estate Gift Creates Full Tuition Scholarship in UAMS College of Medicine

The University of Arkansas for Medical Sciences (UAMS) has received a \$1.5 million gift from the estate of Carl R. Stout to create the R. Louise Stout Simmons, M.D. Endowed Scholarship in the College of Medicine, which is the first full-tuition scholarship endowment in UAMS' history.

"This incredible gift will provide for countless students in the College of Medicine and have an immeasurable impact for Arkansas," said UAMS Chancellor Cam Patterson, M.D., MBA. "UAMS is an academic institution as well as a health sciences center, and we take our job seriously to attract, teach and train tomorrow's health care leaders. We are committed to making sure every Arkansan has access to quality medical care. The Stout family's generosity ensures that we will continue to do that far into the future."

The Simmons scholarship is unique since it is the first time in UAMS history that a scholarship endowment will pay for a full year of tuition. The \$1.5 million gift is invested, and the spendable earnings will generate the funds to cover the first year's tuition for a freshman medical student every year.

"This is an amazing time for us as this endowment provides an additional tool to further the mission of the College of Medicine to continually recruit the best and the brightest for Arkansas," said UAMS Executive Vice Chancellor and College of Medicine Dean Christopher T. Westfall, M.D.

R. Louise Stout, M.D., a 1949 College of Medicine graduate, passed away unexpectedly in 1970. Her father, Carl R. Stout, wanted his daughter's love of medicine to be remembered, so he created a charitable remainder trust. When Carl Stout died in 1994, the trust provided income to his surviving daughter, Dorothy S. Aldridge, for her lifetime – with the College of Medicine named as the beneficiary of the remainder of the trust. Aldridge, a longtime supporter of UAMS, passed away June 30.

calendar of events

JANUARY 14, 2019

Opening day of the 2019 Arkansas Legislative Session

JANUARY 15, 2019

**PCMS Board of Directors Meeting
500 S. University Ave, Suite 802**

JANUARY 16, 2019

**Medical Exchange Board of Directors Meeting
500 S. University Ave, Suite 802**

DR. JASMINE BRATHWAITE JOINS NORTH LITTLE ROCK FAMILY PRACTICE



Jasmine Brathwaite, MD, has joined North Little Rock Family Practice-A Baptist Health Affiliate, at 505 W. Pershing Blvd., Suite C.

"I enjoy getting to know my patients and listening to their concerns so that we can work together to manage medical needs," Brathwaite said.

Brathwaite, who has spent 12 years in medicine, studied at the University of the West Indies in Barbados and had her residency at the University of Arkansas for Medical Sciences. She also obtained a fellowship in Geriatric Medicine at UAMS.



BAPTIST HEALTH PIONEERS MAZOR X FOR SPINE SURGERY; LITTLE ROCK PROCEDURE IS FIRST IN STATE

Neurosurgeons at Baptist Health have performed the first robotically-assisted minimally invasive spine surgery in Arkansas using the Mazor X Robotic Guidance Platform. The procedure took place Friday, Dec. 14, at Baptist Health Medical Center-Little Rock by neurosurgeon Dr. David Connor.

The Mazor X Robotic Guidance Platform is only available to a small number of spine and orthopedic hospitals in the U.S.

“Baptist Health continues to bring the latest technologies to Arkansas,” said Greg Crain, Senior Vice President and Administrator of Baptist Health Medical Center-Little Rock. “The implementation of Mazor X provides our patients with an unparalleled quality of care and gives our neurosurgeons precise, state-of-the-art tools to ensure accuracy.”

Mazor X combines image-based pre-operative analytics with intra-operative guidance to create and execute a personalized surgical plan for the needs of a patient’s individual anatomy.

The technology allows an automated robotic “arm” to hold key surgical instrumentation in place for the neurosurgeon. Mazor X additionally looks at how the whole procedure affects a patient, with data to provide comprehensive treatment accuracy and advanced surgical precision.

It integrates and streamlines three complex processes: Image-based 3D planning of Surgery, Intra-operative guidance using



precision mechanics, and Intra-operative verification of therapy placement using an X-Eye camera.

Before entering the operating room, neurosurgeons use the 3D-planning functionality to develop an optimal surgery in a CT-based 3D simulation of the patient’s spine. Computer analytics provide the neurosurgeon with pre-operative data for procedure planning and intra-operative guidance during the procedure. Using these technologies, the neurosurgeon may operate with precision and efficiency.



Cardiologist Dr. Konstantinos Kossidas Joins the CHI St. Vincent Heart Institute

Dr. Kossidas Konstantinos joins the team of leading cardiologists at the CHI St. Vincent Heart Institute. He specializes in Cardiac Electrophysiology and is now seeing patients at 10100 Kanis Road in Little Rock.

Dr. Kossidas attended medical school at the University of Athens Medical School in Greece and completed his residency with the Lenox Hill Hospital Internal Medicine Program in New York, New York. He completed his Clinical Cardiac Electrophysiology Fellowship at the University of Michigan in Ann Arbor.

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BAPTIST HEALTH-CONWAY FIRST HOSPITAL IN ARKANSAS TO UTILIZE STRYKER SYSTEM FOR HIP SURGERY

Baptist Health Medical Center-Conway recently became the first and only hospital in Arkansas to utilize the Stryker Pivot Guardian Distraction System for hip arthroscopy.

“This technology gives our patients across the state access to the latest advancements in hip surgery,” said Tim Bowen, Vice President and Administrator at Baptist Health Medical Center-Conway. “Baptist Health remains committed to providing quality services while responding to the changing health needs of Conway and surrounding communities.”

The Pivot Guardian Distraction System is designed to minimize the time and effort required for transport, setup and takedown. Its state-of-the-art, post-free table design focuses on improving the patient experience and enhancing operating room efficiency, including a boot design that stabilizes a patient’s leg and allows for better hip positioning.

Hip arthroscopy is used to treat a wide range of hip-related problems like: Hip impingement, Labral tears, Bursitis, Tendon repairs, and Loose cartilage from a fall or injury

Traction controls allow surgeons to have more precise control and better range-of-motion, and a gauge estimates the amount of force on the patient. The Pivot Guardian Distraction System is also designed to mitigate groin complications and heel sleep associated with the surgery.

A study by *The American Journal of Sports Medicine* of 1,000 hip arthroscopies performed without the use of a perineal post found in every case that the technology allows for safe and adequate access to the hip joint without groin-related soft tissue or nerve complications.

every 12 and a half minutes from an opioid overdose and that's far too many. Especially when we know that many of those deaths can be prevented.

Another area I'm focused on is demonstrating the link between community health and economic prosperity. We want folks to invest in health because we know that not only will it achieve better health for individuals and communities, but it will create a more prosperous nation.

And finally, I'm raising awareness about the links between our nation's health and our safety and security—particularly our national security. Unfortunately, seven out of 10 young people between the ages of 18 and 24 years old in our country are ineligible for military service. That's because either they can't pass the physical, they can't meet the educational requirements, or they have a criminal record.

So, our nation's poor health is not just a matter of diabetes or heart disease 20 or 30 years down the road. We are literally a less safe country right now because we're an unhealthy country.

Dr. Anderson: Regarding the opioid epidemic, what are some of the programs that are available today that you find effective? What would you like to see us do as a nation to respond to the epidemic?

Dr. Adams: Just yesterday, I was at a hospital in Alaska where they have implemented a neonatal abstinence syndrome protocol and program that is being looked at around the country—and others are attempting to replicate it.

We know that if you keep mom and baby together, baby does better, mom does better, hospital stays are shorter, costs go down, and you're keeping that family unit intact. This prevents future problems for both the baby and the mother. That's just one small example.

I'm also very happy to see that the

prescribing of opioids is going down 20 to 25 percent across the country. And there are even larger decreases in the military and veteran communities. That's really a testament to doctors and the medical profession finally waking up. And I say this as a physician myself, as an anesthesiologist, as someone who is involved in acute and chronic pain management.

Four out of five people with substance use disorder say they started with a prescription opioid. Many physicians will say, "Those aren't my patients," but unfortunately when we look at the PDMP data across the country we do a poor job of predicting who is and who isn't going to divert. It may not be your patient, but it could be their son or the babysitter who is diverting those overprescribed opioids.

One thing that I really think we need to lean into as healthcare practitioners is providing medication-assisted treatment, or MAT. We know that the gold standard for treatment and recovery is medication-assisted treatment of some



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form. But we also know it's not nearly available enough and that there are barriers on the federal and state levels.

We need you to continue to talk to your congressional representatives and let them know which barriers you perceive because the data waiver comes directly from Congress.

Still, any ER can prescribe up to three days of MAT to someone. I'd much rather have our ER doctors putting patients on MAT and then connecting them to treatment, than sending them back out into the arms of a drug dealer after they put them into acute withdrawal with naloxone.

We also have too many pregnant women who want help but can't find any treatment because no one out there will take care of pregnant moms. We need folks to step up to the plate and get that data waiver in our Ob/Gyn and primary care sectors.

Ultimately, we need hospitals and healthcare leaders to create an environment that makes providers feel comfortable providing that service by giving them the training and the support to be able to do it.

We also need to make sure we're co-prescribing naloxone for those who are at risk for opioid overdose.

Dr. Anderson: So just so we are clear, are you in favor of regular prescribing of naloxone, along with prescriptions for opioids? Is that correct?

Dr. Adams: I issued the first Surgeon General's advisory in over 10 years earlier this year to help folks understand that over half of our opioid overdoses occur in a home setting. We all know that an anoxic brain injury occurs in four to five minutes. We also know that most ambulances and first responders aren't going to show up in four to five minutes.

If we want to make a dent in this overdose epidemic, we need everyone to consider themselves a first responder. We need to look at it the same as we look at CPR; we need everyone carrying naloxone. That was one of the big pushes from my Surgeon General's

advisory.

How can providers help? Well, they can co-prescribe naloxone to folks on high morphine milligram equivalents who are at risk. If grandma has naloxone at home and her grandson overdoses in the garage, then at least it's in the same house. Naloxone is not the treatment for the opioid epidemic. But we can't get someone who is dead into treatment.

I have no illusions that simply making naloxone available is going to turn the tide, but it certainly is an important part of it.

Dr. Anderson: From your unique viewpoint, how much progress do you see in relation to the opioid epidemic? Do you think we're approaching an inflection point, or do you think there's a long way to go before this starts to turnaround?

Dr. Adams: When I talk about the opioid epidemic, I have two angles. Number one, I want to raise awareness about the opioid epidemic—the severity of it, and how everyone can lean into it in their own way. Whether it's community citizens, providers, law enforcement, the business community, whomever. But in addition to raising awareness, I want to instill hope.

I was in Huntington, West Virginia, just a few weeks ago at the epicenter of the opioid epidemic. They've been able to turn their opioid overdose rates around by providing peer recovery coaches to individuals and making sure naloxone is available throughout the community. You save the life and then you connect them to care.

We know that the folks who are at highest risk for overdose deaths are the ones that just overdosed. They come out of the ER where we've watched them for a few hours and then we send them right back out into the arms of the drug dealer to do exactly what we know they will do medically because we've thrown them into withdrawal and they try to get their next fix.

If we can partner with law enforcement, then we can turn our opioid overdose rates around.

A story of recovery that I want to share with you is about a guy named Jonathan, who I met when I was in Rhode Island.

Jonathan overdosed, but his roommate had access to naloxone, which he administered. Jonathan was taken to the ER and then connected with a peer recovery coach. He is now in recovery and has actually become a peer recovery coach himself. Saving this one life will now enable us to save many more.

Yet we still prescribe over 80 percent of the world's opioids to less than five percent of the world's population. So, we still have an over-prescribing epidemic, but we've surpassed the inflection point there. Prescribing is coming down.

But another part of this epidemic was that we squeezed the balloon in one place and as prescribing opioids went down, lots of people switched over to heroin. That's when we really first started to see overdose rates go up.

Well, it's important for folks to know that through law enforcement, through partnerships with the public health community, through an increase in syringe service programs, and through other touch points, heroin use is now going down in most places.

Unfortunately, now we're seeing the third wave of the epidemic, and that's fentanyl and carfentanyl.

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Dr. Adams is the 20th Surgeon General of the United States, a post created in 1871. He holds degrees in both biochemistry and psychology from the University of Maryland. In addition, the Surgeon General has a master's degree in public health from the University of California at Berkeley, and a medical degree from the Indiana University School of Medicine. Dr. Adams is a board-certified anesthesiologist and associate clinical professor of anesthesia at the University of Indiana. He has been active in a number of national medical organizations, including the American Society of Anesthesiologists and the American Medical Association.



Pulaski County Medical Society
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professional growth, and
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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.