



CONNECTIONS

Education. Wellness. Excellence. *Always.*

DOCUMENTATION COMPLIANCE

Opioid deaths are on the rise in the United States. According to a recent Medicare and Medicaid Research Review report, the rate of overdose deaths in the U.S. has increased by 137 percent since 2000, with a 200 percent increase in opioid-related overdose deaths. Many of those deaths can be traced back to prescription opioid abuse.

While physicians are acutely aware of the drawbacks and dangers of opioid prescribing, use of opioids continues to be a valid approach to chronic pain management. The primary issues for physicians are determining the needs of the patient, avoiding overuse of opioids as the only method of pain management, implementing alternative treatments for pain relief and identifying patients who are “doctor shoppers” to support their addiction.

Today, there are more resources available for physicians to combat “doctor shoppers” and opioid overprescribing, with electronic health records and patient databases taking over the medical industry. For many physicians, it’s a matter of educating themselves on proper opioid prescription documentation and the resources available to help.

*Are you
documenting
appropriately
for opioid
prescriptions?*

In response to the growing opioid epidemic across the United States, prescribing guidelines have been developed at both the state and federal perspective. The CDC and most individual states have released prescribing guidelines for opioid management of chronic pain. The guidelines help providers make safe and competent opioid prescribing decisions in primary care settings, recommending certain patient-centered practices before and during an opioid-based treatment.

The primary foundation of these opioid prescribing guidelines generally includes the following:

- **DETERMINING WHEN TO USE OPIOIDS:** The decision to use opioids instead of alternative treatment plans must follow a thorough process of treatment selection. First, a physician should use non-pharmacologic therapies like exercise or cognitive behavioral therapy before seeking pharmacologic therapies for chronic pain. Physicians should also explore the possibilities of nonopioid pharmacologic therapies like anti-inflammatories before resorting to opioids.

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CONNECTIONS

is published semi-annually by the Foundation of the Pennsylvania Medical Society. The Foundation welcomes submissions of articles, photos or editorials for publication. Please address correspondence to:

Connections

The Foundation of the Pennsylvania Medical Society
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820
foundationpamedsoc.org
717.558.7750
In Pennsylvania: (800) 228-7823
Fax: 717.558.7818

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Executive Director Message



Heather A. Wilson, MSW, CFRE

of the Pennsylvania Medical Society Excellence Award have been added to the cache of scholarships.

"It is humbling to have the opportunity to work with such a dedicated group of individuals ..."

Our national clinical competency assessment program, LifeGuard, has reached new heights as a leader in the assessment of late career physicians. Our opioid prescribing course coupled with practice monitoring has ensured that physicians retain their licenses when they have experienced difficulties with prescribing.

All of these milestones have been achieved because of the vision of our Board of Trustees, the diligent work of the Foundation staff and the incredibly generous support of our donors. Currently the Board is completing a new strategic plan that will guide us for the next three years. We will continue to expand and adapt to provide a comprehensive array of programs and services that are targeted to helping the physicians and other health professionals we serve. We will expand our cache of resources and broaden our network of physicians who lend their time and expertise to help their fellow physician. It is humbling to have the opportunity to work with such a dedicated group of individuals who have a common goal of helping physicians and the broader health professional community succeed and thrive.

As we enter into 2018, the Foundation staff and I wish you good health, prosperity and joy in the New Year!

Be well,

Heather Wilson, MSW, CFRE
Foundation Executive Director
Deputy Executive Vice President,
Pennsylvania Medical Society



Planning to shop through Amazon this holiday season?

At no cost to you, embrace the act of giving in checkout! Every time you make a qualified purchase, a portion of the purchase price will be donated to your selected charity, the Foundation.

When you visit smile.amazon.com, simply create an account with an email address and select the Foundation of the Pennsylvania Medical Society once you have logged in. This added bonus, will give you the ability to make a difference.

'Like' us on Facebook and follow us on Twitter!
www.foundationpamedsoc.org

OUR MISSION

The Foundation of the Pennsylvania Medical Society provides programs and services for individual physicians and others that improve the well-being of Pennsylvanians and sustain the future of medicine.

2017 HOUSE OF DELEGATES RECAP



During this year's House of Delegates in Hershey, Pa., the generosity of an anonymous physician kicked off our Match campaign in honor of outgoing PAMED President Charles Cutler, MD, MACP. Each donation was matched up to \$10,000.

Subsequently, the Foundation was able to raise over \$22,000 with the help of its members, like you! If you would like to make a financial contribution or gift, please visit www.foundationpamedsoc.org/donate



With the help of his three daughters, **Theodore Christopher, MD, FACP**, was sworn in as the next president of the Pennsylvania Medical Society at this past October's House of Delegates in Hershey, Pa.



The Foundation is grateful for each and every charitable contribution made by hospitals and individual supporters. Your gifts and financial contributions are what sustains the success of our programs and services. Through your continual support and participation, we are able to assist medical students, physicians, and other medical professionals across Pennsylvania.

To learn more about giving, please visit our website at www.foundationpamedsoc.org.

You are busy, but you want to show your support to the Foundation... let us help you! Consider joining the Foundation Sustainer's Circle – a special group of donors who provide a sustaining stream of support for the Foundation's programs through their regularly scheduled monthly contributions.



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When the physician determines that an opioid must be used, the guidelines recommend the opioid treatment is combined with an additional non-pharmacologic or nonopioid pharmacologic therapy when appropriate. Opioid-based treatments should never be the first resort and must be accompanied by the establishment of concrete treatment goals and a discussion of the risks of opioid therapy with the patient in question.

• MANAGING OPIOID TREATMENTS:

Every aspect of an opioid treatment plan must be managed by the prescribing doctor to avoid misuse or abuse by the patient. At the same time, the physician should ensure that the treatment is effective for the patient's chronic pain. This management must involve a process of selecting the appropriate opioid and dosage for the treatment, determining the duration of the treatment and following up with the patient to track their progress.

The CDC recommends prescribing the lowest possible effective dosage using immediate-release opioids — this minimizes the potential for abuse or overdosing. This focus also involves the process of following up with the patient and deciding when to discontinue an opioid treatment.

The physician also needs to be mindful of the total Morphine Equivalent Dose (MED) for all patients receiving opioids. Should the MED prescribed for the patient be greater than 100-120 MED daily, the physician needs to consider transferring care to a pain management specialist.

• ASSESSING AND ADDRESSING RISK:

The primary purpose of regular follow-up meetings with patients is to ensure the patient is using their opioids in an appropriate manner and that the opioids are improving their pain and function. This monitoring may include urine drug testing, PDMP reviews or simple discussions with the patient. In some cases, the benefits of using opioids may not outweigh the potential harm, in which case the physician must take appropriate steps

for the sake of the patient. If this is the case, the physician can work with the patient to taper, reduce or discontinue their opioid usage.

Physicians should monitor patients on a regular basis to ensure their opioids are improving pain and function without causing harm. If benefits do not outweigh harms, optimize other therapies



and work with patients to taper or reduce dosage and discontinue, if needed. If the harm to the patient is extensive and the patient has started to abuse opioids, the physician must also play a role in arranging treatment for the patient.

THE PHYSICIAN'S ROLE IN OPIOID PRESCRIBING

Physicians are the last line of defense against opioid over-prescribing. While the number of resources available to physicians today has expanded, too few physicians make appropriate use of them or have the experience and skills necessary to judge a patient's honesty. For a doctor prescribing opioids, the consequences of improper documentation of a prescription or misjudgment of a patient can be severe, resulting in a patient's death and disciplinary action by the physician's licensing board.

To prevent potential patient abuse, physicians must make use of the tools and procedures at their disposal, including:

• PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) DATABASE ACCESS:

The PDMP database is a critical part of preventing over-prescribing and combating "doctor shoppers." These databases allow physicians to access patient information, which includes prescription history: what prescriptions the patient is filling and from whom the patient has received the prescription. This is an important tool for screening new patients, especially those who exhibit red flags during their initial meeting.

• INITIAL SCREENING:

Patients presenting with acute or chronic pain complaints need to be initially assessed to ensure the appropriateness of treatment. Such initial screening tools include urine drug screening tests, self-assessment surveys, review of past medical history and current treatment.

• THOROUGH EXAMINATIONS:

Physical examinations can also be of use to physicians thinking of prescribing opioids. Inconsistencies between patient statements and test results can provide vital information about the patient's behavior, state of mind and habits.

• COMPREHENSIVE DOCUMENTATION:

Documentation is one of the most important tools in a physician's arsenal when it comes to preventing opioid abuse. Tracking patient examinations, follow-ups, prescriptions and refills is an important part of identifying problematic behavior. Notations of calls made by the patient requesting early refills, lost prescriptions or pills can be extremely valuable when assessing potentials for abuse or diversion issues. Documentation can also be used by physicians to defend prescription decisions in the event a medical board questions their prescribing habits.



DOCUMENTATION COMPLIANCE

DOCUMENTING OPIOID PRESCRIPTIONS

Electronic health records (EHRs) have made patient medical documentation more detailed and accessible than ever before. Despite these advances, medical documentation often involves little more than a few checked boxes and notes. While this kind of documentation is sufficient for minor checkups, for opioid prescriptions the standard of care should be much more.

Doctors should document their reasoning from beginning to end for providing an opioid prescription, especially if the treatment resulted in opioid abuse. Many doctors are unaware of this or otherwise lack the experience necessary to document their opioid prescriptions in a way that's deemed acceptable.

SOME OF THE DOCUMENTATION EXPECTED INCLUDES THE FOLLOWING:

• INITIAL VISIT:

A patient's first visit is a major factor in the opioid prescription process, especially when it comes to avoiding doctor shoppers.



Physicians can later refer to this initial visit if a patient claims long-term chronic pain or makes claims about previous prescriptions. In any case, documentation of an initial visit should include information about a patient's history, including the history of their chronic pain, the type and intensity of the pain, the results of previous diagnostic studies and specific details about previous treatments, including any medications taken.

Any information collected during this initial visit should be backed up with records from a patient database, so having the patient sign a release form and provide contact information for their prior relevant physicians is crucial.

• BASELINE SCREENINGS:

If an opioid is chosen for a patient's treatment plan, the patient should go through a basic screening process. In most cases, this will include a discussion with the physician, where he or she asks general questions to determine the patient's state of mind and pinpoint any inconsistencies. It will also include an initial urine analysis to check for the presence of drugs in the system as well as a medical history check for previous abuses or aberrant behavior. Any results, especially red flags, should be documented.

• PDMP INFORMATION:

Most states now have an operational Prescription Drug Monitoring Program or legislation authorizing the development of such a database. The PDMP provides the physician with a list of all controlled substances filled by a patient and who wrote the prescription. In many cases, physicians can register with state PDMPs in bordering states should their patient population cross state boundaries. Any physician planning to prescribe opioids to a patient must check the list to see if the patient is getting opioids from another source already. The results of this check should be documented, whether they are positive or negative.



• TREATMENT PLAN AND GOALS:

After the initial assessment and screening, documenting the treatment plan and the goals for the treatment should be the next step the physician takes. These plans and goals should be discussed with the patient and should be as quantifiable as possible so that progress can be documented in follow-up visits.

• FOLLOW-UP VISITS:

Physicians should also document follow-up visits, addressing treatment goals and detailing the progress the patient has made on the treatment plan, if and how treatment goals have been met and how the treatment is progressing overall. The physician should also document any red flags that come up during their visit with the patient.

In short, physicians must document every interaction with a patient taking opioids in a thorough manner. When in doubt, always document anything having to do with the following topics, also known as the "5A's":



— **Analgesia:** The patient's pain levels are a simple way to document chronic pain, measured on a scale of 1 to 10. Inconsistent pain levels or sudden changes in pain levels should be documented.

— **Activities:** Inclusion of a functional assessment of the patient's pain is an effective tool. For example, asking the patient how the pain they are experiencing is affecting their abilities to work, do activities of daily living, etc.

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is a more objective measurement of pain control than a self-reported pain scale. Specific activities detailed in increments of distance or time and notes regarding difficulty in accomplished daily tasks are ideal for documentation of patient progress. Physicians must note any significant changes in activity level.

- **Adverse Effects:** Problems with the medication, such as constipation or behavioral changes, should be documented.
- **Aberrant Drug-Related Behaviors:** Any changes in refill behaviors should be monitored, as should drug tests that come back positive for controlled substances the patient has not mentioned. If any aberrant behaviors come up, they must be addressed by the physician as soon as possible. Physicians should track any notable changes in behavior or treatment for this reason.
- **Affect:** The patient's mood should be monitored because it may affect patient behavior. Depression and anxiety both exacerbate pain in patients and may lead to opioid abuse. Chronic depression and anxiety may need to be addressed by the physician to help the treatment move along as planned. Both the mood of the patient and any psychotherapy they pursue must be noted.

BENEFITS OF OPIOID PRESCRIPTION EDUCATION PROGRAMS

Proper documentation is a difficult skill for physicians to learn, but is essential to avoid over-prescribing and potential reprimands. To this end, there are resources available for physicians wishing to learn more.

LifeGuard provides a nationally recognized educational program used by physicians to improve and advance their education in the prescribing of opioids and controlled substances. The Controlled Substance and Opioid Prescribing Educational Program features a curriculum designed to provide education on proper opioid documentation and management for doctors. Some of the key features of LifeGuard include:

- **COMPREHENSIVE MATERIAL:**

LifeGuard covers a wide variety of topics, including information on controlled substances. This complex subject is covered in extreme detail to provide physicians with didactic and practical information on the latest prescription and documentation guidelines so physicians can effectively implement them.

- **PRACTICAL APPLICATION:**

LifeGuard combines lecture, discussion and experiential practice to help solidify physician knowledge and arm them with the practical skills they need to use what they have

learned. The practical aspects of the program include standardized patient practice sessions, observed preceptorships and shadowing experiences.

LEARN MORE ABOUT LIFEGUARD

Supported by the Foundation of the Pennsylvania Medical Society, the LifeGuard program is the result of the society's annual Board of Trustees' retreat. The Society, an association consisting of physicians across Pennsylvania, has dedicated itself to serving the needs of patients and medical professionals since 1848.

With LifeGuard, the Foundation of the Pennsylvania Medical Society sought to fulfill the needs of physicians seeking continuing educational resources. Since its establishment, LifeGuard has grown to become a nationally recognized program, celebrated for its quality assessment techniques, personalization and support.



For more information about LifeGuard's Controlled Substance and Opioid Prescribing Educational Program, email info@LifeGuardProgram.com or call (717) 909-2590.

THE PHYSICIAN LEGACY NEWSLETTER

The Foundation produces its planned giving newsletter titled *The Physician Legacy*. It includes a special focus on general estate and financial planning issues. Thank you to the commitment of our donors, we are able to make a difference in the lives of physicians because of you.

If you did not receive a copy of this newsletter and would like to be added to our mailing list, or you would like more information regarding planned giving opportunities, please contact our Director of Philanthropy, Margie Lamberson, CFRE, at mlamberson@pamedsoc.org or 717.558.7846



Meet Your Foundation Team

With services continually growing through its three core programs, medical professionals are able to improve the well-being of Pennsylvanians and sustain the future of medicine. To make this possible, Foundation contributors provide charitable donations that preserve its programs, as well as a committed team of professionals that help guide your successful future.



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FOUNDATION SCHOLARSHIPS

Scott A. Gunder, MD, Dauphin County Medical Student Scholarship Winner

Kent D. Upham, of Le Raysville, Pa., in Bradford County, is the recipient of the **Scott A. Gunder, MD, Dauphin County Medical Society Presidential Scholarship** offered through The Foundation of the Pennsylvania Medical Society. Upham, a medical student at Penn State College of Medicine, will receive \$1,500 towards his tuition. He is the son of Rick and Lisa Upham, of Le Raysville.

Upham, who plans to specialize in pediatrics or pediatric sports medicine, says he grew up in a very small, rural town as a sixth-generation dairy farmer. Hard work came as second nature to him; the idea of becoming a physician, on the other hand, was not something he had ever even considered. That is, until a new neighbor, who was a pediatrician, moved into a house three miles down the road,



Kent Upham receiving award

which was a “close” neighbor in his neck of the woods. This was the first doctor that Upham ever interacted with outside of an office visit.

“He was a wacky and friendly guy with a huge movie collection. That movie collection was a treasure trove for a ten-year-old, but borrowing one came at a cost. I was given a list of vocabulary words ranging from ‘pecuniary’ to ‘sesquipedalian’ that had to master in exchange for a movie,” Upham says. “We developed a

friendship and talked on a weekly basis often of his days as a pediatrician, which intrigued and excited me. One day he offhandedly mentioned that I could be a good doctor if I wanted to be. I was shocked—the idea had never occurred to me. None of

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Alliance Medical Education Scholarship (AMES) Fund Recipients

The 2017 Alliance Medical Education Scholarship was awarded to 9 deserving medical students this fall. Each recipient is a second or third-year medical student who are Pennsylvania residents and enrolled full-time in a Pennsylvania medical school. Since receiving their awards, here is what they had to say on the future of medicine in Pennsylvania.

Award recipients (See page 9) gather together with Barbara Prendergast and Arlene Oyler for a group photo at the Alliance’s annual fundraising benefit on Oct. 14, 2017, in Hershey, Pa.



Foundation Scholarships

Allegheny County Medical Society Medical Student Scholarship.....	\$4,000
Blair County Medical Society Scholarship.....	\$2,000
Endowment for South Asian Students of Indian Descent Scholarship	\$2,000
Lehigh County Medical Auxiliary’s Scholarship and Educational Fund.....	\$2,500
Lycoming County Medical Society Scholarship	two \$3,000
Montgomery County Medical Society – William W. Lander, MD, Medical Student Scholarship	two \$2,000
Myrtle Siegfried, MD, and Michael Vigilante, MD, Scholarship	\$1,000

FOUNDATION SCHOLARSHIPS

Future of Medicine



Elisa Giusto, Philadelphia College of Osteopathic Medicine, *Class of 2018*

"With the rise of telemedicine, augmented reality in medical training, 3D printed organs, and medical apps galore, the future of medicine in Pennsylvania may seem like it will rely on further advances in technology, but instead I envision it as a return to the heart and art of medicine: the patient-physician relationship."



Ramzy T. Nagle, Sidney Kimmel Medical College at Thomas Jefferson University, *Class of 2018*

"My hope is that easier access to electronic medical records for patients will empower them, improve adherence, and strengthen the physician-patient relationship, leading to a stronger future for Pennsylvania medicine."

Rachel Z. Polinski, Geisinger Commonwealth School of Medicine, *Class of 2018*

"In the future, Pennsylvania medicine will continue to improve as an integrated healthcare system that focuses on the patients it treats and the communities it serves."



Evan A. Jones, Lewis Katz Medical School at Temple University, *Class of 2019*

"The future of Pennsylvania medicine rests jointly in the hands of physicians and lawmakers as collaboration between these groups is vital to enacting effective and lasting change."



Carly E. Sokach, Sidney Kimmel Medical College at Thomas Jefferson University, *Class of 2019*

"Across the state of Pennsylvania, the shift in medical education from traditional lectures to dynamic problem or case-based learning methods will create the next generation of critically-thinking clinically competent physicians."



Alexis J. Lukach, University of Pittsburgh School of Medicine, *Class of 2018*

"As a lifelong Pennsylvanian, I hope to see continual efforts to enhance patient care, along with strong legislative support for the tireless work of the physicians who care for our residents."

Alexander J. Adams, Sidney Kimmel Medical College at Thomas Jefferson University, *Class of 2018*

"Pennsylvania is a state of great innovation and revolution, as a home to our country's first government, university, medical school, and children's health insurance program model, among other firsts; and I anticipate further advancement in diverse areas including biomedical research, physician activism and education, telehealth initiatives, and patient advocacy and care, which I am honored and excited to contribute to as a future Pennsylvania doctor."



Adam J. Weaver, Philadelphia College of Osteopathic Medicine, *Class of 2019*

"The future of Pennsylvania medicine is uncertain, but it is bright; we must implement and maintain a balance of reducing cost, increasing access to expanding patient populations, and adapting to a more complex team-based approach, all while putting the patient first, for just as Pennsylvania is known as the Keystone State, with this vibrant vision, we can be the keystone of healthcare across the nation."



Linda C. Magaña, Sidney Kimmel Medical College at Thomas Jefferson University, *Class of 2019*

"The future of Pennsylvania medicine hinges on the inclusion of unique individuals who enter the realm of healthcare with not simply a view to pathophysiology and biomedicine, but who will challenge and improve the social, economic, and political environment of our patients."

Accepting Scholarship Applications January 1!

Alliance Medical Education Scholarship: February 28, 2018 Deadline

Scott A. Gunder, MD, DCMS Presidential Scholarship: April 15, 2018 Deadline

For more information on eligibility requirements, deadlines, and details of the scholarship, please contact Deb Monko, Director of Student Financial Services, at dmonko@pamedsoc.org, or visit us online www.foundationpamedsoc.org.

my extended family members or classmates were doctors or aspired to be doctors. Until that moment, I had assumed I didn't have what it took; in hindsight it seems like that's what we all thought. No one in the graduating classes two years above nor below me went on to medical school."

Upham said that he always knew he wanted to spend his life working to serve the needs of others, and with the years of friendship and mentoring, he knew he could accomplish this life goal through being a physician.

"I have been and plan to continue leading others into medicine the same way that I was led into medicine - mentorship. I've been involved in mentoring programs at both my undergraduate institution and here at Penn State; I have helped several students traverse the labyrinth of medical school admission. In my future efforts to lead others into medicine, I plan on reaching out to

students in my local rural area by being heavily involved in the community at large," he says.

He also plans to hold community parties at the family pond, volunteering his medical services at local sporting events, enlisting youth in medical mission trips, and starting and advising a high school medical interest group where students can interact with health care professionals. "My heritage is rich in community investment, and I plan on continuing that pattern by being a vibrant presence. I believe that these efforts will lead others into medicine and show them that even small-town, rural folk can make a big-town difference," he says.

Since 2000, the Foundation has awarded the Scott A. Gunder, MD, Dauphin County Medical Society Presidential Scholarship to a second-year medical student attending Penn State College of Medicine. Through this scholarship, the memory of Gunder, a 39-year-old Harrisburg gastroenterologist will continue.

Your Legacy

Ways to Ensure Your Financial Health & Support Your Favorite Charity

At the House of Delegates Annual Business meeting in October, the Foundation had the opportunity to present an educational session that featured Mark Vergenes, President of Mirus Financial Partners. The session focused on the following planned giving concepts:



- *Techniques that will enable you to unleash the power of charitable planning for your personal benefit legacy*
- *Outright charitable gifts, bequest planning and life interest gifts*
- *How you can utilize your IRA or life insurance policy to be beneficial to you, your family, and your favorite charity*

Marjie Lamberson, the Foundation's Director of Philanthropy, often hears from donors that they would like to support the Foundation at a higher level, but are unsure of how their own financial future for themselves, or their family, will be impacted. By partnering with Mark, the Foundation is planning on providing several educational seminars that will present information on the various tools and techniques that are available to ensure your financial future, and the future of your favorite charity – The Foundation of the Pennsylvania Medical Society.

If you are interested in learning more or are interested in having an educational seminar presented at your county medical society or retired physicians group meetings, please contact Marjorie at mlamberson@pamedsoc.org or 717.558.7846.



Marjorie M. Lamberson, CFRE, and Mark Vergenes

Mark is President of MIRUS Financial Partners. Having entered the financial services industry in 1995, Mark has built a clientele that consists of individuals, families, non-profits and small business owners. His practice focuses on the advantages of asset management and "wrap fee" programs through Cetera Advisor Networks LLC. Knowledge and experience play key roles in helping Mark's clients more effectively work toward their financial goals.



Mark Vergenes
President & Investment Executive, MIRUS Financial Partners
110 East King Street / Lancaster, PA 17602
Phone: 717-509-4521
Mobile: 717-332-4395
Fax: 717-509-4523
E-mail: mark@mirusfinancialpartners.com

Support for Medical Students

A lot has changed in the 50 years since I graduated from Temple University School of Medicine. For example, the physical plant of the medical school is entirely new. The medical school I attended in figure 1 had been replaced by the spectacular new façade in figure 2.

In a similar way medical education has evolved significantly, with textbooks having been supplanted by computer modules, and team learning replacing monotonous solo memorization of facts. The temptations of social life are much more varied now as well. The only party option available in the 1960's was alcohol, but the current medical students can unfortunately choose from marijuana, cocaine, opiates, benzodiazepines, hallucinogenics, and amphetamines, a veritable smorgasbord of illegal, mind bending options. Some students will take the risk.

As much as a medical students' environment has changed, some things remain the same, however. From the perspective of a neurosurgeon and recovering physician, I am certain that the reward center of the ventral tegmental area, nucleus Accumbens, and limbic system has stayed pretty much the same, and the genetic susceptibility to these drugs has remained a constant across time in a subset of medical students.

That means that medical students, in the same proportion as the general public, remain a potential target for addiction. Add to that some unique factors common in the medical student environment:

- Stress of learning the new language of medicine, with an unending factual basis
- A sense of denial based upon past academic success and the invincibility of youth
- A common philosophy of "study hard, play hard".
- A competitive environment for selective residencies
- An unwillingness to confront addictive patterns in peers

These factors translate to a potential set-up for disaster. Fortunately, there is now an escape route out of a tight situation that



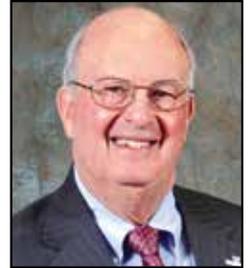
Photo courtesy of Temple University School of Medicine



Photo courtesy of Temple University School of Medicine

can spare the medical student's career, should drug addiction or behavioral concerns occur. This pathway was not present in the 1960's, and of course I am referring to the Physicians' Health Program of the Foundation of the Pennsylvania Medical Society. Since the 1980's, the PHP has provided an anonymous, safe, and proven method to address early addictive behavior in medical students. All it takes is a phone call to the PHP, a conference with the Dean of Students, or a visit to student health at your medical school. Or call us directly. The PHP provides an anonymous pathway to recovery through treatment, monitoring, advocacy, and peer support. Early recovery from addiction is not necessarily an easy route to follow, but the outcomes are highly successful and well worth the effort, especially when compared to the alternative.

You are your brother's keeper! It is your ethical and legal responsibility to care for your medical student peers. Call the PHP for help for you, or for one of your medical student brothers or sisters; we'll be there when you need us.



Raymond C. Truex, Jr.,
MD, FAANS, FACS
Medical Director

"Since the 1980's, the PHP has provided an anonymous, safe, and proven method to address early addictive behavior in medical students."

The Impact of PHP Services

30 Years of Change: Anonymous Medical Student Story

As a medical student, my experience in the PHP has been quite interesting. Initially, I was hesitant, mainly because I had never imagined myself in a program like this. However, after almost a year in the PHP, I can honestly say that this program is the best thing that has ever happened to me.

My family and closest friends constantly remind me how much better I am since joining the PHP. The staff is very kind and it is clear that they care about you and your well being. My most memorable patient experience that reminded me how great the program has been for me was on my psychiatric rotation. I was talking to one of my patients and another patient happened to be sitting at the table with us. I had never met her before and I felt a very unique connection and understanding with her.

She mentioned that she no longer drinks at all because no one likes being around her when she drinks. This patient went on describing her story, and I was able to relate on a very personal level. I understood her intimately, as my family and friends have been telling me how great I am to be around since I've stopped drinking. **Through the PHP, I feel like I am finally in a place where I have always wanted to be.** I feel happier than I ever have before.

Mainly, I am grateful to PHP for making me a better person and I know I will be a better doctor.

If you have questions or need more information regarding the Physicians' Health Program (PHP), please visit our website at www.paphp.org or contact us at php-foundation@pamedsoc.org.



The Foundation
of the Pennsylvania Medical Society
777 East Park Drive • P.O. Box 8820
Harrisburg, PA 17105-8820



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CHANGE SERVICE REQUESTED

A special thank you from Dr. Hall

On behalf of the Foundation of the Pennsylvania Medical Society, I would like to thank you and ask for your support. Your assistance will help to provide programs and services for individual physicians, and as a result will improve the well-being of communities throughout Pennsylvania. We hope you will give charitably to the Foundation.

EDUCATION

Through the Student Financial Services program, your donation invests in the best and brightest by awarding over 9 scholarships to Pennsylvania's future physicians. With the offering of low-interest loans, Pennsylvania medical students are able to focus on their education, rather than worrying about the financial burdens of medical school.

WELLNESS

The rule of thumb among all practicing physicians is first, and foremost, do no harm. This unequivocally includes physicians themselves. Physicians who are struggling with addiction or mental illness receive confidential referral and monitoring services from the Physicians' Health Program (PHP) to ensure that they are safe and sober as they practice.

EXCELLENCE

The Foundation is immensely proud of its nationally recognized clinical competency assessment program, LifeGuard. When a physician is looking to return to practice, or their clinical competency is called into question, LifeGuard provides individualized comprehensive clinical skills assessments. This personalized program tackles each case with care, respect, and unbiased support.

Notably, the career of a physician is both rewarding and demanding.

From medical school through a life-long vocation in medicine there are many unimaginable obstacles physicians must face. The Foundation's programs and services including Student Financial Services, the Physicians' Health Program (PHP), and Lifeguard, are dedicated to helping Pennsylvania physicians when they need it most.

Today, I am asking you to donate to the Foundation so that we may continue to provide invaluable resources and services to medical students, residents and physicians across Pennsylvania.

Please, do not hope for a difference. Make a difference. Donate today!

Sincerely,

Virginia E. Hall, MD, FACOG, FACP
Chair, Board of Trustees



Virginia E. Hall, MD,
FACOG, FACP

PS: Contributing to Foundation programs is more than a tax deduction; it is an opportunity for you to change lives for the better.