

Stark County Medical Society *News*

Spring 2020

President's Message Jason Bertram, M.D.



Jason Bertram, M.D.

With our world continuing on through these unprecedented times, now may be a better time than ever to take a good look in a mirror and ask yourself how well you are doing to meet your own needs. Self-care is a topic that doesn't get much press and sounds like something we can focus on tomorrow but it has been repeatedly shown to be a vital component of health and wellness.

The first question we need ask is, "What is self-care?" Simply stated, self-care is any deliberate activity to improve our mental, emotional or physical health.

It has been shown that the majority of adults do not routinely engage in self-care. Providers in the medical community are certainly as guilty as the general population, perhaps even moreso with the added stress present in the healthcare system so far in 2020. With all of this

in mind, I would like to offer some simple tips to help all of us refocus and build ourselves from within.

1. Sleep is often stated as the cornerstone of self-care. Sleep can often seem like the easiest thing to skip or compress when the stresses of day to day life pile up, but it is truly the foundation of wellness. Time invested in yourself in quality sleep will be repaid many times over.
2. Self-care is something that you must take an active role in. You must plan to take care of yourself and not just assume it will all come together. As important as it is to plan for work, school or other activities, you must plan time for yourself. Self-care is not a luxury, it is a necessity.
3. Create a "no" list. Create a list of things that you will not do during self-care activities. Checking your phone, writing emails, responding to texts, etc, are examples of things that can take away from the idea of scheduled time just for you.
4. Exercise. Exercise has been shown to be as beneficial to mental and emotional health as it has been for physical. Start small and start with a plan.
5. Remember your friends and family. Self-care can involve scheduling time to be with those you love. Social stimulation is important to mental and emotional health.
6. Make self-care a priority. If it sounds like this has been mentioned before then you are starting to get an idea of how important it is.

It is my hope that with these few simple tips we can start to remember to take care of ourselves as well as others and improve our own health in the process. Like everything in life, it is a challenge and a journey but one that we can all achieve if we work at it.

Be well.

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Stark County Medical Society 19th Annual Golf Outing to Benefit Community Harvest

Wednesday, September 23, 2020

Skyland Pines Golf Course
3550 Columbus Road NE, Canton, OH 44705

10:00 AM	Range Balls, Registration, and Shrimp & Bloody Mary Hospitality Station
11:00 AM	Lunch
12:00 PM	Shotgun Start
6:00 PM	Dinner

Scramble format 18 holes with cart • Lunch cookout before shot gun start • Margaritas and chips at the turn • Unlimited beer and water on the course • Raffles • Complimentary gift for each attendee • Prizes • Free contests • Dinner at the clubhouse

\$90/Golfer • \$360/Foursome

Single Registration • \$90/person

Name:	Meal Selection:
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Individual golfers and smaller groups will be paired for the event

Team Registration • \$360/foursome

Team Name:

Name 1:	Meal Selection:
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Name 2:	Meal Selection:
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Name 3:	Meal Selection:
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Name 4:	Meal Selection:
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Registration required - Please register by September 9, 2020

Please indicate dinner selection after each name – Golfers have a choice of Steak, Scrod, Lemon Chicken or Vegetarian

Dinner at the clubhouse with no golf • \$30/person

Name:	Meal Selection:
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Tee Sponsorship • \$100

Business or Family Name:

Sponsorship Opportunities:

Become an outing sponsor for just \$100 and show your support of Community Harvest, a program of the Akron-Canton Regional Foodbank. Your family or business name will be proudly displayed at the tee box of one of the 18 holes.

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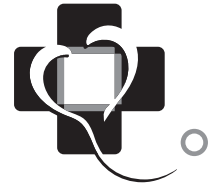
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Mail this form with check payable to Stark County Medical Society to:

Community Harvest; Attention: Faith Barbato; 4915 Fulton Drive NW, Unit 7; Canton, OH 44718



Physician HEAL thyself?



Wellness. Burnout. These two topics have flooded medical conferences for the past five years, but it seems as if the coronavirus pandemic has re-opened a fresh wound to the deep cut of physician burnout. According to [2019 State of Well-Being Report](#), 56% of physicians reported feeling burned out within the last month, double the rate of U.S. employees and 50.4% reported emotional problems. Within three weeks of the [March 30 launch](#) of the U.S. Physician Support Line, doctors used more than 3,000 minutes of free (confidential) counseling regarding mental health challenges during the pandemic. Reported symptoms of insomnia, depression, anxiety, panic attacks, and overall distress- remarkably similar to what The Mayo Clinic had been saying for years.

When [48% of physicians](#) reported “isolating myself from others” as a way to “cope” with burnout, is it because there hasn’t been an opportunity to pause, reflect and plan for adequate healing? Or is it that physicians are attempting to treat themselves? *Physicians have the answer to the path for healing.*

With significantly less than anticipated COVID-19 hospitalizations [in Stark County](#), for the first time, many physicians were left with mental space to reflect on the reality of their lives and their attempts to manage new and longstanding symptoms of burnout. Others reported a sense of anxiety and dread as they responded to the pandemic, concerned about the impact on their family and community. Either way, the bandage of “busyness” has been removed, and the burnout wound is exposed. *So, now what?*

Based on my experience as a physician coach to 2,500+ clients and a mental health clinician, I believe physicians in this new normal need to “dig deep,” ignite new ways of thinking and embrace fast-paced, highly creative innovation. *First, physicians must heal from the effects of burnout.*

FOUR WAYS PHYSICIANS CAN BEGIN HEALING:

- 1. Challenge the Response.** Recognize and acknowledge feelings. Reappraise stressful experiences with the use of emotional literacy. Lean into the stress while seeking opportunities to gain learning and creativity. *It is time to respond.*
- 2. Self-reflection.** Take time, to be honest with yourself. What have you ignored, delayed, or longed for? What brings you gratitude? What is your personal and professional vision? What is standing in the way? *It is time to create a clear path forward.*
- 3. Replenish.** Do things that allow you to feel “in control” or “accomplished.” Stay connected to your core values and use them to navigate demanding situations. Reach out and connect with others for support. Engage in non-work activities. Meditate. Practice gratitude. Use diaphragmatic breathing techniques. *It is time to realign.*
- 4. Coaching.** In a randomized [clinical study](#) of Mayo Clinic physicians, coaching as an intervention measured improvements to physician well-being. At the end of five months of coaching, high emotional exhaustion decreased by 19.5%, symptoms of burnout decreased by 17.1% and improvements to the overall quality of life and resilience were present in the intervention group. *It is time to rebuild.*

If you are open to respond, create, realign, and rebuild your clear path forward, now is the time for action. Seek and assign the support you need to



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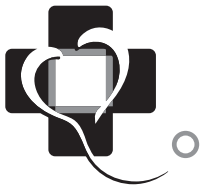
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* You can contact the Physician Support Line (a national, free, and confidential support line) to receive peer support from a physician colleague, as we all navigate the COVID-19 pandemic. If you’re thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline Network is available 24/7 across the United States. 1.800.273.8255.



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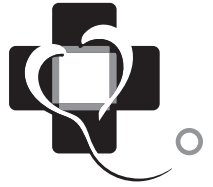
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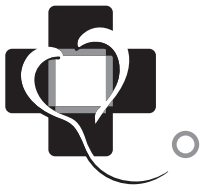
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SCMSA NEWS

Attention all SCMS members: If your spouse or domestic partner is not already a member of the SCMSA, please sign them up! The group was established as an extension to the SCMS. Our main function is to create fellowship amongst physician's families. We also raise money for our charitable fund, which gives scholarships and also does outreach in the Stark community. The dues are only \$25.00 per year and \$20.00 for the spouse or domestic partner of a resident.

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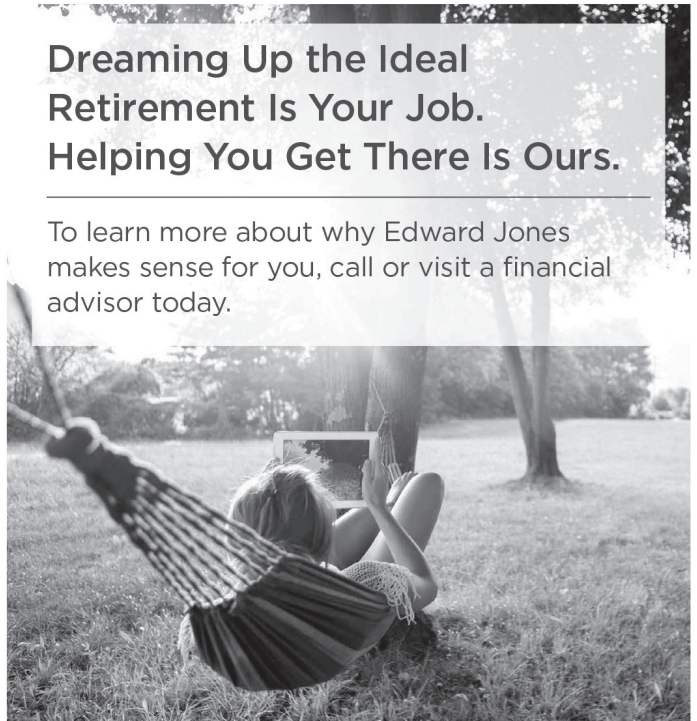
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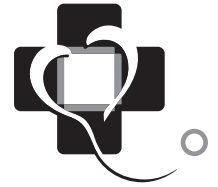
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Let's Work Together to Build a Healthier Community!!



FINANCIAL FOCUS

Why Should You See a Financial Advisor?

The social distancing and stay-at-home orders necessitated by the coronavirus have led many of us to feel isolated. Still, we've fought back through social media, "virtual" gatherings and walks in the neighborhood, where we could greet friends and neighbors (from 6 feet away). But when you're dealing with the financial effects of the virus and you're investing alone, you could encounter some problems that may prove costly.

Of course, with so much investment-related information available online, on television and in any number of periodicals, it's not surprising that some people feel they can invest without any assistance. But the volatility of the financial markets over the past few months has also pointed to the dangers of going solo in the investment world. And you might find that a professional financial advisor can help you in several ways, including the following:

TAKING EMOTIONS OUT OF INVESTING.

During this period of market turbulence, many self-guided investors are letting their emotions drive their investment decisions. As a result, they sell investments when their price is down, "locking in" their losses. Furthermore, if they then stay out of the financial markets, they will miss out on the eventual recovery – and some of the biggest gains in market rallies usually occur right at the beginning. But if you work with a financial advisor who has helped you develop a personalized

investment strategy based on your goals, risk tolerance and time horizon, you will be far less likely to react to extreme market conditions by making ill-advised decisions.

MAINTAINING PERSPECTIVE.

When you're putting away money for the future and you suddenly have a lot less of it, you might start to wonder if that future is somehow in jeopardy. But if you've been working with a financial advisor and following your investment strategy, you'll know that you don't have to immediately cash out those investments that have lost value, and you may not need to liquidate them for decades if they were designed for a long-term goal, such as retirement. By the time you do need to sell them, their value may well have appreciated significantly. And if you've got a well-constructed portfolio, you'll also own shorter-term, less volatile investments to help meet your current cash flow needs.

UNDERSTANDING THE HISTORY OF INVESTING.

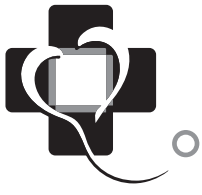
The recent market instability is unique in the sense that its cause – a worldwide pandemic – is so highly unusual, and it hopefully will be a once-in-a-lifetime experience. Typically, prolonged market downturns are triggered by explainable financial or economic factors, such as the bursting of the "dot-com" bubble in 2000. However, market drops of 20 percent or more – generally referred to as bear markets – are not at all unusual and have happened every few years over the past several decades. Financial advisors are well aware of this history and share it with their clients. And for many people, the knowledge that "we've been here before" is reassuring and makes it easier for them to continue following their investment strategies.

The road to your financial goals is a long one, with many twists and turns. So you might like to have some experienced company along the way.

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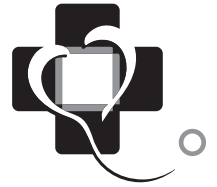
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TELEMEDICINE AND COVID-19: MANAGING THE RISK

By Judy L. Klein, PA, CPHRM, FASHRM
 Manager, Risk Management, Coverys

Although there is little debate about the value of virtual telemedicine visits to healthcare organizations, practitioners, and the patient community during this unprecedented crisis, taking a step back to consider key areas of potential exposure is essential to mitigate risk.

The COVID-19 pandemic has imperiled our country and the world. As more U.S. patients are diagnosed with coronavirus, the Centers for Disease Control and Prevention (CDC), public health agencies, and a number of industry associations have recognized telemedicine – the practice of using technology to deliver healthcare remotely – as a means to prevent a surge, allow patients access to care, and minimize exposure.

Congress responded by passing the [Coronavirus Preparedness and Response Supplemental](#)

[Appropriations Act of 2020](#), (CPRSAA). The CPRSAA is an emergency aid package that, among other things, expands access to telemedicine for Medicare beneficiaries during the current coronavirus public health emergency. The law permits the U.S. Department of Health & Human Services (HHS) Secretary to take action broadening the circumstances under which Medicare will reimburse health care services provided via telemedicine. However, practitioners should bear in mind that changes in Medicare reimbursement are just one of multiple considerations when implementing telehealth.

In the midst of a pandemic, telemedicine can be a compelling option for triaging, screening, and assessing symptomatic at-risk patients. It can also be an efficient way to manage a patient following a confirmed diagnosis. While telemedicine offers many benefits, the nontraditional mode of delivery can expose the practitioner and the organization to liability. Healthcare practitioners and organizations must be careful to develop and implement a telemedicine program that not only provides quality care, but also minimizes risk to patient and practitioner.

CONSIDER THE FOLLOWING KEY ISSUES WHEN PLANNING, DEVELOPING, AND IMPLEMENTING A TELEMEDICINE PROGRAM:

State Laws and Licensure: In a traditional office visit, the patient and the practitioner are in the same state. In a virtual environment, this is not necessarily true. This means that the licensure requirements of multiple states may be relevant. The [Interstate Medical Licensure Compact](#) (IMLC) is a voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states. Under this agreement, licensed physicians can qualify to practice medicine across state lines within the compact if they meet the agreed upon eligibility requirements.

State law may also dictate whether physician assistants and nurse practitioners can practice telemedicine across state lines. In addition to

state licensing requirements, practitioners must also comply with state and federal laws regarding telemedicine. Consultation with an attorney is essential as state and federal telemedicine laws and licensing requirements vary and continue to evolve.

Technology and Equipment: Whether patients receive care in a hospital, a doctor's office, or a home environment, liability risks will always exist with technology and equipment. Telemedicine involves the transmission of medical data by electronic signal from one site to another. As a result, the potential exists for problems with audio and video transmission and/or with computer screen resolution and system incompatibility.

It is important to set up suitable resources to manage networks, hardware, and software. These resources should include installation and maintenance, as well as protocols for troubleshooting and replacement.

Security management must also be ensured. Additionally, an equipment malfunction or failure can distort an image or information and lead to inappropriate patient care, exposing a physician and facility to liability. Whenever possible, have a back-up plan that allows patient care in the event of an equipment malfunction.

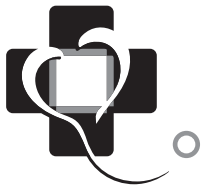
Privacy and Security: Guard against privacy and security risks. Virtual telemedicine can make practitioners vulnerable to malware and hacks. Password-protected screensavers, encryption, and other safety measures can help keep information safe, while unsecured devices and systems, such as cellphones, laptops, and email, can result in security weaknesses. Practitioners should adhere to the HIPAA Security Rule as required.

Documentation: Good documentation is essential in healthcare, and this holds true when delivering virtual telemedicine services. Document all verbal, audiovisual, and written communication in the patient's medical record. Document a virtual encounter at least as thoroughly as any other encounter, and observe all medical and legal standards of care.

In addition to documenting the encounter, it's important to document any linked sites, the mode of service delivery or technology used, any technical difficulties, and all patient-related electronic communications, such as lab/test results. The American Telemedicine Association offers [standardized forms](#) that can help practitioners comply with documentation requirements.

Informed consent: When providing remote care, obtain informed consent. The informed consent discussion should include disclosure of information about the telemedicine system, the potential risks and benefits of telemedicine, and equipment and technology limitations. The physician who is ultimately responsible for care should obtain the patient's oral and written informed consent prior to the telemedicine encounter. Both the patient and the practitioner should agree that telemedicine is appropriate and understand that they have the ability to stop treatment at any time.

continued on page 10



TELEMEDICINE AND COVID-19: MANAGING THE RISK, *continued*

Many states require physicians to obtain informed consent from patients before a virtual visit begins. This is commonly done by having the patient read and acknowledge their agreement on an electronic document similar to that often required before installing new software on a personal computer. The document should define for the patient what telemedicine is, including its benefits and limitations, and outline both the physician's and the patient's responsibilities as part of a virtual visit. The American Telemedicine Association offers [sample telemedicine consent forms](#).

Guidelines for Remote Patient Monitoring: Currently, practitioners are remotely screening patients for COVID-19 using CDC guidelines, which include asking about a patient's travel history and exposure to the virus as well as their symptoms. While telemedicine offers a viable medium during this outbreak, it does have limitations. As an example, clinicians may not be able to listen to a patient's lungs without specialized equipment. Having a plan already in place regarding which conditions practitioners are comfortable treating remotely and which require in-person visits is key. Practitioners should implement a process and plan for when and how to escalate treatment to a face-to-face visit.

Telemedicine Training: Training on technology use, equipment, and webside manner is essential. Clinicians should have a comfort level with using a telemedicine platform and operating the equipment before communicating with patients. Practitioners agree that virtual visits require a different skillset than in-person visits, and patience is necessary. To that end, providers who deliver virtual care should take advantage of certification and/or training programs addressing technology use and equipment and emphasizing webside manner and camera/visual presence. To meet patient demand during the COVID-19 crisis, the Cleveland Clinic created a training video for clinicians which is updated on an ongoing basis with instructions for dealing with suspected coronavirus cases.¹ Some institutions that offer training in virtual telemedicine services include the American Telemedicine Association, the American Medical Association, the Arizona Telemedicine Program, and Thomas Jefferson University.

Although there is little debate about the value of virtual telemedicine visits to healthcare organizations, practitioners, and the patient community during this unprecedented crisis, taking a step back to consider key areas of potential exposure is essential to mitigate risk.

Supplemental resources:

- Center for Connected Health Policy
- The American Telemedicine Association
- The American Medical Association
- The American Hospital Association
- Center for Telehealth and e-Health Law
- American Psychiatric Association

- American Academy of Family Physicians
- Coverys Risk Management Healthcare Facility Manual Chapter "Telemedicine"

Reference: 1. Brodwin E, Ross C. Surge in patients overwhelms telehealth services amid coronavirus pandemic. *Stat News*. Published March 17, 2020. Accessed March 20, 2020.

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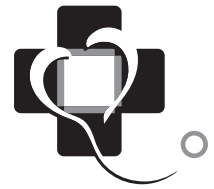
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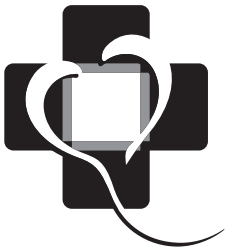
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