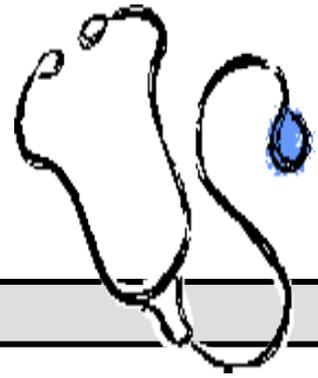


The Stethoscope



Quarterly newsletter of the Erie County Medical Society

Spring 2017 Issue



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President's Note...

Naloxone – Lifesaving Drug Reverses Overdose Deaths

Heroin and prescription opioid abuse is rampant in Pennsylvania and overdose deaths from these agents have become a stark reality in Erie County. In 2014 the Commonwealth of Pennsylvania passed Act 139 into law, also known as David's Law. It has been named for David Massi of Upper Chichester, Pennsylvania. He was 27 when he died of an overdose of a mix of drugs. This is a legislative attempt to address the growing concerns regarding heroin and prescription opioid abuse and the overdose deaths that can result from these drugs. The primary issue associated with an overdose of these agents is that they can cause respiratory depression, which can lead to death. Naloxone is a medication that can reverse the respiratory depression associated with heroin or prescription opioid overdose. The goal of this law has been to supply naloxone to a wide range of individuals and provide legal protections for those assisting in these overdose situations. Hundreds of heroin and prescription opioid overdoses have been reversed in Pennsylvania since this law was enacted and naloxone can help to routinely save lives in our community.

The Food and Drug Administration first approved naloxone in 1971. Although naloxone has been available to emergency medical services for some time the law now allows a broader range of individuals to have access to this medication. Physicians can now prescribe naloxone to police, firefighters, those on chronic prescription opioids for legitimate medical reasons, and known drug abusers. Even the family and friends of people who are at risk for overdose situations can have this medication prescribed for them. These individuals are often the first to discover someone experiencing an overdose and it is crucial they have access to this medication. The current law notes that physicians are not subject to liability or professional disciplinary action from prescribing naloxone or the outcomes from the eventual administration of naloxone. The American Medical Association has endorsed the distribution of naloxone to anyone at risk for having or witnessing an overdose to these agents.

Our patients need to be educated on the fact that the law also provides legal protection to those responding to or reporting heroin or prescription opioid overdoses. Individuals who find an overdose victim do not need to fear criminal prosecution when contacting emergency services, provided that they remain with the overdose individual until help arrives. It should be stressed to our patients that anyone receiving naloxone

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be seen by emergency medical services since the effects of the naloxone can wear off before the victim is through the overdose.

The only purpose of naloxone is to reverse the life threatening effects associated with an overdose of either heroin or prescription opioids such as fentanyl, hydrocodone, methadone, and oxycodone. Naloxone is not an addictive medication. It can be administered by any individual as an injection into the muscle or as a spray into the nostril of the overdose victim. There are several naloxone products currently available. Most patients will ask their physician to provide them a prescription for this medication, which they will then fill at a pharmacy. However, the law also has a provision that allows access to this medication at a pharmacy without a written prescription from a physician. The Pennsylvania Physician General has issued a standing order to allow individuals to access naloxone independent of a prescription. This has been done to encourage the availability of this potentially lifesaving agent.

With this being a relatively new law many physicians are still working to make this medication more widely available to those at need. Patients will need to check what naloxone product is covered by their medical insurance and what payments they may be responsible for. Not every pharmacy may have naloxone in stock and it may need to be ordered before available. Two doses of the medication are often provided because an overdose victim can have the effects of the naloxone wear off before the overdose is resolved. As with all medications care should be taken to observe the expiration date. This drug requires some minimal education for individuals to learn how to administer. There are several sources of information on naloxone use and they include the web site from the Pennsylvania Department of Health as well as www.getnaloxonenow.org. Remember that for those on prescription opioids for legitimate medical reasons it is difficult to predict which patients who take these agents are at risk for overdose. Given this it may be prudent to prescribe naloxone alongside chronic opioid medications routinely. Needless to say it is important to make this medication available in a non-judgmental fashion.

It will be vital for physicians to devise a system to regularly make naloxone available to their patients. It will be equally important for physicians to appropriately treat individuals that have been determined to be abusing heroin or prescription opioids. Increasing access to naloxone will help our profession to comprehensively manage heroin or prescription opioid abuse and respond to the public health crisis related to these agents. Physicians need to be proactive in making naloxone available to our patients for the health of all in our community.

References:

- Addressing PA's Opioid Crisis: What the Health Care Team Needs to Know. Pennsylvania Medical Society. www.pamedsoc.org/OpioidsCME. Accessed December 9, 2016.
- Increasing Access to Naloxone: Help Save Lives from Opioid Overdose. American Medical Association. <http://www.ama-assn.org/ama/pub/advocacy/topics/preventing-opioid-abuse/increase-naloxone-access.page>. Accessed December 9, 2016.



ADVOCACY

Early career physicians, residents and medical students are invited to join other members and Pennsylvania Medical Society (PAMED) Legislative staff in Harrisburg for Advocacy Day 2017 on May 23, 2017. PAMED's legislative priorities for 2017 include:

- Streamlining the prior authorization and credentialing processes
- Combatting the opioid crisis
- Legislating Pennsylvania Orders for Life-Sustaining Treatment (POLST)
- Preserving physician-led team-based, care
- Advancing telemedicine

Register for the event or to stay up to date on health care bills at www.pamedsoc.org/Advocacy

The Open Payment Program Review Period Ends May 15

The Open Payments Program mandates that the Centers for Medicare and Medicaid Services (CMS) collect information on payments and transfers of value which have been made to physicians by pharmaceutical and medical device companies. This information is made available to the public. Physicians have until May 15 to review and dispute their data.

To review the information in the Open Payments System, physicians should access the CMS Enterprise Portal at <https://portal.cms.gov/wps/portal/> and then register in the Open Payments System.

Opioid Education

Opioid abuse and overdose is a growing problem in Pennsylvania, with more people dying from drug overdose than in car accidents. PAMED offers a CME series, *Addressing Pennsylvania's Opioid Crisis* to help physicians fight this growing epidemic.

The program offers a variety of tools for prescribers to address opioid addiction with their patients through several sessions. A sixth session, "Alternatives to Opioid Therapy," has recently been introduced.

Access this CME at www.pamedsoc.org/OpioidResources



Changes to Pennsylvania Immunization Regulations

The Department of Health is changing school immunization regulations beginning in August 2017.

Updated Guidelines for Vaccinations:

On the first day of school, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the listed vaccinations or risk exclusion.

For attendance in all grades, children need the following:

- 4 doses of tetanus, diphtheria and acellular pertussis (combination vaccine of DTaP)
- 4 doses of polio
- 2 doses of measles, mumps, rubella (combination vaccine of MMR)
- 3 doses of hepatitis B
- 2 doses of varicella or evidence of immunity

For attendance in 7th Grade:

- 1 dose of tetanus, diphtheria, acellular pertussis
- 1 dose meningococcal conjugate vaccine (MCV)

For attendance in 12th Grade:

- 1 dose of MCV (if one dose was given at 16 or older, that will count as the twelfth grade dose)

Beginning on August 1, 2017, if a child does not have the required single dose of a vaccine or the first dose of a multiple dose vaccine, he or she will be excluded from school. If a child has the first dose of a multiple dose vaccine and is scheduled to and then receives the next dose within a five day provisional period and provides a medical certificate showing the scheduling of the remaining doses, the child may attend school as long as the child adheres to the medical certificate schedule. If the child needs additional doses of a multiple dose vaccine series to meet the regulations but the next dose would not be medically appropriate during the five school days, the child's family must provide a medical certificate scheduling the additional doses on the fifth school day.

8th Annual



HEALTH EXPO

Health Screenings
Educational Materials
Flu Shots
Local Healthcare Resources
Local Physicians
Hands-on Activities
And much more

Saturday, October 21st, 2017

10 am to 2 pm

Millcreek Mall

**LET'S MAKE ERIE
A HEALTHY COMMUNITY!**

Annual Dinner & Business Meeting



November 15th, 2017
Ambassador Banquet & Conference Center



Join us for the installation of
Narendra S. Bhagwandien, MD
as the 140th ECMS President

MARK YOUR CALENDAR

Welcome New Members

November 2016 – March 2017

Active Members

Cristan Elizabeth Anderson, MD ▪ Leah Megan Campbell, DO ▪ Sandy Tapuyao Clemente, MD
Kathleen Anne Costanzo, DO ▪ Maribelle Gauna-Estrada, MD ▪ Gustavo Adolfo Gomez, MD
Michael David McCafferty, DO ▪ Stephen Charles Myers, MD ▪ Onyeka Donald Nwokocha, MD
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Damian Eric Mosher ▪ Mateo F. Nicholson ▪ Brendan Charles Paull ▪ Julia J. Pulimoottil ▪ Clare Alyse Rech
Elizabeth Rhene Robbins ▪ George Raymond Rollins ▪ Katherine M. Schrenker ▪ Kathleen Mary Sellick
Matthew John Shadle ▪ Amit Ashok Shetty ▪ Anjali Singh ▪ Jeffrey D. Taylor ▪ Jeffrey A. Tseng
Jacob Lane Webbert ▪ Kevin Karl Weinberger ▪ Nathan Williams ▪ James Joseph Wright
Joseph Yeager ▪ Nancy Young ▪ Nathan Daniel Zimmerman

Residents

Cherish Hope Church, DO ▪ Erika Marie Dolowiec, DO ▪ Kevin Thomas Elwell, DO
Mahwish Khan, MD ▪ Theresa Martin, MD ▪ Albert T. Tang, MD
Jerome Warren Toler, DO ▪ Minhua Wang, MD ▪ David Christopher Zupruk, DO

With Deepest Sympathy

to the families of

Francis X. Francis, DO
who passed away on January 30, 2017

Richard H. Kuhn, MD
who passed away on January 31, 2017

Albert L. Lamp Jr., MD
who passed away on January 31, 2017

Alfred T. "Tommy" Roos, MD
who passed away on March 28, 2017

Stanley W. "Bill" Wharton, MD
who passed away on April 7, 2017

Are you closing your practice, retiring or moving?

Please let ECMS know where your patients' records will be sent or stored. We receive numerous calls from patients asking how they can find their medical records and we would like to be able to better direct them.

Call the ECMS office at 866-6820 or send an email to eriecms@pamedsoc.org.



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Check Out the New Erie County Medical Society Website!

Visit www.eriecountymedicalsociety.org to explore what the new website has to offer and keep checking back to discover what new items have been added.



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