



PULASKI COUNTY MEDICAL SOCIETY News

January 2022

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

2022 President's Address

Dear Members,

I am extremely honored and humbled to be serving as the President of the Pulaski County Medical Society for the year 2022. On behalf of the Board of Directors, I would like to thank all of you for allowing us the opportunity to serve the community. With your kind support and active involvement, we will work as a team towards the mission of PCMS. I would like to take a moment to appreciate the hard work of the past presidents, the Board and the members, in achieving the set agenda and to inspire the future incumbents.



Krishnappa Prasad, MD

In the past year 2021, the society set up a Social Media committee with UAMS students. We applaud the efforts of the students to help us better communicate with the members and the community. We began posting Physician Profiles online for our members and the community, to allow them to know our members better.

The society helped fund UAMS medical student projects like the clean water project, LULAC Medical Spanish and 12th Street pop-up clinic. These were all appreciated by the members and the community. We look forward to continuing to support medical students and our community by funding additional projects this year. The society co-sponsored the Fetal Alcohol Spectrum Disorder training in Little Rock during November 2021. With limited resources the society has been able to promote medical care, professional growth and public health.

As we all know, the contemplated sale of the Medical Exchange did not go through and has been revoked by the Exchange Board of directors. The issue is being litigated and a letter to this effect has been sent out to all our members and the Board of directors. We would appreciate the members to spread the word among their peers and other medical personnel to use the telephone number **501-663-1450** to reach our local operators.

The ongoing pandemic situation and the current omicron surge has thrown different health challenges to deal with, for the society, community and the country at large. We will reinforce our efforts and join hands with the other

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Baptist Health Surgeon Offering New Minimally Invasive Heart Surgery; Procedure is First of its Kind in State

Baptist Health's newest cardiothoracic surgeon, Dr. Bryan Barrus, is utilizing a new minimally invasive procedure he helped develop to implant HeartMate III devices in advanced heart failure patients. [Baptist Health Heart Failure and Transplant Institute](#) is the first in the state to perform this innovative procedure which offers better outcomes and a quicker recovery.

"Instead of implanting HeartMate pumps through a traditional sternotomy, we are now going in between the ribs – one incision on the left side and one on the right side to connect to the heart and aorta," Dr. Barrus said of the technique.

Baptist Health first introduced the [HeartMate](#) to Arkansas in 1999. Now in its third generation, the HeartMate III has the ability to assist the performance of the left side of the heart. Implanting a HeartMate III using this new procedure decreases the length of stay between 30 to 50 percent and decreases the chances of death. It also speeds up recovery time from six months to around two months.

"To see patients go home in as little as four days, it's incredible," Dr. Barrus said.

Dr. Barrus recently transferred to Baptist Health from University of Rochester Medical Center/Strong Memorial Hospital in Rochester, where he helped develop this technique. He is one of the leading surgeons in the U.S. performing this minimally invasive procedure.

A native of Los Alamos, New Mexico, Dr. Barrus received his medical degree from Penn State College of Medicine and completed orthopaedic and cardiothoracic residency training at the University of Rochester in Rochester, New York. He is board-certified by the American Board of Thoracic Surgery.

"I have been trained on and developed less invasive techniques that decrease trauma and accelerate recovery," Dr. Barrus said. "I am involved in regional, national and international research so I can bring the best care and latest knowledge to my patients."



Dr. Bryan Barrus

UAMS Names Richard Turnage, M.D., as Vice Chancellor of Regional Campuses

The University of Arkansas for Medical Sciences (UAMS) has named Richard Turnage, M.D., as vice chancellor for Regional Campuses, effective immediately.

He succeeds Amy Wenger, MHSA, who became vice chancellor of the Northwest Regional Campus on Dec. 1.

"Richard is a proven leader here at UAMS," said Cam Patterson, M.D., MBA, UAMS Chancellor and CEO of UAMS Health. "I know he will do great things as vice chancellor for Regional Campuses."

"Regional Campuses are vitally important to UAMS' mission of improving the health and well-being of all Arkansans, said Stephanie Gardner, Pharm.D., Ed.D., senior vice chancellor for academic affairs and provost. "I know Richard is committed to this mission and will be a tremendous asset for our Regional Campuses."

Turnage currently serves as executive associate dean for clinical affairs in the College of Medicine and is a professor in the college's Department of Surgery. He is also the interim chair of the Department of Family and Preventive Medicine in the college and will continue in that role. He has held a variety of leadership roles at UAMS, including vice chancellor for clinical programs, CEO of the Medical Center, chief service line officer for the Integrated Clinical Enterprise and chair of the Department of Surgery.

"I am honored to be selected as vice chancellor for Regional Campuses and to continue to serve the



Dr. Richard Turnage

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CARTI Announces Plan to Build CARTI Surgery Center on Little Rock Campus

Multi-specialty surgery team to lead innovative center

CARTI announced its plan to expand its Little Rock campus to include an on-site surgery center. Located adjacent to the current flagship cancer center on CARTI Way, the CARTI Surgery Center will be the second largest construction project for the organization since the Little Rock cancer center's completion in 2015. Construction is set to begin in Summer 2021 and the project is anticipated to be completed by Fall 2022.

"The CARTI Surgery Center is a continuation of our commitment to the cancer patients of Arkansas – it's the next logical step in our mission to transform cancer care in the state," said Adam Head, CARTI president and CEO. "By bringing a cancer-focused, innovative surgery center to our campus, we are able to improve the patient experience and outcome, while offering a more convenient and comprehensive alternative for our patients. With a singular focus on compassionately treating cancer in the most technologically-advanced surgical setting, the CARTI Surgery Center will be unlike anything currently available in the region."

The 35,000-square-foot surgery center, with extended stay capabilities, will provide advanced surgical care unlike

anything available in Arkansas. CARTI's multi-specialty [surgical department](#), which includes fellowship-trained oncologic surgeons, will provide management of all types of cancers in this unique surgical setting.

The two-story facility will include:

- Four operating rooms with the most advanced technologies
- Two procedure rooms
- Eight private overnight rooms
- 12 Recovery rooms
- 15 Pre- and post-op rooms

"With the most advanced surgical technologies at our fingertips, we will be able to expand the range of surgical procedures we can provide to our patients," said Dr. Scott Stern, CARTI's chief medical director and head and neck oncologic surgeon. "From reduced costs to expedited recovery times, research shows that patients benefit from a surgical setting that encourages mobility and safe recovery outside of a hospital setting, which is incredibly important to our vulnerable patient population. This is the future of cancer surgery."

2022 President's Address

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institutions, to spread awareness and to contain the virus. The pandemic has added a new dimension to mental health issues, especially to the already stressed physicians. The society has been making efforts in this area by establishing the Healing the Healer foundation to provide free mental health services for our members.

Finally, I would like to thank all the members for their support and encourage them to spread the word of the society's efforts and activities to their peers and local community groups. We look forward to a great year ahead.

Wishing you all a Happy, Healthy, and Prosperous 2022.

Sincerely,
Krishnappa Prasad, MD

E-Alert from Cross Gunther Witherspoon & Galchus:

Supreme Court Clarifies Vaccine Mandates: Where Arkansas Employers Stand Today

Yesterday, the Supreme Court of the United States issued its long-anticipated order on the OSHA Emergency Temporary Standard (ETS) and Centers for Medicare and Medicaid Services (CMS) vaccine rules.

Most notably, the Order stayed the OSHA ETS vaccine mandate by finding that OSHA likely exceeded its authority in issuing the ETS. The Court specifically found that OSHA did not have the authority to impose the ETS because the law that created OSHA “empowers the Secretary to set workplace safety standards, not broad public health measures.” The Court sent the case back to the Sixth Circuit Court of Appeals for a ruling on the merits, yet in all likelihood this signals the end of the OSHA ETS. This means that an employer is not required to comply with the OSHA ETS pending further adjudication in the court system.

However, in a separate ruling, the Court confirmed that CMS has the authority to require health care employees at facilities that receive Medicare and Medicaid funding to get the COVID-19 vaccination, unless the employee receives a religious or medical exemption. The Court lifted the injunctions that had been issued against the CMS vaccine rule, including the ruling affecting Arkansas. This means that covered health care providers in Arkansas (and others doing business with them) will now need to establish and implement plans and procedures to ensure their employees are vaccinated. By **February 14, 2022**, all employees covered under the CMS rule must receive their first dose of the COVID-19 vaccine,

unless the employees have a pending exemption or have an approved temporary extension under CDC guidelines. By **March 15, 2022**, covered facilities must ensure that all their covered employees are fully vaccinated, except those who have approved exemptions.

Neither of these rulings affect the federal contractor, federal employee, and Head Start vaccine mandates, all of which remain stayed in Arkansas.

Additionally, beginning today, the new Arkansas statute that requires alternative testing options for employees subject to a mandatory vaccine policy becomes effective. Arkansas Act 1115 requires employers who mandate employees to be vaccinated against COVID-19 to allow employees to opt out for *any reason*. The law allows people to show proof to their employers of a negative COVID-19 test weekly or proof that they have antibodies to fight COVID-19. This Arkansas law is preempted by any federal vaccine mandates, so businesses covered by the CMS or other federal contractor rules are not required to comply. However, if you have implemented a mandatory vaccine policy to date, and you are not covered by any federal vaccine mandate, then you must offer the alternative testing/proof of natural immunity options to all new hires or future booster mandates or face penalties under Arkansas law.

If you need help developing a CMS-compliant or other COVID-19 vaccine policy, please contact an Attorney with our Firm at 501-371-9999 or by email (info@cgwg.com).



Healthgrades Ranks UAMS in Top 10% of Nation for Brain Surgery, Also Applauds Stroke Program

The University of Arkansas for Medical Sciences (UAMS) ranks among the top 10% of hospitals nationwide for cranial neurosurgery, according to a new analysis by Healthgrades, a leading resource that connects consumers, physicians and health systems.

Healthgrades awarded UAMS a 2022 Cranial Neurosurgery Excellence Award, which recognizes hospitals with superior clinical outcomes in cranial neurosurgery, commonly called brain surgery.

"Achieving this award validates our efforts to make sure that Arkansans have access to the most up-to-date surgical technology and surgical options available for treatment of brain tumors, brain aneurysms, movement disorders and epilepsy," said John D. Day, M.D., chair of the UAMS Department of Neurosurgery.

"I have made it my mission that UAMS offers the best treatment outcomes in the state and the region for patients with problems requiring brain surgery," Day said. "This acknowledgment of our success in achieving this goal is very gratifying."

Healthgrades also honored UAMS as a Five-Star Recipient for Treatment of Stroke.

Brain surgery and strokes are two of 31 inpatient procedures and conditions on which Healthgrades annually evaluates the performance of nearly 4,500 hospitals nationwide, using more than 45 million Medicare claims for the most recent three-year period available.

The ratings are independent and impartial. Hospitals can neither opt-in or opt-out, nor can they submit their own data.

Healthgrades has been rating hospitals for 23 years, longer than any other hospital ratings organization. It recognizes a hospital's quality achievements for cohort-specific performance, specialty area performance and overall clinical quality



"Our scientific and transparent methodology focuses on what matters most to patients: clinical outcomes," according to Healthgrades. "Our hospital ratings help consumers evaluate and compare hospital performance to find the best care."

From 2018 through 2020, the most recent period for which data is available, patients treated at hospitals receiving the Cranial Neurosurgery Excellence Award had, on average, a 35.9% lower risk of dying than if they were treated in hospitals that did not receive the award, according to Healthgrades.

"We want to provide information to make finding a health care specialist an easier experience for consumers," said Brad Bowman, M.D., chief medical officer and head of data science for the company. "Patients can feel confident knowing that hospitals that are recognized for their performance in cranial neurosurgery provide high-quality care and superior outcomes."

"If all hospitals, as a group, performed similarly to five-star rated hospitals, 218,141 lives potentially could have been saved and 156,050 patients potentially could have avoid complications," according to Healthgrades.

CARTI Now Treating Patients With the CyberKnife System

Only cancer care provider in Arkansas to offer robotic radiation therapy

CARTI is now treating patients with the CyberKnife System, a robotic machine that delivers the most precise and accurate radiation therapy treatments. CyberKnife is the only robotic radiosurgery system that offers a highly precise, non-surgical treatment for tumors and lesions anywhere in the body. The system will enable CARTI to provide cancer patients of Arkansas and beyond a new option to help gain control over their cancer. The CyberKnife System will be available at the CARTI Cancer Center in Little Rock, but all patients are eligible for treatment on the machine.



Unlike any other radiation treatment, the CyberKnife System uses sophisticated imaging technology driven by artificial intelligence to track and automatically adapt for tumor or patient movement during treatment, delivering the radiation dose directly to the target with sub-millimeter accuracy. Using

"We are thrilled to be the only provider in Arkansas to offer patients superior radiation oncology care with the CyberKnife System," said Adam Head, president and CEO of the statewide cancer care provider. "In our mission to provide the most leading-edge treatment options, we've expanded our radiation oncology department to include the CyberKnife S7 System, the only robotic radiosurgery system. With this technology, we can confidently deliver precise, highly effective radiation treatments without sacrificing delivery speed or patient comfort. This marks a new phase of radiation oncology care in Arkansas, and we're excited to be at the forefront."

The benefits of CyberKnife include:

- **Minimized Side Effects:** Significantly reduce the risk of the side effects that often disrupt patients' lives during and after treatment.
- **Fewer Treatments:** Treatment is typically completed in 1 to 5 sessions, which gives patients a less disruptive option with a faster return to everyday life.
- **Proven Outcomes:** Excellent long-term cancer control through a non-surgical, non-invasive outpatient procedure.

The CyberKnife treatment process does not require incisions, general anesthesia, hospitalization or a lengthy recovery period. The system delivers stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT) treatment through a process that requires an extremely high degree of precision and accuracy.

in-suite imaging technology, the machine tracks the tumor throughout the treatment session, adjusting the radiation delivery for where the tumor is currently, not where it used to be. This unique dynamic tracking and adaptation capability enables physicians to deliver high doses of radiation with exceptional accuracy while minimizing toxicity to healthy tissue.

"Today, there are more options than ever to treat tumors located in almost any area of the body," said Dr. Matthew Hardee, CARTI radiation oncologist and medical director of radiation oncology. "The CyberKnife System represents a significant leap forward as we can now efficiently and effectively treat a wider range of tumor types, including some that previously would have been untreatable with radiation."

For more information, visit CARTI.com/CyberKnife.

Little Rock Allergy & Asthma Clinic Voted 2021 Best of the Best

In October, the Little Rock Allergy & Asthma Clinic was voted one of the 2021 Best clinics in central Arkansas by readers of the Arkansas Democrat Gazette.

Congratulations on their achievement!



UAMS Neurosurgeon's Study on Breakthrough Treatment for Painful Diabetic Neuropathy Published in *Diabetes Care*

Results of a 12-month multicenter randomized clinical trial led by Erika Petersen, M.D., a professor of neurosurgery at the University of Arkansas for Medical Sciences (UAMS), were published online Nov. 29 in *Diabetes Care*, highlighting the benefits of a breakthrough treatment for patients with painful diabetic neuropathy (PDN).

Petersen, director of Functional and Restorative Neurosurgery at UAMS, was the lead investigator in the study that involved 216 patients at 18 centers in the United States. Johnathan Goree, M.D., an associate professor in the UAMS Department of Anesthesiology and director of the Chronic Pain Division, is a co-investigator on the study.

The study, for which UAMS began enrolling participants in 2018, examined results of high-frequency spinal cord stimulation therapy for patients with PDN, a chronic neurological condition that manifests as burning, excruciating, stabbing or intractable pain, or tingling or numbness. Specifically, the study compared the 10 kHz treatment plus conventional medical management to results of the conventional treatment alone, and found that the high-frequency therapy results in significant pain relief and neurological improvements in patients with persistent PDN.

"Patients with painful diabetic neuropathy have no way to cure their condition, and many have trouble achieving relief from their pain," Petersen said. "However, with high-frequency 10 kHz SCS, I'm seeing durable pain relief and potentially disease-modifying neurological improvements, which could be a game-changer when it comes to how we treat patients with impaired sensory function related to diabetic neuropathy."

Durable pain relief means patients demonstrated pain reduction of 50% or more, which was maintained for 12 months. The trial follows patients for 24 months.

Nevro Corp., a global medical device company based in California that created the Senza spinal cord stimulation system that delivers the 10 kHz therapy, touted the findings of the landmark clinical trial, which was supported by the UAMS Translational Research Institute.

"No conventional, low-frequency SCS treatments have demonstrated such positive results in treating PDN patients," said D. Keith Grossman, chairman, chief executive officer and president of Nevro.

Nevro's system, called HFX, is the only SCS system approved by the FDA with a specific indication for painful diabetic neuropathy.

The high-frequency spinal stimulation is delivered through two thin, insulated wires inserted into the back, near the spinal cord, in a minimally invasive outpatient procedure. The wires are attached to a small implanted device that recharges wirelessly through the skin. The wires deliver mild electrical impulses directly to a processing center in the spinal cord, suppressing neural hyperactivity and reducing pain signals to the brain.

The method stimulates the inhibitory neurons without stimulating the excitatory neurons, reducing pain without paresthesia, a tingling sensation that can occur during traditional spinal cord stimulation.

The World Health Organization estimates there are 422 million adults with diabetes worldwide. About 20% of patients with diabetes will develop PDN, a progressive, potentially debilitating chronic neuropathic pain condition.

UAMS Names Richard Turnage, M.D., as Vice Chancellor of Regional Campuses

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Department of Family Medicine — two areas that are so important to the mission of UAMS," said Turnage. "I am grateful to Dr. Patterson and Dr. Gardner for their confidence in me."

Turnage earned his bachelor's degree at Louisiana Tech University in Ruston, Louisiana, and then received his medical degree from the Louisiana State University School of Medicine in Shreveport in 1983. He completed

his residency in general surgery at the University of Michigan Medical Center, serving as chief resident and completing a research fellowship before joining the faculty. He went on to hold faculty and clinical leadership posts at the University of Texas Southwestern Medical Center and Dallas VA Medical Center, and later at LSU Shreveport, where he served as chair of the Department of Surgery for seven years prior to joining UAMS.

New Report by CDC, UAMS Finds 1 in 44 Arkansas 8-Year-Olds Have Autism Spectrum Disorder

LITTLE ROCK — A new report shows the number of 8-year-old Arkansas children diagnosed with Autism Spectrum Disorder (ASD) is significantly higher than data released two years ago by the University of Arkansas for Medical Sciences (UAMS).

An estimated 1 in 44, or 2.3%, of central Arkansas 8-year-olds have ASD, according to information collected by the Arkansas Autism and Developmental Disabilities Monitoring (AR ADDM) program at UAMS. The numbers are part of national data released Dec. 2 by the Centers for Disease Control and Prevention (CDC). Across all ADDM sites, 1 in 44 8-year-olds have ASD, according to the new data, which was gathered by the national ADDM network.

In the 2016 estimated count released in 2020, 1 in 66 Arkansas 8-year-olds were identified with autism and network-wide, 1 in 54.

About 1 in 84, or 1.2%, of 4-year-olds were identified with autism spectrum disorder by AR ADDM in 2018. This is the first year the prevalence of autism in 4-year-olds has been available from the monitoring program.

The new Arkansas numbers are from 2018, the latest data available. They are based on information collected from health and special education records of more than 15,000 8-year old children living in the central Arkansas tracking area.

"The Monitoring Program has and will continue to use new data to promote earlier identification of ASD and to plan services and training," said Maya Lopez, M.D., professor in the UAMS College of Medicine's Department of Pediatrics. "Some of the increase in autism prevalence may be evidence of our continued improvement in the state in diagnostic and treatment services for children with autism. That progress may in part explain the picture we have of prevalence."

The ADDM Network findings are based on analysis of data collected from health and special education records (if available) of 8-year-old and 4-year-old children who lived in one of 11 different areas throughout the

United States in 2018. One of those 11 areas includes 21 counties in a central region of Arkansas.

Estimates in the several communities ranged widely, from 1 in 60 children in Missouri to 1 in 26 children in California. Some of this variation might be due to geographic differences in early detection and evaluation, diagnostic practices and other differences in documentation of ASD symptoms.

The Arkansas monitoring program includes investigators with UAMS and operates in collaboration with the Arkansas Department of Health and the Arkansas Department of Education to track the number and characteristics of 8-year-olds with ASD and/or intellectual disability.

White children in Arkansas were 1.6 times more likely to be identified with ASD than Hispanic children. The program found that per 1,000 children, 14.9 Hispanic children are diagnosed with ASD compared with 19.2 Black children and 23.8 white children.

"In Arkansas, Hispanic children were less likely to be identified with ASD than white children," said Lopez. "Black and Hispanic children often are diagnosed and evaluated later than white children. Educational and health organizations need to sustain efforts over the long-term to reduce disparities and identify individuals with ASD as early as possible in order to provide support."

UAMS' Dennis Developmental Center and Schmieding Developmental Center, both in the College of Medicine Department of Pediatrics, offer diagnostic multidisciplinary team evaluations for children with developmental and behavioral concerns from birth to 12 years of age.

AR ADDM provides individualized presentations on the number and characteristics of children with ASD to state and community agencies. AR ADDM shares information on autism prevalence and characteristics of individuals with autism with the Arkansas Department of Education and health professionals across the state.