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UAMS Holds Match Day Celebrations for College of Medicine Seniors:

Freshmen at Start of Pandemic, Class of 2023 Attended Majority of Classes Virtually

By Linda Satter

About 150 senior medical students and their guests gathered on the morning of March 17 on two UAMS campuses to find out where they will be continuing their training after receiving their medical degrees in May.

Dubbed the "March Madness of Medicine" by one of the featured speakers, the Match Day event brought together members of a



Andrew Eller, who matched to internal medicine at the University of Tennessee Health Science Center in Memphis, is surrounded by family.

Image by Bryan Clifton

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senior class that made history by becoming the first to attend the majority of their classes virtually after the COVID-19 pandemic shut down regular operations toward the end of their first year.

In the Wally Allen Ballroom of the Statehouse Convention Center in Little Rock, where the great majority of seniors tore open envelopes at 11 a.m. to learn where they had matched for their residencies, both the stage and the crowd were awash in shades of green, in honor of St. Patrick's Day.

For the 13 seniors at the UAMS Northwest Regional Campus in Fayetteville, a less formal ceremony was held at the Graduate Hotel off the town square, preceded by a full breakfast for them and their guests.

Risk Matters: Tracking Procedures

JEFFREY A. WOODS, JD, DIRECTOR OF RISK EDUCATION, SVMIC

A consistent method for notifying patients of all test results and instructing them to call the office if they have not received the results within the expected time frame should be established. These instructions to the patients, as well as actual patient notification, should be documented in the medical record. Although instructing the patient to call for test results does not absolve the doctor of the duty to inform the patient, it does act as another safety net to ensure that important test results do not get overlooked and is a legitimate means of vesting the patient in his/her own healthcare. The more layers of redundancy that can be built into a system, the better.

It should be noted that, irrespective of a facility's statutory responsibility to report test results, (e.g., mammograms), the physician is not alleviated of responsibility to ensure the patient has been notified of all test results as outlined above. Likewise, when an unsolicited test result is received regarding an established patient of the practice, it should be handled the same way as one that was personally ordered. The patient needs to be notified that the provider is in receipt of the report in error and has or will notify the ordering physician. Do not automatically assume "normal" results do not require action, as occasionally results within normal range of the laboratory may not be the expected result for the patient. Rather, attempt to contact the ordering physician. Additionally, the testing facility needs to be contacted and notified that the provider is not the ordering physician, and the result should be delivered to the physician who ordered the test. If the patient is not known to the provider, there is still a limited duty of care owed to the patient. Much of this obligation would be minimized by confirming with the ordering physician (if possible) that he or she received and addressed the test result. In any event, the testing facility should be notified that the provider is in receipt of the report in error, and it should be delivered to the ordering physician. If the report indicates a panic value or grave condition and the provider is not able to confirm that the ordering physician is in receipt of the report, an attempt should be made to contact the patient. In both cases, this notification includes contacting the patient and arranging for any appropriate follow-up care.

Practices can make use of electronic patient portals for notification of normal, non-sensitive test results for those patients who have signed a written consent or electronically agreed to receive information via the portal. However, it is not reasonable to assume all patients are able or choose to use the portal. Practices should verify that patients have accessed the portal before utilizing this as the sole vehicle of notification of normal non-sensitive results. Patients who do not use the portal should be notified of normal test results through another mechanism. It is not acceptable, from a risk or customer service perspective, to advise patients that the only method of normal test notification available will be through the portal.

Practices should be familiar with the general requirements of the U.S. Department of Health and Human Services Office of the National Coordinator for Health Information Technology's (ONC) Cures Act Final Rule, also known as the ONC Information Blocking rule, which became effective in 2021. Among other aspects of compliance with the regulation, practices should have documented procedures pertaining to how both in-house and outside lab results are made available to patients and when an exception to access may apply. While clinicians are not required to make in-house test results immediately available, they are required to promptly respond to a patient's request for access. Medical practices should be mindful that outside lab results may be immediately posted to a patient's EHR and implement a policy requiring prompt review of posted results as well as personal communication with any patient with an abnormal result, sensitive information or a result requiring immediate action.

The required follow-up for non-adherent patients or to communicate test results is not clearly defined. However, there is an expectation that the physician has superior medical knowledge and therefore owes a duty to the patient to thoroughly explain the results of the tests and any recommended treatment course. Follow-up should be appropriate for the individual patient's specific circumstances. The reasonableness of the effort to contact the patient will depend on the clinical importance of the test results, the severity of the patient's medical condition, and the risk associated with failing to notify the patient of the results.



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UAMS Holds Match Day Celebrations for College of Medicine Seniors:

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"Your class will forever be marked as the one that endured the most challenging health care crisis of our lifetimes," Phillip Wallace, physician recruiter at Baptist Health, told those assembled in Little Rock. "Mere months into your medical education, you were saddled with a worldwide pandemic, the likes of which we have not seen in over 100 years. But through hard work and perseverance, you have survived the challenge and stand ready to take the next one."

"It's not hyperbole to say your time in medical school really was like no other," agreed G. Richard Smith, M.D., interim dean of the College of Medicine. "We all know that medical school presents tremendous challenges under any circumstances, but by the end of your freshman year, the entire world had changed with the emergence and then the surge of COVID-19. So I congratulate you for your perseverance and your agility as you overcame the many obstacles that the pandemic created for your medical education."

Sara Tariq, associate dean of student affairs in the college, said that 76 people, or 50% of the 149 UAMS seniors who participated in the National Resident Matching Program



Paige Jones-Brooks celebrates her match to UAMS Pediatric. Image by Bryan Clifton



Jessica and Mason Sifford show off their couples match to the University of Missouri at Kansas City in psychiatry and obstetrics-gynecology.

(NRMP), ended up matching into primary care specialties: internal medicine, family medicine, obstetrics/gynecology, pediatrics and Med-Peds (combined internal medicine and pediatrics).

Six additional seniors participated in early match programs for members of the military and those pursuing specialties in urology and ophthalmology, which have separate programs, for a total of 155 UAMS seniors finding a match.

Tariq said that 14 seniors in the NRMP program failed to match initially, but 11 of them soon found a position through the Supplemental Offer and Acceptance Program. Those who didn't match through either option can take a transitional position for a year and then try again next year.

When all is said and done, Tariq said, 69 seniors will remain in Arkansas for post-graduate training, while 84 are headed off to 29 other states for their residencies.

Nationwide, 48,156 students applied for 37,425 available positions that were offered to U.S. medical school graduates, international medical students and doctor of osteopathy graduates.

"In the face of a serious and growing shortage of primary care physicians across the U.S., there was a record number of primary care positions offered in the 2023 Residency Match," according to the NRMP website.

Baptist Health Nationally Recognized Among Best Hospitals for Bariatric Surgery

Baptist Health, a leader in surgical weight loss, has been recognized as one of 101 hospitals across the U.S. to earn the distinction of Best Hospitals for Bariatric Surgery by The Leapfrog Group and Money magazine.

As part of the inaugural list for bariatric surgery, <u>Baptist</u>. <u>Health Bariatric Center-Little Rock</u> is one of two facilities in Arkansas to receive the honor, and the only one in the state with an "A" patient safety rating.

Baptist Health achieved the organizations' standards for safety, including performing a high enough number of procedures to give patients the best odds of a good outcome and keeping patients safe from errors, infections and complications. Baptist Health Bariatric Center-Little Rock has more than 40 years of experience offering surgical weight loss. On average, surgeons Dr. <u>Eric Paul</u> and Dr. <u>Tripurari Mishra</u> help more than 500 people lose weight and improve their health with weight loss surgery every year. Over 12,000 bariatric surgeries have been performed at the center since its program began.

Baptist Health's bariatric surgeons are board-certified, meaning they have been evaluated through various criteria set forth by industry experts. Accreditation ensures that our program line and physicians are continually working to stay up-to-date and trained on the newest treatment procedures, providing safe surgical care, and yielding successful results.

UAMS Regional Campuses Accepting Applications For Health Care-Focused Summer Programs for Youth

The University of Arkansas for Medical Sciences (UAMS) is accepting applications for summer camp programs that introduce high school students to career opportunities in the health care field.

The Medical Applications of Science for Health (MASH) program is a summer day camp for students entering grades 11 and 12. Participants gain exposure to health careers through hands-on activities, tours of health care facilities and interaction with medical professionals.

Most of the camps run for two weeks, but a few sites plan to host "Mini MASH" camps that condense their activities into a single week.

MASH camps will be held at UAMS' eight Regional Campuses or at local hospitals or colleges. The program will be offered this summer in Blytheville, Conway, Crossett, DeWitt, El Dorado, Fayetteville, Forrest City, Fort Smith, Harrison, Helena-West Helena, Lake Village, Malvern, Monticello, Paragould, Pine Bluff, Rogers, Texarkana, West Memphis and Warren.

For students entering grades eight through 10, UAMS will offer the Community Health Applied in Medical Public Service (CHAMPS) program, which features three- to five-day camps with many of the learning opportunities provided by MASH. The CHAMPS program will be available in Crossett and Fayetteville.

These programs are made possible by a partnership between UAMS Regional Campuses and the Arkansas Farm Bureau. The MASH program concept was piloted in 1988 by the UAMS South Central Regional Campus in Pine Bluff. Farm Bureau recognized the value of these MASH camps in helping rural communities develop their own health care providers, and when initial grant funding ended, Farm Bureau stepped up to ensure continuation of the programs.

These programs are also supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an annual award totaling \$2,308,000.00 with 50 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Camp dates and application deadlines vary based on location. For more information and to apply for these summer programs, go to <u>https://regionalcampuses.</u> uams.edu/health-careers/high-school-students/mash/ mash-camp-locations/.

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NIH, NSF Fund UAMS Study of Rapid Genomic Testing To Aid Treatment of Dangerous Antibiotic-Resistant Infections

Two national grants are helping researchers at the University of Arkansas for Medical Sciences (UAMS) toward their goal of providing rapid, life-saving genomic information to doctors treating the most dangerous antibiotic-resistant infections.

The study began with a \$50,000 pilot award from the UAMS Translational Research Institute, which was used to gather data needed to secure a two-year, \$418,000 National Institutes of Health's (NIH) National Institute of Allergy and Infectious Diseases (NIAID) grant in 2022, and more recently, a two-year \$254,929 National Science Foundation (NSF) grant.

Led by UAMS' <u>Se-Ran Jun</u>, Ph.D., the study of six highly virulent antibiotic-resistant bacterial pathogens aims to harness now-affordable real-time genomic sequencing technology.

"Current genomic methods do not have fast enough turnaround times and accuracy to serve as an effective epidemiology tool," said Jun, an assistant professor of the Department of Biomedical Informatics in the College of Medicine. "Establishing an accurate real-time genomic pathogen surveillance system for routine use would be revolutionary in clinical medicine and help make hospitals safer places."

The team's early results show that it can identify a specific antibiotic resistant gene within two hours and obtain antibiotic resistance profiles of Klebsiella pneumoniae isolates within six hours using real-time Oxford Nanopore sequencing data.

Klebsiella bacteria can cause different types of health care-associated infections, including pneumonia, bloodstream infections, wound or surgical site infections, and meningitis, according to the Centers for Disease Control and Prevention (CDC).

In addition to helping doctors optimize antibiotic therapy, genome-based information could help hospitals identify and prevent hospital-acquired infections and their transmission.

"I am so excited because the output we generate could be translated directly into medical practice," Jun said. In addition to *Klebsiella*, the research is focusing on five other pathogens: *Enterococcus faecium*, *Staphylococcus aureus*, *Acinetobacter baumannii*, *Pseudomonas aeruginosa* and *Enterobacter species*. The group is known by the acronym ESKAPE.

Antibiotic resistance occurs when bacterial and fungal infections develop the ability to defeat the drugs used to kill them. According to the CDC, it is a top threat to the public's health, and addressing it is a global priority. In the United States alone, it causes more than 2.8 million infections and 35,000 deaths per year. Immunocompromised cancer patients are especially at risk of acquiring antibiotic-resistant infections.

If able to confirm her hypothesis, Jun said the genomic surveillance system would accurately and swiftly identify pathogen and transmission routes. It would also measure how vulnerable microbes are to antibiotics along with clinical microbiology laboratory tests.

The NSF grant was approved by the Board of Directors of the Arkansas Economic Development Commission Division of Science and Technology. It enables Jun to implement data governance in pathogen surveillance with the ESKAPE project.

"We will create a multi-layered data governance plan for sequencing and analyzing bacterial pathogens collected in Arkansas," said Jun, a data scientist who is using her expertise of real-time Nanopore sequencing, genomics, microbiomics and computer science to conduct the study.

The governance plan has five sections, each with its own unique data types and data governance needs: genomic sequencing, assembly and functional enrichment, data analysis pipelines, integrative analysis, and public health, clinical impact and scientific outcomes. A standardized pipeline for collecting and storing the data as well as its associated metadata will be created for each section.

"This is a great example of translational biomedical informatics — leveraging the latest sequencing technology for a critical application in patient care," said Translational Research Institute Director Laura James, M.D., also UAMS associate vice chancellor for clinical and translational research.

UAMS Receives Over \$1 Million from USDA, AT&T to Expand Digital Health Education, Training in Arkansas Delta

The University of Arkansas for Medical Sciences (UAMS) recently received grants totaling more than \$1 million from the United States Department of Agriculture and AT&T that will widen the scope of existing digital health programs, including field trips for Delta-area students, K-12 summer internships and training sessions for first responders.

The USDA grant is \$1 million for two years and includes support for hands-on interactive digital health training for health professionals and the general public, virtual reality (VR) digital health training for first responders and paid summer internships for K-12 students, as well as teachers, faculty and nursing students. The AT&T grant is \$15,000 and funds Delta-area school field trips and a shadowing opportunity for underserved students at digital health resource centers in Lake Village, Pine Bluff and Helena-West Helena.

The Arkansas Rural Health Partnership (ARHP) and Jefferson Regional Medical Center in Pine Bluff are working with UAMS in the training effort called Arkansas Technology Training and Rural Assistance Center for Telehealth (ATTRACT). The effort will use training centers at the ARHP offices in Lake Village, the UAMS East Regional Campus in Helena-West Helena and Jefferson Regional Medical Center School of Nursing in Pine Bluff.

During the two-year period, ATTRACT intends to assist 160 local businesses, provide trainings for 800 Arkansans, create up to 18 jobs and save seven jobs through grant funding support.

Digital health education and trainings are useful to help patients and providers learn more about available technology that can make health care more accessible, especially in rural areas of the state. The principal investigator for both grants is Melony Stokes, DNP, RN, MSN, the senior director of programs for the UAMS Institute for Digital Health & Innovation.

"The Delta remains underserved in terms of health care access," Stokes said. "My overall goal is to educate as many community members, patients, providers and students on the advantages of digital health and how it can be utilized in health care."

Interested Delta-area schools will receive a stipend of up to \$1,078 to compensate for field trip costs, including transportation, meals and other costs to ensure trips are free for students who wish to participate. The grant also gives students access to shadow a health professional to learn more about careers in health care and technology. Paid internships for high school students, college students as well as instructors are possible under the USDA grant, Stokes said.



Melony Stokes, DNP, RN, MSN

The trainings, which can accommodate hundreds of attendees each year, provide varying levels of information on digital health. Topics include the benefits of digital health as well as potential career opportunities as medical or technology professionals. Students also have the opportunity for hands-on demonstrations with digital health devices such as blood pressure monitors, EKGs, stethoscopes and otoscopes.

The VR trainings are specific to first responders, including firefighters, police, emergency medical technicians, wildlife officers and the National Guard. The sessions expand on trainings offered by the UAMS Centers on Aging, a program of the UAMS Donald W. Reynolds Institute on Aging, about Alzheimer's disease and other dementias, offering law enforcement and first responders to conduct search-and-rescue operations for those living with dementia.

Spearheading that effort is AmyLeigh Overton-McCoy, Ph.D., APRN, director of the Centers on Aging and an associate professor in the UAMS College of Medicine. She is the aging services director for ATTRACT.

"The Centers on Aging have been offering VR simulations about Alzheimer's and other dementias, along with other common aging issues to assist in improving the health of older Arkansans," Overton-McCoy said. "Through our partnership with IDHI, we are expanding this to an interactive scenario for law enforcement and first responders, allowing them to practice communicating with those living with dementia, as well as patterns they tend to follow when wandering. These are all key concepts to understand and follow for successful outcomes in a crisis or emergent situation."

NLRB GC Issues Guidance Memo Regarding Severance Agreement Provisions

by Cross, Gunter, Witherspoon & Galchus, P.C.

The National Labor Relations Board (NLRB) issued a decision on February 21, 2023 (McLaren Macomb, 372 NLRB No. 58), returning to precedent, holding that employers violate the National Labor Relations Act (NLRA) when they merely offer employees severance agreements that have a "reasonable tendency to interfere with, restrain, or coerce the exercise of employee rights under Section 7 of the Act." Following the decision, NLRB General Counsel Jennifer Abruzzo (GC) issued a memo highlighting the practical impact of the ruling on March 22, 2023. The bottom line is that severance agreements may no longer contain overly broad language that prohibits or restrains an employee from engaging in Section 7 activity, regardless of the employer's interests or rationale.

Not only does the decision affect severance agreements but it also can affect pre-employment or offer letters the GC stated in her memo. Overly broad language in any communication or agreement that interferes with, restrains, or coerces employees' exercise of Section 7 rights would be unlawful if not narrowly tailored to address a specific circumstance justifying such.

The memo also clarified that circumstances surrounding a severance agreement are no longer relevant as is whether or not the employee even signed the agreement. Put another way, the mere proffering of the agreement, alone, is unlawful. Further, it is irrelevant if employees themselves request such broad confidentiality and/or non-disparity clauses.

Despite these new limitations, not all severance agreements will be deemed unlawful. Severance agreements may continue to be proffered and enforced if they do not contain overly broad language that affects employee(s) rights to do things like access the Board, a union, the media or third parties. Confidentiality clauses and non-disparagement provisions may also be lawful if



they are narrowly tailored and justified. Confidentiality clauses must be limited to proprietary or trade secret information for a period of time based on legitimate business justifications, and non-disparagement provisions must be limited to employee statements about the employer that rises to the standard for defamation. An employer may not merely prohibit the employee from making public comments that may disparage or harm the employer's image.

It is also important to note that the GC will apply this decision retroactively. The GC stated that maintaining or enforcing a previously entered severance agreement with unlawful provisions qualifies as a continuing violation, not time barred by Section 10(b). On top of that, agreements containing a savings clause or disclaimer language are not automatically remedied by inclusion of such provisions. Finally, the GC also hinted at additional severance agreement provisions that may likely come under attack such as non-compete clauses, no solicitation clauses, no poaching clauses, broad liability releases and covenants not to sue.

This guidance is concerning for all employers as the McLaren Macomb case applies to provisions in severance agreements in both union and non-union workplaces, as well as past and future severance agreements with confidentiality and non-disparagement provisions. As such, it may be time to re-evaluate your standard agreements.

If you have questions concerning these recent changes, please feel free to contact one of our labor and employment attorneys by calling (501) 371-9999.

UAMS Researcher Awarded \$1.8 Million to Study Potential Treatments for Neurological Diseases

The National Institutes of Health (NIH) has awarded a \$1.8 million grant to Fang Zheng, Ph.D., an associate professor of pharmacology and toxicology at the University of Arkansas for Medical Sciences (UAMS), to continue research that could lead to new treatments for epilepsy and other neurological diseases.

The NIH's National Institute of Neurological Disorders and Stroke awarded Zheng's lab \$385,995 on March 1, which is to be followed by annual awards of \$372,745 for each of the following four years, for a total of \$1,876,975 over five years.

Collaborating with Zheng in the study are Paul Drew, Ph.D., and Kevin Phelan, Ph.D., professors in the UAMS College of Medicine Department of Neurobiology and Developmental Sciences, and Fabrice Dabertrand, Ph.D., an associate professor of anesthesiology and pharmacology at the University of Colorado Anschutz Medical Campus in Denver, Colorado. Drew also is an assistant dean for research in the UAMS College of Medicine.

"Dr. Zheng's research is unique because it focuses on abnormalities of the cerebral circulation as a major contributing factor to epilepsy rather than focusing on neurons as the cause of the disease," said Nancy Rusch, Ph.D., distinguished professor and chair of the Department of Pharmacology and Toxicology. "His research raises the possibility that treatments directed at restoring normal function to small cerebral blood vessels may reduce the number and severity of epileptic seizures."

Zheng said initial research has focused on the underlying mechanisms of neurovascular coupling dysfunction, which happens when the connection between blood flow and neurons in the brain stops working normally.

"Neurovascular coupling, a mechanism that matches local neuronal activity to blood flow, is critical to maintain local microenvironment and normal brain function," Zheng said. "However, normal neurovascular coupling is disrupted in seizure, traumatic brain injury and other neurological disorders. Despite continued high neuronal metabolism, small cerebral arteries and arterioles begin to inappropriately constrict to limit cerebral blood flow to the challenged neurons." He said this process, known as the inverse hemodynamic response (IHR), is thought to contribute to brain damage and functional impairment in people with neurological diseases, including Parkinson's disease and Alzheimer's disease.

Zheng said he wants to test a theory that seizureinduced IHR is affected by regulatory activity in the cells that make up the lining of the blood vessels. He theorizes that disruption of the activity may reduce susceptibility to seizures.

"The studies rely on complementary areas of expertise pooled by a research team with expertise in cerebrovascular reactivity, epilepsy and neuroinflammation, and neurodegeneration," Zheng said in his grant proposal.

This research is supported by the National Institute of Neurological Disorders and Stroke of the National Institutes of Health under Award Number R01NS126473.

