

Governor's Update - May 2020



Rebecca Andrews, MD, FACP - Governor

FROM THE GOVERNOR

"And once the storm is over, you won't remember how you made it through, how you managed to survive. You won't even be sure, whether the storm is really over. But one thing is certain. When you come out of the storm, you won't be the same person who walked in. That's what this storm's all about."

— Haruki Murakami

Dear Colleagues,

The COVID-19 world has left me somewhat distracted by the changes, disappointed with canceled events, overwhelmed with worries for

colleagues - friends – families, and challenged by the repercussions this virus has brought into our lives. BUT, some great changes are also afoot as the health crisis has brought about rapid change in the way we practice medicine and are reimbursed (at least for now). I sincerely hope the relaxation of telemedicine regulations remain intact. Telemedicine has increased patient access and allowed care from a safe social distance. The possibilities moving forward are immense. The opportunity to meet patients where and when they are opens up a new style of medicine that will answer the call for “convenient accessibility” from the next generation of patients. This adjustment could reset those patients who struggled to find a consistent physician for their care due to lifestyle and preference. The National ACP has been advocating for the changes you have seen in telemedicine as well as many other COVID-related topics. This has brought about increased revenue for telephone encounter visits as well as improved reimbursement for audio-visual telemedicine encounters.

For myself, this pandemic ushered in my fourth and final year as your Governor, as well as the end of one child’s high school education. The lack of pomp and circumstance for both have been cause for much reflection in my house – how to grieve the loss of iconic life events and not compare those disappointments to the loss of life we are seeing in our hospitals. One of the best pieces of advice I have been given: everyone processes trauma differently and one person’s bad day can be life altering for another. With kindness and empathy rather than derision and comparisons, we can all help one another through these trying times.

So with that, I bring you another Governor’s newsletter with individual writings and compositions of the current times. I will be quietly lamenting the loss of my oldest child’s prom, graduation, senior awards night, and college accepted students’ day, but finding the silver lining that resulted in increased family time and a less hectic life pace. As for my son, he is however staying close to home and adding one more Husky to the family!

“CHANGE IS AFOOT”

Please welcome me in congratulating Ruth E. Weissberger, MD, FACP as our Chapter’s Governor-elect. I will be passing the baton to Ruth come April 2021 at the national scientific meeting in Orlando, FL. For those of you who do not know Dr. Weissberger, she is currently the Program Director at Yale-Waterbury Internal Medicine Residency Program in Waterbury. Additionally, she has been on the council for all of my tenure as your Governor and her input is sound, measured, and valued. I will leave you to read more about her as her bio becomes available.

NATIONAL AND CHAPTER COVID RESOURCES

Please visit online to see the amazing amount of ongoing advocacy that has occurred to keep us safe, healthy, and in practice.

<https://www.acponline.org/advocacy/where-we-stand/coronavirus-disease-2019>

ACP American College of Physicians®
Leading Internal Medicine. Improving Lives.

ABOUT ACP | Hello, Rebecca | MyACP | Search ACP

MEMBERSHIP | CME & MOC | MEETINGS & COURSES | CLINICAL INFORMATION | PRACTICE RESOURCES | **ADVOCACY** | STORE

Access to Personal Protection Equipment (PPE)

Support for Physician Practices

Coverage & Access for Testing and Treatment

Public Health, Non-Discrimination, and Health System Capacity

GME & Other Physician Workforce Issues

Prescription Drug Issues

Advocacy with Congress on COVID-19 Legislation

Support for Physician Practices

ACP has been advocating for support for medical practices in order to alleviate the extreme financial and logistical strains that are being placed on practices.

POLICY Protecting Patient and Physician Health and Safety During the COVID-19 Pandemic 4/1/2020

POLICY Statement on Nonurgent In-Person Medical Care During COVID-19 Emergency 3/24/2020

Latest Advocacy Efforts

STATEMENT Internists Call on HHS to Make a Targeted Allocation of Funds to Keep Primary Care Practices from Closing 5/20/2020

LETTER ACP Letter to Secretary Azar Re: Targeted Provider Relief Fund Allocation for Primary Care 5/19/2020

://www.acponline.org/advocacy/where-we-stand/coronavirus-disease-2019#tabs-1

PERSPECTIVES

Year in Review | April 25, 2020

*Comments - ACP Annual Business Meeting
ACP President, Robert McLean, MD, MACP*

As I review my past year as ACP President, I first think of this business meeting one year ago when I asked this group to join me in the “physician-not-provider pledge.”

The positive response I received helped me to understand how important our internal medicine specialist identity is to our members, and how important it is to emphasize this in our different policies.

Our specialty represents such a broad spectrum of different practicing colleagues: whether ambulatory or hospitalist, whether generalist or sub-specialist, whether academic or community-based practice, or whether one has expanded into public health or an administrative role....the College represents all of these individuals in so many different ways.

In my role as the spokesman for the College, with the opportunity to travel as an ambassador of sorts to several different countries and to different chapters and parts of our own country, I had the chance to interact with colleagues in all of the categories mentioned.

And the common theme is that we are all internists...We understand that identity... we understand the value that we bring to patient care...We understand the large issues facing our patients and our complex healthcare delivery systems... And those issues are reflected in the healthcare policies where we have chosen appropriately to advocate science and evidence in the public arena.

Less than a month after taking office as president, I represented the ACP at a meeting of the Medical Society Consortium on Climate and Health. We have

explicitly stated that climate change must be recognized as a threat to public health and our patients individually, and we need to continue to advocate in this space.

Last August, after another series of mass shootings causing tragic fatalities and injuries, the College issued another call to action on legislation to curb firearms-related injury and death, and our Call been joined by 41 other organizations. These two areas have direct connections to the health of our patients and remain topics on which we must continue to advocate and lead.

I initially became involved with the College in the early 1990s when it first started to embrace policies around universal access to healthcare. Multiple policies in this area have further developed over the years and I'm proud that in January - after tremendous work from our ACP policy committees with input from many across ACP leadership and membership - that we developed a comprehensive policy on a "new vision for a better healthcare system."

Universal access to affordable health insurance is a goal with which no one can argue. And while there might be different approaches or paths to reach that goal, I think all can agree that we must find a way to get there.

However, rather than being able to focus on that task, we now face the huge challenges brought on by the COVID-19 pandemic. Over the past 3 months, the College was able to pivot and do what we can in this crisis...a remarkable educational resource has been set up on our web site to help all aspects of COVID-19 medical management and outpatient practice transitions that have been necessary. We have been constantly evaluating the science and evidence needed for public health measures, and we have been making multiple public statements directed to the different branches of Government, regulatory agencies, and health insurance companies.

We are all hearing remarkable stories of the care delivered by our colleagues and their teams in sometimes extremely challenging situations... As much as there is great frustration and fatigue with our frequently dysfunctional healthcare delivery systems, I am seeing a sense of re-dedication to who we are as physicians.

We take care of patients... That drive to help and do the right thing is part of our inner being and professional ethos... And I can tell you that ACP leadership recognizes that fully, as the College will continue to help us and guide us through this and other challenges ahead, while also serving as a place to be stronger together.

It has been an immensely rewarding year as your President and a highlight of my professional career.

I thank all of the wonderful ACP staff and others in leadership with whom I have worked for many years. The College is a wonderful organization, and I remain honored to have had this opportunity for the past year.

MEDICAL SCHOOL IN THE VIRTUAL ERA

*Abigail L. Healy
MD Student Class of 2021
University of Connecticut School of Medicine*

In the days of COVID-19, medical schools across the country have switched to the new normal of “virtual learning.” I have had a lot of family and friends ask me how medical school on the computer works. Like everything else these days, it is an adjustment. It is a constant fluctuation of feeling guilty that we are not in the hospital helping, feeling anxious about when our future clinical education will resume, and of course feeling thankful for the tremendous amount of sleep we are getting.

While the first week may have felt like a vacation, we quickly learned that our type A personalities that got us into medical school were struggling from a lack of structure. I felt as if the rug that grounded me every day had been pulled out from under me. My alarm was no longer set for 5 am with my clinical outfit laid out, my lunchbox no longer packed with the same lunch I have been eating for a year, and my study schedule no longer seemed relevant. For me and for many medical students, the first step was creating a schedule within the vast amount of free time that suddenly opened up for us. At UConn, we have set up several different volunteer opportunities. Students are providing childcare, tutoring and pet sitting for healthcare workers at UConn Health and the surrounding area. A small cohort of students are volunteering in the emergency department, and several of us have partnered with the Hartford Health department to call COVID-19 patients to check in on their symptoms and address social needs that may arise during these difficult times. I will say that calling COVID-19 patients, hearing their struggles, anxiety and pain, was not only heart wrenching but one of the best educational experiences I have had during this time. Putting everything in perspective, our struggles as students, canceled Step dates and delayed clinical rotations, seem insignificant.

Okay, so I established my schedule, my makeshift routine. I offered elderly neighbors to walk their dogs once a day and started making phone calls for the Hartford Health Department. I now had reasons to get up on time, stick to my schedule so I was not late for my dog walks (Winnie the spaniel would be very upset!), and have time to prepare for my online classes. My experience with the online classes has been positive. While this may be true for medical school in general, I do feel that what you get from the online classes depends on how much you put into it. The online curriculum can make it easy to hide so to speak, but it can also be much more comfortable to participate from behind a computer. You suddenly become less self-conscious if you answer wrong; there is not the impending embarrassment of everyone turning around to look at you when you answer in a classroom. Educators have also been aware that we are afraid of losing practice with our patient interaction and interviewing skills. I had one attending who did one on one sessions with us, where she acted as a patient for an interview, and then changed roles to be the attending to whom we presented, all via our online face-to-face platform.

It is important to note that there have been innovative ways of learning that would not likely have happened in the absence of a virtual curriculum. Educators at medical schools from University of Connecticut, Tufts, and Quinnipiac have joined forces to launch a pediatrics curriculum online. Students and faculty from all three schools are together in a virtual classroom. It is a great example of schools coming together, pooling their resources and the students benefiting from it. We met attending physicians with a wide range of specialties, learned about policies at different hospitals and had discussions with students from other schools. We likely would not have had the opportunity to learn from each other in the absence of social distancing.

While yes, some may say that there may be a point at which a medical student can only learn so much from online learning, but I beg to differ. There are always new realms to explore and things to learn. Nevertheless, the virtual curriculum has ironically given us a sense of comradery. We see attending physicians outside of the white coat and the questions, in their homes, with pictures and artwork hanging on the wall. The “chat” function on our collaborative platforms fills with words of encouragement and well wishes for everyone’s safety and health. This change in curriculum has allowed us to “re-humanize” our experience, to come together at various levels of our healthcare experience, to watch out for each other, care for each other and remind ourselves that we all have the same goal. We are better together than we are individually, and sometimes it takes an experience like this, to remind us.

COVID DREAMS: PART 1

Jon Steinmetz PGY2, UConn Categorical Internal Medicine

As internal medicine residents, we have the opportunity to work in the outpatient clinic, emergency department, inpatient medical wards, and critical care units. Over the last ten weeks, from the initial outbreak of the novel coronavirus in the United States through the dog days and critical mass hospitalizations, I have worked in each of these locations. These are some of my recollections.

1

There is one known case of coronavirus in the United States. Washington state. Three thousand miles away.

A new name pops up on the board and I sign on to see her. Here in the emergency department, the triage team assigns a number to each patient based on their level of urgency. A 1 infers emergent need to be seen by an attending, with or without a resident. A 5 might be something as pedestrian as a refill of atorvastatin. My new patient was a 3, her chief complaint— fever.

I quickly review her chart, a 61-year-old female with a history of hypertension and migraines, and find her bed number. Walking towards her,

I begin creating a differential diagnosis. A variety of questions pertaining to the infectious and inflammatory etiologies of fever bounce around my head.

Stuck somewhere in the not-so-back of my mind, however, is the all-important question. *Have you been to the Wuhan region of China recently?*

She had not been to China. In fact, the last time she left the United States, she says, there was an AIDS epidemic.

I test her for influenza and initially treat her with fluids and ibuprofen.

The emergency room bustle of the early evening has started to dwindle.

We all have a chance to catch our collective breaths. Two attendings, two residents, a medical student and a scribe, all hunkered down into a glass enclosed computer haven.

My attending sits down at the computer to my right, ready to review my last patient, now influenza B positive. As I begin to discuss the case, she holds her hand up, stopping me, and turns her head to the side. She lets out an emphatic hacking cough and then another. She catches her breath, turns back to me and says, flatly, “Sorry—coronavirus.” The six of us laugh heartily.

Over the next few days this becomes a common punch line around the emergency department. By week’s end, the count is up to two.

423:1

We are not entirely sure what to call it. COVID. The novel coronavirus. COVID-19. SARS-CoV2. The names seemed both bigger and smaller than the thing itself.

To this point there have been over 400 identified cases of coronavirus in the United States, only one, though, in Connecticut.

I am currently working on the medical wards in the second largest hospital in the state. It’s just past midnight when we hear the hospital overhead boom. Rapid response.

My intern and I pop out of our seats in the resident lounge and race towards the elevator.

When we reach the patient’s room, there is a large commotion outside the door. We’re told that our patient in need is a “person under investigation” for Covid-19 and that the appropriate PPE would be required. No more providers than necessary should enter the room. I find the drawer of N95s and go through the motions I had learned earlier that week. Scrub, gloves, gown, mask, face shield, I repeat in my head, trying not to miss a step. My intern stays behind the glass door of the negative pressure room—protected.

I introduce myself to the patient and he responds in broken-up sentences. Pressure is sky high, lungs wet and rattling. Likely flashed, I inform his nurse.

We're going to have to diurese him. I bark out orders through the unblurred glass plane, motioning with my gloved hands.

After we settle on the plan, I tear my gloves off and zigzag around the bed to the sink. After a quick hand rinse, I pull off the yellow paper gown and make for the door.

Wash again. The nurse insists, pointing towards the sink. Gloves, wash, gown, wash, leave the room and wash again, she asserts behind her already worn-out mask.

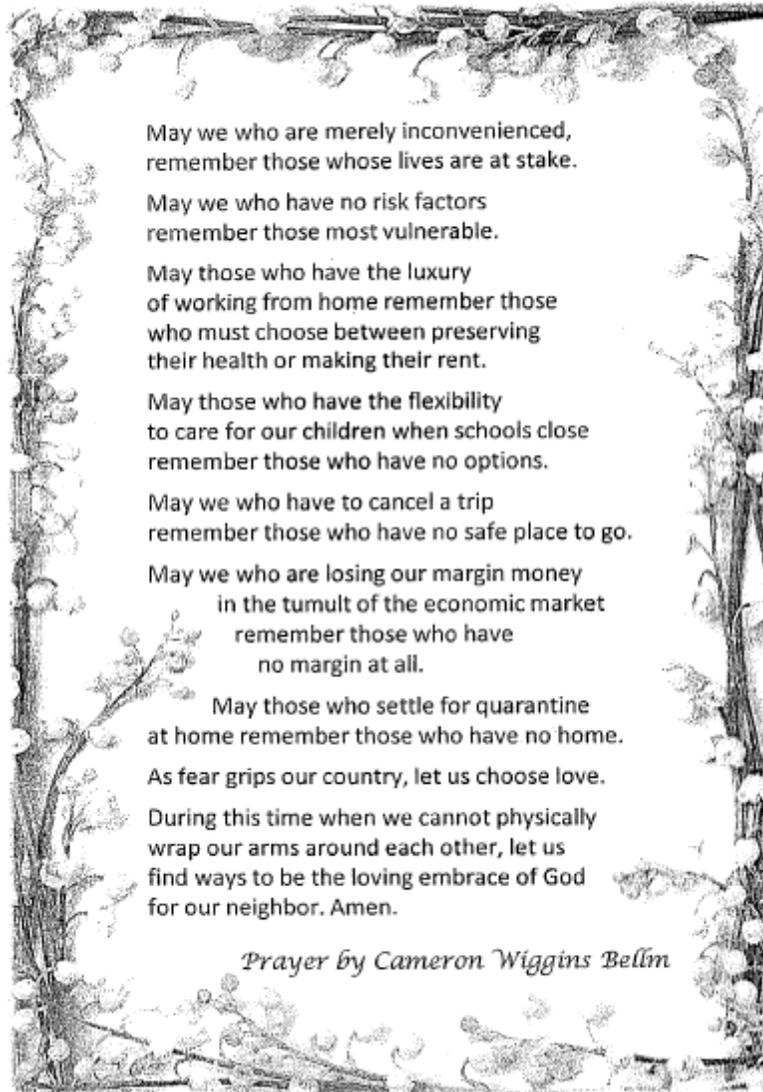
Forty-five minutes later, we're settling back not-so-comfortably in our chairs. The phone rings and we head back up. Our same patient now has heart rates near two-hundred beats per minute. I quickly search for my mask, patting every pocket, but I retrieve nothing.

The half-empty box of masks waited for me outside the patients' door and I grabbed one reflexively. I go through the cycle again. Scrub, gloves, gown, mask, face shield.

He will ultimately need the ICU. No BIPAP could be used due to risk of aerosolization. He will need to be intubated.

I will think about this patient again and again over the coming weeks. Especially as I hear the news each day of the rising numbers in neighboring New York. I see the photos of nurses wearing trash bags for gowns, reports of doctors making rounds in ponchos. I'm haunted by the two N95 masks I used for the same patient just hours apart. Unprepared and overwhelmed.

Prayer for a pandemic



May we who are merely inconvenienced,
remember those whose lives are at stake.

May we who have no risk factors
remember those most vulnerable.

May those who have the luxury
of working from home remember those
who must choose between preserving
their health or making their rent.

May those who have the flexibility
to care for our children when schools close
remember those who have no options.

May we who have to cancel a trip
remember those who have no safe place to go.

May we who are losing our margin money
in the tumult of the economic market
remember those who have
no margin at all.

May those who settle for quarantine
at home remember those who have no home.

As fear grips our country, let us choose love.

During this time when we cannot physically
wrap our arms around each other, let us
find ways to be the loving embrace of God
for our neighbor. Amen.

Prayer by Cameron Wiggins Bellin

accessed 3/22/2020 thedailyprayerblog.blogspot.com/2020/03/prayer-for-pandemic.html

<https://www.facebook.com/groups/ctacp/>
<https://twitter.com/ConnecticutACP>

"You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it."

— Maya Angelou

Respectfully,

Rebecca Andrews, MD, FACP - Governor

DISCLAIMER:

You are receiving this message as a benefit of your ACP Chapter membership and are subscribed as jbal dini@acponline.org. To unsubscribe from your Chapter e-mail list, please [click here](#).

To change your e-mail address or other contact information in our records [click here](#), reply to this email, or call 800-ACP-1915, ext. 2600 or [215-351-2600](tel:215-351-2600) (Monday through Friday, 9:00 a.m. - 5:00 p.m ET).

Your ACP Chapter regularly sends messages about products, programs, and services of interest to our members. ACP respects your privacy and will not sell, lease or share your e-mail address with any other organization. The College and the Chapter will only use e-mail for the purpose of conducting business and for communicating with members. Please note, unsubscribe requests will remove you from local chapter-specific emails including annual meeting, resident & medical student competitions, legislative updates and more.

©2020 American College of Physicians. All rights reserved.