

# Philadelphia Medicine



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## An update on the swine-flu virus

By Andrew J. Caton, PhD

In March and April 2009, a novel H1N1 influenza virus emerged in Mexico and the southern United States. Among the patients in whom the virus was identified were some relatively young patients with severe respiratory disease, some of whom died. The reason for the high mortality in these initial patients remains unclear, but it raised considerable alarm as the novel influenza virus was discovered. Early analyses suggested that the virus shared genes with influenza viruses prevalent in pigs in North America, leading to the designation "swine flu."

The new influenza virus strain was designated as a Phase 6 pandemic by the World Health Organization (WHO) on June 11, 2009, reflecting the community-level outbreaks occurring in multiple countries and different regions around the world.

Now referred to as "novel H1N1" and/or "pandemic H1N1" virus (instead of swine flu), the virus is clearly distinct from the other seasonal H1N1 viruses circulating since 1977. It has been shown, for instance, that antibodies raised against recent seasonal H1N1 viruses (through infection or vaccination) are ineffective against this new pandemic strain.

Some evidence also indicates that individuals 60 years of age or older may have antibodies with some reactivity to the pandemic virus (presumably because of exposure to a structurally similar H1N1 virus circulating before 1957), but whether this antibody is protective is unknown.

The pandemic designation reflects the extensive and rapid spread of the

virus; indeed, the speed with which this virus has disseminated since its initial discovery roughly three months ago has been remarkable. The virus that has been circulating to date, however, has not been associated with extensive mortality. Previous influenza pandemics have been devastating in terms of deaths; the 1918 pandemic is estimated to have caused 500,000 deaths in the U.S. alone.

By contrast, the 37,246 confirmed or suspected cases of novel H1N1 in the United States as of July 10, 2009, have been accompanied by only 211 deaths, mostly in patients with other underlying health problems.

The relatively low mortality attributed to novel H1N1 virus also is low compared to the approximately 36,000 deaths each year in the U.S. caused by seasonal influenza virus infection.

The number of confirmed or suspected cases of novel H1N1 virus is now dropping in the US, but increasing in the Southern Hemisphere as the arrival of winter marks the beginning of the flu season in that part of the world. We can expect this virus to return to the US in the coming fall and winter, but how virulent this virus will be is unclear.

Healthcare providers would likely need help determining how to set priorities; otherwise individual physicians will find themselves in untenable situations. At this stage, it seems reasonable to hope that this virus does not acquire the properties of the 1918 virus, but policy makers still should prepare for the social and economic disruption that a pandemic with a highly virulent influenza virus will certainly bring.

*Dr. Caton is a professor, Immunology Program, in the Wistar Institute.*

## PCMS NEWS

### PCMS president calls for committee volunteers

PCMS President William A. VanDecker, MD, is seeking member volunteers with interest in possible appointments to PCMS Committees and Sections and Task Forces during his term of office through June 2010. PCMS would like to develop a diverse list of interested talented expertise to help formulate Society focus and activities.

The list of Committees and Sections appears below. If you are interested in serving on PCMS Committees, Sections, or Task Forces, please call Mark Austerberry, Executive Director, at 215-563-5343, Ext. 101.

- Editorial Review Board/Newsletter
- Delegate Caucus to PMS Annual Meeting
- Public Health
- Membership
- Young Physicians Section
- International Medical Graduates Section
- Residents/Fellows Section
- Task Force on Health Information Technology
- Government Affairs/Third Party Payers/External Relationships

If there are other areas of your interest, please submit your name and topic of interest.

Medical Societies are best when members make their views known in productive interaction and consensus and become a credible repository of interactive knowledge, communication, and membership-led projects based on mission.

PCMS looks forward to representing its membership and their concerns. Please do not hesitate to contact Society headquarters if we can be helpful in any way.

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## Incoming PCMS president, William A. VanDecker, MD, plans to focus on liability, reimbursement, and "creating a buzz"



William A. VanDecker, MD, was sworn in as the Philadelphia County Medical Society's 148<sup>th</sup> President. Dr. VanDecker is director of Nuclear Cardiology at Temple

University Hospital, where he is also director of the Cardiovascular Fellowship Program, and an associate professor of medicine.

He graduated from Georgetown University School of Medicine, did his residency and a cardiology fellowship at Temple and was on staff at MCP between 1989 and 2004. He has served PCMS as a board member for eight years, including a three year stint as treasurer.

*The following is an excerpt from Dr. VanDecker's inaugural speech:*

I look forward to a few projects over the next year as we try to add a plank to our strong society for the future.

First, I look forward to better outreach to our students and residents so they realize the full potential of real world experience in our city and start with fewer silos by feeling more connected to one another across institutions.

In addition to soliciting the voice of their leadership, we need to educate them in health policy and health policy advocacy and develop their community bonds.

Second, I look forward to increasing the inputs of the talent of our Philadelphia practitioners through focused task forces around an interactive Philadelphia agenda (such as an annual meeting, EMR, healthcare reform as it relates to Philadelphia, etc).

Third, I look forward to continuing to advance PCMS as the authoritative source of local information on our external healthcare environment. Enhancing bidirectional communications tools will be explored.

The passion and leadership of the Philadelphia physicians in Philadelphia healthcare are world renowned. But we all also recognize the complexity of the local situation. There are many healthcare workers and professions we must all interact with to complete fiduciary responsibility and we look forward to

interacting with all our partners on a societal level to improve the city's healthcare.

At the same time, we recognize (as does the nation) the four major challenges locally in Philadelphia medicine that sometimes make the practice of medicine here less than personally fulfilling. I am sure we will continue to work as a profession to meet these present four challenges:

1. The liability environment
2. The reimbursement environment
3. The penchant for the practice of corporate medicine
4. The double edged sword of high ratio of subspecialists and subspecialty societies (we must clearly remember to all come together for overall patient care).

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**I look forward to continuing to advance PCMS as the authoritative source of local information on our external healthcare environment.**

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In an uncertain future, we also need to look to evaluate the three major new concepts in current healthcare reform discussions:

1. ACO (Accountable Care Organizations) (where do physicians fit in governance?).
2. Government Option Insurance.
3. MEDPAC as a "federal reserve."

We need to understand and recognize how the face of medical practice could potentially change to the largest degree since 1964. To meet this new present to future challenge, we need to use the medical society as a neutral voice for discussions outside the silos of our institutions and practices and outside the silos of our specialty societies (like politics, all healthcare is local and starts with personal interaction in a room).

I also want to make the Society a stronger information source for doctors, particularly utilizing *Philadelphia Medicine* and the website, and I'd like to create a buzz about what PCMS is doing and create task forces and committees with short-term goals that can be quickly published and placed at the service of the membership as a whole.

### Stephen L. Schwartz, MD, appointed to Board of Medicine



Stephen L. Schwartz, MD, PCMS, Past President and member, was appointed to his first term on the State Board of Medicine.

The Board licenses a number of healthcare professionals, including medical doctors (MDs).

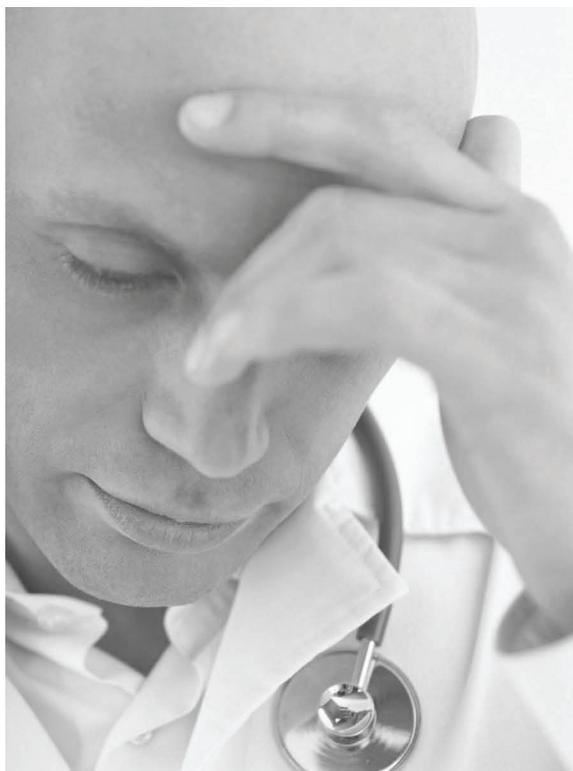
Board members are appointed for four-year terms by the governor and must be confirmed by the state Senate. They may serve a maximum of two consecutive terms. Six MDs, two public members, the health secretary, and the professional and occupational affairs commissioner serve on the Board. Certified registered nurse practitioners, physician assistants, nurse midwives, acupuncturists, and respiratory care practitioners share a rotating seat.

The State Board of Medicine regulates the practice of medicine through the licensure, registration and certification of members of the medical profession in the Commonwealth of Pennsylvania. The Board also has authority take disciplinary or corrective action against individuals it regulates.

The Board periodically reviews the character of the instruction and the facilities possessed by each of the medical colleges and other medical training facilities offering or desiring to offer medical training in accordance with the laws of the Commonwealth. The Board also reviews the facilities and qualifications of medical colleges and other medical facilities outside the Commonwealth whose trainees or graduates desire to obtain licensure, certification or graduate medical training in the Commonwealth.

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## PCMS Upcoming Events

For more information on the programs listed below and to RSVP: 215-563-5343, Ext. 113.

Free parking for all programs held at PCMS headquarters.

### Tuesday, September 22

Medical Student Social  
5:30 PM – 7:30 PM  
Location: PCMS Headquarters

### Wednesday, September 23

Practice Managers “Lunch & Learn”  
11:30 AM – 1:30 PM  
Topics: “Health Information Technology” and “Proposed Medicare Changes for 2010”  
Location: PCMS Headquarters

### Thursday, September 24

International Medical Graduate  
Regional Meeting  
6:00 PM – 8:00 PM  
Location: The Moshulu at  
Penn’s Landing, Philadelphia

### Thursday, October 29

All Health Care Professionals  
6:30 PM – 8:30 PM  
“Health Literacy Education Program”  
Location: PCMS Headquarters

### Thursday, November 19

Resident/Fellow Physicians  
6:00 PM – 7:30 PM  
“Legislative and House of Delegates Update”  
Location: PCMS Headquarters

The PCMS Website accepts typical classified ads. We also advertise upcoming events such as CME programs and seminars. Phone 215-563-5343, Ext. 102 for more information.

## Want to attend the PMS Annual Meeting? Here’s how:

PCMS may need additional physician members to represent Philadelphia physicians and patients at the Annual Meeting of the Pennsylvania Medical Society in Hershey, Pa. at the Hershey Lodge & Convention Center on Saturday, October 24, and Sunday, October 25, 2009. Expenses will be reimbursed.

This is an opportunity to have a voice in setting your medical society policy. All physician members are welcome. Call 215-563-5343, Ext. 101.

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