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# No Bones About it

## On Caring for Patients While Worrying About Your Life



**Shafic Sraj, MD,  
President**

Following our annual meeting back in April, it was only natural for me to address our members, share my vision for WVOS and include my 'wish-list' for the next two years and beyond. All of this went by the wayside when I heard about the ugly murder of our colleague in Tennessee on Tuesday, July 11<sup>th</sup>.

Dr Benjamin M. Mauck, MD, an orthopaedic surgeon at Campbell Clinic, was shot by his patient during their encounter in the exam room. Dr Mauck was 43 years old.

Ben, like every one of us, was so much to so many people. He loved his family

and was a dedicated spouse and parent. He was a talented physician who cared for his patients. He taught the people around him and was a respected leader in his community. His death was unthinkable, but unfortunately wasn't the first one. Just a year earlier, Dr. Preston Phillips, an orthopaedic surgeon was killed by his patient.

A physician's workplace is meant to be a safe area where patient seek and receive care, not an area associated with violence.

Following this tragedy, I learned that several of us had encounters with potential and actual threats not too long ago. A patient once stood up and threatened to punch me. One of my partners had an encounter with an unhappy substance abuser who was carrying a knife in clinic. One of my patients had a gun in his possession during our visit. Three other colleagues also reported patients carrying

**Care & Worry** More on page 11

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# Hope Comes with Right Solutions

“Education and treatment could make all the difference in the lives of West Virginians.”

Opioid abuse has been a well-known problem throughout the state of West Virginia for some time, that has grown significantly over the last decade. Over the past several years, our state has led the nation in opioid-related overdose deaths, claiming thousands of lives and proportionally affecting thousands of families. As we have seen, opioids have shown themselves to be a large-scale issue occurring all around us, tearing through our state and through families simultaneously. So now, as we seek to tackle this issue, we raise the question: how did we get here and how can it be fixed?

Opioids are substances that act on the opioid receptors in our body to use as a pain-relieving aid: including the drugs oxycodone, morphine, fentanyl, heroin, and several others. Opioids are often prescribed by medical professionals to people experiencing pain, usually associated with a severe injury, or following surgery, and they are known for their highly addictive properties. According to the CDC, opioid prescription reached an all-time high in the 1990s, and with this, came the consequences of opioid addiction and death, reaching their peak simultaneously. Since the 1990s, opioid use and deaths have continued to increase, claiming, and concurrently ruining more lives.

Our community has one of the largest opioid problems in the nation. According to the CDC, in 2015, West Virginia was one of the largest distributors of opioids in the country, distributing over 110 prescriptions per 100 people. The first way that I would combat the opioid epidemic in West Virginia, would be to reduce the number of opioid prescriptions distributed by raising the requirements for people who wish to use opioids for pain relief, and lowering the dosage. Since opioids have shown themselves to be so highly addictive, lessening the prevalence of their distribution can help ensure that less people are inappropriately exposed to their harm.

However, opioid use doesn't always result from physical pain, but sometimes because of emotional pain. Many people turn to drugs, like opioids, for relief following a traumatic experience, depression, to reduce stress, or to escape something that is a burden to them. Opioids are used for non-medical reasons due to the feeling of euphoria that they can cause after intake. They can make the consumer feel relaxed, escape reality, and “take away” the things that are burdening them. Proposing a solution to combat this issue might be a little more complex. Placing a greater emphasis on educating kids and teenagers

**Hope Is Possible** More on page 4

# Physician/Mental Health Combine

How I see any use of opioids is wrong because people get easily addicted and mess up their lives completely. West Virginia as a whole according to Wallethub.com West Virginia has the fourth most drug use and addiction in the country. This ranking should make people want to find solutions and get the help they need. The community in which I live has a problem with opioids. I believe that no matter how small a problem may be there is still a problem that needs to be solved. People taking medications to relieve pain from surgery or some kind related issue is a big step into getting addicted to substances. Doctors will prescribe you the right amount of prescription for your pain but there has to be a better system to keep track of when and how much people get their medications. People who are addicted do not have a great mindset and will say things that make it seem like they need more medications. Doctors or even the pharmacy workers should be more strict and track each person's medical history. Personally, creating a facility that is affordable for people and can provide help is a great way to get people's support. There are rehabilitation centers or programs that are available but they are not encouraging enough because you can not make a person get help unless they want it. Therefore, we should create something that helps people understand

that there are people here to listen to your problem; and understand why they possibly started abusing opioids in the first place and help overcome this addiction. Most people abuse opioids because it takes the pain and mindset away from the problems going on in their lives that they try to avoid. Which leads into mental health which is very overlooked and a big factor in taking drugs. Mental health is not taken seriously and a lot of people think it will go away on its own but it will not. Especially in school students do not have that person who can understand and talk to them which is a reason why many younger future generations get addicted to opioids just to take away all the problems they are scared to face. This is an indication perhaps the medical field and mental health should collaborate and find ways to get people help. Ways they could start would be in schools. There should be a mental health day or a class that teaches students how to understand better or even just be a place where they can talk to a professional teacher who studies in mental health. Another way that they can work together is when people go to the doctors and ask for another prescription of strong medications. There could be a mental health person there as well to prevent someone from falling into addiction. This can be a helpful way to get better control of two major health problems that affect the human population.

**"I believe that no matter how small a problem may be, there is still a problem that needs to be solved."**

# Opioid Use in West Virginia

**"Opioids and prescription medications are being abused at very high rates in West Virginia."**

Opioids and prescription medications are being abused at very high rates in West Virginia. This may be caused by low income, low education levels, or even homelessness. How can the use of opioids in this area be reduced?

In 2021, the CDC that fatal overdoses of opioids or prescription drugs took over 1,417 West Virginia lives. 1,201 of which were attributed to opioids (Staff, 2022, January 31). To help combat the state's growing epidemic, the U.S. Department of Labor announced the award of \$2,434,127 in incremental funding to Workforce West Virginia to support job creation and workforce training services in eight localities (Staff, 2022, January 31). I believe that the majority of overdoses in West Virginia, specifically Raleigh County stem from homelessness. There are hundreds and hundreds of homeless people living in Raleigh County, West Virginia. The majority of these people would do anything to get out of their situation, even die. Their belief is that overdosing on opioids is the least painful way to go, and that after they are dead, there are no more worries, no more hunger, etc.

I have experienced drug use firsthand, and it is absolutely terrifying. The impacts and effects that drugs cause on a life and family is unmatched. I've witnessed families being broken apart due to drugs. Many people who are addicted

will choose their high every day over their parents, their partner, and even their children, no matter how much they want to be present. It really is such a scary thing to have to watch and be a part of. Individuals who become addicted may prioritize getting and using these drugs over other activities in their lives, often negatively impacting their professional and personal relationships (Staff, n.d.). Opioids change the chemistry of the brain and lead to drug tolerance, which means that over time the dose needs to be increased to achieve the same effect. Taking opioids over a long period of time produces dependence, such that when people stop taking the drug, they have physical and psychological symptoms of withdrawal (Staff, n.d.).

West Virginia is ranked fourth in most drug addiction and use in the country, and the third-worst law enforcement when it comes to drugs. The CDC predicted 1,515 deaths from overdose between July 2020 and July 2021 in West Virginia alone (Kirk, 2022, May 4). West Virginia is also one of five states with the fewest people receiving treatment for substance abuse, despite its high level of drug use (Kirk, 2022, May 4). In order to overcome this crisis, we need to lend a hand to those in need. Open more rehabilitation centers like (a redacted) safe house, a local center for drug abusers for people to go when they feel like there is no other option.

# Comprehensive Approach Needed

West Virginia has been one of the hardest-hit states in the country by the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), West Virginia has the highest rate of drug overdose deaths in the United States, with opioids being a major contributor to this crisis. The state's addiction problem has not only affected individuals and families but also the economy and the social fabric of the state.

There are several reasons why West Virginia has been hit so hard by opioids. One reason is the state's rural geography, which has made it difficult for people to access addiction treatment and recovery services. Another reason is the high rate of poverty and unemployment, which can lead to depression, anxiety, and other mental health issues that may contribute to substance abuse.

To reduce the opioid epidemic in West Virginia, a comprehensive approach is required that addresses the root causes of addiction and provides support to those struggling with substance abuse. Here are some steps that can be taken to reduce the problem:

1. Increase access to addiction treatment: West Virginia needs more addiction treatment centers and healthcare providers who specialize in addiction medicine. This will make it

easier for people to get the help they need and reduce the stigma around seeking treatment.

2. Expand access to medication-assisted treatment (MAT): Medication-assisted treatment is a proven way to help people overcome opioid addiction. West Virginia should expand access to MAT by increasing the number of providers who can prescribe these medications and providing funding to make these medications more affordable.
  3. Improve education and prevention efforts: Prevention is key to reducing the opioid epidemic. West Virginia should invest in public education campaigns that raise awareness of the risks of opioid use and promote healthy alternatives to pain management.
  4. Address the root causes of addiction: Poverty, unemployment, and mental health issues can all contribute to opioid addiction. West Virginia should invest in programs that address these underlying issues, such as job training, mental health services, and affordable housing.
  5. Increase access to Naloxone: Naloxone is a
- Wide Effort** More on page 12

**"A comprehensive approach is required that addresses the root causes of addiction and provides support to those struggling with substance abuse."**



# WVOS takes on Capitol Hill

The WVOS delegation discussed three pieces of legislation with our Members of Congress and their staff!

A delegation of members from the West Virginia Orthopaedic Society (WVOS) attended the combined Fall Meeting of the American Academy of Orthopaedic Surgeons and the National Orthopaedic Leadership Conference in September.

Members of the delegation included President Shafic Sraj, Immediate Past President Manny Molina, AAOS Councilor Jor Prud'homme and wife Belenda, Resident Director Michael Niemann and Executive Director Diane Slaughter.



The AAOS had four legislative messages and we discussed three in our meetings with Members of Congress.

The issue not discussed was the **Patient Access to Higher Quality Health Care Act of 2023 (H.R. 977/S. 470)**.

Section 6001 of the ACA included a provision that prohibits any new physician-led hospital (POH) from

participating in Medicare or Medicaid. Furthermore, the ACA also prohibits, with few exceptions, existing POHs from expanding. This anti-competitive policy is bad for our healthcare system, bad for Medicare and, most importantly, patients. Physician-owned hospitals are not permitted in West Virginia.



The first bill we covered with Alex Mazzeo (third from left) of Congressman Mooney's office was the **GOLD Card Act of 2023 (H.R. 4968)**.

The American Association of Orthopaedic Surgeons (AAOS) supports H.R. 4968, the GOLD Card Act of 2023, which exempts qualifying physicians from prior authorization requirements under Medicare Advantage (MA) plans.

Reflecting a process started in West Virginia, and legislation passed at the state level in Texas, the bill would exempt physicians, who in the previous year received approval for at least 90 percent of their prior authorization requests, from the prior authorization approval **Capitol Hill** More on page 7

**Capitol Hill** From page 6  
process by issuing a “gold card.” MA plans may revoke gold card status if less than 90 percent of claims approved would otherwise be denied.

In June 2022, 233 representatives and 61 senators demonstrated bipartisan support for prior authorization (PA) reforms in MA by writing to the U.S. Dept. of Health and Human Services and the Centers for Medicare & Medicaid Services (CMS). The letters asked CMS to finalize pending rules that would reign in the overreaches of MA plans that delay and deny care through utilization management tools like prior authorization.

A 2022 American Medical Association survey found 33 percent of physicians say that prior authorization has led to a serious adverse event such as hospitalization, disability, permanent bodily damage, or death for a patient in their care. Additionally, 88 percent of physicians describe the burden associated with prior authorization as high or extremely high. Physicians also reported prior authorization resulted in higher utilization of health care resources including an average of two working days taken up by prior authorization requests alone and 35% of physicians hiring staff that work on prior authorization exclusively.

In April 2022, the HHS Office of Inspector General released a report which found that MA plans inappropriately denied up to 85,000 prior authorization requests in 2019, and nearly 20% of reimbursement payments

were denied despite meeting Medicare coverage rules. The report included dozens of individual examples of improper denials for orthopaedic patients, including wrongful denials of MRIs, shoulder and knee x-rays, inpatient admission, rehab admission, durable medical equipment, and follow-up visits.

Please ask your Member of Congress to support H.R. 4968, the GOLD Card Act of 2023.



Our next discussion, with Senator Manchin, focused on Safety from Violence for Healthcare Employees (SAVE) Act (H.R. 2584/S. 2768).

There has been a steady rise in incidents of workplace violence against healthcare workers, particularly over the past two years. Since 2022, two orthopaedic surgeons have tragically lost their lives in incidents involving a patient. Additionally, a recent article in the Associated Press reported that healthcare workers experience nonfatal injuries from workplace violence at higher rates than any other field, including law enforcement.

The Safety from Violence for Healthcare Employees (SAVE) Act would establish legal penalties for assaulting or intimidating hospital employees or those contracted by a hospital. The penalties are modeled after current

**Capitol Hill** More on page 8

**The GOLD Card  
concept started  
in West  
Virginia and is  
now on the  
national  
agenda.**

Please thank  
Sen. Manchin  
for being the  
lead sponsor on  
the SAVE Act.  
Ask other  
Members of  
Congress to  
co-sponsor, too!

**Capitol Hill** From page 7  
protections for aircraft and airport workers. These enhanced penalties are intended to deter an uptick in violence and threats towards healthcare workers seen across the country.

In particular, the SAVE Act would:

- Establish federal, criminal penalties for those who knowingly assault and intimidate hospital employees or those contracted by a hospital. The bill includes enhanced penalties for the use of a dangerous weapon that results in injury and acts committed during a public emergency. The bill also carves out exceptions for individuals who may be mentally incapacitated due to illness or substance use.
- In the House version only, authorize \$25 million in grant funding each fiscal year for 10 years to reduce violence and intimidation in hospitals. Funds may be used for training, law enforcement coordination, and technology.

Physicians and other healthcare workers have sustained significant harm during the pandemic, and this stress is significantly magnified when the patients they treat respond in an inappropriate and aggressive manner. Many have left the profession leaving staffing shortages across the country. Healthcare workers must be protected from violence to ensure adequate access for Americans to continue to receive care in their communities.

The SAVE Act Matters because threats of workplace violence or actual violence against healthcare workers can make it difficult for physicians to continue to provide quality patient care. These interactions can tie up valuable resources and delay the care patients may need urgently.

Please thank Senator Manchin for being the lead sponsor of the Senate bill and ask your Member of Congress to support the SAVE Act (H.R. 2584/S. 2768) to protect healthcare workers from workplace violence.



Physicians continue to struggle to keep up with rising inflation that is layered on top of other long-standing financial pressures. Since 2001, the cost of running a medical practice has increased 39%, but CMS has only increased reimbursement for physicians by 11%. In fact, when adjusted for inflation, physician pay actually declined by 26% from 2001 to 2023.

We discussed with Congresswoman Miller the **Strengthening Medicare for Patients and Providers Act (H.R. 2474)**. This legislation would address payment uncertainty and close the gap between physician reimbursements and the rising costs of running a medical



**Capitol Hill** From page 8  
practice by providing an annual Medicare physician payment update tied to inflation as measured by the Medicare Economic Index (MEI).

Under current law, physicians are the only part of the health care system that does not receive the kind of annual, inflation-based payment update that is provided to hospitals, nursing homes, and other healthcare services. As a result, physician reimbursements have lagged far behind the rising costs of practicing medicine.

To make matters worse, physicians have recently been placed at the center of an annual battle over payment cuts to meet statutory budget neutrality requirements. While we were pleased to see Congress take steps to mitigate these cuts, CMS recently proposed yet another Medicare payment cut in 2024, and the patchwork of yearly updates to the conversion factor continues to create significant instability for physicians.

Medicare's payment system is broken, and a permanent fix is needed to ward off potential physician shortages for Medicare beneficiaries and to slow rapidly accelerating consolidation in healthcare. The ever-growing financial pressures and administrative burdens associated with practicing medicine are driving physician burnout and creating an environment where smaller independent practices and independent physicians are eager to be bought-out by larger hospitals, health care systems and insurance

companies. Accelerating vertical and horizontal consolidation in health care is reducing competition and threatening patients' access to high quality care, particularly in rural areas and low-income and marginalized communities. Bringing physician payment into alignment with the actual costs of practicing medicine is the best way to fight back against this consolidation.

In their 2022 Annual Report, the Medicare Trustees' recognized these threats to patient care, saying, "absent a change in the delivery system or level of update by subsequent legislation" to fix long-range physician payment issues, "the Trustees expect access to Medicare-participating physicians to become a significant issue in the long term." By tying physician payment updates to the full MEI, the Strengthening Medicare for Patients and Providers Act is a critical step towards closing the gap between reimbursements and rising costs for physicians and protecting Medicare beneficiaries' access to care.

Please ask your Member of Congress to support H.R. 2474, the Strengthening Medicare for Patients and Providers Act.



We discussed all of these bills with Senator Capito, as  
**Capitol Hill** More on page 10

**We need  
a Medicare  
physician  
payment update  
tied to inflation  
as measured by  
the Medicare  
Economic Index  
(MEI).**

**We took  
advantage of  
a free night to  
explore some  
great food,  
thanks to  
Manny Molina!**

**Capitol Hill** From page 9 well. She and Legislative Director Dana Richter were very knowledgeable about our issues.

In each of our meetings, we were urged not to expect support legislative “asks” with a large expenditure attached.

In addition to the AAOS medical sessions throughout the meeting, we found time Monday night to head out to Cuba Libre for dinner.

The delegation also enjoyed supporting Diane Slaughter as she was honored as the AAOS Executive Director of the Year for 2023.



**Care & Worry** From page 1  
guns on their person. And, by the way, all facility entries have “no guns allowed” signs. That doesn’t seem to deter enough people.

How do we address workplace safety and keep our practices areas of healing, not tragedy? I believe the best way to address this is through education, training, safety measures and advocacy.

### **Education and training**

There are resources available to educate us about identifying risky situations and ways to handle them, be it through defusing tense encounters, seeking help or finding safety.

### **Safety measures**

Securing the safety of the workplace can include metal detectors and active screening. Signs are not enough.

### **Advocacy**

What are the consequences of carrying a weapon into

private property when such weapons are prohibited? What are the consequences of threatening clinicians verbally or physically? What are the deterrents to disruptive patient behavior?

These are things that physician-leaders and legislators should actively think about so that we do not have to offer condolences to the families of fallen clinicians in the future. I do not want our next newsletter to be about a West Virginia story. Until we figure something out, one good resource is [AAOS' Workplace Violence Toolkit](#). It includes valuable resources that cover signs of violence, preventive measures, incident response and information about the SAVE Act.

Stay safe,  
Shafic Sraj, MD, MBA  
President  
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**We need to  
keep our  
workplaces safe  
so we can care  
for patients.**



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