



August 25, 2020

Since my last message to you, we've had a very eventful month, here in Tennessee and across the country. TOMA continues its advocacy for its members and other physicians pertaining to the professional privilege tax, encroachment of nonphysicians upon scope of practice, balance billing ban attempts by the insurance industry, reimbursement of telehealth services and COVID related liability protection.

The AOA continues to work, along with its state associations and other affiliates to increase services to osteopathic physicians; some of those initiatives include:

1. Offering a temporary clinical pathway to AOA board certification in Addiction Medicine, to help increase the number of physicians who are certified addiction medicine subspecialists during a time when the country (and our state) need more such experts during the current opioid epidemic. This certification pathway is open to DOs who are board certified in a primary specialty and who have had at least 1000 verifiable practice hours over two years in addiction medicine (not necessarily continuously) in the five years prior to application.
2. Early entry initial AOA board certification in family medicine, which allows senior residents to seek board certification while still in training.
3. Options to do AOBIM recertification exams in internal medicine in a remote format or at a Prometric testing center.
4. One-year extension of AOA board certification in all specialties for diplomates whose certification is due to expire in 2020 since some exams have been postponed until 2021.
5. New CME policies, due to the burden placed on physicians' practices by COVID-19: At the end of the 2019-2021 CME cycle, up to 15 AOA category 1-B credits can be converted to category 1-A on an hour per hour basis and the maximum number of category 1-B credits earned for qualifying committee and hospital work has been raised from 5 to 10.

We have seen many new COVID-19 related developments which include:

a) The FDA has authorized the use of convalescent plasma to treat patients with severe COVID-19 due to some data that showed it to be a reasonable option to decrease severity or shorten the length of COVID-19 illness in patients under 80, not on a respirator, who receive it early.

b) The Trump administration is issuing a variety of temporary regulatory waivers and new rules designed to equip the country's healthcare system with the flexibility it would need to capably respond to the COVID-19 pandemic. The goals of these actions are to expand the healthcare workforce by removing barriers for health providers to be easily hired from other states, to ensure local hospitals and health systems have the capacity to handle a COVID-19 surge via temporary expansion sites, to increase access to telehealth in medicine to ensure needed access to services and expand in-place testing to allow for more in-home/community based testing, and give temporary relief from paperwork, reporting and auditing requirements so a focus can be maintained on care provision. You are urged to look at "Rural Crosswalk: CMS Flexibility to Fight COVID-19".

c) The Thermo Fishers Taq Path genetic test for COVID-19 could produce inaccurate results due to issues with software and equipment used to run the test, according to the US Food and Drug Administration.

d) Interim analysis of data from phase 3 trials of tradeptant has demonstrated it may hasten clinical improvement in hospitalized adults with COVID-19 associated pneumonia – results are to be published soon.

In other health matters, the CDC notes that just published data indicate that vaping has more than doubled in U.S. high school students in the past 2 years (at a time when decreases are seen in cigarette, cigars, and smokeless tobacco use). Those under age 17 indicated they most often borrow vaping products from someone else (while those over 18 purchased them). Use of tobacco and nicotine products has increased most rapidly among white and Hispanic youth and those who are lesbian, gay, and bisexual vs. heterosexual. The increased vaping is felt to be due, at least in part, to flavoring added to vaping and other tobacco products, in addition to advertising and curiosity. The CDC is urging all physicians to ask their teen and young adult patients about use of vaping and other tobacco products and to educate them and their families about the significant risks of long-term tobacco addiction, including substance abuse disorder, hypotension, high resting heart rate, asthma, and chronic lung disease. I urge you to check out the CDC website for more information on e-cigarettes, vaping and associated lung injury (EVALI) management.

The Advisory Committee on Immunization Practices has issued new guidelines for prevention and control of seasonal influenza with vaccines for the 2020-2021 season. In general, routine vaccination is recommended for all patients over 6 months of age (without contraindications) and should occur as soon as possible, but by the end of October for sure. It is felt that influenza vaccination can help decrease the prevalence of influenza symptoms that might be confused with COVID-19 as well as prevent outbreaks that could stress the healthcare system more than it already is.

TOMA continues its regular operations on your behalf. We have begun planning our next annual convention and CME program in Cool Springs, TN, (which will likely have the traditional live, situation permitting, as well as virtual formats); we are exploring additional individual periodic CME programs (perhaps quarterly) in cooperation with LMU-DCOM to increase CME opportunities for members. DCOM students are active and capable participants on our convention, finance, and other committees. We are also continuing planning for a celebration of Dr. Ely's presidency, once circumstances permit, and will provide more information about that to you as plans become more firm.

I urge you to take extra care to stay healthy and safe. A recent study in The Lancet Public Health found that health care workers, even with adequate gowns, gloves, and face masks, are still at 3-4x greater risk of contracting coronavirus compared to the general population – and the risk is even greater for minority health care providers to test positive. We can, and will, weather these unprecedented times of uncertainty – data already shows that sustained precautions do result in decreased cases and less severe infections. All the while, TOMA is working on your behalf individually as a DO and, collectively, for our profession in concert with the AOA and many other organizations within and beyond Tennessee.

Fraternally,



Michael Wieting, DO
President