NOT ALL HEROS WEAR CAPES

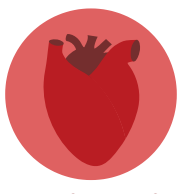
Some Wear Scrubs

MARCH 30 IS NATIONAL DOCTOR'S DAY.
THANK YOU FOR ALL YOU DO!

Photo Credit: Uğur Gallenkuş

Today, on **National Doctor's Day**, we've spotlighted 5 of our healthcare heroes on ***new and emerging trends within their specialties***, their ***market research preferences***, ***patient/pharma relationships***, as well the ***challenges facing the uninsured***. We round out our Q&A with ***specialty-specific insights on COVID-19.***

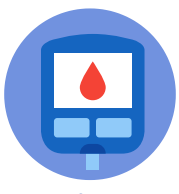
Rheumatologist
Lakewood, CA



Cardiologist
Houston, TX

Dermatologist
Oak Brook, IL

Oncologist
Phoenix, AZ



Endocrinologist
Lady Lake, FL

WHAT ARE SOME NEW AND EXCITING TRENDS, TECHNOLOGIES, & TREATMENTS CURRENTLY HAPPENING IN YOUR FIELD?

We have many medications coming out with new mechanisms of actions, which is exciting. New biologics are in the pipeline with different MOA, oral, and parenteral. Also, the idea of biosimilars is promising.

Despite heart disease being a leading cause of death in the US, there is no approved standard screening test for asymptomatic adults. We have various types of cardiac tests that can be performed for evaluation of potential cardiac symptoms, as well as for screening purposes. It will be interesting to see how this plays out over time, and if a quality screening test for coronary artery disease will be found/approved, in much the same way colonoscopy is performed for colorectal cancer screening.

I am most excited about the increase in our understanding of the etiology of inflammatory diseases like psoriasis and eczema, leading to new, effective and safe treatments for our patients. I am also looking forward to the day when I can do a non-surgical "biopsy" of a skin lesion via imaging techniques that are becoming more and more accurate. Much of the new is in the field of cosmetic dermatology, which is an area that holds little interest to me, but it is exciting to watch the new developments in light and energy based therapies.

For me, the biggest excitement is using next generation sequencing in order to determine patient treatment plans. This really needs to find oncology.

HOW DO YOU PERSONALLY KEEP APPRISED OF NEW AND EMERGING TRENDS WITHIN YOUR FIELD?

CMEs, Society, National and International meetings with KOL Conferences; Annual visit to American College of Rheumatology Conference; Arthritis & Rheumatism journal; UpToDate.

I often reference ACC/AHA guidelines and UpToDate. I also read Journal Watch and attend CME conferences. The most recent conference I attended was an echocardiography and multimodality imaging conference held by Mayo Clinic.

Hospital Grand Rounds, Journal of American Academy of Dermatology, JAMA Dermatology, UpToDate, VisualDx. I now get about 5 or 6 emails a day from groups like Practice Update, Healio/Dermatology, MDedge, and others that screen the journals and select out those of more importance. I try to go to about 1 conference annually and 1 smaller meeting (Caribbean Dermatology, Dermatology Foundation) rather than the annual AAD meeting, which I find overwhelming.

I generally read UpToDate and go to the "Best Of" meetings, like the Best of ASCO and Best of ASH.

I receive emails from Medscape and other organizations that I am a member of. I read multiple journals, and use UpToDate to research different medical conditions. I rely on Sales Reps & peers as well -- no conferences.

HOW HAS RISING COSTS OF INSURANCE AND LACK OF COVERAGE IMPACTED PATIENTS YOU TREAT FROM RECEIVING TOP CARE? HOW DOES THIS DIRECTLY IMPACT YOUR DECISION-MAKING FOR TREATMENT?

Significantly! We deal daily with denials and having to submit appeals for medications that are indicated for patient's treatment beyond conventional therapies. Many patients with high deductibles simply don't even show up for their appointments, or decline treatment altogether if it's too expensive.

Complete lack of insurance is all the more challenging, which is an issue we can encounter as we transition patients from hospital stay to outpatient care (e.g. treatments can be prescribed that may be cost prohibitive to patients, and ability to follow-up in clinic may be limited or nonexistent).

We moved more towards the bio similar and regularly have to have staff working on patients getting patient assistance programs or foundation support.

Many times you have to switch the patient to Walmart insulin, where they have to get the vial and draw up their own insulin.

My daily prescribing habits are ruled by the insurance companies. The limitations on medications in dermatology are getting tighter and tighter, and the prior authorization requirements take my and my staff an hour or 2 a day. I spend more time in the exam room reviewing formularies to try to prescribe something that will be covered, but, even when our computer system shows that something is covered, we still often get a denial.

DO YOU PERSONALLY FIND THAT PHARMA DIRECTLY ADVERTISING TO CONSUMERS IS HELPFUL IN EDUCATING CONSUMERS OR IS IT MORE OF AN INTERFERENCE BETWEEN PATIENT-PHYSICIAN RELATIONSHIP?

I find that it hinders our relationship. I spend more time reassuring patients of the side effects of medications they see on televisions (and that I prescribe frequently) are infrequent (but real). I have had many patients refuse treatment due to what they have seen on television.

I'm pretty neutral on the issue. I've never had a patient request or demand a specific treatment or medication because of an advertisement. I feel patients mostly defer to physicians to make proper clinical decisions when it comes to ordering medication.

It does not really help educating consumers; it is more of a nuisance.

Yes and no. There have been instances that I, as a provider, have found out about more drugs by the advertising; however, some patients are so focused on the advertised drug that might not even be good for them. It can definitely impede the ability to treat them appropriately when a better drug is needed.

SurveyHealthcareGlobus
Perfect Data.

WHAT ARE YOUR BIGGEST FRUSTRATIONS WITHIN YOUR SURVEY-TAKING EXPERIENCE? WHAT ADVICE DO YOU HAVE FOR MARKET RESEARCHERS THAT WOULD BETTER IMPROVE YOUR SURVEY-TAKING EXPERIENCE?

Have more spots available to take the study -- nothing is more bothersome than clicking on a link that says "Quota Filled". Another issue is starting a study to find out after about ten minutes of typing in background info that I "Do Not Qualify". Keep our demographic data on file so that we will be guaranteed a spot in the study.

Best to keep surveys short and sweet -- when they get too complicated and add too many variables, it gets frustrating. For example hypothetical on a hypothetical with too many choices makes it overwhelming, and then I give up on getting a real answer.

I like when the formats are different than previous ones so they are not so monotonous.

MOST COMMON RHEUMATIC CONDITIONS RANKED:

- OSTEOARTHRITIS
- RHEUMATOID ARTHRITIS
- GOUT
- POLYMYALGIA RHEUMATICA
- LUPUS
- OSTEOPOROSIS
- SPONDYLOARTHROPATHIES
- FIBROMYLAGIA
- SCLERODERMA

MOST COMMON CARDIAC CONDITIONS RANKED:

- HEART FAILURE / CARDIOMYOPATHY
- CORONARY ARTERY DISEASE
- ARRHYTHMIAS
- VALVE DISEASE
- PERICARDIAL DISEASE

MOST COMMON SKIN CONDITIONS RANKED:

- ACNE
- PSORIASIS
- BASIL CELL CARCINOMA
- MELANOMA
- ECZEMA
- SHINGLES
- VITILIGO
- SKIN CANCER
- ROSACEA
- COSMETIC CONCERNS

MOST COMMON TREATMENTS IN CANCER RANKED:

- CHEMOTHERAPY
- TARGETED DRUG THERAPY
- IMMUNOTHERAPY
- RADIATION THERAPY
- HORMONE THERAPY
- RADIOFREQUENCY ABLATION
- CRYOABLATION
- SURGERY
- BONE MARROW TRANSPLANT
- CLINICAL TRIALS

MOST COMMON ENDOCRINE CONDITIONS RANKED:

- TYPE 2 DIABETES
- TYPE 1 DIABETES
- OSTEOPOROSIS
- HASHIMOTO'S THYROIDITIS
- THYROID CANCER
- GRAVES' DISEASE
- HYPERTHYROIDISM
- ADDISON'S DISEASE
- ADRENAL INSUFFICIENCY

ARE PATIENTS ON HIGH BLOOD PRESSURE/ IMMUNOSUPPRESSANT DRUGS AT A HIGHER RISK OF DEVELOPING DEADLY SYMPTOMS OF CORONAVIRUS? AND HOW IS THE BENEFIT-TO-RISK RATIO DETERMINED? ARE OTHER THERAPEUTIC INTERVENTIONS CONSIDERED?

Risk of stopping medication and flares depends on duration of therapy interruption. In my opinion, stopping medication for caution/preventative reasons never outweighs benefit, erring on protecting the immune system in face of infection or malignancy. We can treat flares in other ways -- potential side effects from these agents at times can be life-threatening if out of control, and may become irreversible. Never wait for that stage!

I have not taken anyone off their treatment (as long as they are doing well on it), but I am reluctant to start patients on biologics or immunosuppressives until the current situation has resolved.

Only patients who are severely immunosuppressed are at risk for having complications like pneumonia that leads to death, so they need to be watched more closely. Cancer survivors are not immune-compromised only once on active therapy. Some patients on Immunotherapy can remain immunosuppressed for couple years even after the treatment is done.

The goal in treating patients is to make sure they are reducing any risks that they have the power to change -- weight loss, and exercise. During a pandemic, it can be challenging to manage stress, which can increase their blood pressure. If their access to healthcare is lowered, it can create anxiety and other stressors. Patients are triaged on a case-by-case basis due to medications such as blood pressure.

THERE HAVE BEEN A FEW DIFFERENT APPROACHES TO COMBAT COVID-19. SANOFI AND REGENERON LAUNCHED TRIALS OF ARTHRITIS DRUG, KEZVARA, WHILE OTHERS HAVE EXPERIMENTED WITH LAB-MADE PROTEINS, *MONOCLONAL ANTIBODIES*, WHICH HAVE BEEN USED BEFORE TO TREAT CANCER, MS, CARDIOVASCULAR DISEASE, ETC. HOW HOPEFUL ARE YOU WILL THESE TRIALS, AND WHICH MAJOR PLAYERS SOUND PROMISING TO PRODUCE A VALID TREATMENT?

It (Kezvara) makes total sense, as data shows lower lymphocyte count, elevated levels of Interleukin 6 (IL-6, a biomarker for inflammation and chronic disease), as well as increased high-sensitivity troponin I concentrations (a marker of heart attack), in severe COVID-19 illness. On the other hand when you deal with the immune system and infections... not sure what to expect!

In regards to trying a strategy like monoclonal antibodies to provide passive immunity -- if it works, I think it would be great. Immunotherapy would be a great thing for patients. I think the companies that already create Biologics may have a head start in being able to target the COVID-19 virus the way they target cancer.

THE INCREASED RISK OF CORONAVIRUS IS CHANGING THE WAY SOME PATIENTS SEEK CARE – MANY PEOPLE ARE AFRAID TO GO FOR IN-PERSON CASE FOR CARE. WHAT STEPS HAVE YOU TAKEN TO ENSURE THEIR IN-PERSON OFFICE VISIT SAFETY? WOULD YOU/YOUR PRACTICE CONSIDERING IMPLEMENTING MORE VIRTUAL OFFICE VISITS?

Our offices are essentially closed at the moment for routine outpatient care. We are beginning to offer telemedicine appointments. There is a triage system for our clinic that is taking patient calls. Any patients with potential cardiac issues that require more immediate attention and workup are being directed to the come to the hospital.

My university has shut down the outpatient clinics other than urgent or emergent problems, and I am only doing about 3-4 telephone visits and 2-3 video visits a day.

We have been doing telemedicine with pretty good success. Most of the patients are pleased. The ones we need to come in will come and see us.

Many of our patients are coming into the office for their appointments, while some have cancelled or no-showed. Currently, our practice is looking a day ahead and calling patients to see if they can postpone their visit during the pandemic. Additionally, we are offering telemedicine for select patient visits.

MDs in China fighting the front lines
New York Times

Sky News

Italian Nurse shares the result of wearing a face mask during her 10-hour shift

CAN YOU SHARE WITH US YOUR EXPERIENCE AND FEELINGS ON THE DAILY REALITY OF FIGHTING THE COVID-19 PANDEMIC AS A FRONT-LINE PHYSICIAN?

I'm scared to go to work some days, but do it because it's my job... I must hope for the best and continue to educate and treat my patients with the tools we have available now, emphasizing preventive methods. It's important to always convey optimism now, and for the future, believing in the capacity and potential for better therapies from the hands of the experts. Oh, and I am a firm believer in PRAYER!

At my practice, we are trying our best to be proactive/anticipatory, as it pertains to medical equipment/PPE. We are remaining flexible and having daily discussions about how we can best position ourselves to be helpful in this climate. It seems likely that we may at some point need to call upon our internal medicine training to provide non-cardiology medical care if systems becomes overwhelmed. It definitely is new to me, this feeling that my personal well-being, or the well-being of my loved ones, could be directly affected by my work. My parents are elderly and my father has cancer. I have not visited them since the outbreak, out of concern for the risk of asymptomatic transmission. Quick/readily-available testing will hopefully be coming soon and will be helpful in this regard.

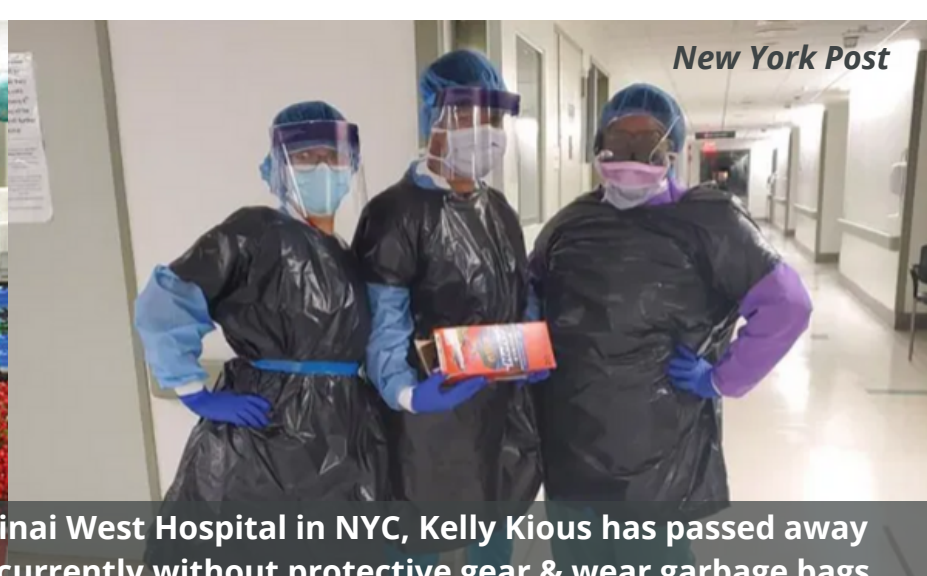
Medical Workers in Spain using garbage bags as protective gear -- *Insider*

Iranian Doctor, Shirin Rouhani passed away from the virus while continuing to treat patients until her last breath, hooked up to an IV.
International Business Times

As a dermatologist, I feel almost useless in the current situation. I haven't listened to a patient's chest in almost 40 years, and don't know that I am of much value on the front-line. My role is to try to keep people with skin problems from going to the already overwhelmed ER.

It has been somewhat frustrating to see how upset my patients are, and to see how frustrated my colleagues are, especially surgeons whose core business has been taken away because they cannot perform operations. In my business, we can still do chemotherapy, as it is considered a priority, and because is not a surgical procedure it is much easier to do.

I have not experienced much except for the change in extra preventative cleaning and lighter scheduling. We are starting to notice supplies are on back order, due to everyone ordering them. In addition, the clerical staff are now more focused on having to clean their areas more so than ever. The daily reality is ever-changing, and as long as I can continue to work, I will.



New York Post

Assistant Nursing Manager at Mount Sinai West Hospital in NYC, Kelly Kious has passed away from the virus. His colleagues here are currently without protective gear & wear garbage bags.

WHAT IS YOUR PREDICTED OUTCOME OF THE CORONAVIRUS PANDEMIC / WHERE DO YOU SEE THE WORLD IN THE NEXT 5 MONTHS?

I do not want to make any big predictions regarding the coronavirus pandemic. I'm taking things one day at a time. I doubt life for most of us will be back to the way things were pre-coronavirus in 5 months time.

SOME PEOPLE ARE CLAIMING THAT THE CONSTANT USE OF SUCH PRODUCTS CAN DO MORE HARM THAN GOOD – THAT HAND SANITIZERS CAN DAMAGE THE PH LEVELS IN THE SKIN MAKING USERS MORE VULNERABLE TO BACTERIA OR A VIRUS. ADDITIONALLY, SOAPS CAN GIVE RISE TO IRRITANT HAND DERMATITIS, WHICH PRESENTS AS DRY, FLAKY, ITCHY RED SKIN, PARTICULARLY IN THE FINGER WEB SPACES AND ON THE KNUCKLES. EVEN WORSE FOR PATIENTS WITH ECZEMA OR PSORIASIS. WHAT IS YOUR ADVICE FOR THIS?

Alcohol- based hand sanitizers (and to a lesser degree soaps) definitely dry the skin, increasing the incidence of rashes, dry skin, and cracking of the skin. I don't know if this increases the risk for infection or not. I doubt it has any effect on Covid-19, but does increase bacterial infections. I advise patients wash frequently as directed, but also use moisturizers after washing several times a day.

MANY PATIENTS WITH DIABETES HAVE RECENTLY BEEN INQUIRING ABOUT INCREASING THEIR TREATMENT SUPPLY IN THE LIKELY EVENT OF A NATIONWIDE QUARANTINE/SHORTAGE? IF INSURANCE APPROVES ONLY X-AMOUNT OF TREATMENT PER MONTH, HOW DO YOU BELIEVE WE CAN ENSURE THAT PATIENTS WILL HAVE AN ADEQUATE PROVISION OF INSULIN, TEST STRIPS AND PUMP SUPPLIES?

We just have to do our best. Patients have to look and see what supplies of medications they have, and then adjust accordingly. Fulfill requests for early refills.

MANY LONG-AWAITED, LIFE-CHANGING (ELECTIVE) SURGERIES ACROSS THE NATIONS HAVE BEEN CANCELED/POSTPONED IN ORDER TO MAKE ROOM FOR COVID PATIENTS. DO YOU BELIEVE THESE PATIENTS POSE ANY RISK OF THEIR CONDITION WORSENING WHILE THEY HOLD OFF ON SURGERY? ESPECIALLY WITH THE PANDEMIC ANTICIPATED TO LAST FOR MONTHS.

No, I am not that concerned about a "ticking time bomb" of any sort. Patients that need surgery like a biopsy for lymph node to make sure no cancer is present or for a bleeding ulcer, will get those surgeries right away. Otherwise, it is okay to hold off on many other elective surgeries for a couple of months. If we had to hold off for over 6 months or a year, than I be concerned

Healthcare Professionals all over the US urging everyone to do our part.