



Rumblings

SPRING 2023

PENNSYLVANIA SOCIETY OF GASTROENTEROLOGY / NEWSLETTER



President's Message / David L. Diehl, MD, FACP, FASGE

www.pasg.org



@DavidDiehlMD



Inside this issue of Rumblings

Another Spring is upon us in the beautiful Commonwealth of Pennsylvania! To our members from Pittsburgh to Philadelphia and everywhere in between (now including West Virginia!), the PSG would like to thank you for your participation in the Society. I would like to remind everyone about our group membership discount, and we urge you to talk to your practice manager and partners about taking advantage of this opportunity for discounted membership for multiple members. Please contact our executive director Audrey Dean (adean@pamedsoc.org) for details on how to participate.

We are planning on rolling out the PSG mentorship program this year. Please look at the list of topics that are available to provide mentorship to GI fellows and early-stage GI physicians. If you have an interest in becoming a mentor, please let us know so that we can compile a list of mentors as we work on advertising this program to GI fellows in Pennsylvania and West Virginia. Drop me (dldiehl@geisinger.edu) or Audrey an email indicating your interest in participating.

Our plans for an exciting Annual Meeting continue apace. We are grateful to Dr. Gursimran Kochhar for accepting the role of director, and he has worked hard to create an outstanding line-up of speakers. The meeting is scheduled for September 8 through 10 in Pittsburgh. A close-to-final version of the schedule can be found in this issue of Rumblings. This year will also include hands-on sessions highlighting various technologies in endoscopy; be sure to register for the hands-on early as capacity is limited. The venue for the meeting will be the Wyndham Grand Pittsburgh Downtown Hotel, which has a great location in the city. Information on how to register and reserve your hotel room will be sent in the near future.

Elsewhere in this issue of Rumblings, there are messages from Drs. Joyann Kroser and Ralph McKibbin, who are ACG Governors for the state, an update on the Digestive Disease National Coalition (DDNC) by Dr. McKibbin, and a report on cost versus quality of care in and outside of health systems by the Pennsylvania Medical Society President, Dr. Wilson Jackson.

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PSG/SOCIAL: @PAGastroSoc



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President's Message

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Two of my Geisinger colleagues have written an essay with a photo montage regarding their experience with a Global Health elective that they organized in Ethiopia. The experience was memorable for all involved and is the first of what will be an ongoing elective in Global Health through Geisinger.

There are two poems reprinted in this issue, in a continuing effort to include creative writing in these pages. The first is a poem reprinted from the Annals of Internal Medicine by Dr. Jack Coulehan entitled "I Talk to My Cyst". I encountered this in a recent issue of the Annals, and found it touching, and Dr. Coulehan graciously gave us

permission to include it here. Another poem was actually written by ChatGPT (an artificial intelligence application) regarding endoscopic ultrasound-guided liver biopsy. Much more simplistic in style and meter, to be sure, but given how enthralled I am with "EUS-LB", I included it!

Finally, the PSG was a proud co-sponsor with Geisinger and Medtronic for a video capsule endoscopy course held at the Frosty Valley Golf Club in Danville. Dr. David Hass led the session, and Dr Harshit Khara from Geisinger did a great job with all the arrangements. There were 54 registered attendees from all over Pennsylvania and West

Virginia, and included Fellows-in-Training, advanced practice providers, and attending physicians. There were 35 in-person attendees and a good representation via a Zoom link. The in-person fellow attendees represented fellowship training programs from Geisinger Health System, St. Luke's University Health Network, Penn State Hershey Medical Center, and Guthrie Hospital System.

Enjoy the beautiful Spring weather! Please be on the lookout for information regarding the Annual meeting scheduled for September, and make sure to register early!

PSG Mentorship Program Categories

We are looking for PSG members who are interested in serving as mentors to trainees and early-stage GI practitioners. This promises to be a mutually rewarding activity. Time commitment is variable, but interaction between mentor and mentee should be at least quarterly. In addition, the mentor should be willing to have contact (by email, text, telephone call) on an as needed basis.

Please contact Audrey Dean (adean@pamedsoc.org) or David Diehl (dldiehl@geisinger.edu) if you are interested in becoming a PSG Mentor or for any questions. Thanks for your participation in this!

Disease specific categories

Barrett's esophagus
Eosinophilic esophagitis
Inflammatory bowel disease
Gastrointestinal Motility
Functional bowel diseases / GI Psychology
Pancreaticobiliary diseases
Bariatrics and Nutrition / Endobariatrics
Hepatology
Interventional endoscopy

Other categories

Women's GI Health
Diversity and Inclusivity in GI
Private practice issues and early practice
Advocacy
Clinical trials
Clinical research
Invention and Innovation in GI
Work/Life Integration



Geisinger-PSG Video Capsule Endoscopy Course a huge success!

By Harshit S. Khara, MD, FACG, FASGE
Director of Endoscopy, Geisinger Medical Center

We had a very successful Small Bowel Capsule Endoscopy course on Friday March 31st 2023, hosted by Geisinger and the Pennsylvania Society of Gastroenterology, and supported by an educational grant from Medtronic. This conference provided an overview of the indications, appropriate patient selection, diagnostic algorithms for small bowel capsule endoscopy, and a hands-on review of case studies on laptop stations preloaded with PillCam Rapid Reader software.

Dr. David Hass lead the session. Dr Hass is the President of the Connecticut Medical Society, Director of Endoscopy for Yale New Haven Hospital Saint Raphael Campus, and Associate Clinical Professor of Medicine and advanced endoscopy physician provider at PACT Gastroenterology Center in Connecticut. He is currently serving on the board of directors of the American College of Gastroenterology and was a course director for the ACG's annual postgraduate course in 2021.

We had 54 registered attendees representing GI training programs from all over the states of Pennsylvania and West Virginia, including Fellows-in-Training, advanced practice providers, as well as attending physicians. There were 35 in-person attendees and a good representation via Zoom. The in-person fellow attendees represented GI Fellowship training programs from Geisinger Health System, St. Luke's University Health Network, Penn State Hershey Medical Center, and Guthrie Hospitals.

The event was a huge success thanks to the overwhelming participation of several of the GI fellowship training programs. We are confident that this session will be an important part of the capsule endoscopy training curriculum for our fellows now and in the future. Our plan is to make this an annual event co-sponsored by the PSG.





LEVEL UP: Health Systems and Cost vs. Quality Care

**By PAMED President
F. Wilson Jackson, III, MD**
*Originally published in the
PAMED The Dose newsletter*

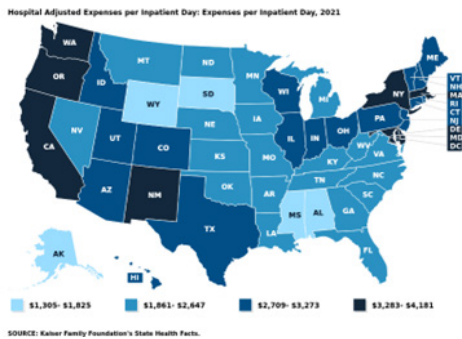
There was a recent JAMA publication that examined cost and care quality differences between physicians and hospitals in and outside a health system. (<https://jamanetwork.com/journals/jama/fullarticle/2800656>). It was a robust study pulling Medicare and IRS data. The conclusion was that there was a marginal increase in clinical quality and patient experience with integrated health systems but at “substantially” increased costs of care. The findings align with similar studies.

As physicians, what are we to do with this information?

There are 580 health systems in the U.S. A large proportion, 40%, of physicians work within these systems. Many of these systems are centralized around our academic medical centers and large non-profit systems. There are many factors contributing to the hospital and physician practice consolidation we have seen over the recent years. An argument put forth to regulators such as state Attorney General offices and the Federal Trade Commission to sanction these mergers and acquisitions is that, like many other industries, the vertical and horizontal integration within health care would streamline care efficiencies and decrease costs. The recent JAMA article challenges this assumption.

Normal market forces do not reliably impact health care the way cost and quality normally drive consumers. Pennsylvania has seen its share of the industry consolidation. Integrated Delivery Networks have evolved and grown throughout our

Commonwealth. In so doing, they have increased their negotiating leverage. A recent analysis by Kaiser Family Foundation using Medicare data, reports that Pennsylvania is in the upper tier of hospital cost of care.



Additionally, Pennsylvania is no exception to the steadily increasing cost of hospital care. Below is a 5-year trend. The average annual increase in cost over the past 5 years is 24%. Pennsylvania is exemplary of this national trend.



The past 10 to 15 years have seen considerable contraction of our health systems from Philadelphia and its suburbs, the Northeast, South Central Pennsylvania (where I live and work), our rural hospitals, and the greater Pittsburgh market. The latest merger is between Butler Health System and Excelsa Health in the western part of our state. The combined system will consist of five hospitals. I do not know the drivers of this merger but can only assume it was in some ways reactionary to the presence of two existing, large health systems in the greater Pittsburgh area.

The JAMA article explores the impact of health consolidation on price and quality. The researchers were able to access Medicare and IRS data using TIN numbers. The methodology was robust. Health systems were placed into one of five categories: academic, public, large for-profit, large non-profit and other private. Where a system may have two business entities with different TIN numbers, for example a hospital and home care agency, IRS 990 filings were used to assimilate them. Zip code analysis was used to measure market penetration.

The results were illustrative of the impact the vertical and horizontal consolidation has had on our care delivery. There were four major findings.

First, as of 2018, most hospitals and 40% of physicians are part of a health system. Hospitals within these health systems represented a staggering nearly 90% of hospitalizations in our country. Additionally, physicians within a health system represented nearly a third of physician visits amongst Medicare beneficiaries. The authors conclude; “The enormous share of medical care delivered in health systems suggests that the health system is currently the dominant form of organization in US health care.”

The second conclusion was that there is variability in the size and complexity of the consolidated health systems. Some, however, are enormous and are often systems that are an assimilation of private, non-profit, and / or academically based. Large, for-profit systems also make up a significant portion of care delivery.

The third conclusion; apples to apples care quality was only marginally better in the system hospitals compared to the non-system hospitals. This difference was driven mainly by lower performance scores amongst the

small, non-system practices. I suspect these small, non-system practices, also serve underrepresented and indigent communities with lesser or under insured populations. There were no material quality differences between large system and large non-system practices.

The fourth conclusion examined more closely the commercial payer impact. From my perspective, this was the most notable conclusion. Health system physicians and hospitals commanded much higher payments from commercial payers compared to non-system physicians and hospitals. One can deduce that in geographic areas where there is market consolidation and less competition, the larger health systems can negotiate higher reimbursement from commercial payers.

The net effect of greater market leverage would be to increase the cost of care with only a small commensurate higher quality improvement – the difference of which was strongly linked to quality scores amongst smaller, non-system physicians.

The entry of private equity into medical practices is relevant to this discussion. The JAMA article convincingly establishes that large health systems with market consolidation command higher payments from commercial payers. Not as easily studied, is the impact private equity is playing in the cost of care. Private equity has moved into many of the remaining independent medical specialty practices from ophthalmology, dermatology, gastroenterology, emergency medicine and anesthesia. Once a private equity entity establishes sufficient market share, they can leverage higher reimbursement from commercial payers. Some of that increased revenue makes its way to the physician investors and practices with the net proceeds going to the parent, private equity investor group.

The JAMA article demonstrates that commercial payers are paying more to large system hospitals and the physicians they employ. While I've not been able to find research to support, I suspect a similar pressure is now being exerted by private equity entities as they consolidate many of the remaining and fragmented private physician practices.

The net effect is increased cost to the system in our Commonwealth and as illustrated in the graph above. There are other important and relevant factors that are driving our increased cost of care, but one cannot dismiss the role of consolidated health systems and private equity.

To what extent can or should physicians impact this trend?

As physicians, we understand the nuances of patient care and the pitfalls of “one-size-fits-all” quality measurements. We further understand that the orders physicians write for the management of our patients ultimately drives costs. Some of the larger strategies on care delivery and payer contracting within a health system, however, are often made in the C-suites and amongst the board of directors of the health system. A preliminary review of physician representation as CEOs and Board Directors amongst the larger health systems in our Commonwealth, however, suggests that only a minority, about 10%, of these positions of strategic importance are held by physicians. Our state data is in-line with a recent article on national statistics (Journal of General Internal Medicine, 2023, pp 1 – 3) which reported 14.6% of board members amongst the twenty largest health systems in our country had health care workers on their board. Most board directors, about 56%, are from the finance or business sector. Board directors from the business community have well-deserved respect for their professional accomplishments and strategic

acumen. They approach their analysis through the lens of their business experience. Health care, however, is more than a major sector of our economy. Board directors from the non-health care business sector are tasked to maximize the enterprise value of the organization they lead on behalf of their shareholders. I believe that the shareholders of health systems are not investors, rather members of the community to which the health system serves. In its best manifestation, health care is more than a business. The physician voice and perspective on the strategic growth of health systems is essential to keeping the patient central in the discussion while recognizing the challenges of the rising cost of health care.

We physicians should take more ownership of the rising health care costs. We should advocate for a leading voice within the leadership of large health systems. Your PAMED is positioned to help. Our Year- Round Leadership Academy (www.pamedsoc.org/YRA) is an ideal place for a physician to begin. Additionally, colleague physicians in large health systems, private practice and within a private equity entity need to engage the discussion as we advocate not only for our patients but also our profession and future physician leaders. The adage “if you are not on the table, you are on the menu” is relevant. For the business of medicine to continue to optimally provide professional satisfaction and patient care, it is imperative that physicians advocate for, and assume leadership roles in the evolving health care organizations.





Ralph D McKibbin, MD
FACP FACG AGAF
PSG Representative and
Past President

The Digestive Disease National Coalition (DDNC) held its spring Public Policy Forum on March 5 and 6th 2023 in Washington DC. The DDNC is a group of more than 40 members comprised of patient advocacy groups, professional provider groups, state societies and institutional members who meet to develop an agenda of benefit to digestive disease patients.

Initial presentations were from Stephen P. James, M.D. Director, Division of Digestive Diseases and Nutrition, NIDDK and Brendaly Rodriguez, MA, CPH, Senior Engagement Officer at the Patient-Centered Outcomes Research Institute. These speakers gave updates on proposed and likely policy and legislative changes for the coming year. This year there was a lot of discussion about three main issues. Advocacy sessions were held at congressional offices including with Senator Bob Casey and multiple Pennsylvania Representatives to discuss the support of Pennsylvanians for these measures. Brian Fitzpatrick (1st Congressional District), Madeline Dean (4th Congressional District), Mike Kelly (16th Congressional District), John Joyce (13th Congressional District), Brendan Boyle (2nd Congressional District), Chrissy Houlahan (6th Congressional District), and Scott Perry (10th Congressional District), received advocates at their offices. It is expected that our Pennsylvania representatives will cosponsor and support passage of these bills.

DDNC Update

Work to Pass the Safe Step Act into law

The “step therapy” approach is a tactic utilized by third-party payers to require a patient to fail the payer’s preferred treatment before being allowed to receive the treatment recommended by their IBD specialist. In many cases, this can lead to delay in proper treatment of IBD. The bipartisan Safe Step Act (S 464/HR 2163—117th Congress) establishes guardrails and swift appeals process on the practice of step therapy for management of inflammatory bowel disease. Delays in treatment cause patient suffering, increases in system costs and unnecessary authorization time and expense in our practices. The DDNC met with members of the congressional Doctors Caucus to push support for this bipartisan bill. The DDNC released a white paper detailing the negative effects which can be downloaded from their website (www.ddnc.org).

HELP Copays Act

The bipartisan HELP Copays Act (HR 830-118th Congress) requires health plans to count the value of copay assistance toward patient cost-sharing requirements. In 2018 pharmacy benefit managers (PBMs) and insurance companies created “Copay Accumulator” programs that block manufacturer and charitable programs for assisting with patient copays. Copay assistance programs have provided savings to patients for many years, helping them gain access to medications they might otherwise not be able to afford. The assistance rendered to the patient is not recognized, so out of pocket costs rise significantly for patients. As of January 2023, sixteen states have enacted legislation banning payer and PBM copay accumulator programs. Bipartisan sponsorship exists for this bill at the federal level.

More information can be found on the DDNC website where a step-by-step guide can be downloaded as well as at the American College of Gastroenterology legislative action center at (<https://gi.org/public-policy/legislative-action-center/#/>) Support government digestive disease research and public health programs The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the Department of Defense (DoD), and the Department of Veterans Affairs (VA) all support critical digestive disease research. In addition, the Centers for Disease Control and Prevention (CDC) has programs on colorectal cancer, viral hepatitis, inflammatory bowel disease, and chronic disease education and awareness. The DDNC strongly supports increasing robust funding for digestive disease research and public health programs at these institutions. We continue to voice our support for research on gastrointestinal diseases at our meetings with congressional representatives as well as federal policy makers.

Support patient access and health workforce initiatives

The DDNC and our national provider and patient advocacy groups are united in support for access to nonpharmaceutical needs such as the Medical Nutrition Equity Act, the Food Labeling Modernization Act, the Liver Illness Visibility, Education, and Research (LIVER) Act, and efforts to improve ostomy supply and nutritional coverage policies and enhance the digestive disease physician and nurse health workforce. As patient providers we can and should assist by taking action as well. With the change in congressional leadership and looming fiscal issues this is going to be a “hot” year. It is important to be part of the decision-

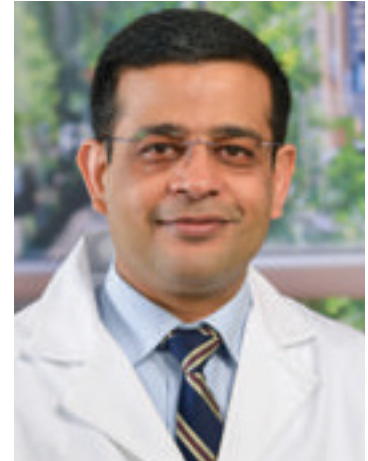
making process. To contact your legislators, please follow the steps below.

- Identify your Representative in the House and your two Senators in the Senate. You may find your House Representative here and your Senators at <https://www.congress.gov/members/find-your-member>
- Once you have identified your members, navigate to their congressional website to locate their Washington, DC office phone number. (This is normally located at the bottom of their official congressional page.)
- With the office number in hand, call the appropriate office and ask to speak with the health staffer, or for the health staffer's email address. Let them know that you are a constituent, and you want the representative to support efforts that control costs and improve the lives of gastrointestinal disease patients in their district. Sign on letters and sample scripts are available at society websites.



Manish Thapar, MD is the new Chair of Hepatology and the Medical Director of Liver Transplant at Einstein Healthcare Network.

We are proud to welcome Manish Thapar, MD, to the role of Chair, Division of Hepatology, and Medical Director of Liver Transplantation, at Einstein Healthcare Network, now a part of Jefferson Health.



Consistently recognized as a Top Doctor, Dr. Thapar has been helping to advance the way liver care is delivered through research and clinical trials throughout his career. Most recently, he was the Medical Director of Liver Transplant at Our Lady of Lourdes Medical Center in Camden, NJ, and the founding Director of the Jefferson Center for Genetic and Metabolic Liver Disease. He remains an Associate Professor of Medicine for the Division of Gastroenterology at Thomas Jefferson University in Philadelphia.

Dr. Thapar is very excited to lead a team of dedicated hepatologists, social workers, nurses, and coordinators to help deliver outstanding liver care to our patients. He is also looking forward to being involved in the training of a new generation of gastroenterologists and hepatologists, and is optimistic about the future for patients with liver disease, based on ongoing research and drugs in development.



ACG Governor's Updates

Eastern Pennsylvania ACG Governor



Joyann Kroser, MD, FACP, FACC, AGAF, FASGE

The Pennsylvania Society of Gastroenterology (PSG) continues to be a strong partner with the College. The ACG Board of Governors is one of the most unique aspects of the College. My role is to act as a two-way conduit between the College's leadership and the membership at-large. The goal is to ensure we are meeting the evolving needs of the membership. We have an exciting year planned for 2023 and will be advocating for your interests throughout the year.

In addition to my role as Governor, I serve on the ACG Legislative & Public Policy Council.

Next month I will be joining Dr. McKibbin and other ACG leaders for our annual GI advocacy in Washington DC. We will speak with our legislators on issues that are important to the College and to the PSG.

Please reach out to me on important issues from Eastern Pennsylvania that you would like me to bring forward to national leadership, if you are an ACG member from Eastern PA who is interested in advancement to Fellowship in the College, or a member or Fellow that wishes to serve on an ACG committee. I am here to help, and I urge you to get involved!

Western Pennsylvania ACG Governor



Ralph D. McKibbin, MD, FACP, FACC, AGAF

As many of you know, last fall I stepped into the role of ACG Western PA Governor when Dr. Randall Brand stepped down. His clinical and academic leadership is well recognized, and I look forward to his future contributions.

To introduce myself, I have lived and practiced gastroenterology in Altoona, PA for more than 30 years. I have committed much of my time and energy to improving the lives of patients and practitioners in our region. As a brief summary, I have

been past president of PSG and the Digestive Disease National Coalition, been a member of the ACG Practice Management Committee and served as program director at the national ACG and combined ACG/World Gastroenterology Organization meetings. I have been an investigator on 43 clinical research studies seeking to improve care in our isolated area and have published articles and white papers pushing for improved outcomes.

I will continue my advocacy and believe that the ACG mission is well suited to our changing times. Their stated mission "is to enhance the ability of our members to provide world class care to patients with digestive disorders and advance the profession through excellence and innovation based upon the pillars of Patient Care, Education, Scientific Investigation, Advocacy and Practice Management." The ACG Governors of Pennsylvania serve on the PSG Board of Directors to facilitate communication between the state and national leadership and to provide resources for decision making.

Welcome to our new ACG members and Fellows!

New Fellows: Karen Krok, MD, FACC and Sandra M El-Hachem, MD, FACC
New members: Sunny Tao, MD, Hossam M Kandil, MD and Robin S Midian, MD

Anyone seeking advancement to Fellowship can find information on the ACG website here: <https://gi.org/membership/advancement-to-fellowship/>. The next review will be in June.

Prior authorization is a hot topic for all of us. A recent survey through the ACG highlights the fact that prior authorization is harming patients and overwhelming practices. <https://webfiles.gi.org/links/policy/PriorAuthorizationHarmingPatientsandOverwhelmingPractices.pdf>

This is seen in United Healthcare's new requirement for authorization of nearly all endoscopic services. <https://www.uhcprovider.com/content/dam/provider/docs/public/prior-auth/Prior-Auth-Gastroenterology-FAQ.pdf>.

A practice management toolbox is available to decrease your administrative burden. <https://webfiles.gi.org/links/pm/ToolsToHelpManagePriorAuthorizationFinal.pdf>

I Talk to My Cyst

What I'd like to say to the cyst in my pancreas,
as another MRI is battering at its door,
"I would have preferred to leave you in solitude,
my friend, and not subject you to another

invasion." Whatever made you the watery cyst
you are deserves respect. Medicine calls it a mistake,
but your type—my tiny liver cyst, its kidney
counterpart—are quiet, unassuming, and lack

aggression. I stumbled upon your presence
a decade ago, when casting a net to discover
the cause of an illness. It's been due diligence
since then, with doctors insisting your posture

might darken. A thousand to one. The organ
you're embedded in doesn't understand the value
of contemplative presence. I, too, like to be alone,
silent, and still, even obscure at times, but still

not encapsulated like you. I want to promise
this exposure will be the last one they talk me into.
Though incidental, you're located near my heart,
and what I'd like to say is, "I accept you."

Jack Coulehan, MD

Center for Medical Humanities, Compassionate Care, and Bioethics
at Stony Brook University
Stony Brook, New York

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The Geisinger Global Health Elective in Gastroenterology: Our Ethiopia Experience

**by Darshan Suthar, DO
& Benyam Addissie, MD
Department of Medicine,
Division of Gastroenterology
and Hepatology
Geisinger Medical Center
Danville, PA**

It's not often that your GI training program gives you an opportunity to travel to another country for an elective rotation. So, when the opportunity arose to visit Addis Ababa, Ethiopia and become involved in global healthcare, I seized it! Ethiopia: the birthplace of coffee, delectable Ethiopian food, and Lalibela, one of the wonders of the modern world, are what sprang to my mind first. As I spent more time in learning about the nation, its people, and culture in preparation for the trip, I soon realized Ethiopia is an extraordinary place with rich history, kind people, incredible music, and a stunning landscape. It is revered as the "political capital of Africa" and the only country in Africa that had never been colonized. For all its grandeur and charm, however, Ethiopia does have its challenges: poverty, ongoing conflict with neighboring countries, political strife, and limited healthcare resources. Having the opportunity to work alongside skilled physicians from a completely different healthcare system allowed us to appreciate the incredible compassionate care provided despite these difficult circumstances. This trip was my first eye-opening introduction to global health.

So, what is global health exactly? It is not to be confused with "voluntourism" which implies combining vacation and volunteering with a focus on the visitors but a smaller positive impact on the societies in need. Global health is also different from the term "international health" in which a healthcare team from a high-income country travels to low or middle-income countries usually with a focus on combatting high

priority health issues, such as malnutrition, infectious and/or tropical diseases, maternal & child morbidity, or in response to natural or man-made disasters. Global health is a much more comprehensive effort to promote health everywhere. According to Koplan et al., "Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide." (Koplan JP, Bond TC, Merson MH, et al. Towards a common definition of global health. *The Lancet*. 2009;373:1993-1995). Improving health is not just physical, but also striving for an enriched mental and social well-being. Attempts to achieve equity are made by addressing social and environmental determinants of health with the goal of eliminating disparities. This involves collaborating in an interdisciplinary fashion, beyond the health sciences, to seek solutions that promote capacity of healthcare teams to facilitate the care of individuals and also improve population-based prevention and interventions. Traveling to Ethiopia with these tenets in mind allowed our team to appreciate the real-world impact that global health can accomplish.

Our team comprised of the Geisinger GI fellowship associate program director (Dr. Benyam Addissie), two GI fellows (Dr. Ruchit Shah and myself), a family medicine physician (Dr. Dhyani Shah), and a computer science graduate student from Northeastern University (Shital Waters)(Fig 1).



FIG 1—Our global health US team (from left to right): Dr. Benyam Addissie, Dr. Dhyani Shah, Dr. Ruchit Shah, Dr. Darshan Suthar, & Shital Waters.

We worked at two different academic institutions: Tikur Anbessa ("Black Lion") Specialized Hospital (FIG 2 & 3) and at St. Paul's Hospital Millennium Medical College (FIG 4).



FIG 2—Black Lion Hospital GI team (from left to right): Dr. Blen, Dr. Selamawit, Dr. Addissie, Dr. Zinabu, Dr. Shah, Dr. Suthar, Dr. Abel, Dr. Rodas, & Dr. Habetewold.Shah, Dr. Ruchit Shah, Dr. Darshan Suthar, & Shital Waters.



FIG 3—Top floor view of Addis Ababa from Black Lion Hospital.



FIG 4—St. Paul's Hospital GI team (from left to right): Dr. Sewale, Dr. Addissie, Dr. Kinfe, Dr. Henock, Dr. Hailemichael Desalegn, Dr. Yonas, Dr. Dagmawit Hailu Alemu, & Dr. Suthar.

We were able to learn about the unique challenges that healthcare providers faced and how they dealt with them.

The endoscopic experience in Ethiopia made us appreciate the luxuries

we had in our endo suites back home. The endoscopy unit at Black Lion Hospital, was the first in Ethiopia. We immediately noticed that the rooms were much smaller than what we were used to. Often, three different endoscopies would be performed simultaneously within the same room separated by curtains. Due to a limited supply of anesthetics, diagnostic and even therapeutic endoscopies were frequently performed without sedation, with upper endoscopies being done just with lidocaine gargles for some comfort. PEG-based bowel prep solutions are unavailable, so large amounts of castor oil are used instead. We also didn't have the luxury of carbon dioxide tanks, so we had to rely on air for insufflation. Given these endoscopic challenges, as a trainee, I more deeply appreciated the many gentle techniques and patient repositioning taught by the local gastroenterology faculty to overcome these limitations. Additional limitations included the short supply of biopsy forceps and variceal banding kits, which were typically manually cleaned and reused. Tubes of lubricant that we would typically discard after each case in the U.S. would be rationed and used for as many patients as possible. Even standard gloves that we take for granted were in limited supply and physicians frequently wrote prescriptions for patients to pick them up from local pharmacies for physician use the day of their procedures. I'll also never forget one of the interventional gastroenterologists there who makes his own pancreatic & biliary stents out of smaller caliber nasogastric and nasobiliary tubes (Fig 5).



FIG 5—Dr. Abdusemed Nur, an interventional gastroenterologist, making biliary stents.

As Plato famously wrote, “our need will be the real creator.” Seeing how different endoscopic practice was in Ethiopia was certainly a culture shock, but we all realized that safe and efficient repurposing and recycling of endoscopy equipment was quite feasible. It would be nice to implement some of these back home not only as cost-saving measures but also to be environmentally friendly.

Our team spent quite a bit of time in the gastroenterology clinics, and that experience made us aware of difficulties on the outpatient front, as well. There is usually a long line out the clinic door with patients who traveled hours to days to receive medical care. Clinics were typically comprised of one large room with multiple wooden tables arranged around the perimeter. On one side, there were fellows and residents, and on the other patients. Attending physicians were readily available for consultation (Fig 6).



FIG 6—Black Lion hospital outpatient GI clinic.

Physical exams were done in a corner of the room with a portable curtain deployed to allow for physical examination. Unfortunately, privacy regarding discussion of patient information and patient physical exams were not easily obtained. However, there did seem to be a “method to the madness.” Even though almost a hundred patients were seen every day, dedicated hospital personnel facilitated efficient workflow of patient encounters with paper charts. Generally, vitals were taken manually by the physician via manual pulse assessment using their personal watches or smart-

phones along with the use of a sole blood pressure cuff being passed around the room.

There was an impressive range of pathology seen within these clinics, much of which we have only read about in textbooks back in medical school. Schistosomiasis with its resulting liver complications of portal hypertension, such as variceal bleeding and ascites, was common. Tuberculosis with GI manifestations mimicking inflammatory bowel disease was common, as well as chronic hepatitis B and C. There were also some non-infectious conditions that we don't see in the US. An example was portal or mesenteric/splenic vein thromboses in young patients associated with underlying JAK2 mutations which was surprisingly quite common. Colorectal and esophageal cancers in patients less than 40 were more prevalent there also. From these patient encounters, our team learned how local GI physicians managed these diseases despite the challenges associated with limited resources. We were able to see opportunities for our institutions to collaborate on studies with a goal of developing evidence-based diagnostic and treatment algorithms that could potentially be applied internationally.

Throughout our trip, we were fortunate to have made contributions and had a successful exchange of knowledge. Our team had donated a variety of medical supplies from our home institution, Geisinger Medical Center, ranging from general and interventional endoscopic equipment to syringes and gloves. We enjoyed sharing endoscopic technique knowledge in the endoscopy units (FIG 7 and 8).

continued on page 12



FIG 7—Dr. Suthar performing esophageal variceal banding while Dr. Addissie is instructing and teaching techniques to the fellows at St. Paul's hospital.



FIG 8—Dr. Addissie assisting Dr. Kinfe in performing an unsedated colonoscopy.

We also had the opportunity to participate in a number of didactic sessions covering various case presentations and topics in gastroenterology and hepatology (Fig 9).



FIG 9—Dr. Suthar presenting a case and facilitating discussions with the St. Paul's GI fellows.

In the clinic, we discussed international guidelines and management strategies for a wide range of GI ailments. Given her tech background, Ms. Waters helped improve electronic patient databases, data analysis tools in procedural documentation, and improved functionality of endoscopic equipment, such as capturing of high-quality images & videos (Fig 10). This ultimately enhanced the physicians' ability to communicate vital medical information to patients and colleagues, and helped build a framework that would aid physicians in the submission and publication of manuscripts in academic journals.

Visiting Ethiopia for a global health elective was quite simply a life changing experience. Life-long friendships were made, lessons were learned, and we got a fresh perspective on the approach to

healthcare. It was a privilege to work alongside these impressive local health care providers and see how they overcame the challenges associated with practicing in a limited-resource setting to provide the best possible care for their patients. The exchange of knowledge and the collaborative work we experienced will hopefully pave the way for future research and multidisciplinary efforts with our and other academic institutions. In the future, our academic program hopes to make this a regular annual elective offered to trainees at Geisinger and beyond. Global health education is invaluable in the development of early career gastroenterologists. For me personally, it was a distinct privilege and honor to have been part of such an endeavor.

Ämeseginalahu (Thank you) Ethiopia!



FIG 11—Our Geisinger team enjoying the sunset from Friendship Park in Addis Ababa, Ethiopia.



FIG 10—Ms. Waters instructing St. Paul's GI fellows how to best utilize the endoscopy technology and access high quality images & videos.

ChatGPT Poetry

ChatGPT is an artificial intelligence “chatbot” developed by OpenAI (San Francisco, CA). Since its launch in November 2022, it has taken the internet by storm, accumulating 100 million users in 2 months. It is the fastest growing app of all time.

ChatGPT can be used to help with difficult programming problems, improve customer satisfaction, contribute to scientific papers, and many other applications. A related application called “DALL.E2” can create realistic images and art. There are very real concerns that students could use ChatGPT and DALL-E2 to write their papers (“do their homework!”) and several school districts have banned the software. In addition, “bad actors” can use these apps to propagate false information which on the surface could look real. Publishers in the sciences are taking steps to assure that authors are not using these AI programs to write their journal submissions.

That being said, the results of a ChatGPT request can be amazing. Below is an example created with ChatGPT by my partner Amitpal Johal, MD along with his son Amar using the ChatGPT interface (chat.openai.com). Dr. Johal and Amar used the prompt, “Write a poem about endoscopic ultrasound-guided liver biopsy”.

A ChatGPT Ode to Endoscopic-Ultrasound Guided Liver Biopsy

*In the depths of the liver, a mystery lies,
A story untold, hidden from prying eyes,
But with an endoscopic ultrasound at hand,
The secrets within, we can now understand.*

*Through the mouth, a scope is placed with care,
Into the stomach, and then down to where,
The liver lies, shrouded in mystery,
A puzzle waiting to be solved with clarity.*

*Ultrasound waves, they paint a picture bright,
Guiding the needle with precision and sight,
Into the liver, a sample is obtained,
For diagnosis, and treatment to be sustained.*

*Endoscopic ultrasound-guided liver biopsy,
A marvel of science, a wonder to see,
Revealing the secrets of the liver's core,
And helping doctors to heal and restore.*

*With gentle touch, the needle is removed,
The patient resting, with their worries excused,
Awaiting the results, to shed light on their plight,
With hope, and healing, now within their sight.*

Upcoming Events

- **Digestive Disease Week® (DDW) 2023 (DDW)**—Chicago, IL—5/6-5/9
 - **ACG’s Hepatology School and Eastern Regional Postgraduate Course**—Washington, DC—6/2-6/4
 - **Regional Postgraduate Course**—Washington, DC—6/2-6/4
 - **PancreasFest**—Pittsburgh, PA—7/27-7/28
 - **PSG Annual Scientific Meeting**—Pittsburgh, PA—9/8-9/10
 - **ACG Annual Scientific Meeting & Postgraduate Course**—Vancouver, BC Canada—10/20-10/25
 - **AASLD The Liver Meeting**—Boston, MA—11/10-11/14
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PENNSYLVANIA SOCIETY OF GASTROENTEROLOGY

2023 ANNUAL SCIENTIFIC MEETING



September 8-10, 2023 • Wyndham Grand Pittsburgh Downtown

Friday, September 8, 2023

- 12noon–2:00 p.m. **Corporate Sponsor Lunch** (*Offsite Location TBD*)
3:30–5:30 p.m. **Board Meeting at the Hotel**
6:00–8:30 p.m. **Welcome Reception at the Hotel** (Family friendly)

Saturday, September 9, 2023

- 7:00–7:30 a.m. **Registration/Continental Breakfast with Exhibitors/View Posters**
7:30–7:45 a.m. **Welcome/Presidential Address/Annual Business Meeting**
David Diehl, MD, Geisinger

Esophageal Disorders

- 7:45–8:10 a.m. **Intractable Reflux: How to Manage in the Modern Era?**
Zubair Malik MD, Temple University
8:15–8:35 a.m. **Eradicating Barrett's Esophagus Whatever it Takes RFA, Cryo, EMR, ESD**
Harshit Khara, MD, Geisinger
8:40–9:00 a.m. **H Pylori- Changing Epidemiology and Management Trends in the USA**
Shannon Tosounian, DO, St. Luke's University Health Network
9:00–9:15 a.m. **Q & A**

Functional Bowel Disorders

- 9:15–9:35 a.m. **How to Manage Functional Abdominal Pain: A Primer for General Gastroenterologist**
Saad Javed, MD, Allegheny Health Network
9:40–10:00 a.m. **Diet and IBS: What to do, how to do?**
Nitin Ahuja, MD, Penn Medicine
10:00–10:15 a.m. **Q & A**
10:20–10:50 a.m. **Break/Visit Exhibitors/View Poster Displays**

Keynote Address

- 11:00–11:25 a.m. **Advances in Management of Chronic Pancreatitis, From Bench to the Clinics: The Journey so Far!!**
David Whitcomb, MD, University of Pittsburgh Medical Center
Q & A

Practice Management

- 11:30–11:50 a.m. **Should I think like a doctor or a lawyer?**
11:55 a.m.–12:15 p.m. **Surveillance Colonoscopy – What do we know? What do we need to know?**
Robert Schoen, MD, University of Pittsburgh Medical Center
12:20–12:40 p.m. **Social Media A Pyramid of Advantage or A Pitfall?**
Austin Chiang, MD, Thomas Jefferson University Hospital

12:45–1:00 p.m.	Q & A
1:00–1:15 p.m.	Lifetime Achievement Award Presented to Harvey Lefton, MD
1:15–3:15 p.m.	Lunch & Hands on Course 1: Hemostasis Station 2: EMR Statopm (split in two) Traditional cap EMR resection with various lifting agents Band Ligator (Duette/Captivator) 3: Apollo Station specifically for X tack device/BSI Clip 4: Hemorrhoid station 5: ERCP station
3:15–6:00 p.m.	Free Time (on your own)
6:00–9:00 p.m.	Family Fun Night: Reception and Dinner (<i>pre-registration required</i>)

Sunday, September 10, 2023

7:00–7:45 a.m.	Registration/Continental Breakfast with Exhibitors/View Posters
	Gut Immunology
7:45–8:05 a.m.	Celiac Mimics and Auto-Immune Enteropathies
8:10–8:30 a.m.	Preventing Complications in IBD Nabeel Khan, MD, VA Medical Center
8:35–8:55 a.m.	Present and Future Management of Eosinophilic Esophagitis Justin Kupec, MD, West Virginia University
9:00–9:15 a.m.	Q & A
	Endoscopic Advances in GI
9:20–9:40 a.m.	Advances in Endoscopic Management of GI Bleed Adam Kichler, MD, Allegheny Health Network
9:45–10:05 a.m.	Incorporating Artificial Intelligence to GI practice, a Path Unknown Piyush Mathur, MD, Cleveland Clinic
10:10–10:30 a.m.	Advances in Endoscopic Management of Large Colorectal Polyps
10:30–10:45 a.m.	Q & A
10:45–11:10 a.m.	Break/Visit Exhibitors/View Poster Displays
	Hepatology
11:10–11:30 a.m.	Updates on Management of NASH Tavankit Singh, MD, Allegheny Health Network
11:35–11:55 a.m.	Updates in Diagnoses and Management of AIH, PSC, and PBC Karen Krok, MD, Penn State Health
12:00–12:20 p.m.	Gut Microbiota and Management of Portal Hypertension Jasmohan Bajaj, MD, Virginia Commonwealth University Medical Center
12:25–12:40 p.m.	Q & A
12:40 p.m.	Awards and Closing Remarks David Diehl, MD, Geisinger & Gursimran Singh Kochhar, MD, Allegheny Health Network
12:50 p.m.	Adjourn



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