

VIRGINIA MEDICAL NEWS

Member Magazine of the Medical Society of Virginia

2024 Issue

2025 LEGISLATIVE PREVIEW

What to expect during the upcoming
Virginia General Assembly

MEET THE MEDICAL STUDENT SECTION

Learn about the students who are already
making a difference at MSV and beyond

CHILD MENTAL HEALTH CARE IN VIRGINIA

Where Virginia stands and what MSV is
doing to improve access to care

“WHAT I WISH I KNEW THEN”

Insights from a physician

Growing Together

The Power of Mentorship,
Community, and Duplicating Yourself
for the Future of Medicine



A Letter from MSV's CEO and EVP

Dear MSV Members,

Can you believe another year has passed us by? As we are heading into 2025, I have been taking some time to reflect on all that we have accomplished this year. Through your work and passion, we have grown and made strides across all areas of our organization, as you will see throughout this publication.

As many of you may know, at our Annual Meeting this year we really focused on mentorship and the concept of duplicating yourself, a term coined by our outgoing President, Dr. Alice Coombs. This edition of Virginia Medical News will delve into mentorship and its importance.

I believe mentorship is one of the most important things you can do as a leader. Your staff here at MSV is focusing efforts on it as well. We have built such an incredible, highly competent, passionate staff in the last five years. To me, this is so important for the future success of the MSV. I and our staff leadership team have worked incredibly hard to build out our approach to duplication to ensure that when this generation of staff leadership retires, you have talent to pull from and confidence that MSV will continue its trajectory and growth in the next phase of the organization.

This is incredibly important for you to do professionally too. According to the most recent report, published by the Association of American Medical Colleges in March 2024, the nation will face a physician shortage of up to 86,000 physicians by 2036. This is a problem!

The MSV is working on legislative solutions to this, but we also need you to mindfully work on this in your day-to-day to shape the future generation of physicians and PAs. I am asking that you make it a goal for 2025 to choose 1-2 mentees who you can guide, mold, and develop in their future career. Having a person to call on when you need guidance or support is pivotal to success and learning. Who are you mentoring to duplicate you when it's your time to step back from practicing medicine?

Physicians and PAs are so giving, selfless, and dedicated to patients. It is so important that we duplicate the next generation of clinicians to be as passionate and reliable as you are.

I am asking that as you invest in and develop your mentees over this next year that you make it a goal to introduce them to the MSV. Bring them along to our lobby days, social events, and Annual Meeting. Ask them to become a strong voice and a leader for your society. We want to put you in the leading edge of sculpting the future of healthcare. You help us accomplish this through influencing future physicians and PAs.

Thank you for all you do. I look forward to another year of learning and growing with you.



Melina Davis
EVP & CEO
The Medical Society of Virginia



2024 HOUSE OF DELEGATES 03

As MSV's policy-making body, the House of Delegates (HOD) determines how the MSV will consider legislation, regulation, and all related issues by establishing, amending, or re-affirming official MSV policy.

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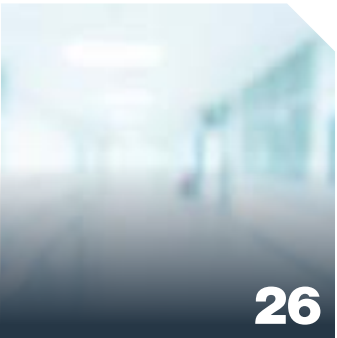
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On its surface, the physician shortage is a crisis of basic economics: increasing demand for physicians is outpacing supply. But beneath that simple statement is a labyrinth of root causes that make the problem — and solutions — extremely complex.

2024 House of Delegates

As MSV’s policy-making body, the House of Delegates (HOD) determines how the MSV will consider legislation, regulation, and all related issues by establishing, amending, or re-affirming official MSV policy.

This year, the Speakers of MSV’s House of Delegates, Dr. Michele Nedelka and Dr. Atul Marathe, convened the Annual Meeting on October 18, 2024.

During HOD, delegates considered 25 resolutions that spanned the healthcare continuum, including supporting the inclusion of Stop the Bleed training in medical schools, preserving access to in vitro fertilization, and enhancing safety in the healthcare workplace. Delegates also approved the proposed 2025 budget and elected new officers and directors, including our new President, Dr. Joel Bundy.

We had delegates representing physicians, PAs, residents, and medical students across Virginia.

Members from component societies, specialty societies, at-large districts, health systems, and medical schools participated this year. Physician participation from different geographic regions, specialties, and practice settings is essential to fortify MSV’s policy with a full range of perspectives and practice experiences.

The House was joined by special guests including Medical Society Presidents from several neighboring states, Virginia’s Health Commissioner Dr. Karen Shelton, and Delegate Patrick Hope, who received the MSV’s Legislative Champion “Golden Stethoscope” Award.

Thank you to all our physicians, PAs, students, and special guests who made the 2024 Annual Meeting a success!

For more information and materials from MSV’s 2024 Annual Meeting, visit www.msv.org/msv-annual-meeting.

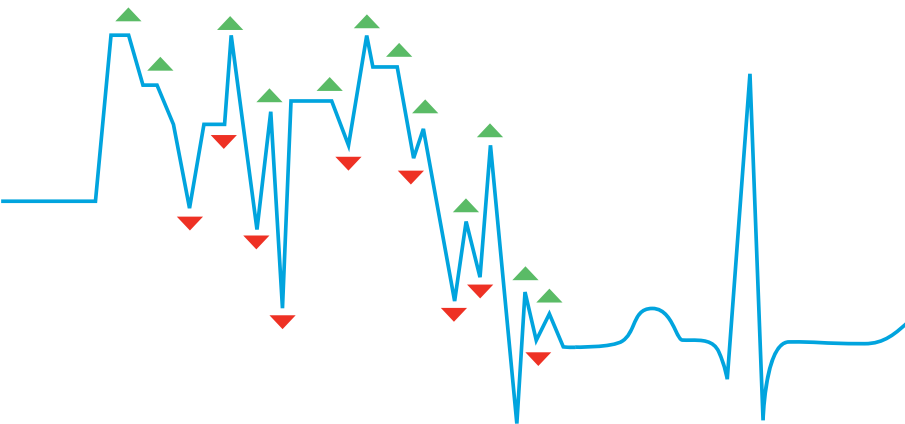


Delegates approved new policy on pertinent healthcare issues:

- | Public Health | Practice Issues | Protecting Patients |
|--|--|---|
| <ul style="list-style-type: none">▶ Supporting Stop the Bleed Training in Virginia Medical Schools▶ Reducing Stigma through Modernizing the Accessibility Sign▶ Healthcare for People Who Are Incarcerated▶ Support for Public Protection from Secondhand Marijuana Smoke▶ Supporting Protections for In Vitro Fertilization | <ul style="list-style-type: none">▶ Supporting a Physician’s Right of Conscience▶ Saving Resources in the Perioperative Area▶ Supporting Ban on Non-Compete Clauses in Healthcare Employment▶ Support for Independent Practices▶ Expanding Workplace Safety Protection in Healthcare▶ Supporting Physicians’ Opinion of Readiness of Non-Physician Providers for Independent Practice | <ul style="list-style-type: none">▶ Defining Exceptions for Information Blocking▶ Support for Expanding Medicare Open Enrollment▶ Support for Insurance Coverage for Early Eye Drop Refills▶ Support for Expanded and Standardized Education for APRNs |

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2025

Legislative Preview

The Medical Society of Virginia (MSV) is working hard preparing for the 2025 General Assembly session. The MSV is committed to bringing the physician and PA voice forward by serving as a resource to all stakeholders and bringing subject matter experts to the General Assembly. Advocacy with our state leaders is a year-round effort. The MSV Government Affairs and Policy team are here to help members establish and maintain relationships with Virginia's lawmakers. We have spent the last few months of this important election year traveling across the Commonwealth to introduce the Medical Society of Virginia to the soon-to-be new Delegates and Senators and talk about the medical community's legislative priorities for the upcoming session.

Responsibly Protecting the Medical Malpractice Cap

Last year, Sen. Bill Stanley attempted to pass legislation that would have punctured Virginia's medical malpractice cap. While that bill was defeated, at the advice of key legislators, the Medical Society, Virginia Hospital & Healthcare Association (VHHA), and the Virginia Health Care Foundation decided to form a workgroup to research whether an alternate arrangement for the med mal cap could be found.

The workgroup hired an actuarial firm to provide evidence-based analysis on how reforming the medical malpractice environment in Virginia might affect coverage for physicians, large health systems, and hospitals. Following the analysis, the workgroup will publish a report of the research and findings, and may consider a legislative solution to be introduced during the 2025 General Assembly session.

Workplace Safety

The MSV continues to hear stories from members about instances of violence or threats of violence in the workplace. We continue to fight to ensure all healthcare providers feel safe when they come to work to treat patients and save lives. We are currently in conversations with the Virginia Hospital and Healthcare Association, as well as the Virginia Department of Health and the Virginia Department of Health Professions, to workshop solutions for accurate incident report in order to most effectively communicate the scope of the problem to policymakers.

If you have any relevant stories that can bolster our effort, please email govtaffairs@msv.org.

Electronic Fund Transfers and Virtual Credit Cards (EFTs and VCCs)

We've been hearing from several physician members, as well as practice managers, that health carriers and their third party payors have increasingly been utilizing EFTs and VCCs to reimburse for health services. Many times, these are forms of payment that the practice have not agreed to accept. Additionally, these payments often carry processing fees between 2-5% that cause providers to be reimbursed below their contracted rate for services. MSV is in conversation with the Virginia Association of Health Plans to devise a more transparent system of opting in and opting out of such payments.

If you have any relevant stories that can bolster our effort, please email govtaffairs@msv.org.

SafeHaven® Expansion

Since its creation in 2019, the SafeHaven program has continued to grow, assisting more and more health professionals with career fatigue, burnout, and wellness. Seeing that success, we are introducing legislation to add licensees from all relevant professions overseen by the Department of Health Professions.

Adult Psychiatric Access Line Funding (APAL) Funding

The MSV worked with the Department of Behavioral Health and Developmental Services (DBHDS) to secure startup funding for Virginia's Adult Psychiatric Access Line, a new program initially aimed towards educating providers and helping patients navigate care for substance use disorder

in Virginia. We hope to see funding in Governor Youngkin's Executive Budget released in December, and we'll then work to ensure that funding remains in the budget throughout the 2025 legislative session.

Scope of Practice

We will most likely see legislation to expand the scope of practice of CRNAs in 2024. Data shows us, and the MSV knows, that the extensive clinical training requirements for physicians prepare them to be the leaders in team-based care. Providers working together in the healthcare system have the best proven health outcomes for patients.

The MSV will continue to fight against any legislation designed to expand scope where those providers are not trained to the highest standards.

If you have any questions about this year's General Assembly session, please email govtaffairs@msv.org.



Mark your calendars to join the MSV Government Affairs and Health Policy team at the General Assembly building for the **2025 Lobby Days**:

January 14, 2025

January 22, 2025

February 6, 2025

Why Support the MSVPAC?

Your contribution to the Medical Society of Virginia Political Action Committee (MSVPAC) helps us advocate for policies that matter to you, including:



Improving patient care



Protecting against harmful medical malpractice changes



Advancing fair reimbursement rates



Supporting healthcare workforce solutions



Fighting for policies that strengthen the medical profession

Donate today and help ensure your voice is heard in Virginia's legislative decisions!



www.msv.org/advocacy/msvpac



joy med

The JoyMed Podcast is brought to you by the Medical Society of Virginia and SafeHaven. We are here to share with you, conversations with medical leaders, as we explore ways of putting **JOY** back into everyday life and the practice of medicine.

Check out our current episodes:

Episode 1
The SafeHaven Story

Episode 2
The Frontline Experience-
A PA's Experience
on Burnout

Episode 3
The Future of Medicine-
Resident and Student
Perspectives

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Yes, You Can Find Time for Advocacy

by Clark Barrineau
Vice President of Government Affairs and Health Policy

Most of the debate around physician and PA advocacy efforts isn't whether it's important or worthwhile — general consensus is that both are categorically true. Advocacy is, in fact, a requirement of a physician's professional ethics. The American Medical Association (AMA) Code of Ethics states: "A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health."

Where there's debate is over the logistics. The challenges — and barriers — to advocacy are (1) how to do it, and (2) how to find the time to balance advocacy with an already demanding workload.

FINDING TIME FOR ADVOCACY

Like for practically everyone on planet Earth, time is the great question mark. How do we find the time to do – well, everything? Of course, this is also true of the physician's dilemma when considering advocacy involvement.

A Georgetown Medical Review article sets up the situation: "The primary role of the physician should indeed be as a healer of individuals. Patients who enter a relationship with a physician expect that this role, and thus their well-being, will be the primary concern of the physician. However, it has been argued that the physician is also a servant of society and must use medicine as a societal good to treat population level concerns."

The article continues, recognizing some debates around how and how much a physician should get involved with advocacy, explaining that regardless of the pursuit: "There is still a tradeoff with one crucial resource – the time of the physician. If physicians are ethically bound to a social responsibility to engage in advocacy, they will have less time with individual patients."

And there's the fundamental issue. If patient care is the primary responsibility, how can a physician engage in advocacy if it risks that covenant? The current medical landscape and the physician shortage add complexity to the question.

One strong argument in favor of making time for advocacy, however, is that physicians already manage this time tradeoff with activities like teaching and research, both of which impact current and future patients. If one can find time for, and justify finding time for, teaching and research, why is advocacy, which also has current and future patient impacts, any different?

The question then shifts from absolute time to a physician's priorities, judgement, and ability to find balance without compromising patient care. In addition, whether advocacy is encouraged and supported by an employer becomes a consideration, including the degree to which advocacy is an "on the clock" or "off the clock" activity, and how much dedicated patient care time a physician's clock requires.

THE FOCUS OF PHYSICIAN and PA ADVOCACY

Physicians are invaluable as advocates because they have specific personal knowledge and experience to contribute. "Physicians are at the crossroads of a unique knowledge of patient needs, intersecting with the ability to leverage influence to change health care system delivery, social barriers, and even impact political policy," according to the the National Institutes of Health's National Library of Medicine article titled "The essential role of physician advocate: how and why we pass it on."

Advocacy can take many forms, from legislative advocacy in a physician's own backyard to the national and even global level. This includes big-impact advocacy like working toward eliminating societal causes of health inequity on a population level, impacting social determinants of health, and the expansion of care and resources.

As explained in the American Academy of Neurology article "Capitol Hill Report: Physicians Are Essential in Local Advocacy": "Physicians are essential in shaping healthcare policy at the county, city, and state levels, with local lawmakers often relying on their expertise to guide decision making....physician involvement was pivotal in either advancing beneficial legislation or preventing harmful policies from being enacted. Each year, states propose legislation that can significantly affect patient care – some laws enhance access and quality, while others risk creating burdensome barriers."

You can see why it's crucial that physicians are an active part of conversations that influence decision-making processes.



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PHYSICIAN ADVOCACY METHODS

How much time a physician dedicates to advocacy efforts is completely an individual decision. And there are a range of opportunities, from the quick and straightforward, like sending an email, to more complex activities, like joining a committee or attending lobby days.

Before we discuss physician advocacy methods, it's important to note advocacy is not something that needs to be an independent effort. It can be done alone – but it doesn't have to be. Group-based advocacy is not only an option, but a successful model. Inter-professional teams, collective problem-solving, and networked resources can not only increase efficiency and effectiveness, but reduce the burden of time on each individual by creating well-defined and manageable roles within a collaborative process.

Whether pursuing independent or collaborative advocacy, professional organizations are a first stop for physicians. Many professional associations support physician advocacy by sharing informational road maps to give physicians a heads-up and a place to get started. Specialty-focused organizations, like the American Academy of Family Physicians (AAFP), share updates on their own advocacy efforts and key issues affecting their physicians and patients. In fact, the AAFP offers searchable advocacy resources by topic. State-level organizations also share important information and resources for physician advocacy education and involvement, like the Medical Society of Virginia which details ways for physicians to join advocacy committees, attend advocacy events, and attend the Virginia General Assembly.

On a bigger scale, the AMA maintains detailed guides covering its work on key healthcare issues and strives to keep physicians up to date on those and other issues impacting physicians, patients, and the healthcare system. In addition to signing up for AMA Advocacy Update by email and downloading its app, the AMA offers ways for physicians to get directly involved in advocacy by joining the AMA Physicians Grassroots Network or taking a leadership role in grassroots activities by becoming a member of the AMA Very Influential Physicians program. Webinars, an annual AMA State Advocacy Summit, and an annual AMA National Advocacy Conference are additional opportunities to get informed and engaged.

On an even bigger scale, physicians can consider getting involved with a global health organization with a specific health focus, or even the World Health Organization, through mission work, advisory groups, and task forces.



Here are some other ways to get involved with advocacy:

- 

Write an editorial or letter to the editor
- 

Attend a rally or town hall meeting
- 

Post on social media
- 

Host a fundraiser
- 

Connect with a legislator by letter, email, or phone call
- 

Get involved with a group focused on impacting change or health outcomes
- 

Visit a legislator
- 

Get involved in a grassroots campaign
- 

Build relationships with legislators and elected officials
- 

Explore advocacy groups by specialty and geographical location, like state or city

Advocacy doesn't have to be one thing. It's not one-size-fits-all. Efforts can be balanced according to personal factors like priorities and, yes, by time. When time is a challenge, start small. The most important thing is to start, because physicians and PAs are truly the best champions for improving the health and well-being of our communities – today and tomorrow.

Get to Know Rachel Ziegler

Second-year medical student at Virginia Tech Carilion School of Medicine (VTC)

Describe your typical day in medical school in three words.

Exciting, hectic, caffeinated

What specialty are you currently interested in, and why does it fascinate you?

I am currently leaning toward Emergency Medicine. I used to work as an EMT and truly enjoyed that work. I have found that I really enjoy the hustle and bustle of the emergency room, and I love the idea of every day being unique. With that said, I am still fully open to exploring all of the specialties!

What's your go-to study snack during exam season?

Dark chocolate peanut butter cups

If you could have dinner with any famous doctor (real or fictional), who would it be and why?

Probably JD from Scrubs because he seems down to earth and funny. (Scrubs is the only medical show I can actually watch without getting too caught up in the medical details LOL)

What's the most surprising thing you've learned about yourself in medical school?

That I am an artist! When I moved to Roanoke, I took a beginner pottery class to make new friends. Now a year later I am in the studio as much as possible and consider myself to be a potter!

If you could give one piece of advice to future medical students, what would it be?

You are NOT alone. Even when it feels like everyone else has it figured out, in reality they're also feeling lost, confused, and discouraged at times. Lean on your friends and remember you are here for a reason (and the field is SO lucky to have you!)



ENJOYING SOME TIME OUTDOORS!



THE POSSUM IS ONE OF MY FRIENDS' RESCUE



MED BALL MY M1 YEAR

Get to Know Vignesh Senthilkumar

Second-year MD/PhD student at The University of Virginia School of Medicine (UVA)

Describe your typical day in medical school in three words.

Class, Coffee, Shenanigans

What specialty are you currently interested in, and why does it fascinate you?

The specialty that I am interested in is infectious disease. It is fascinating to me that a microscopic organism can do so much harm to the human body. As an MD/PhD student, I believe there is much to learn about disease by studying the immune system's response to pathogens. Furthermore, as a history student in undergrad, I was always stuck about how pathogens and infections, such as the Black Plague and smallpox, changed how culture and society developed.

What's your go-to study snack during exam season?

Chicken tenders!

If you could have dinner with any famous doctor (real or fictional), who would it be and why?

I would love to have dinner with Dr. Jonas Salk. He helped create the first widely used influenza vaccine and, most notably, the Salk polio vaccine, one of the most seminal medical advances. He was also an early member of the National Foundation for Infantile Paralysis, now known as the March of Dimes. As an aspiring infectious disease physician and infection immunology researcher, Dr. Salk is a personal hero of mine.



WITH MY MD PHD COHORT AT WHITE COAT CEREMONY



ACTING IN THE "FIRST DAY OF SCHOOL" VIDEO FOR THE NEW M1S

What's the most surprising thing you've learned about yourself in medical school?

The most surprising thing I learned in medical school is how much information I was able to retain in a short period. Each block was incredibly fast-paced and contained not only a vast amount of information but also diverse topics. I was surprised and impressed how, as a class, we were able to support each other and create strategies for each of us to be as successful as possible.

If you could give one piece of advice to future medical students, what would it be?

Relax. Medical school is incredibly tough, and there is undeniably an immense amount of pressure to do well. It is important to realize that being an excellent student and pursuing your passions outside school are not mutually exclusive. Being able to turn away from medicine when needed allowed me to pursue a wide range of activities, such as participating in AMA/MSV, being in a rec soccer group, and volunteering with my local Scout troop. Your experience as a medical student and prospective physician will only be enhanced by stepping away from medicine when you need to take some time for yourself.



Outgoing President Remarks

Alice Coombs, MD

It's 1984. I just completed my internal medicine residency at MGH, wanting to change the world, I join a practice in a small trailer, with two other women Rhoda and Rose in Central Falls, RI next door to 25 Bed Notre Dame hospital. We cared for all-comers, Medicare, Medicaid, and Northern New England Insurance also known as NONE. Our country had nearly 1 in 5 who were uninsured (18% uninsured, 82 % insured). Coming from the West Coast, I learned to like currant jelly to go along with the fresh eggs that our patients gave us. Central Falls was known at that time as the Cocaine Capital of the world, remarkable for the Hasbro Toy factory, and a large population of immigrants from Portugal, Italy and South America. We took care of patients with chronic co-morbid conditions, routine gynecology, pediatrics, sliced and drained abscesses, repaired lacerations or superficial injuries from the toy factory disease. We knew we were out of our league, when a patient would come in with wrapped bloody hand and carrying an ice-filled Dixie cup. What a tremendous experience, getting to know patients from all walks of life and as we cared for them, I was so impressed by sense overwhelming patient appreciation. This resulted in us only becoming more gracious and more giving because you liked the feeling of the patient demonstration of overwhelming appreciation.

So, much has happened in the Practice of Medicine: Information Technology, Innovation, drug discovery, Genomic and Translational Research. We are forever changed, and with the rapid proliferation of new medical information, our world has been transformed into an intricate payment structure, evidence-based guidelines, protocols, clinical pathways, immersed in a medical legal environment with regulatory guardrails. Of note, "It is estimated that the doubling time of medical knowledge in 1950 was 50 years; in 1980, 7 years; and in 2010, 3.5 years. In 2020 the doubling time is projected to be 0.2 years – just 73 days". With these facts comes the frustration of not knowing enough or feeling confident in many areas, leading to a tendency to order more consultants and individual physicians to become more narrowly focused on the practice of Medicine. How do we ensure the feelings of satisfaction from caring for others are experienced today? Moving from this state to a resilient and appreciative perspective requires mentorship and collegiality. The sense of DUTY to the underserved catapults us into a level of commitment and dedication. How do we make sure that our next generation of providers, our medical students, PA students and residents gleam the richness that comes from the unadulterated valued patient relationship?

How do we keep what has been proven to be important in medicine and yet embrace advances in the practice of medicine?

When there is a corporate merger of two new entities, the success of the merger is predicted by the retention of the individual partners' values. If the one predominant partner eliminates the unique values that the component brings it weakens and threatens the union. Staying relevant means our Medical Society of Virginia must help physicians and PAs recognize the historical values of the art of the practice of medicine and still embrace new, the impact of AI, structured payment reform, regulatory or legislative actions.

I am reminiscing on a conversation, with former friend and Psychiatrist Professor, MGH Harvard 1952', Dr. Chester Pierce. In 1968, Dr. Pierce was responsible for developing the hidden curriculum, for early childhood education in Sesame Street. He was concern about African American children suffering from microaggression a term he first coined and actively advocated "vision of an integrated society where everyone was a friend and treated with respect." While interviewing him in 2013, Professor Dr. Chester Pierce, I ask him, what did he think was wrong with medicine and how do we ensure health equity, and he states that physicians as a part of their nature were "gracious". Gracious with each other and with patients. He said that "some physicians are not gracious".

Graciousness is defined as "the quality of being kind, polite and generous especially to someone of lower social position." As practicing physicians and PAs, can you teach graciousness or do you model it? We are grappling with so much. It's tough stuff, everyone doesn't always agree but it's important to be gracious. A gracious nature will allow us to be a unified Medical Society of Virginia in the future. There are battles that we have not yet envisioned and encountered unimaginable conditions, and for the record the COVID-19 Pandemic was our schoolmaster.

WORKFORCE

The healthcare workforce shortages have risen to the surface since 2021. Physician inadequacy exacerbated by COVID-19 reflects a US Population and physician growth mismatch, rural-urban maldistributions, the rapid growth of private equity with the purchase of specialty groups.

What are the opportunities with our Healthcare workforce?

- Of the Physician Workforce 25% of the 940,000 physicians are International Graduates (of which more than 1/2 non-US born)
- 22-26% of Physician Workforce, which is 1 out of 4 are older than 65 Years
- Physician Workforce-Physician Growth rate -Slowest compared to APRN, PA and the workforce in healthcare has never been more challenged by the growing mismatch and widening gap between the growth General Population and the physicians and other healthcare providers

Solutions to build Healthcare workforce and improve patient access must be addressed in a multi-prong approach.

- Build our Medical School Curriculum- to Develop Workforce Champions -the vision of building a sustainable workforce needs to be incorporated at every level of training.
- Loan forgiveness, targeted at primary care to increased Virginia Resident retention.
- Increase Federally Funded GME Program Slots and also increased Hospital funded GME positions.
- Increase Medical Schools /DO Schools
- Grow PA and Nurse Practitioner Schools
- Adult Retraining
- Increasing Workforce Diversity
- Increase in Pilots International Programs

During my year as president of MSV, I had the wonderful honor to travel to all 6 medical schools, interfacing with Deans of all but one medical school and presenting updates in Advocacy and the practice of medicine. I visited.

1. VCU MCV SOM
2. Eastern Virginia Medical School (EVMS)
3. Liberty University School- Lunch and Presentation
4. Carillion SOM
5. VCOM Edward Via College of Osteopathic Medicine
6. University of Virginia, SOM

The lessons that you have taught resounds with one key theme as physician leaders.

We must share our stories and model graciousness. Not just the glamorous stuff in medicine, but the difficult spaces that we have navigated, talk about successes but please tell them about your failures and how you overcame them. It is even harder to speak about the current barriers you are facing. Take down the curtain that prevents you from being vulnerable! It's your turn! Show them how to be transparent and lead with principles of humility and hard work.

Profound mentorship can occur despite all our challenges. This year four anesthesiology residents decided to pursue pediatric anesthesia based on the influence of two anesthesiologists. The mentoring example started when they were untrained because the mentors saw the potential in each one of these doctors. Although not explicitly stated, I believe that the mentors saw the need to reproduce themselves. Our greatest testimony of mentorship is when someone says, "I want to do what you do."

Don't leave your profession without reproducing yourself!

The Pathways to Medicine Program was born this year at the Medical Society of Virginia. I am so grateful for the staff, especially Jennifer Joss, Mary Beth McIntire, Paige Bishop and Melina Davis as well as my colleagues who showed up repeatedly, Thanks Drs, Alvin Harris and Michelle Whitehurst Cook, Jose Morey, Ronsard Daniel, and our Nursing Colleagues OR Nurse Yolanda Brown and especially the



VCU medical students. It was truly a success with over 500 school students, Boys and Girls Clubs and Churches visited. They had the opportunity to see what Physicians, PAs, and nurses do. On one occasion we set up a make-set Operating room at Saint Paul Church, the students learned about instruments scrubbing in and administering anesthesia.

The goals of our efforts in the Pathways program are to:

1. Build youth Confidence “that an individual can become a physician, PA, nurse or a STEM researcher.” Simply put, “You can do it because I did it.”
2. A Zulu word UBUNTU “I am because you are.”
3. Provide Knowledge-Inform the youth of the necessary requirements/ ingredients and right decision-making to be successful in the pursuit of medicine.
4. Be Creative- Listen to the classroom teachers. While our goals long term is to build the workforce, the acute goal is to help our students live healthy lives.

This year was so amazing allowing me to go to many places across the state, learn how medicine is practiced throughout the Commonwealth of Virginia, and understanding physicians, PAs, and patients. It has allowed me to better advocate for our members at MSV at the General Assembly and various events.

“How do we keep what has been proven to be important in medicine and yet embrace advances in the practice of medicine?”

I learned first-hand from the physicians of Danville about lack of transparency with an ACO on how incentives and penalties were allocated and the challenges in Lynchburg of increasing the number of primary care physicians.

When I embarked upon my presidential year, many of you were so encouraging and gracious. One person, a surgeon GPW, has not ceased from encouraging me daily from day one. Your devotions have been powerful, Randy and Natalie Gould.

Special thanks to the incredible advisors and executive Committee Alvin, Lee, Mark, Michelle, Larry, Cyn, Joel, and Harry.

Also, Our GAP team/legal team lead by Clark Barrineau.

I could not make it without Tracy Brumfield, Suzane Welsh-

Agnew, Taylor Cepeda, and the MSVIA team led by Stacie Cutchins and Susan Demola.

Thanks to the Board of Directors, your wisdom and guidance reconfirms the power of the wisdom of the crowds.

Thanks to the AMA Delegation led by Tom Eppes.

MENTORSHIP

As President I had the opportunity to visit many hidden areas in Virginia, leading to many meaningful conversations with my fellow physicians, PAs, medical students, and even MSV staff. I'm so grateful for the opportunity to get to know my fellow physicians and providers and medical students. As MSV advocates for physicians and patients in the Commonwealth, one question prevails and that is what kind of health care system do we desire?

As Physicians we are navigating challenging spaces, let us lead by

- Advocating for access without compromising quality.
- Supporting legislators who understand our mission and values and who recognize the physicians as the leader in healthcare teams.
- Making a priority to mentor and sponsor someone, by focusing on the question, “Have I mentored someone who could replace me in medicine, who understands my passions and purpose?”
- Promoting policies that strengthen and build a sustainable healthcare workforce for the Commonwealth of Virginia that does not limit a patient's choice from being cared for by a physician nor does it drain the third world countries of their resource-built talent.
- Clearly elucidating the important role of PAs, CRNAs, and nurse practitioners, each of which we desperately need, and patients would suffer without this crucial Healthcare workforce.
- Doing the most good for as long as we can without compromising our own health, our well-being as well as our family's well-being

BE GRACIOUS

I have to applaud the entire staff at MSV, leadership of Melina Davis and Clark Barrineau, our administrative, financial and legislative team, My executive committee and the senior leadership team for really understanding the plight and the mission of MSV. Special thanks to the dedicated team Tracy Brumfield, Suzanne and Taylor for all that you do seen and unseen.

Finally, welcome Dr. Joel Bundy, a man of integrity. We are in good hands and I am so grateful for his leadership in the Commonwealth of Virginia.

Thanks to my husband of 41 years, I could not do most of what I do without your encouragement. Love you children, Alby Angela Andrew, Yessica, Compton gang, my mentors, my Mentees, Kristen and Alice, and Boston friends!



2023 Impact Summary

Designed in 2018, VMAP addresses the pediatric mental health crisis in Virginia through a multi-tiered and culturally responsive lens. **VMAP's model offers true systems change**, supporting primary care providers (PCPs) who see patients 21 and under by **improving their ability to assess, treat, and manage their patients' mental health**, thereby **mitigating mental health workforce shortages**. As VMAP enters its fifth year, its statewide reach continues to grow. By the end of 2023, there were **1,354 PCPs** registered for VMAP, which represents a **28% increase** in the last year!



THE VMAP LINE

The VMAP Line is staffed by nearly 50 team members across the state. Since it launched in 2019, it has:

Received
6,673
calls from PCPs

Served
5,592
Virginia pediatric patients

74% of families
were connected to local resources

Completed
4,081
mental health consultations and
4,113
care navigation requests¹

82% of PCPs
were able to continue managing their patient's concerns after a consultation

PROVIDER EDUCATION

Since 2019, VMAP has:

Executed
46
REACH, ECHO, and QI trainings

Conducted
22
one-time webinars and trainings for providers

Trained
1,335
PCP participants

Seen
3,279
downloads of the VMAP Guidebook

79 providers
earned the VMAP Recognition Badge in 2023, demonstrating completion of one of VMAP's intensive education programs

In addition to these direct services, VMAP is estimated to reach **hundreds of thousands** of Virginia children through their PCPs. Pediatricians have an average patient panel of 1,500 patients. As a result, for every provider trained by VMAP, their entire patient panel benefits from **improved access to mental healthcare**.

EVALUATION AND IMPACT

VMAP conducts ongoing evaluations to measure and assess its impact on providers. Using data from the VMAP Line, pre- and post-assessment data from trainings, and provider surveys, VMAP has triangulated significant findings that demonstrate:

- 1 Increased utilization of all VMAP core services by providers across Virginia.
- 2 Year-over-year increased screening tool usage with significant increases in screening for depression and anxiety.
- 3 Notable differences in provider types using VMAP across regions, with sizable expansion to a wider variety of providers in the last two years.

¹Please note more than one service (physician consultation, LMHP consultation, and care navigation) can be requested in a single call.

Data sources and limitations: This report was created using VMAP Line data, pre-and post-assessment data from training, and provider surveys. A noted limitation of this data is that it is collected via self-report, increasing the risk of bias. Another noted limitation is that VMAP Line data may over- or under-include certain diagnoses or concerns due to the varying nature of why providers utilize the line. Generalization of findings to the larger pediatric population should be used with caution.

“The combination of VMAP supported education/training and...the telephone line has undoubtedly prevented many patients in our practice from escalating to a crisis situation.”
– Virginia Pediatrician

The State of Child Mental Health Care in Virginia

Featured on the VMAP Blog

The Child & Adolescent Mental Health Crisis

Twenty-two percent of children and teens across America live with one or more mental health conditions, and this number is on the rise. Rates of childhood anxiety and depression rose by 29% and 27% between 2016 and 2020, and there was a 34.6% increase in pediatric mental illnesses as a whole between 2012 and 2018. This situation was exacerbated by the COVID-19 pandemic, which saw a 25% rise in anxiety and depression across the globe. During this time, emergency rooms saw record highs of pediatric patients coming in for mental health reasons (+24% for children ages 5-11, +31% for those ages 12-17), which coincided with staggering numbers of suspected teen suicide attempts.

All of this led the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children's Hospital Association to declare a national emergency in children's mental health in 2021. They called on policymakers, mental health experts, and primary care providers (PCPs) to take action and address this crisis. Unfortunately, nationwide gaps in mental health care access for children made this much easier said than done.

In Virginia, this gap is acutely felt. Our state ranks 48th lowest in the country when it comes to youth mental

health care access, and 97 localities are mental health professional shortage areas. Only 4 counties have enough child and adolescent psychiatrists to serve their populations, and overall, there are only 14 of these specialists available for every 100,000 children in Virginia. This severe shortage of mental health experts often leaves youth and their parents to either face eternal waitlists or be turned away entirely—which is where PCPs come into the picture.

Many patients with symptoms of mental illness will see their PCPs first to address the issue, often before they have been able to see a mental health expert or get a diagnosis. For children and teens, this PCP is usually their pediatrician. Unfortunately, pediatricians and other PCPs who see pediatric patients are not usually prepared to help in these situations. In fact, over 65% of pediatricians say they lack the necessary training, knowledge, and skills in pediatric mental health, often leaving them at a loss on how to best support these patients.

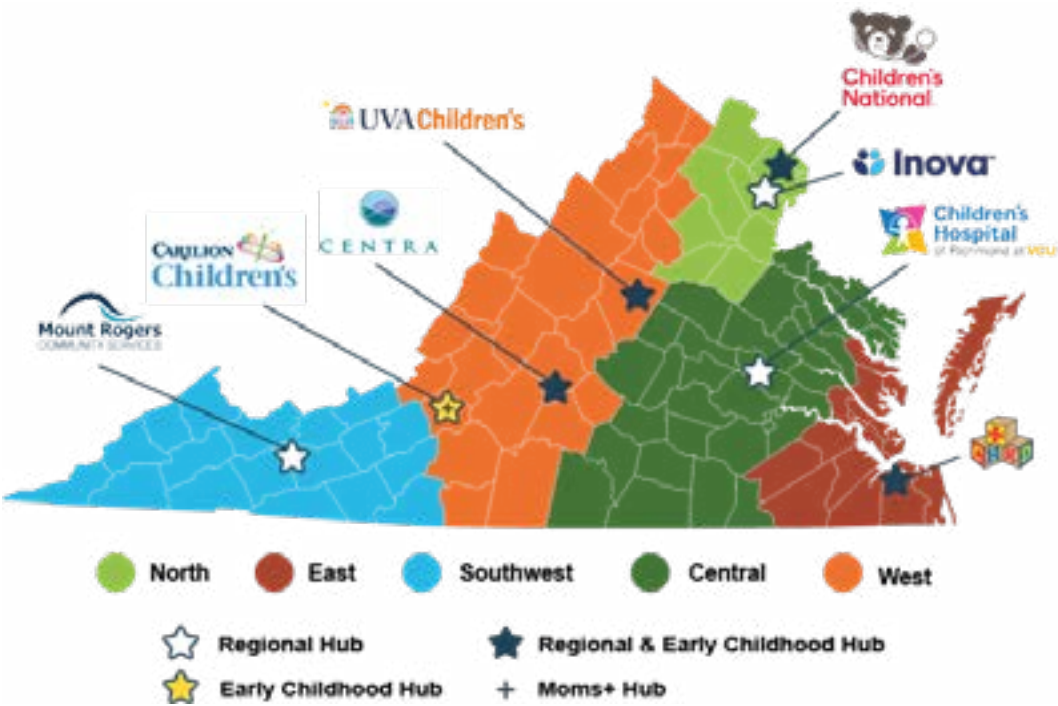
With rates of childhood mental illness on the rise, limited access to mental health specialists, and overwhelmed PCPs unable to find the time or funds to gain new skills in pediatric mental health, Virginia needed more support—and that's why the Virginia Mental Health Access Program (VMAP) was created!



How VMAP Closes the Gap in Child Mental Health Care

The VMAP Line

VMAP provides a solution to the current crisis in two major ways. The first is through the VMAP Line, which is staffed by mental health specialists across Virginia. We are able to achieve this statewide coverage thanks to our partnerships with regional hospital systems, which serve as hubs where the VMAP Line operates.



The VMAP Line offers free same-day consultation to any Virginia PCP who treats children or adolescents (0-21) and needs help regarding their patient's mental health. These PCPs can connect with experts like:

- ▶ Child & Adolescent Psychiatrists
- ▶ Developmental Pediatricians
- ▶ Licensed Mental Health Professionals

Additionally, Virginia PCPs can request care navigation, either as part of their consultation or separately. Care navigation helps their pediatric patients connect with local mental health resources and referrals. This service is invaluable, especially for PCPs who work in areas where such resources are scarce.

Provider Education

The second piece of VMAP is our provider education. Each year, VMAP puts on a variety of expert-led pediatric mental health training with optional CME and/or MOC credit. These opportunities are designed to be low or no cost and convenient for PCPs with busy schedules. Our core offerings include:

- ▶ **REACH:** Mini-fellowship followed by case-based distance learning.
- ▶ **ECHO:** Monthly virtual cohorts with tracks for specialized interests.
- ▶ **Pearls & Pitfalls:** Bi-monthly webinars on critical and PCP-requested topics.

Each training is meant to leave PCPs feeling more confident when diagnosing, treating, and managing pediatric mental health. Acquiring these critical skills means more Virginia PCPs are better equipped to address situations that arise in their daily practice. If they ever feel out of their depth, the VMAP Line is prepared to assist with consultations and care navigation!

VMAP's Impact Across Virginia

In the last 4 years, VMAP has made a real impact in Virginia. Here's just a few of our achievements, which are possible thanks to our partners, leadership, staff, and PCPs across the state!



Registered over 2,00 Virginia providers for VMAP
If you want to be one of them, register at bit.ly/VMAP-Register



Trained over 1,700 PCPs with our provider education offerings
Explore upcoming education opportunities at www.vmap.org/education



Received more than 9,300 calls from providers to the VMAP Line
Virginia PCPs, call VMAP at www.vmap.org/call-vmap



Served almost 8,000 Virginia pediatric patients through VMAP Line consultations

The Future of VMAP

As VMAP continues to gain support, our services are growing. Right now, there are two expansions in the works; one for early childhood mental health, and another for perinatal mental health!

Early Childhood Expansion

In 2023, VMAP received state funding to extend our services into early childhood mental health, focusing on children under the age of 6. Studies have shown that 16% of children under the age of 6 face significant mental health challenges that are difficult to resolve without intervention. Despite this, most of the limited resources in Virginia are directed toward older children and teens, leaving these younger children vulnerable.

The first part of VMAP's Early Childhood Expansion added new experts who specialize in early childhood developmental and mental health to the VMAP Line. This includes early childhood child psychiatrists, licensed mental health professionals (LMHPs), developmental/behavioral pediatricians, and care navigators. We also began offering new trainings on early childhood mental health, including Early Childhood ECHO cohorts, learning collaboratives, and a Triple P training pilot.

VMAP for Moms+

In 2024, VMAP acquired funding to develop services for maternal health providers who see pregnant and postpartum patients, which includes OB/GYNs, family physicians, midwives, and more. 20% of patients report having mental health issues during pregnancy or postpartum, but 75% never receive treatment. Perinatal mental health issues are the leading cause of maternal mortality in America, and left untreated, they can lead to

preterm delivery, difficulty bonding with the child, and much more.

In response, VMAP has launched several perinatal efforts. Perinatal psychiatrists, LMHPs, and care navigators who all specialize in this branch of mental health have joined the VMAP Line. We have also added perinatal mental health training to our rotating education offerings, in order to train maternal health providers on screening, diagnosing, and managing perinatal mental health conditions.

With the continued support of our partners and PCPs, we are excited to see what else VMAP will achieve this year. If you want to have a hand in supporting our efforts, you can start by spreading the word about VMAP—you can use these outreach materials to do it!

Citations for Print:
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Incoming President Remarks

Joel Bundy, MD

Chapter One

So Much is Broken

Amazing Grace. That was mom's favorite song. She loved to play it on her piano, or to sing it under her breath. "Was blind but now I see". As she aged, she began to forget many things. Forget where she was or where she was going. Towards the end sometimes she forgot who I was.

I remember getting a call from her assisted living facility. She had been taken to the emergency room for acute on chronic mental status changes. Hours toiled at the hospital, then sent back to the assisted living facility. I was pleased she did not need to be admitted. But the next day the same story unfolded. But this time she was prescribed antibiotics for a presumed UTI. Unfortunately it was something she was allergic to, and that was clearly documented everywhere. On day three, she made her third trip to the emergency room. Clearly, she was not improving. This time she was admitted to the hospital and a few days later she died of pneumonia. My brother and I were able to see her and say goodbye.

Over my 62 years I have seen stories like this play out over and over. For the patient and their families it is frightening. How to navigate the byzantine health care system? How to pay for all of this? How to reconcile one physician saying what seemed like the opposite of another one? What most failed to realized is that it was more than a broken system. We were broken too.

Chapter Two

Root Causes

I remember Dr. Sterling Ransone's year as MSV president. He spoke about taking care of "us". We have used many words to describe the problem at hand. Burnout...resiliency...moral injury...wellness.

Although there has been progress, we are not winning the war on clinician burnout. In a recent 2024 Medscape article, physicians continue to feel burned

out across the spectrum of medical practices, whether hospital or office based, surgical or medical. More physicians report depression now, compared to five years ago. Too many good clinicians are leaving clinical practice. Wellness and morale are plaguing the field of healthcare, making the complex task of care even more difficult.

- ▶ Physicians have one of the highest suicide rates of any profession. September 17th is National Physician Suicide Awareness Day. It is estimated that one million Americans lose their physician to suicide each year.
- ▶ It is more than physicians, among others, this problem includes PAs, nurses and nurse practitioners.

Chapter Three

We are Better Together

Solutions include working on the culture of wellness and efficiency of practice, both in addition to personalized care. It is a three-legged stool for physician well-being. It must be more than "do yoga" and "get more rest". We must fix our systems too.



As many of you know we have been working together in Virginia for solutions for several years now with some innovative solutions.

The Medical Society of Virginia has developed an incredible program entitled SafeHaven®. We have known that if a professional needed mental health, they would be hesitant because of their fear of potentially losing their license, and thus their profession. “Better to suffer than to lose everything,” but losing everything may happen without receiving the help they need. With SafeHaven, there is a confidential resource for healthcare practitioners who need that help.

The Dr. Lorna Breen Heroes Foundation’s “mission is to reduce burnout of healthcare professionals and safeguard their well-being and job satisfaction.” These efforts came after Dr. Lorna Breen died by suicide in 2020 during the COVID pandemic. Her risk factor for suicide was that she was a physician. The foundation has led efforts both in Virginia and on the national stage, developing a toolkit to improve for us to use. Many of the systems and hospitals in Virginia have become a Well-being First Champion and have removed intrusive mental health questions and stigmatizing language from our credentialing applications.

In Virginia we have a consortium including the Medical Society of Virginia, The Virginia Nurses Association, the Dr. Lorna Breen Heroes Foundation, the Virginia Hospital and Healthcare Association, and individual hospitals and systems across the commonwealth. We have met regularly to learn from each other, share best examples, and now are all working on additional projects to improve the efficiency of practice within our shops. The work is legion, but we are “All In.”

Chapter Four
What a Long Strange Trip It’s Been

I wanted to grow up and become an astronaut or was it a fireman? The first university I toured while in high school was at seminary. I chose chemistry over the cloth, then medicine over the energy of activation. I was drawn to renal physiology. Those early years were spent learning all about the kidney, treating hyponatremia, and searching for that elusive quadruple acid-base disorder. In practice with Tidewater Kidney Specialists, it was taking care of one patient, one person, at a time. Dialysis, lupus, acute kidney injury, palliative care and hospice were common endpoints.

In time I found myself secretary for the Department of Medicine at Chesapeake Regional Medical Center. Then chair of the department, time spent on the Medical Executive Committee and then as medical staff

president. With leadership the impact was larger than improving one person at a time, an entire community could be touched. Being the Chief Medical Officer (CMO) of a hospital was the next big step. I had watched Dr. Cynthia Romero successfully navigate from private practice to the CMO position. I took the leap at Sentara.

Fourteen years later I’ve had the benefit of serving as CMO at Sentara CarePlex and Sentara Leigh, and now as the system Chief Medical and Quality Officer. Execution requires having an incredible team with you. Last year we built systems that decreased our hospital associated infections by 183 across 12 hospitals, avoided 851 mortalities (mortality ratio at 0.7), primarily though our work in sepsis, eliminated over 19k unnecessary days within the hospital and performed at top quartile for patient flow through our busy Emergency Departments. We did this as a team.

The same teamwork exists here in the Medical Society of Virginia. I am honored to be part of this organization and to serve you over the next year. As have the presidents here with me on this podium, I commit to you, to work in the quarries to improve the health of our communities, and the well-being of our clinicians here in Virginia.

Chapter Five
Family

Each of us in medicine realizes what it is to miss time with family. Our path takes us into the heart hospital at 2AM, rounding over the weekends and on holidays. Our profession exacts sacrifice from each of us. It is then special when we have that time to spend with those we love. One of my best memories was from March of this year when my family got together. My lovely wife Susan and all six children, their partners and those very special grandchildren. They came from all over, Florida, Colorado and Australia. I thank them for being here with me tonight.

It has been a journey of a thousand miles. Together, we have seen joy, experienced love and fellowship, dealt with great sadness and loss, but have done so together, never alone. Sometimes it just feels good to take a deep breath, swill some coffee, hike in the mountains, or just watch the grandchildren play. The author Paulo Coelho wrote, “wherever your heart is, there’re you will find your treasure.”

Here we are with each other, and with close friends, and those we love. My phone is on silent, social media is disconnected, and for tonight, work is miles away. You are my treasure.

2024
Salute to Service
AWARDS

Recognizing the Outstanding Efforts of Our Community
The Salute to Service Awards recognize outstanding efforts by a physician, medical student, or resident who has substantially improved patient care, both locally and abroad.

Join us in congratulating the winners of the 2024 Salute to Service Awards!

Service by an Early Career Physician



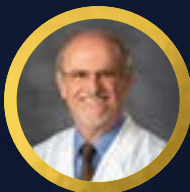
Lee Ouyang, MD, FACOG
OBGYN Physician, Peninsula Women’s Care, Newport News

Service to the Uninsured and Underserved



Paul A. Phillips, DO, FACOP, FAAFP
Emergency Department Director, Russell County Hospital

Service for Advancing Patient Safety & Quality Improvement



José L. Muñoz, MD
Professor of Pediatrics, Pediatric Hospital Medicine and Infectious Disease; Formerly, Medical Director of Quality Children’s Hospital of Richmond - VCU Health System

Service to the Uninsured and Underserved



Stephanie Crewe, MD, MHS
Division Chief of Adolescent Medicine at Children’s Hospital of Richmond

Distinguished Medical School Faculty Service Award



Melissa Bradner, MD, MSHA
Associate Professor Virginia Commonwealth University

Service to the Profession



Richard Szucs, MD
Former President, Medical Society of Virginia and Richmond Academy of Medicine

Is there someone you’d like to recognize? Nominations are open April through June annually. Visit www.msv.org/foundation/salute-to-service-awards to learn more.

Get to Know Yumna Rahman

Second-year medical student at Virginia Commonwealth University School of Medicine (VCU)

Describe your typical day in medical school in three words.

Variable, Fire-Hydrant, Work-in-Progress
(In the spirit of information overload, I've crammed more than three words into this answer)

What specialty are you currently interested in, and why does it fascinate you?

Well, we recently had our cardiology block, and I have to say the hours of studying went by a lot faster because I was fascinated by the physiology and everything just made sense. EKGs turned into a fun puzzle once I learned all the signs to look for, good and bad. I shadowed in interventional cardiology and saw enough stents being placed with the satisfying effect of blood flow being restored instantly. I like the idea of immediately effective care with the longitudinal connections with patients to work on lifestyle changes as well.

What's your go-to study snack during exam season?

Extra toasty Cheez-its and Trader Joe's vegan pepperonis (I'm not vegan ok but these are SO good). Also, I'll concede that my go-to energy drink when coffee isn't working anymore is the guava strawberry flavor of Reign Storm. It's better than Celsius and I'll die on that hill.

If you could have dinner with any famous doctor (real or fictional), who would it be and why?

Gotta go with Dr. Abraham Verghese. His book, Cutting for Stone, was gifted to me by my high school English teacher and it was really a turning point for how I viewed medicine. While the book itself was a combo of non-fiction and fiction, the morals and takeaways were very applicable to modern day medicine. His backstory alone is enough to carry a whole evening of conversation but also, I would be so excited for him to recommend an awesome Ethiopian restaurant for dinner.

What's the most surprising thing you've learned about yourself in medical school?

The most surprising thing? I was never very good at picking up languages easily but at this point I manage to think and speak in 50% Latin and 50% acronyms to get through studying- which has to count for something. And then equally surprised by how hard it can be to unlearn all that when explaining medicine to patients.

If you could give one piece of advice to future medical students, what would it be?

Do whatever you can to escape tunnel vision. You'll get asked from day one about what specialty you want to go into and you'll get asked that about 12853283 times again by the time you graduate. If you're exploring the world of medicine the way you should be, that answer will likely vary along the way, and only then will you be sure you made the right choice in the end.



Get to Know Sanobar Shaikh

Second-year osteopathic medical student at Liberty University College of Osteopathic Medicine (LUCOM)

What's the most surprising thing you've learned about yourself in medical school?

The most surprising thing I've learned about myself in medical school is my love for anatomy and the anatomy lab. Initially, I was intimidated by the weight of the responsibility—caring

for my first patient and honoring the profound sacrifice they made to advance our education. However, despite the initial hesitation, I embraced the hands-on experience. I was fascinated by the intricacies of the human body, the way each structure has its purpose, and how everything connects. Over time, the anatomy lab became a place where I could explore this passion, strengthening both my technical skills and my understanding of the human form.

What's your go-to study snack during exam season?

Butter Snap flavored pretzels (Snyders of Hanover brand only!)

If you could give one piece of advice to future medical students, what would it be?

Tune out the noise and trust your gut.

Describe your typical day in medical school in three words.

Engaging, collaborative, fulfilling.

What specialty are you currently interested in, and why does it fascinate you?

I don't have a specific specialty in mind yet; however, I'm interested in serving underserved and under-resourced populations to bridge the health equity gap! To that end, I see myself as a generalist rather than a specialist in the future, providing care across a diverse range of health needs in communities with limited resources. I hope to play a role in making healthcare more accessible and equitable, delivering comprehensive, compassionate care to those who need it most.

If you could have dinner with any famous doctor (real or fictional), who would it be and why?

Dr. Stephen Vincent Strange from the Marvel comics. Dr. Strange is a neurosurgeon who suffered severe nerve damage from a car accident and was told that he would not be able to practice again as a surgeon. He travels the world in search of alternative ways of healing. As a DO student, I find Dr. Strange's journey especially relatable and inspiring. Like Dr. Strange, we in osteopathic medicine are often taught to look beyond conventional methods of healing and explore holistic and integrative approaches to health and medicine.



The Physician Shortage: Changing the Medical Landscape

On its surface, the physician shortage is a crisis of basic economics: increasing demand for physicians is outpacing supply. But beneath that simple statement is a labyrinth of root causes that make the problem – and solutions – extremely complex.

In this article we'll take a high-level look at the shortage itself, the risks and changes it brings to the medical landscape we know today, and a list of possible and progressing solutions.

PHYSICIAN SHORTAGE: HOW DID WE GET HERE?

There's unfortunately no way to point a finger at a single cause of the physician shortage. If that were the case, a solution would be easier to come by. With a complex cast of characters contributing to the crisis, resolving it will require multiple efforts. Obviously directly addressing the causes offers paths toward mitigation and eventually – hopefully – a lasting solution.

Some of the causes cited for the physician shortage include:

- Physician retirement wave
- Administrative burdens
- High cost of medical education
- Rise in chronic diseases
- Physician compensation
- Broken Medicare payment system
- Aging population
- Illegal drug crisis and overdoses
- Physician burnout
- Increasing healthcare consolidation
- Government intrusion into health care decisions

Let's run some quick numbers.

The aging population has a significant impact on the need for more physicians. In 10 years, by 2034, that population will account for 42 percent of the physician demand, compared to 34 percent just 5 years ago in 2019. In terms of actual physicians, that means people 65 and up required 280,700 physicians to provide their care in 2019, and will need up to 407,300 physicians by 2034. Adding to the challenge is that an aging population requires more complex care and will need to rely more heavily on specialized care.

As the general population ages, chronic diseases are also on the rise. Today 6 in 10 Americans have at least one chronic disease, and 4 in 10 have two or more. Sicker people require more care.

In addition, if marginalized minority populations, people living in rural communities, and people without health insurance had the same healthcare use patterns as populations with fewer barriers to access, up to an additional 180,400 physicians would be needed now.

At the same time, more than 2 of every 5 active physicians in the U.S. will be 65 or older within the next decade. Physicians aged 65 or older are 20% of the clinical physician workforce, and those between age 55 and 64 are 22% of the clinical physician workforce. Their retirement decisions will dramatically affect physician shortages.

According to newest available 2024 projections, published in March by the Association of American Medical Colleges (AAMC), the U.S. will face a physician shortage of up to 86,000 physicians by 2036.

It's a grim numbers game. Unfortunately Virginia is poised to take a direct hit. Of the projected growth in demand for physicians, 98 percent will occur in metropolitan areas, with the largest growth expected in regions projected to gain the most population. The South ranks at the top of the list for growth and projected physician demand.

Interestingly, the shortage projected in the 2024 report is smaller than detailed in the last AAMC report published in 2021. The difference is due to a new set of scenarios based on hypothetical future growth in the number of medical residency positions nationwide. The new scenarios demonstrate the positive impact on physician supply if states, teaching health systems and

hospitals, Congress, and the Centers for Medicare & Medicaid Services (CMS) continue to build upon their investments in graduate medical education.

RISKS TO THE HEALTHCARE LANDSCAPE

There's no way to sugarcoat it: fewer doctors presents a significant risk to patient care as we know it today. Without solutions, the healthcare landscape faces challenge and change at nearly every level. At the top of the list is the shortage's negative impact on patient outcomes, due to the convergence of a number of factors, many of which appear in the list below.

The shortage also amplifies healthcare inequities, especially in rural communities and among marginalized groups. The Department of Veterans Affairs found that less than 12 percent of physicians in the U.S. practice in rural areas, despite around 20 percent of the population living in rural communities.

Risks to patient care as a result of the shortage include:

- Increased wait times
- Delayed diagnoses
- Delayed treatments
- Abandoned treatments
- Decreased patient satisfaction
- Less face-to-face clinical time
- Increased travel distance for care
- Fewer support staff
- Reduced investment in technology and equipment
- Fragmented and uncoordinated care

Not only will worsening patient outcomes increase the demand for physicians, further exacerbating the shortage itself, an increase in preventable and treatable conditions will also contribute to escalating healthcare costs. That creates an unfortunate cycle in which care becomes less affordable, causing patients to delay, abandon, or not pursue care, which again adds to the increase in demand for physicians as patients continue to become sicker.

ADDRESSING THE PHYSICIAN SHORTAGE

The American Medical Association (AMA) has outlined a 5-step plan to address the crisis: the AMA Recovery Plan for America's Physicians, which includes: (1) Medicare payment reform, (2) reducing administrative burdens like the overused, inefficient prior authorization process, (3) bipartisan legislation to expand residency training options, provide

greater student loan support, and create smoother pathways for foreign-trained physicians, (4) ending the criminalization of healthcare, and (5) ensuring physicians are not punished for taking care of their mental health needs.

As we mentioned, the many contributing causes of the shortage will require complex and innovative solutions. In addition to the factors outlined by the AMA Recovery Plan, here is a list of solution areas being discussed and explored to address the shortage:

- Care delivery innovation
- Debt relief via physician repayment and loan forgiveness programs
- Technology and telemedicine
- Transition to a value-based care model
- Federal support for residency training
- Efficiently use of the care team
- Expansion of the care team
- Workforce development, like MSV's Pathways to Medicine
- Education
- More advanced practice registered nurses (APRNs) and physician assistants (PAs)
- Physician burnout and turnover rates
- Mentorship
- Succession planning
- Free primary care tuition
- Address physician income with annual payment updates
- Operational costs
- Reduce insurance claims, billing, and coding processes
- Improved electronic health records (EHRs)
- Competitive wages and benefits packages

It's worth noting that here in Virginia, Medical Society of Virginia (MSV) has already worked to create the SafeHaven program, with protected, confidential mental health and other support for physicians and PAs as well as students, nurses, and pharmacists.

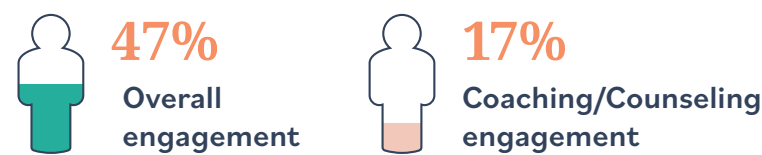
Luckily, change is already in motion. Two questions remain:

1. How quickly can change make a meaningful difference to alleviate and resolve the physician shortage?
2. How will the medical landscape continue to change as solutions are put into place?

SafeHaven Engagement and Outcomes

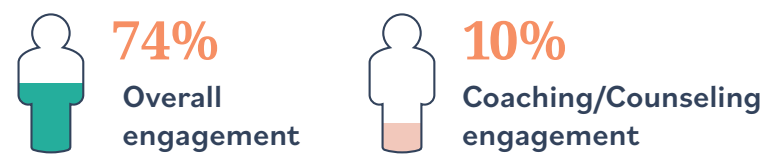
Engagement and Utilization | Data Reports

2021



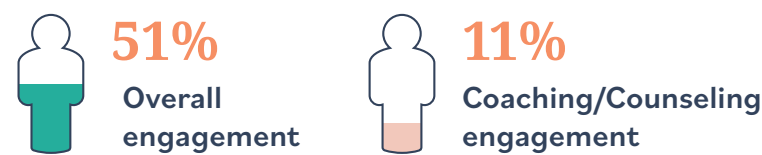
- Top 3 reasons for Coaching/Counseling
- Stress/Burnout
 - Job/Career
 - Workplace Conflict/Issue

2022



- Top 3 reasons for Coaching/Counseling
- Stress/Burnout
 - Stress Reaction
 - Leadership/Management Skills

2023



- Top 3 reasons for Coaching/Counseling
- Stress Reaction
 - Anxiety
 - Leadership/Management Skills

“You can’t have an efficient healthcare system if you don’t have a workforce that feels good about themselves, is competent, and has physical health and mental health.”

John Whyte, MD, MPH
WebMD
Chief Medical Officer

SafeHaven Engagement and Outcomes

Engagement and Utilization | Data Reports

Psychological Safety is significantly increasing utilization of professional counseling and coaching services.



Early indicators are that Participants who engaged in SafeHaven experienced a 14.33% increase in overall well-being.

“Our students and the next generation are using programs like SafeHaven because they are acknowledging that they are stressed and that the pandemic has put a lot more pressure on them mentally.”

Cynthia Romero, MD, FAAFP
M. Foscue Brock Institute for Community and Global Health, EVMS Director

SafeHaven Enrollment Numbers by Year



Adult Psychiatric Access Line (APAL)

APAL, a program of **HealthHaven: Recovery** is a statewide consult and care navigation program designed for providers treating adults struggling with substance use disorders. APAL supports providers with access to specialized mental health services and prepares primary care and emergency clinicians for the behavioral health needs of their patients through CME trainings and education.

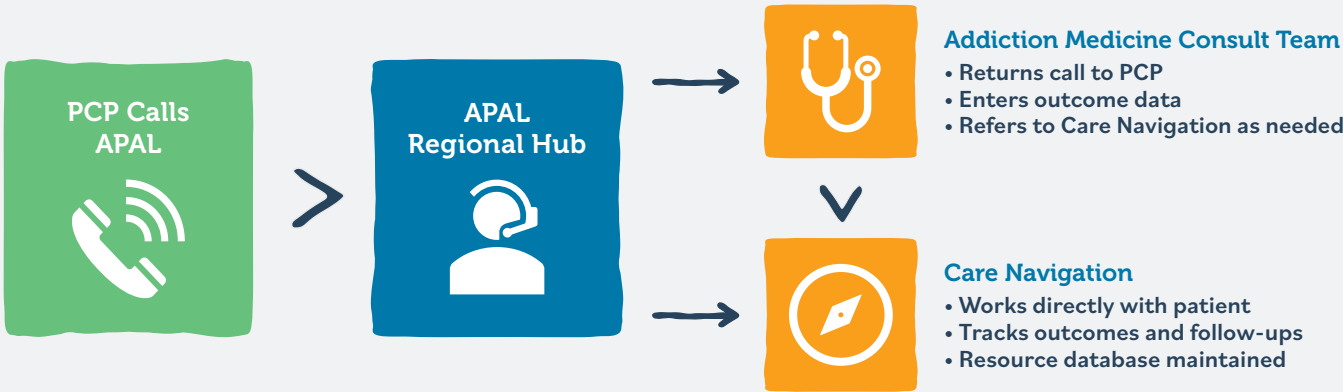


The Problem: Too Few Providers

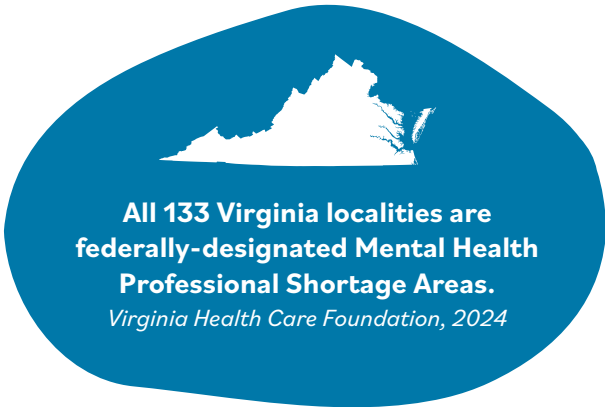
Despite sizable investments at the state and federal level, Virginia’s capacity is constrained across the Commonwealth’s continuum of behavioral health care. There are not enough specialized healthcare providers to meet patient demand for **behavioral and mental health services**. Virginia faces significant challenges in developing specialized solutions to reduce adverse health outcomes related to substance use disorders.

The Solution: APAL

With the support and resources provided by APAL, a program of HealthHaven, healthcare providers, particularly those in primary care and emergency settings, will have the tools and knowledge to help effectively diagnose, prescribe, and assist patients in navigating substance use recovery care. APAL’s care model isbased on three components: **Provider education program** on screening, diagnosis, management, and treatment of SUDs; access to **telephonic consultations** via regional hubs comprised of addiction medicine specialists and psychiatrists, psychologists, social workers, and/or prescribing providers; and **care navigation assistance** to help identify additional regional mental health services and resources.



Support DBHDS Funding Requests



A Letter To Myself In Medical School

Hello!

I remember you, an eager, energetic medical student ready to take on the commitments and challenges of becoming a physician. The commitment is a tall but honorable one. As to the challenges, there are so many. Some you will see coming, and others you won't. Yes, medical school is tough, grueling even — mentally and physically. You're prepared for that. Or you think you are. But there's so much more you need to know.

First and foremost, as you get started, what I wish I could tell you is to take care of yourself. Especially now. But it's important throughout your career. Because you can't take care of others if you're not at your best — at least you can't do it well. Eat better. Sleep better. Relax better. It will make a difference.

It won't always be like this. There will be a shift in your future, a shift of acceptance for physicians to get the help and mental health support they need. A shift in the availability of support, and in privacy protections surrounding that support. A shift in the system itself, among your superiors and your peers. And a shift in your own mindset. But for now, you'll tough it out and push through long days and even longer nights. It will be hard now, and it won't get easier until that shift begins. Know it is coming.

You will consider dropping out. Just about everyone has that thought when the going gets really tough. I wish I could tell you how much you are needed today — and especially how much you will be needed tomorrow. There's a crisis brewing, a shortage of physicians that will happen as our population gets older and sicker. The perfect storm, some will call it. There are too many causes to mention here, but know that you are an important part of the solution. From serving patients, to advocating for solutions, to supporting and implementing change, you are critical to the future of medicine. Especially if you are considering primary care or have an interest in caring for the underserved, you will be needed.

I recommend you find a mentor you respect, who can give you advice, help guide your decisions, and hopefully smooth your path forward. A mentor with whom you can commiserate and collaborate. A mentor who can help you navigate the ins and outs of your specialty — or who can help you choose one. A mentor who will be truthful, supportive, and hopefully empathetic. Now, and as you progress through your career, a been-there-done-that mentor will help you see around the next corner and prepare you to handle what's ahead.

Finally, I know you don't like to think about your debt, but my advice to you is to be intentional and proactive with managing your debt. Chances are you'll have a sizable debt by the time you're all said and done. Get after it. Do your research, ask questions, and take control. It's too easy to put your head in the sand when the magnitude of that debt and its impact on your life can be overwhelming. Level-up your financial literacy. Stay on track. Do your due diligence. Learn about your options with loan types, rates, and payments. Look into programs that can help, and know more will be coming. Seek out employers who include loan repayment as a benefit. Your debt is a legitimate concern, but it's not insurmountable.

One last thing: You will make mistakes. That's how you learn. No one is perfect. Give yourself that grace and space to make mistakes. Perseverance and resilience will be the keys to your success.

There's so much ahead — for you, for your career, for the practice of medicine. I'm excited for the future!

Your Future Self

Get to Know Julia Feord

Second-year medical student at Macon & Joan Brock Virginia Health Sciences at Old Dominion University

Describe your typical day in medical school in three words.

Puppy, snack, study (in that order)

What specialty are you currently interested in, and why does it fascinate you?

Dermatology! I am interested in derm because of its breadth. I love the idea of doing such a large range of clinical visits, procedures, and even pathology all within the same day. The patient population's wide range is perfect as I enjoy working with kids to our oldest patients and having a long-standing relationship with my patients is something I am looking for in a specialty. Additionally, as someone who loves art, I am drawn to the visual nature of dermatology and the pattern recognition involved in skin conditions and dermatopathology. I am excited to work with my hands and I hope to one day empower my patients to feel beautiful and comfortable in their own skin even with surgical scars.

What's the most surprising thing you've learned about yourself in medical school?

The extent of my patience, resilience, and ability to give myself grace. First year of medical school, losing a loved one, and raising a puppy are three taxing undertakings, doing them all at once was quite the year for me. I am so proud that I made it through M1 year (and almost all of pre-clerkship! Wish me luck for my neuro exam though). None of those three labors went anywhere near perfectly but I've come out the other side with a new best friend, a strong support system, and a continued passion for medicine.

What's your go-to study snack during exam season?

A London Fog Latte and a Coconut Macaroon

If you could give one piece of advice to future medical students, what would it be?

Give yourself grace! Every study day and every exam won't be perfect and that's ok. Go try new things without being hung up on the idea of failure. Reach out for help and to set up new experiences; there are so many peers, faculty, and physicians here to help us. Lastly, don't forget to do it all with humility and kindness, we're all human.

If you could have dinner with any famous doctor (real or fictional), who would it be and why?

I'd love to have dinner with Dr. Glaucomflecken. What a successful comedian! His skits never fail to make me laugh and he embeds them with such care for improving the American medical system. I think a conversation with him would be witty and light but also genuine and impactful. I'm sure I'd walk away from dinner with at least one new resolution to propose to MSV.



Get to Know Drew Hagen

Second-year osteopathic medical student at Edward Via College of Osteopathic Medicine (VCOM)

What's the most surprising thing you've learned about yourself in medical school?

That I could actually be effective with time management and still have time for personal goals such as training to compete in an Iron Man.

What's your go-to study snack during exam season?

Tortilla Chips & Guacamole

Describe your typical day in medical school in three words.

Challenging, Rewarding, Supportive

What specialty are you currently interested in, and why does it fascinate you?

Surgery: I find surgery interesting because it is an anatomy-forward profession that requires the use of precision skills and innovative technology to directly improve patient outcomes.

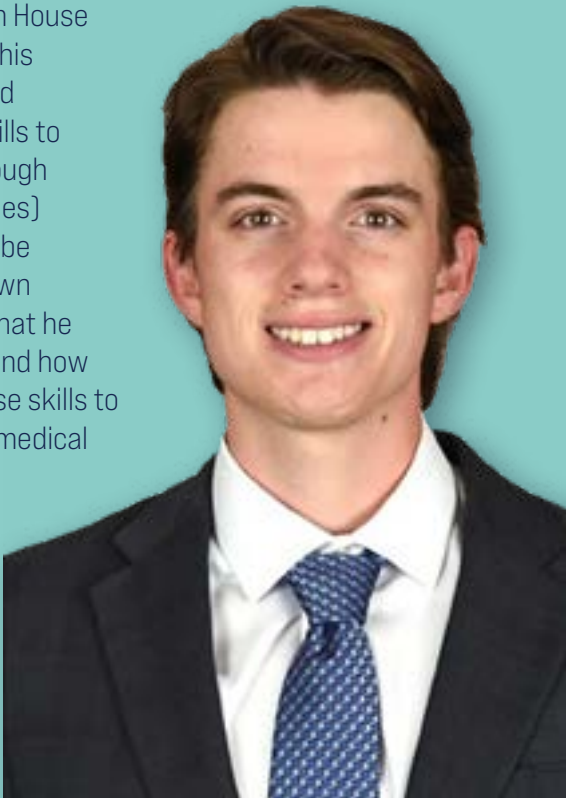
If you could have dinner with any famous doctor (real or fictional), who would it be and why?

Dr. Greg House from House MD TV series. I find his decision making and problem-solving skills to be very unique (though questionable at times) and I think it would be awesome to sit down with him to see what he could teach me and how I could build those skills to solve complex medical problems.



If you could give one piece of advice to future medical students, what would it be?

Don't be afraid to reach out and network, you never know what connections or opportunities can arise out of even the most casual conversations.



Certified Financial Planners
Pro Bono Resource for Virginia
Medical Students & Residents



You're Our Priority.

The Medical Society of Virginia's mission is to make Virginia the best place to practice medicine and receive care. We advocate for Virginia physicians, offer professional development and CME, provide professional liability and business insurance solutions, and have dedicated programs—SafeHaven® and WealthHaven—to give healthcare providers the support they need to stay mentally, emotionally, and financially well.



Finances Can Be Stressful—We Can Fix That.

WealthHaven is a free financial counseling program for medical students and residents that alleviates the stress and confusion surrounding loans, insurance, and money management so they can confidently plan for their future.

While the path to practicing medicine looks different for everyone, over 70% of medical students and residents carry student debt (on average \$207,000), and physicians routinely cite financial stress as a contributing factor to burnout. We're working to change this.

The Medical Society of Virginia has partnered with volunteer Certified Financial Planners (CFPs®) to offer **FREE** financial well-being presentations and one-on-one financial counseling sessions to Virginia medical students and residents.

CFPs ...

- are the standard for financial planning.
- meet rigorous education, training and ethical standards.
- are fiduciaries, meaning they must act in their clients' best interests.

WealthHaven lessens the anxiety and uncertainty surrounding major financial decisions medical students and residents face through free, one-on-one financial counseling sessions led by expert Certified Financial Planners.

Counseling topics include:



Money management and budgeting



Understanding insurance options and needs for your field of practice



Debt management (student, auto, home)



Loan repayment



Evaluating employer benefits

We Know Your Time Is Limited. We're Here to Help.
All it takes is one meeting to start feeling better about your finances.
Learn more at www.msv.org/programs/wealthhaven

Medical Society of Virginia = Solutions for Virginians

Problem

Solution

BURNOUT

Physicians and other clinicians were struggling with burnout and career fatigue. There was a need for providers to get **CONFIDENTIAL** support without fear or stigma.

SAFEHAVEN®

We created SafeHaven. Now physicians, PAs, and other clinicians can seek confidential support without fear of repercussions to their license.

PEDIATRIC MENTAL HEALTH

Virginia ranks near the bottom in pediatric mental health. Physicians expressed the need for resources and training to support the growing pediatric mental health crisis.

VIRGINIA MENTAL HEALTH ACCESS PROGRAM (VMAP)

We helped expand VMAP and hired psychologists, psychiatrists, and licensed mental health professionals to be available for immediate consultations.

PHYSICAL SAFETY CONCERNS

Members shared their stories of being threatened and attacked in the workplace, creating a culture lacking physical and psychological safety.

NEW LAWS FOR PROTECTION

We worked with the General Assembly to increase legal protections when a healthcare provider is threatened in the workplace.

LICENSURE CONCERNS

Licensure questions asked by the Department of Health Professions increased stigma around seeking treatment for mental health.

APPLICATION CHANGES

We worked with the Dr. Lorna Breen Heroes Foundation to change mental health questions on the applications to reduce fear and stigma around getting help.



2024 Medical Society of Virginia Year in Review

Membership

Highest number of renewing members in
11 years

Membership team has grown to include an **Engagement Manager** and a **Membership and Advocacy Specialist**



Government Affairs and Health Policy

Insurance Agency (MSVIA)



Celebrated
25 Years
of the MSVIA

Launched the **InsureHaven** brand to offer insurance in other states, dental practices and beyond



Expanded SafeHaven® to include **dentists** and **dental hygienists**, and **clarified language** around medical treatment for behavioral health and in-patient care

Defeated efforts to puncture the medical malpractice cap

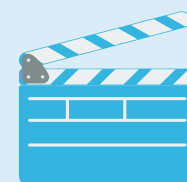


Virginia Mental Health Access Program (VMAP)



Launched **Moms+ Line** and first Moms+ education event for healthcare professionals who screen or provide clinical care for pregnant and/or postpartum patients

Completed and published a VMAP **educational and advocacy film**



Pathways to Careers Medicine



Physicians visited
13
elementary, middle, and high schools across Virginia and presented to over
700
students to encourage pursuing careers in healthcare

SafeHaven



Added over
1,000
new enrollees

Developed and published the first **SafeHaven Impact report**



HealthHaven: Recovery Adult Psychiatric Access Line (APAL)



Received
\$2,300,000
in government grants for the Adult Psychiatric Access Line (APAL)

APAL **pilot launched** in Central region



Foundation



Raised almost
\$100,000
for the Second Century Circle Endowment

Raised
\$225,000
in sponsorships for Annual Meeting, with over
425 people
attending the 2024 Physicians Gala



WealthHaven



Presented to over **200** Virginia medical students and residents on financial well-being building blocks and has offered complimentary 1:1 financial counseling sessions with volunteer CFPs

Our Reach

Over
600 media mentions
across the organization




Over
25 new blogs
posted across the organization (MSV, SafeHaven, and VMAP)

An Empowered Physician and PA empowers their community and patients!


The programs and initiatives from the Medical Society of Virginia Foundation (MSVF) empower physicians and PAs.




Physician and PA Leadership Institute: Developing physician and PA leadership skills so they can drive change in healthcare



Virginia Mental Health Access Program (VMAP): Increasing access and improving mental, behavioral, and emotional health and development by providing education, consultation, and care navigation to medical providers of infants, children, adolescents, young adults, and pregnant & postpartum people



MSV Endowment & President's Wall, Second Century Circle: Ensuring MSV can continue its work for the next 200 years



By making a donation to the MSV Foundation, you are empowering the future of medicine!

Donate today: www.msv.org/foundation

MSVF is a registered 501(c)3 non-profit organization. Therefore, your donation is 100% tax-deductible.

Invest in the Future of Medicine: Support the MSV Endowment

As physicians and PAs, you dedicate your lives to caring for others. Now, it's time to invest in the future of healthcare and the next generation of medical professionals.

The MSV Endowment is a unique opportunity to leave a lasting impact on the medical community in Virginia. By contributing to the Endowment, you are helping:

Support medical education and scholarships for aspiring doctors.

Promote physician well-being through programs that prevent burnout and enhance resilience.

Advance innovative healthcare initiatives that benefit Virginia's communities.

Your donation ensures that the legacy of excellence in Virginia's healthcare system continues, creating opportunities for the next generation of physicians, strengthening our profession, and advancing healthcare across the Commonwealth.

Join us in building a stronger future for healthcare in Virginia.

Your contribution to the MSV Endowment is an investment in the well-being of future physicians, PAs, the communities we serve, and the healthcare system we all rely on.

Make your gift today and be a part of something truly transformative.
www.msv.org/foundation/msv-endowment

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Working
Together
to Protect
You.

PROFESSIONAL LIABILITY • CYBER LIABILITY • WORKERS' COMPENSATION • BUSINESS OWNERS, MANAGEMENT LIABILITY • AND MORE!

Each day thousands of physicians treat their patients with confidence in knowing that MSVIA is their insurance partner. Building on the Medical Society of Virginia's legacy of caring about Virginia physicians, our team stands ready to support you with unbiased guidance and exceptional service.

Get the coverage you need. Protect your profession.

Visit www.msvia.org/insurance-quote, scan the **QR code**, or call us toll-free at **877-226-9357** to speak with one of our representatives.



The MSV Insurance Agency. Insuring your trust, protecting what matters.

While the Medical Society of Virginia (MSV) works hard to advocate for all physicians across Virginia, the MSV Insurance Agency offers personalized services, resources and education to protect you and your practice.

www.msvia.org