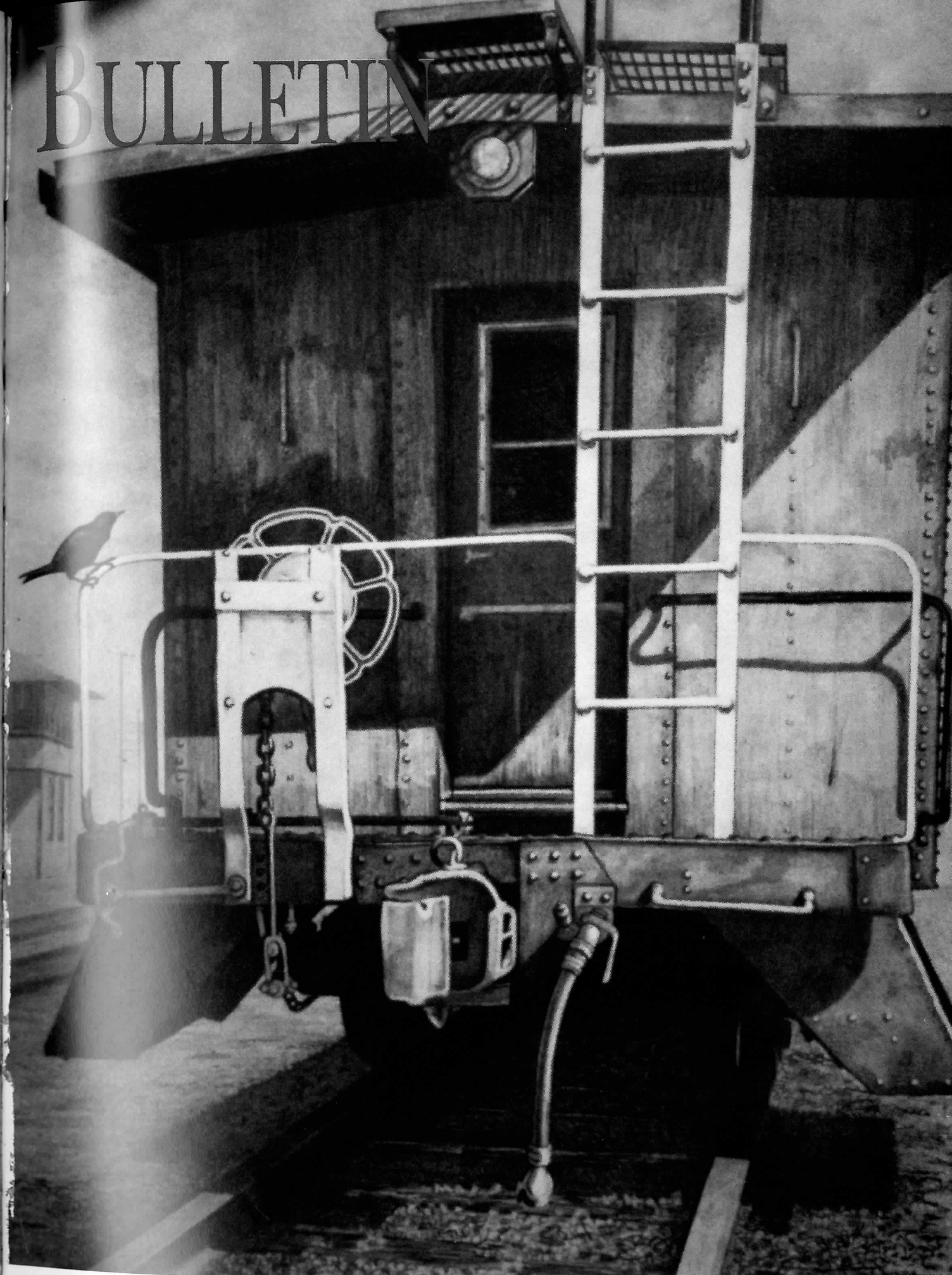
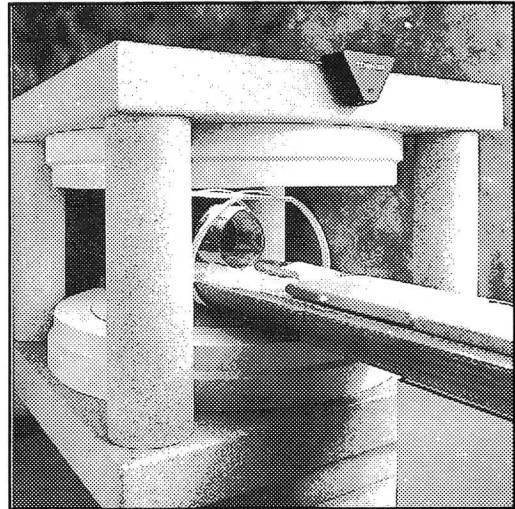
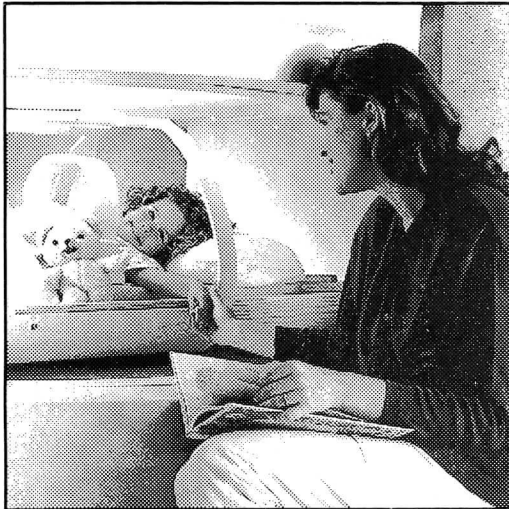


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The 1995 political agenda at the Statehouse and in Congress will be especially important for Ohio physicians. To be effective in 1995 and beyond, you must become more involved in the political process.

If you haven't received an enrollment form from the OSMA, call the OSMA Division of Public Affairs at 1-800-766-OSMA.

BULLETIN

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The opinions and conclusions expressed herein do not necessarily represent the views of the editorial staff nor the official views of the Mahoning County Medical Society. Advertisements do not imply sponsorship or endorsement by the Mahoning County Medical Society of products or services advertised.

The Bulletin reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted, including advertisements.

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Society to Continue Educational Seminars in the Fall

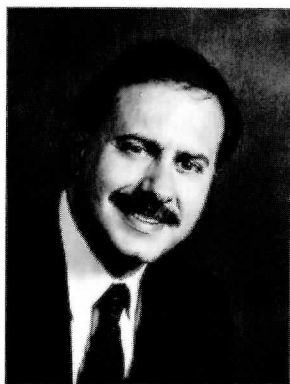
THE SOCIETY HAS CONTINUED IN ITS ATTEMPT TO PROVIDE INFORMATIONAL AND EDUCATIONAL SEMINARS TO THE membership in May and June. A Billing and Coding Workshop was held at Mr. Anthony's on June 2nd, and the OSMA-

sponsored session was very well-attended with current changes and nuances reviewed.

On June 16th 62 brave souls endured the heat and lack of air conditioning at Stambaugh Auditorium to attend the "Strategies for Change" managed care workshop presented by Evelyn Eskin, MBA, and Stephen Nash, Esq. In addition to four hours of Category I CME, the attendees gained a basic understanding of the intricacies of various managed care arrangements and what to be wary of when joining such arrangements. Alternative structures that included physician-hospital organizations, physician organizations and integrated health care systems were presented in a clear and interesting style with an open dialogue to the audience.

Later this month, the Annual OSHA Update will be held to re-certify the enrollees in the governmental regulations to which we all must adhere. We will review methods to help us to

*Chester A. Amedia, Jr., M.D., F.A.C.P.
President*



Chester

stay in compliance with these regulations as well as to practice universal precautions, deal with blood spills, and cope with the ever-growing paperwork associated with attempts to protect our staff and ourselves.

Because of the enthusiasm for the programs we have had to date, more educational sessions, as well as meetings designed to enhance our political acumen, will be planned for the fall.

Summer has been a traditional "quiet time" for the Society, and Council has usually recessed until September. We hope to change that a bit this summer as we organize the service project we have started to develop with the congressional office. On June 6th several physicians met with key community leaders and Congressman Traficant and outlined our project for providing physician services to the uninsured families in our community. A committee structure was developed and we are already trying to collect demographic information in order to better understand and plan for the full scope of our task. The organization and structure will follow and will be worked out by the physician steering committee in concert with the congressional office, which has agreed to help us secure administrative and clerical support. We hope to have a firm program to present to our members by the end of the summer. We will keep you advised of developments and hope that this plan will help us better help our patients.

As a result of the managed care workshop and the plans by area hospitals to form PHOs, there have been many requests for the Society to facilitate discussions regarding a county physicians' organization. Because of this interest, the Council agreed to support and help arrange meetings and communication to begin the discussion process. We will advise you by special mailing of time, place, and costs after we have determined the interest level. If we are to organize, we will need to move quickly in order to be competitive and credible. Watch your mail and fax alerts for details and up-continued on pg. 19

"Because of the enthusiasm for the programs we have had to date, more educational sessions . . . will be planned for the fall."

How Your License Renewal Fee Benefits You

Anand G. Garg, M.D. and Lauren Lubow, J.D.

ALTHOUGH A PREVIOUS ARTICLE IN THE BULLETIN HAS addressed the Medical Board's new licensing fee, many of my colleagues have asked me why it is necessary and where the additional funds from the Medical Board's renewal fee will be going. In this issue, we shall try to outline in as much further detail as possible where your money goes and how it will benefit you.

The new law provides funding for the Ohio Physician Loan Repayment Program out of your fee. The first \$20 of your \$250 biennial renewal fee, therefore, goes not to the Medical Board, but to the Ohio Physician Loan Repayment Program, a separate project being administered by the Ohio Department of Health in cooperation with the Ohio Student Aid Commission. The State's FY94/95 budget bill funded the program at \$350,000 for each year of the biennium. The funds generated by the new program will support the recruitment of five to ten physicians per year to eligible underserved areas over the course of the five years for which the program has been authorized. Each participant, who must make a minimum commitment of two years, will be eligible to receive up to \$20,000 per year in loan repayment assistance, to a maximum of \$80,000. Eligible physicians are those in the final year of primary care residency training or those who have practiced a primary care specialty — defined as Family Practice, General Internal Medicine, Obstetrics/Gynecology and General Pediatrics — for three years or less at the time of their application to the program.

Of the remaining \$230 of the renewal fee, 82.2% goes to support the Medical Board's continuing services, with another 3.7% going to support

a new responsibility imposed by the General Assembly to monitor clinical laboratory ownership and self-referrals. Thus, including the Physician Loan Repayment Program, \$218 of the \$250 fee goes simply to maintaining the status quo or funding new statutory mandates.

So what benefits shall all of us get for the extra \$32? That money is aimed at development of two new programs, one designed to reduce the need for formal Medical Board intervention in physicians' practices, and the other to permit focused drug investigations, as well as modernizing information management and office operations. These are the programs the Board is implementing:

- Early Intervention — This pilot project is slated at 4.1% of the Board's budget, or \$9 per biennium, and is to concentrate on correcting identified substandard practices before license suspension or revocation becomes the Board's only recourse. Selected cases involving allegations of substandard medical care will be reviewed by an expert panel to assess those practice problems that may warrant educational or restrictive action, but not necessarily formal disciplinary action. The intent of the program is to better protect the public by addressing correctable problems before they become more serious,

thereby also avoiding lengthy administrative hearings that are costly both to the State and to the physician, who faces legal fees and potential harm to his or her practice as a result of adverse publicity.

- Prescription Drug Unit — An additional 3.1%, or \$7 of the \$250, is to be utilized for creation of a prescription drug unit. Diversion of prescription drugs is widely acknowledged as accounting for 50-60% of illegally obtained drugs, and results in the misspending of millions of health care dollars each year. Although some argue that there should be an even greater emphasis on criminal law enforcement, the vast majority of those drugs are actually diverted through substandard medical practices rather than through any criminal activity on the part of the physician. The Board's existing investigative and enforcement staff has been sorely taxed to keep pace with the approximately 160 new prescribing complaints received annually, much less address the over 500 complaints already pending that allege inappropriate prescribing.
 - Modernized Information Management and Office Operations - 6.9% or \$16 of your renewal fee is allotted to increase your access to information maintained by the Medical Board through computer modernization, and to fund publication of additional newsletters and brochures to keep you up to date on Board policies and other issues pertinent to your practice. The fee increase will also cover an additional records staff position to handle license verifications, toll-free 800 number access, and on-line computer services that permit access to public information by large volume
- continued on pg. 11*



Anand Garg, M.D.



Lauren Lubow, J.D.

The (Path) Way of the Future

ONE OF THE MANY TOOLS IN VOGUE RIGHT NOW WITH MANAGED CARE PLANS IS THE "CLINICAL PATHWAY", THROUGH WHICH physicians and hospitals essentially standardize the management of patients with a particular disease or following a certain

procedure. This standardization is intended to reduce the cost of providing health care services, while maintaining the same level of quality. These goals are to be accomplished by eliminating redundant or unnecessary testing, and by decreasing the "down time" of the patient while in the hospital, e.g. waiting for testing or to be seen by a consultant. The result should at least be a decrease in the length of stay (LOS), and hopefully, therefore, an appreciable drop in cost for the patient and insurer for the given service.

Hospital stays for any given problem have generally become shorter over the past decade, at least in the surgical fields, without the help of these pathways. These reductions have occurred due partly to technological advances (e.g. laparoscopic cholecystectomy), partly to greater availability of home health care (e.g. home IV antibiotics), and partly to a greater comfort level and familiarity of physicians with out-patient treatment.

Nevertheless, a wide variation still exists between physicians and their treatment for the

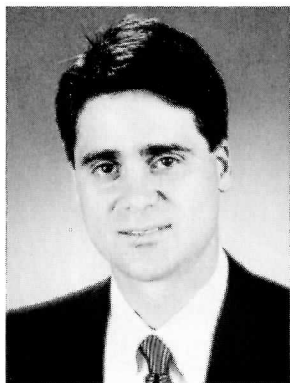
same patient or problem, with a corresponding spread for the cost of that treatment, at least in the short term. This is the primary ammunition for managed care and its reasoning for standardization of our services. Clinical pathways are being proposed and developed for virtually any disease or surgical procedure you might imagine. Ultimately, these will become the "cook-book" so many of us have feared, and threaten to strip the physician of his autonomy in making patient care decisions.

Or so one might think. These pathways lend themselves quite easily to Orthopaedics, given the repetitive nature of many of our procedures, such as hip or knee replacements and repair of hip fractures, and our specialty has been somewhat of a pioneer in their use. Our experience thus far doesn't really support either extreme in the use of these pathways, i.e. they will neither solve much in the health cost arena nor will they relegate the physician to short order cook. They do, however, lend some insight into just where the money is being spent while we provide care for our patients, and they should be understood for their true significance in the future.

For instance, since we have been utilizing clinical pathways for our hip and knee patients, our average LOS has decreased by almost 20%, and yet average charges have barely moved, a paltry 3-5% for the most part. So where is the beef? As you might expect, the vast majority of hospital charges are not related to how long the patient is in the hospital, but how long they are in the operating room, what kind of prosthesis they bought, what medications they are given, how many and which tests were ordered, and last, but certainly not least, how much cost shifting the hospital has to do in order to pay for the other patients without fee for service coverage. Since over 80% of patients are now on either a DRG or discounted basis for their hospitalization, any translation of actual cost savings to the bottom line charge, or even cost, will be a long time coming.

On the other side of the coin, the effect of the
continued on pg. 19

Thomas S. Boniface, M.D.

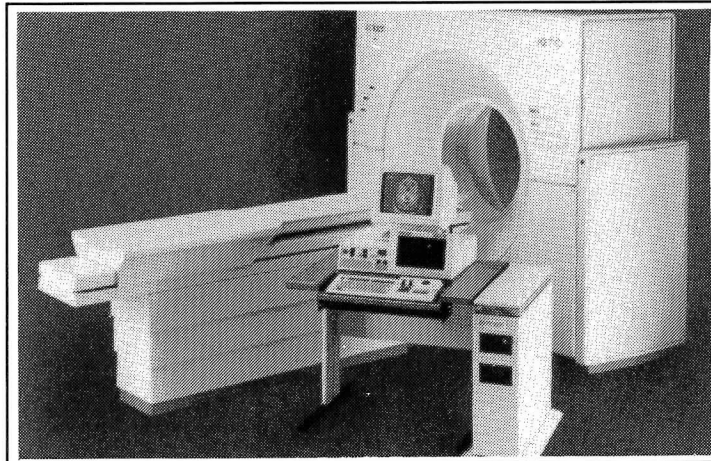


Thomas S. Boniface

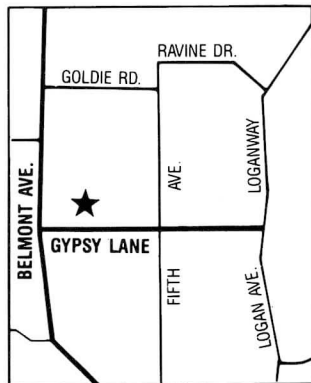
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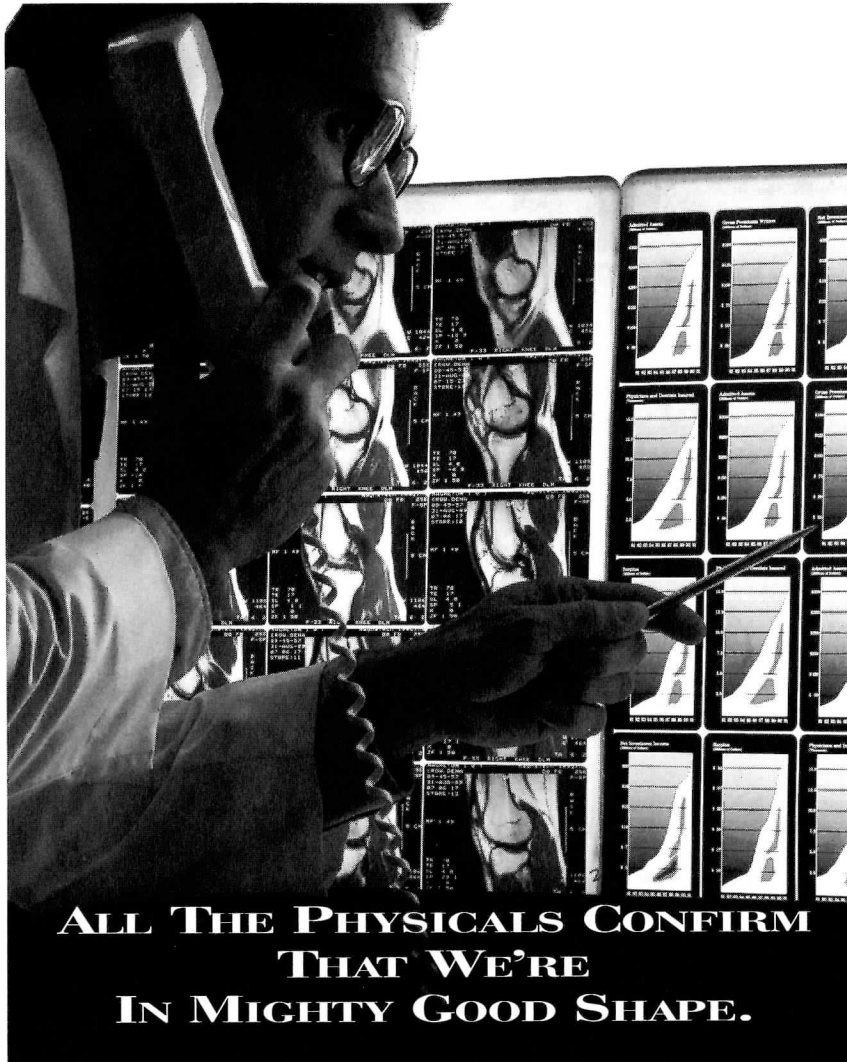
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Hospice Provides Valuable Service for Valley

Robert Fisher, M.D., Medical Director
and Janet Mau, R.N., Director of Provider Relations.

LOUIS W. SULLIVAN, M.D., SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HAS SAID

“... it is important to make every life as meaningful as possible, from the first days to the very last.”

Trained as healers, physicians are trusted by their patients to alleviate pain and to cure illness; to prescribe treatment and medication, and when appropriate, help to provide dignity and self-esteem at the time of terminal illness.

However, there are instances when the medical profession has exhausted all of its resources with aggressive treatment in controlling the advancement of a disease. At this point in time, the trusting doctor-patient relationship allows the physician to recommend and to refer Hospice as an appropriate alternate resource. The physician remains an integral component of care by staying closely involved in the case as life comes to a close.

HOSPICE OF THE VALLEY . . .

- Is dedicated to the quality of life for all.
- Cares exclusively for people with a limited life expectancy.
- Believes that caring for these persons often can be done at home, with the family as the “unit of care.”
- Helps these individuals and their families by teaching them to cope, and by helping the patient to live as fully and comfortably as possible.
- Works in conjunction with the Medical Director through an interdisciplinary team.

At Hospice, we affirm life and regard death as a normal process. With that in mind, there are a number of ways in which our care differs from traditional home care. We provide unlimited nursing visits, social service visits, and home health aide services. In addition, we provide services of psychologists, dieticians, and physical therapists.

Medicare benefits for Hospice include continuous home care for symptom control and respite care for families under extreme duress. Payment for the medications related to the admitting diagnosis, supplies and equipment necessary for the case are also included as part of the Medicare benefits.

We provide pastoral assistance to families who feel a need for supportive services. We also provide bereavement support for the family for one year following their loss.

The following quote, also by Dr. Sullivan, is a fitting description of our purpose. He states, *“As physicians, my colleagues and I now realize that, in spite of all of our scientific and technological knowledge, there comes a time in the treatment of terminally ill patients when aggressive and curative care may no longer be the best answer. After the physicians have done everything they know to do, after they have fought their hardest to conquer the disease, we turn to palliative treatments designed to keep the dying patient free from physical pain and other stresses.”*

Medical Board

(cont. from pg. 5)
users.

Additional programs designed to improve the Board's handling of its educational obligations were included in the FY94/95 budget proposal, but were ultimately not funded in the final budget bill. The Board in the past has demonstrated integrity and honesty in handling the fees entrusted to it. Members of this State Medical Board feel confident that the Medical Board similarly will continue to demonstrate efficient and effective use of the renewal fees you now pay.

Maintain continuation of operations (\$7,233,136)

Fill, or reassign and fill, existing vacant positions

- hearing officer
- hearing officer secretary
- investigators (2)
- replace existing equipment as needed

Implement new or expanded operations

Implement improved information access (\$112,659)

- Immediate Implementation
- records staff (1)
- additional publications
- 800 number access
- PLAN

Add management support (\$163,152)

- Immediate Implementation
- personnel assistant
- administrative assistant to director

Meet the mandates of HB478 (\$327,380)

- Delayed Implementation
- account examiner
- enforcement coordinator
- auditors (2)
- support staff (1)

Implement early intervention project (\$364,252)

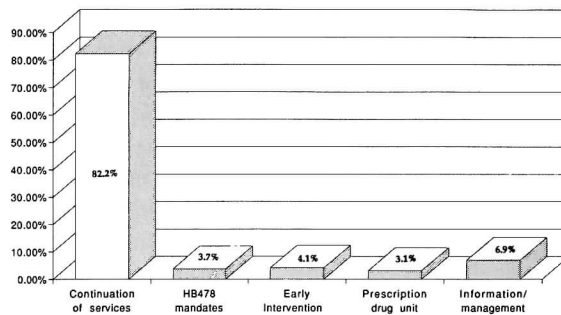
- Delayed Implementation
- expert panel funding
- remedial education funding
- enforcement coordinator
- medical records reviewers (2)
- support staff (1)

Implement Prescription Drug Diversion Unit (\$268,924)

- FY95 Implementation
- investigators (2)
- medical records reviewer
- legal assistant
- support staff (1)
- experts

Equipment (\$326,985)

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Health Reform Bills Require Action

AT THE STATE LEVEL, HEALTH SYSTEM REFORM HAS TAKEN A PAUSE. THE STATE LEGISLATURE HAS ADJOURNED FOR Summer Recess and is not expected to return until after the November elections. Several pieces of health system reform

legislation remain on hold.

H.B.656, the Nurse Practitioner Act, remains in the House Health and Retirement Committee and has been undergoing its third draft. This draft is an improved version and spells out precisely areas of collaboration. There are elements to the bill which remain disconcerting, such as allowing a nurse practitioner with a master's degree to do certain medical procedures without physician supervision. The advanced nurse practitioners would not come under the authority of the State Medical Board, but would be regulated by the Ohio Nursing Board.

The Ohio State Medical Association and the Ohio Nursing Association continue to meet and iron out areas of disagreement and will hopefully come to a mutually satisfactory arrangement. Representative Bob Hagan is a member of the House Health and Retirement Committee which has oversight regarding H.B.656. Please communicate with Representative Hagan any concerns or constructive ideas you might have regarding H.B.656.

Daniel W. Handel, M.D.



Daniel W. Handel, M.D.

H.B.639, the "Any Willing Provider" Bill remains in the House Insurance Committee, and will not see any significant activity until late fall. S.B.301, which would extend current Certificate of Need law which expires Nov. 30, 1994, is currently residing in the Senate Health and Human Services Committee. The new C.O.N. would maintain exemption for physicians' offices, except where a new ambulatory surgery setting with general anesthesia would be provided.

H.B.554, which is a corrective bill to H.B.478 has passed the House and is awaiting Senate action. This bill, among other things, would do away with the current balance billing provisions for Medicare patients.

H.B.652, which would allow for direct access to dermatological services in managed care contracts, has passed the Ohio House by a margin of 84 to 12 and awaits Senate action. This bill, if enacted, will prohibit managed care entities from denying patients direct access to services provided by dermatologists. The success this bill has enjoyed thus far is the result of effective grassroots activity on the part of Ohio dermatologists. Dr. Joe Hazel, a Springfield dermatologist, enlisted his State Representative David Hartley to support and introduce this legislation. Dr. Hazel then personally mobilized Ohio dermatologists to communicate and educate their legislators with regards to this piece of legislation which deals with patient freedom of choice. This is an example of how to get meaningful legislation addressed.

Nationally, Health System Reform is quite fluid. The five major committees with jurisdiction over health system reform are completing their markups now. Senate and House Floor Action will be completed in July or August. The various proposals will then go to conference committees and then will be brought out for vote and enactment by September or October. It does appear that employer mandates and universal coverage are in peril at this time. The small employer lobby has had significant impact in this regard.

continued on pg. 27

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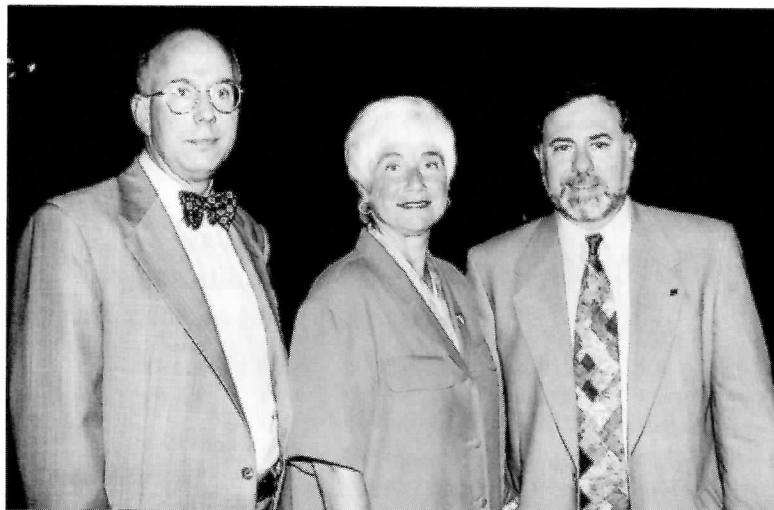


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Happenings...



▲ (L to R) Attorney Stephen Nash, Ms. Evelyn Eskin and Dr. Chet Amedia.

Katrina English and Nancy Gillette, OSMA attorneys, were the speakers at the Society meeting held May 17, 1994. Their program, "Integration of Physician Practices," was designed to give physicians a better understanding of the new health care market.

Pfizer Labs, represented by Joseph G. Simko, CMR, provided the product display.



"How to Succeed in Managed Care" was the topic of a June 16th AMA workshop hosted by the Society. By explaining their options and showing how to plan a strategy for success, the workshop was designed to help physicians take charge of their future.

The faculty included Evelyn Eskin of Health Power Associates, Philadelphia, Pa. and Stephen P. Nash, Esq. of Nash and Company, Pittsburgh, Pa. Dr. Chet Amedia, Society president, served as moderator.

SAGES OFFERS GI ENDOSCOPY REFRESHER COURSE

THE SOCIETY OF AMERICAN GASTROINTESTINAL ENDOSCOPIC Surgeons (SAGES) has developed a course on Flexible GI Endoscopy to encourage and facilitate the practice of intraluminal (GI) endoscopy by surgeons. It will be held in Cleveland, Ohio on September 10-11, 1994 at the Stouffer Tower City Plaza Hotel and Mt. Sinai Medical Center Hospital. The course will provide a comprehensive review of diagnostic and therapeutic endoscopy with an emphasis on clinical applications and current practice trends.

For additional information and registration, contact SAGES at 2716 Ocean Park Blvd., Suite 3000, Santa Monica, CA 90405, telephone 310/314-2404, fax 310/314-2585.



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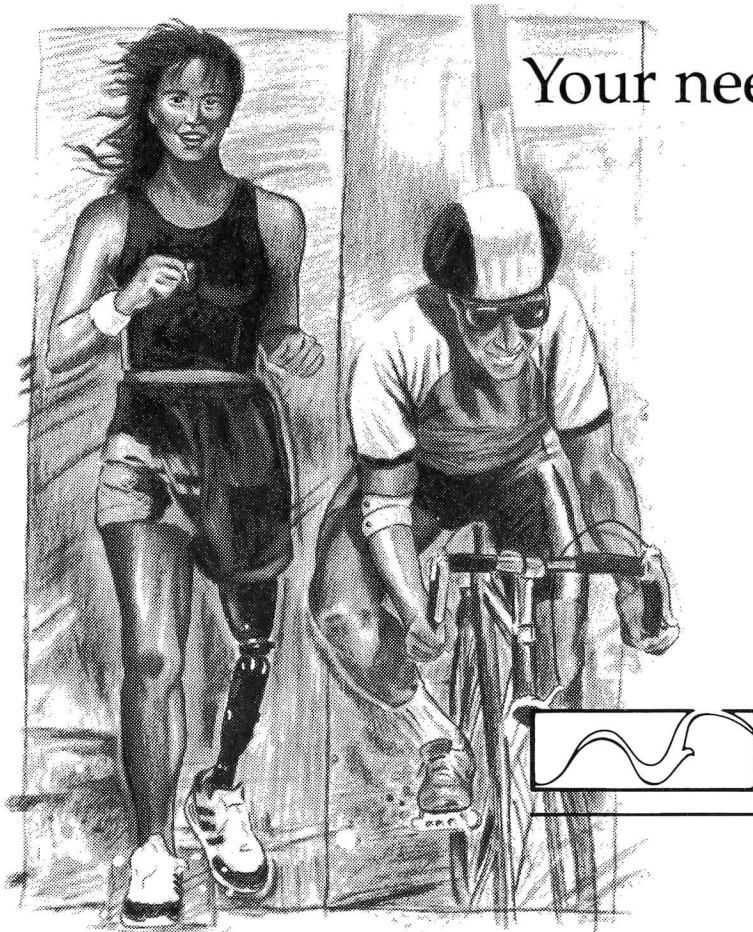
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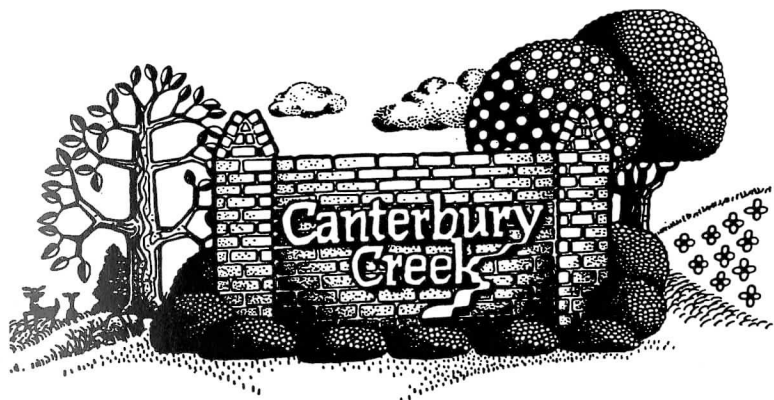
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MCMS Alliance Installs New President

MARY ELAINE WALTON WAS RECENTLY INSTALLED AS PRESIDENT OF THE LOCAL ALLIANCE. SHE WAS INSTALLED BY STATE Alliance President Dolly Handel. Mary, who has focused on community needs such as school drug awareness programs,

geriatrics concerns, and cancer prevention, has extended an outreach program called Ambassadors of Good Will. She volunteers at Beeghly Oaks, is on the Senior Citizens Committee of the YWCA, and will be a freelance staff writer for the State Alliance Journal this year.

Mary began her Medical Alliance involvement six years ago. She has previously served as Publicity Chairman, Vice President, and President-Elect on the Executive Board.

A native of Chautauqua County, N.Y., Mary is a graduate of Jamestown High and Jamestown Community College. She majored in Biology at Kent State University, where she received an Outstanding Achievement Award in Literature. Mary received her certification in Gerontology from The University of Akron's Institute for Life-Span Development and Gerontology. She did her internship at Beeghly Oaks Skilled Nursing Facility in Boardman.

In addition to the MCMS Alliance, her memberships include: the American Psychiatric Association Auxiliary, the Junior League of Youngstown and the Youngstown Symphony Society, where she serves on the Board of Trustees.

From 1984-1988 Mary was the Legislative

Liaison to Washington D.C. and on the Executive Board of W.A.N.D. (Women's Action for Nuclear Disarmament) and a member of M.E.N.D. (Mothers Embracing Nuclear Disarmament). In 1986 she was one of 290 delegates to participate in the State Department's Chautauqua-Eisenhower Soviet Union Exchange. Through this program, she attended a week-long conference in Latvia.

Mary composes music for the piano and has played for several private and public groups. She also plays the flute and hammer dulcimer. In her spare time, she enjoys oil painting and doing pencil sketches.

She is married to Dr. Ralph Walton, Chairman of Psychiatry at Western Reserve Care System and in private practice at Beeghly Medical Park. The Waltons have two children, Lisa Catherine, 11, and Jonathan Nathaniel, 9.

The 1994-95 Alliance Officers and Board Members are as follows:

President, Mary Walton; President-Elect, Susan Berny; Vice President, Linda Amsterdam; Treasurer, Regina Hennon; Recording Secretary and Bylaws, Debbie Wilson; Corresponding Secretary and Newsletter, Beth Bacani; Past President and Finance Director, Donna Hayat; Membership and Yearbook, Susan Berny, Marcy Svenson, Sandy Marina; New Members Lunch, Debbie Albarran and Debbie Wilson; Annual Charity Fashion Show, Linda Amsterdam and Donna Hayat; Medical Alliance at the Symphony, Jean Crosby, Florence Wang, Susan Berny and Mary Walton; Health Day, Cherie Garcia and Shelly Duffet; Guest Day, Joni Pass and Norma Hoffmaster; International Dinner, Maria LaTorre, Pauline Sarantopoulos, and Susy Solemi; Art Auction, Norma Garritano and Rene Bitonte; Publicity, Susan Yarab; Nominating/ERF, Joyce Bernstine; Computer, Marcy Svenson; Legislation, Rose Memo, Paulette PannoZZo, and Phyllis Rich; Parliamentarian, Paulette PannoZZo; Outreach, Florence Wang, Mary Walton, Linda Awad, Melinda Knight, and Irene Mahle; Historian, Mary Jane Jenkins; Doctor's Day, Cara Lee; Telephone, Carlotte Tandanick; Installation, Regina Hennon.



▲ (L to R) Dolly Handel, Installing Officer; Mary Walton, President; Sue Berny, President-Elect; Linda Amsterdam, Vice President; Beth Bacani, Corresponding Secretary; Regina Hennon, Treasurer; absent Debbie Wilson, Recording Secretary.

From the Desk of the Editor *(cont. from pg. 6)*

pathways on individual physicians has been relatively slight — so far. If patients have unusual problems or significant comorbidity, they are excluded from the pathway and their treatments are as individualized as necessary. However, if any given physician has too many patients off the pathway, or if those patients on the pathway are costing more than the average, then the physician can be identified and dealt with in an as yet unspecified manner. This is probably the unspoken but biggest reason insurers are advocating the use of clinical pathways — economic credentialing of physicians. This technique has a potential far greater than any peer view process for tracking physician behavior, since it eliminates many variables, and is presented in an innocuous fashion for an admirable purpose.

Like them or not, clinical pathways are here to stay and are likely to be applied to virtually every patient we treat in one way or another. They do have their positive side — at least as a research tool, and as a vehicle for quality assurance. Furthermore, most of our work-up and treatment of any given disease normally falls within a predictable pattern or range

anyway. The sticking point will come if we do not take the initiative to participate and design the pathways ourselves. Believe me, if we don't want to do it there are plenty of administrators and insurers who would love to have the chance to do it for us.

As health care undergoes inevitable change, and the market place asks or demands more for less, our challenge will be to retain the ability and the right to initiate and utilize resources on the behalf of our patients. Physicians must be the final and definitive authorities on the proper balance between cost and effectiveness. Using clinical pathways will be one avenue to improve the "value" of health care, but if we don't write the (cook)book, I don't think the ending will be a happy one.

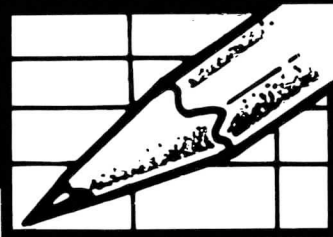
President's Page *(cont. from pg. 4)*

dates. The Mahoning County physicians have never faced greater challenges and the decisions we have to make will undoubtedly help to shape the way we all will practice medicine in the future.

Have a good summer and stay in touch with your Society.

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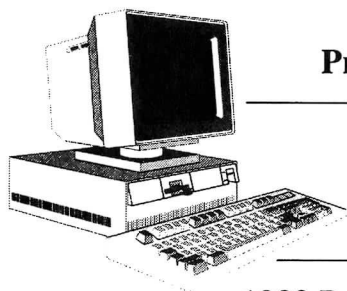
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NEOUCOM Names Vice President for Academic Affairs, Executive Associate Dean

JOHN ENGEL, PH.D., WAS NAMED VICE PRESIDENT FOR ACADEMIC AFFAIRS AND EXECUTIVE ASSOCIATE DEAN OF NORTHEASTERN OHIO Universities College of Medicine (NEOUCOM) effective May 1.

Engel previously held administrative and faculty positions

at Jefferson Medical College, Thomas Jefferson University, Philadelphia, and The University of Delaware. He was Director of the University of Delaware/Jefferson Medical College Medical Scholars Program, an 11-year integrated curriculum in liberal arts and medical studies. He also served as Director of the Program in Medical Humanities and Social Sciences. He has held academic appointments in the Department of Family Medicine at Jefferson Medical College and in the Center for Science and Culture at the University of Delaware.

Engel has served as a Senior Evaluation Officer for the National Board of Medical Examiners and was responsible for developing and administering the revision of national certifying examinations for medical students in the areas of basic science and clinical medicine.

He has previously served as Director of the Education Support Group, MacNeal Memorial Hospital, and Associate Professor of Health

Professions Education, Center for Educational Development, at the University of Illinois.

During his 18 years in medical education, Engel has been published widely in the fields of the social foundations of the doctor-patient relationship and reform movements in medical education. He is currently directing a study of the social and moral impact of the Patient Self-Determination Act.

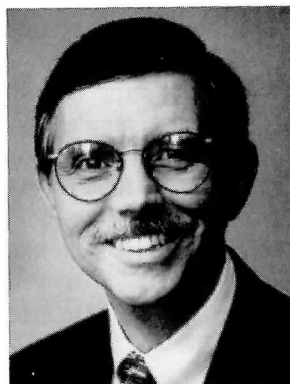
He has been a Fellow of the National Endowment for the Humanities Institute for Literature and Medicine co-sponsored by NEOUCOM and Hiram College.

Engel has been a visiting scholar at the Hastings Center, an internationally recognized center for the study of bioethics.

A native of Brooklyn, NY, Engel earned his doctoral degree in research methodology and program evaluation at the University of Delaware.

Engel replaced Ralph Berggren, M.D., who retired in December.

John D. Engel, Ph.D.



Clean Indoor Air For Health Care Facilities

Matthew A. Stefanak, M.P.H., Mahoning County Health Commissioner

IN JANUARY 1993, THE U.S. ENVIRONMENTAL PROTECTION AGENCY RELEASED THE REPORT **RESPIRATORY HEALTH EFFECTS OF PASSIVE**

Smoking: Lung Cancer and Other Disorders. In that report, USEPA concluded that environmental tobacco smoke (ETS) "is

a Group A human carcinogen, the EPA classification used only when there is sufficient evidence from epidemiologic studies to support a causal association between exposure to the agents and cancer."

In response to this finding, and with the support of local children's health advocates, the Mahoning County Board of Health recently enacted clean air regulations that can significantly reduce nonsmokers' exposure to environmental tobacco smoke in many public places, including physicians' offices and other health care facilities. This action is consistent with national health objectives for increasing the proportion of workplaces and public places which eliminate or restrict exposure to environmental tobacco smoke.¹

Although it is not the intent of the Board of Health to broadly regulate personal behavior, reputable estimates of 3,000 lung cancer deaths in nonsmoking adults and 150,000 to 300,000 lower respiratory infections each year in children under 18 months of age in the U.S. attributed to ETS exposure have compelled the Board of Health to consider reasonable efforts to reduce exposure in public places.

Under the Board's regulations, on and after October 25, 1994, health care facilities, defined in the regulations as "any facility that provides preventive, diagnostic, therapeutic, acute convalescent, rehabilitation, mental health, mental retardation, intermediate care or skilled nursing services," must do the following:

- prohibit smoking in their facilities except in areas of the facility to which members of the general public are not normally invited.
- post a sign at their entrance indicating that smoking is prohibited.

- remove ashtrays from areas where smoking is prohibited.
- request persons smoking in violation of this prohibition to stop.

Physicians' offices, hospitals and outpatient diagnostic and treatment centers are among the places that fall within the definition of a health care facility. Nursing homes may designate a room as a smoking area, provided that doors or openings to any adjacent areas are closed while smoking occurs and adequate ventilation is maintained to prevent migration and recirculation of smoke to adjacent nonsmoking areas.

The Health Commissioner is required to enforce these regulations by investigating all written complaints of violations, conducting periodic inspections, offering advice and, if necessary, issuing orders for compliance with the regulations. The Health Commissioner must also appoint a Clean Indoor Air Advisory Committee to make recommendations to boards of health within Mahoning County as to environmental tobacco smoke control measures. The Committee must include representatives from a number of public places affected by the regulations, including a representative from the Mahoning County Medical Society.

While these regulations impose an outright smoking ban on only a few locations, among them schools and day care centers, the Board of Health encourages other public places, especially health care facilities, to consider complete elimination of indoor smoking if they have not done so already. Air measurements in restaurants where smoking has been restricted to certain areas suggest that even these simple restrictions can result in a 40-65 percent reduction in the concentration of respirable particles and nicotine in the nonsmoking areas.²

Board of Health staff are currently compiling mailing lists of all public places in Mahoning County which are subject to these regulations. We intend to communicate to each public place
continued on pg. 27

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“Off the Main Track”

Janet Lucking
Pencil, 1993
48" x 36"

PRESENTLY LIVING IN CALCUTTA, OHIO, ON A FEW ACRES OVERLOOKING BEAVER CREEK STATE PARK, JANET LUCKING WAS BORN November 5, 1948 in Kalamazoo, Michigan. The daughter of an Air Force Colonel, Janet traveled with her family across the

United States during her younger years and lived in Europe during her teen years. Like her mother, Janet found herself gifted in art and began to study at the age of 14 in Germany. There, the buildings, castles, galleries, and museums of the great masters influenced Janet greatly. She continued to take art classes and graduated from Ferris State University with a degree in Commercial Art Tech. Art lessons have always been a big part of Janet's life. "I think art is always changing, growing — I enjoy learning, whether it's a new technique or [new] philosophy — I feel better for it."

Through the years, Janet worked a multitude of jobs. She was a factory worker for GM, sewed Hush Puppy shoes, was a waitress, sales clerk, park ranger, pizza maker, cashier, photographer, porter, babysitter, and worked in the graphic arts field for over 20 years as keyliner, typesetter, with computer graphics, darkroom tech, press operator, and illustrator.

Jeannine M. Lambert



Jeannine M. Lambert

She also taught art in high school while living in Elkhart, Indiana. She was Vice President of Elkhart Art League for three years and chaired its two annual art shows. In good nature Janet aptly sums up her variety of experiences by saying, "all of which . . . have made an impression or sensitivity on me."

Among her varied subject matters, I have a particular fondness for her railroad pieces. They have all been done in pencil on illustration board. "Off The Main Track" is an example of her fine work. In drawing her railroad pieces, Janet likes to see detail and contrast in values. In the featured work, Janet brings this contrast to our attention with the different textures in the steel, and "rocks vs. clouds, contrast of big to little, close up vs. far away, and of course most important, black to white." Shadows play a dominant role in creating depth. They push and shove to bring the caboose rolling right toward the viewer. Yet, there is a feeling of an early morning or late afternoon laziness and idleness as well.

I think we all have a romance with trains and stations from memories as children. Janet's drawings are not only superb in detail, they have a jarring emotional impact of beauty and imagination. "As an art object, I like the lines of a railroad car, curves of the wheels, plus the basic shapes the railroad scene has to offer. I've been in railroad yards many times waiting for a train to pass by or waiting to pick up my husband. I would watch the little birds pick through the rocks and flutter around such powerful pieces of machinery . . . it was always amazing. The story was right there, I just had to capture it on paper." And capture it she did. There is such a heavy aura of continued power, majesty, and pride in an inanimate object retired on a side track. But that we could all elevate our final years to such beauty.

Janet's idols in the art world include Robert Bateman, Maxfield Parrish, Michelangelo, *continued on pg. 27*

Legislative Update *(cont. from pg. 12)*

Keep informed and become active in helping to define the essential issues of Health System Reform. Sources for reference include *The AMA News, The Wall Street Journal, The New York Times, and The Washington Times*. The OSMA will also be establishing regional

statewide meetings in the fall to help educate Ohio physicians and their spouses to effectively lobby their legislators. It is my hope that more physicians and spouses will become more politically active NOW!

Mahoning County Health Department *(cont. from pg. 24)*

its responsibilities under the regulations. In the meantime, I or a member of my staff will attempt to answer any questions you may have about the applicability of the regulations to your facility if you call me at 788-7041.

1) **Healthy People 2000:** National Health Promotion and Disease Prevention Objectives. U.S. Department of Health and

Human Services: Public Health Service. DHHS Publication No. (PHS) 91-50212.

2) Lambert WE, Samet JM, Spengler JD. Environmental tobacco smoke concentrations in no-smoking and smoking sections of restaurants. *Am J Public Health*. 1993; 83:1339-1341.

On The Cover *(cont. from pg. 26)*

and Walt Disney. A rather sweeping and diverse adoration! Janet has been published many times and received numerous awards in past years, including the Jeff Tech Merit Award in 1994 in Steubenville, and the 1994 Cash

Award of the YWCA's Women Artists Show (held annually in May at Youngstown's YWCA). And her future? "My ambition is simple . . . always to get better."

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Dolly Handel Installed as New OSMAA President

DOLLY MCINTYRE HANDEL WAS INSTALLED AS THE 54TH PRESIDENT OF THE OHIO STATE MEDICAL ASSOCIATION ALLIANCE

on May 4, 1994 at the Great Southern Hotel in Columbus. Dolly first joined the auxiliary in Trumbull County in 1975 and has

been a member of the Mahoning County Alliance for 16 years. She has a degree in Elementary Education, with additional course work in business and economics.

Dolly has served on the OSMA Alliance for the past nine years. In addition to her committee work, she has previously held the following offices: Vice President, Treasurer, Secretary, District Director, Health Promotions Chair, and Elections and Tellers Chair. On the county level, Dolly is a past MCMS

Dolly Handel



Alliance President, Secretary, Bylaws Chair, Parliamentarian, Finance Chair, Legislation Chair, Newsletter Chair, Publicity Chair, and Program/Social Chair.

She is a Past President of the St. Elizabeth Hospital Medical Center Junior Guild. She also served as Vice President, Parliamentarian, Director, Bylaws Chair, Membership Chair, Newsletter Chair, and Golf Tournament Chair for that organization. She is a graduate of the Leadership St. E's Program.

A past YWCA Board member, Dolly has served on the Walk On Wick Committee, the Poinsettia Sale and the Nominating Committee. In 1991 she received the YWCA Woman of the Year Award for Health Volunteer.

Dolly has been a room mother, PTA Board member, Little League Team Mother, and an American Cancer Society tobacco education instructor. She is also a graduate of the Leadership Youngstown Program, Class of 1993.

Her theme for the Alliance this year is "Shared Goals, Shared Responsibilities". She believes that by recognizing our shared goals or values and sharing in the responsibility for achieving those goals, the family of organized medicine can come together and navigate the changes ahead.

Dolly and her husband Daniel W. Handel, M.D., a practicing dermatologist in Youngstown, have three sons, Daniel, Brendan and Neville.

Spring Fundraiser

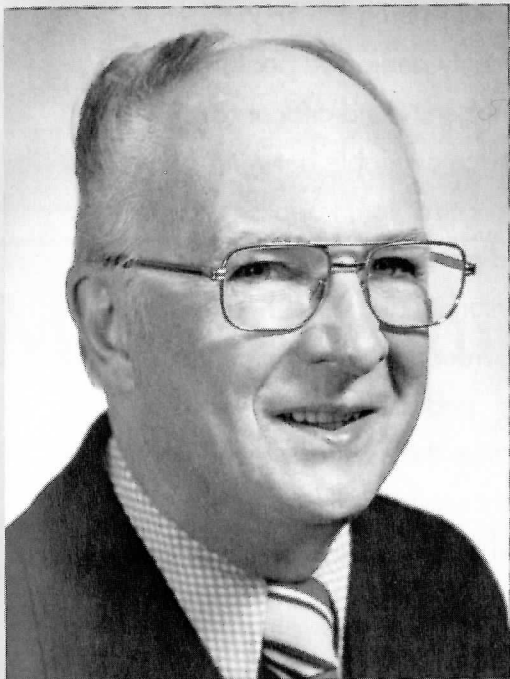
Dolly Handel was recently honored at a fundraiser held at the Youngstown Country Club. The event was co-chaired by Paulette Pannozzo and Beth Bacani.

Music was provided by Jim Smith, and the highlight of the evening was a Chinese Raffle arranged by Shelley Duffett.

Altogether, the event raised \$1,104.00. This money will be added to funds already set aside for necessary repairs at the Western Reserve Village located on the Canfield Fairgrounds.



▲ (L to R) Dr. T. Barrett, Jackie Barrett, Carol LaManna, Angela Gilliland, Dr. R. Gilliland. Second row: Dolly Handel, Dr. D. Handel, Dr. J. LaManna.



I·N M·E·M·O·R·I·A·M

**STEPHEN W.
ONDASH, M.D.**

AUGUST 17, 1912
JULY 9, 1994

To The Editor

Re: Can You Still Promise a Partnership?, March/ April

Leif C. Beck may be an expert on practice management, but his article recently published in the Bulletin with the title, "Can You Still Promise a Partnership?" suggests that he has some things to learn about motivating professionals, and especially physicians, to do their best. He recommends that full partnership should not be an expectation for young doctors entering an established partnership, that this should be reserved for those demonstrating "leadership ability, entrepreneurial interest and performance, research and teaching activity, willingness to expend personal time for the practice's success, etc." He reports that this is the norm in attorney partnerships, which he holds up to us as an example to be emulated. I don't know about lawyers, but doctors work best together and are most productive when there is mutual trust and respect, with confidence that work load and income are being divided fairly. That can only

take place when there are no second class citizens.

Of course, there needs to be a probationary period in which seniors and juniors get to know each other and determine that practice standards are mutually satisfactory, but after that it should be up or out. Hiring a junior employed physician doesn't make sense if the present or projected patient load isn't sufficient to support another partner. The only exception would be taking on a part-time physician or other professional to provide services for which the patient volume is insufficient for a full-time person.

The procedure that Mr. Beck advocates may be inevitable in large institutional multispecialty partnerships, which tend to be more businesses than associations of professionals, but it is seldom appropriate for partnerships of the size we see in Youngstown and most similar communities.

Robert Gillette, M.D.

Western Reserve

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announces the

September opening

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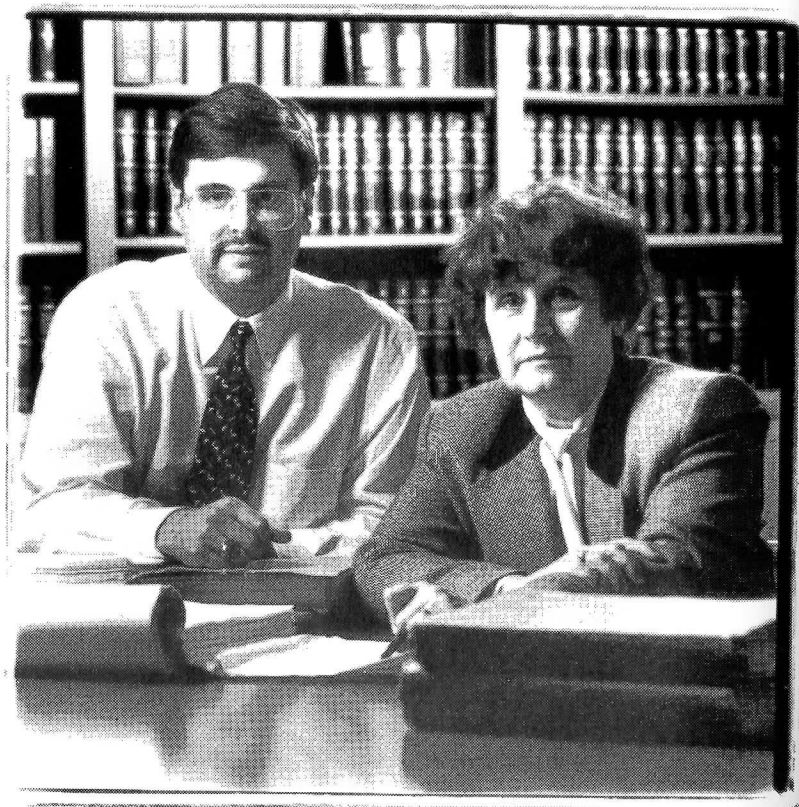
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A Look Back . . .

Sixty Years Ago
May/June 1934

The Depression was still raging and most of the patients

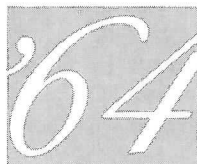


were indigent, or "on relief". The State Relief Commission was set up to pay for their care. The fee schedule was: House call, \$2.00, Office call, \$1.00. Normal delivery in the home, \$20.00. Delivery with forceps was \$5.00 extra. Delivery with forceps became very widespread. Keracin was the popular treatment for "intestinal toxemia."

the North Side Unit. James Calvin became a member of the Medical Society.

Thirty Years Ago
May/June 1964

President **Jack Schreiber** announced that the program for



June was Medicine and Religion. AMA President Edward Annis was speaker for the May meeting. **John Rogers** was elected President of the Ohio State Heart Assn., and **Hugh Bennett** was elected to its Board of Trustees. **Robert Wiltsie**, chairman of the Public Relations Committee reported on the meeting of the Child Welfare Conference. Also attending this Conference were **H. Bryan Hutt**, **Frank Kravec**, **Sam Goldberg**, and **Sidney Franklin**. They recommended that medical care, immunizations and preschool examinations should be provided for children of indigent families.

Twenty Years Ago
May/June 1974

William H. Bunn, Jr. was named President-Elect of



the Ohio Chapter of the American Heart Assn. Delegates from Northeast Ohio were **Robert Gilliland** and **Frank Tiberio**. **Leonard Caccamo** was appointed to the Ohio Hospital Advisory Council. **Frank Inui** left for Talihina, Oklahoma, for service with the U.S. Public Health Service Indian Hospital there. **David A. Belinkey**, former Coroner of Mahoning County, passed away.

Fifty Years Ago
May/June 1944

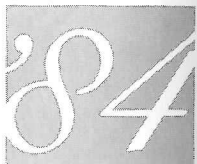
Joe Keogh was home after two years in Pearl Harbor. Major



Steven Ondash was awarded the Legion of Merit for outstanding service in Greenland. **Fred Schellhase** was in New Guinea; **Capt. Sidney Davidow** was in the Aleutians; and **Capt. Morris Rosenblum** was in Puerto Rico. **Brack Bowman**, **J.L. Scarnecchia**, **H.E. Hathhorn** and **John Welter** were in England preparing for the Normandy invasion.

Ten Years Ago
May/June 1984

President **Glenn J. Baublatt** stirred up some negative



response to his editorial regarding over-the-counter medications, most of which have been demonstrated to be ineffective for their intended use. Editor **Susan K. Mishr** objected to the green labels appearing on patients' charts, indicating that the patients do not meet the criteria required by Medicare for an approved admission. New members at that time were: **Silpachai Siripong**, **Mark Uram** and **Rebecca Bailey-Newton** for May, and **Veeriah C. Perni**, **John C. York** and **Michael A. Frangopoulos** for June.

Forty Years Ago
May/June 1954

President **J.D. Brown** said that 90% of patients'



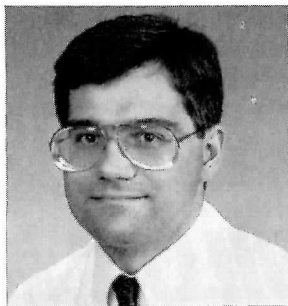
complaints about doctors were due to careless remarks by other doctors. Editor **Andrew Detesco** wrote that the physician and his family receive the most inadequate care. **Hugh Bennett** was convalescing from a long stay in

Robert R. Fisher, M.D.



Robert R. Fisher M.D.

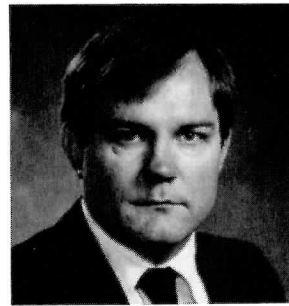
New Members



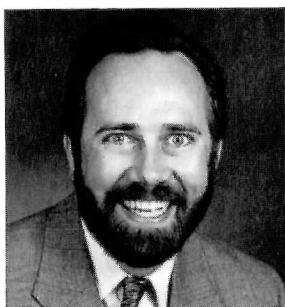
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ACTIVE
 Sue A. Lytle, D.O.

Information pertinent to
 the applicant should be
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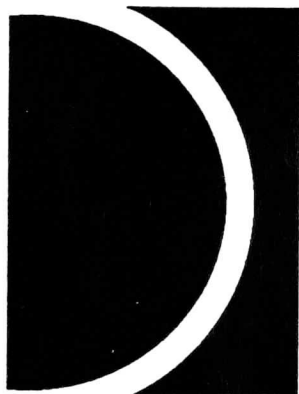
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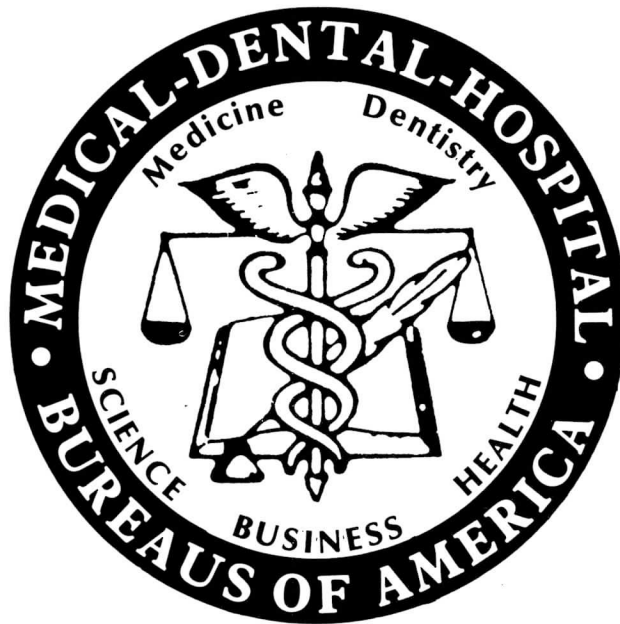


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