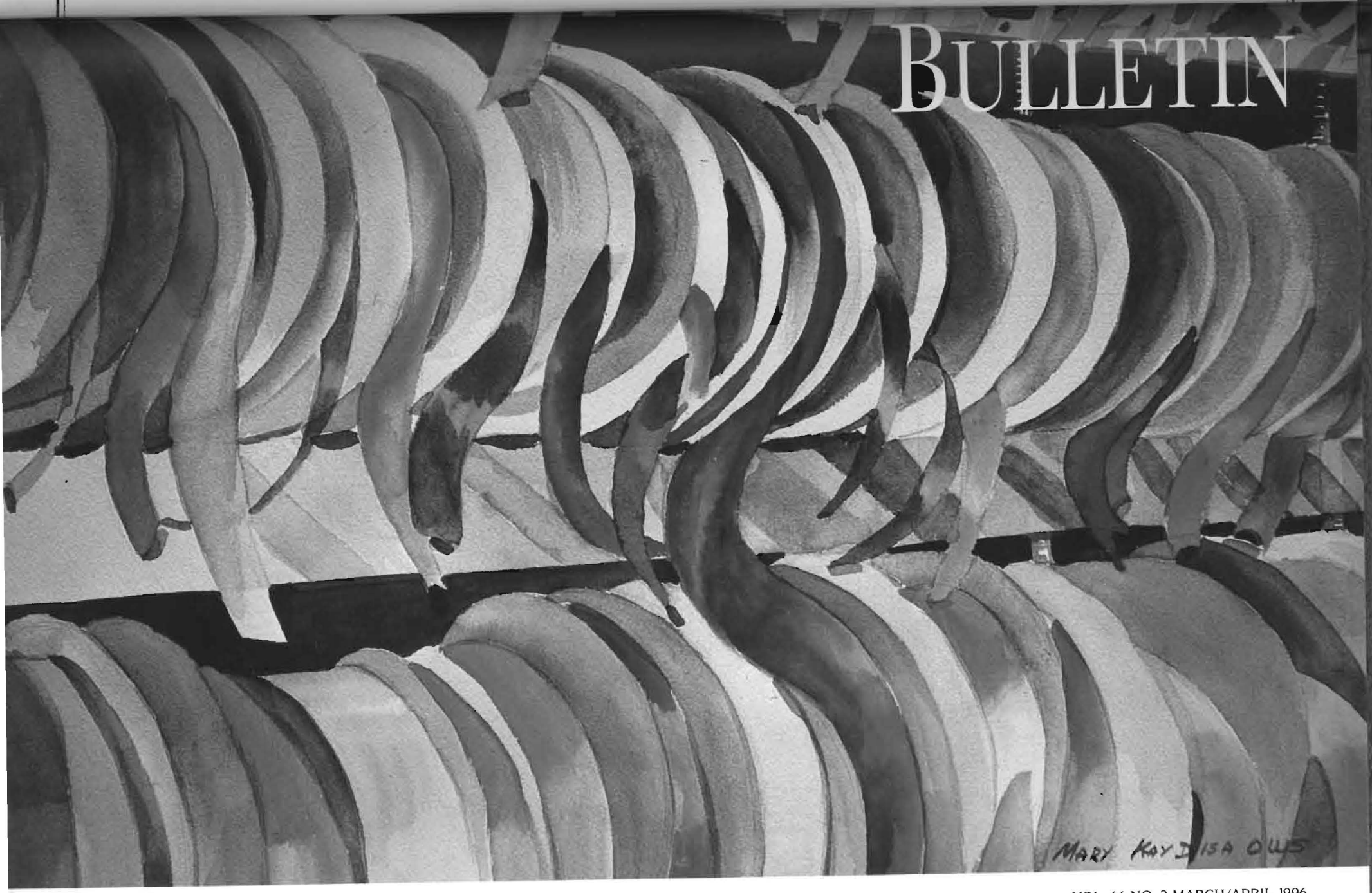
BULLETIN



BULLETIN OF THE MAHONING COUNTY MEDICAL SOCIETY

VOL. 66 NO. 2 MARCH/APRIL 1996

MARK YOUR CALENDAR!

MCMS ACTIVITIES

SOCIETY DINNER MEETING

Tuesday, May 28
Youngstown Club
6:45 P.M.

Speaker:
Peter Somani, MD,
Director, Ohio Department of Health

OSHA WORKSHOP

Thursday, June 20
Antone's Banquet Centre
8:30 A.M.

GOLF OUTING

Saturday, June 29
Doughton Golf Course
Tee Times:
10:00 A.M. thru 12:00 Noon

BULLETIN

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The Bulletin is published six times a year by the
Mahoning County Medical Society, 5104 Market Street,
Youngstown, Ohio 44512. Phone (330) 788-4700. Fax (330) 788-0704

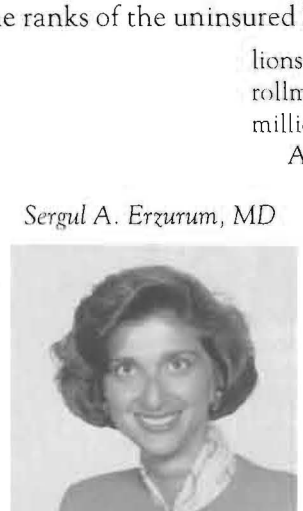
Subscription rate of $20.00 per year is included in MCMS dues. Correspondence and changes of address should be mailed to the above address.

From the Desk of the Editor

The Spirit of Volunteerism

THIRTY-NINE MILLION. THAT IS THE NUMBER OF AMERICANS WHO ARE UNINSURED - WHICH IS HIGHER THAN ANY TIME SINCE the passage of medicaid and Medicare in the 1960s. Since 1989, the ranks of the uninsured have swelled by 6.3 million, and millions more would be uninsured if Medicaid enrollment had not risen to an additional 10.5 million people.

Sergul A. Erzurum, MD



Sergul A. Erzurum MD

As physicians, we have a social and moral obligation to care for these people, but there appear to be both financial and nonfinancial barriers. A study performed in California, which looked at primary care providers' willingness to care for these patients, demonstrated that only 31 percent accepted new Medicaid patients and 43 percent accepted new uninsured patients. Physicians in this study stated poor reimbursement as an important reason not to care for Medicaid patients and uninsured patients. Nonfinancial reasons were also cited in this study. The physicians' perception of being sued was cited by 57 percent caring for Medicaid patients and 49 percent caring for the uninsured.

Interestingly, physicians seem to have less of a problem volunteering to care for people in third world countries. Wurlitzer's study in 1996 examined medical-professional volunteerism to a hospital in St. Lucia in the southern Caribbean. This hospital had relied almost entirely on volunteer staffing for 27 years. A survey of these professionals elicited responses as to why they volunteered in St. Lucia versus volunteering at a location closer to home. Seventy-seven percent cited unavailability of opportunities, limited coverage, and concerns over insurance and licensing as reasons for not volunteering in the States.

Because physicians are not responding to the medical needs of this group of people, non-physician groups have organized, suggesting that they may be able to provide a more cost-effective plan for providing care for these patients. On the contrary, an article from the Journal of Nursing Administration in 1995 demonst that a nurse-managed voluntary comm clinic visit would be more expensive tha cost of a community physician visit.

The problem is self-evident. Physi volunteerism is low due to poor cooperation a large number of physicians, requiring a sm number to bear the economic burden of pr ing care for these patients in their offices. If was a large-scale program in each commun more economical solution could be obt while providing care to a larger number tients. In addition, rules to help eliminate sicians' fears of insurance, licensing and mal tice problems would allow more freedom increase the spirit of volunteerism.

I commend our Society president, Cha Kohli, for attempting to organize such a pr and hope he obtains everyone's support. A great medical historian Henry Sigerist said: physician's position in society, the task ass to him, and the rules of conduct imposed o changed in every period. They were deter primarily by the social and economic stru of society and by the technical and scie means available to medicine at the time."

Artwork provided by Dennis Winning

President's Page

Path to a Free Community Clinic

THE CONCEPT OF STARTING A FREE CLINIC IN THE YOUNGSTOWN AREA HAS BEEN TOSSED AROUND FOR THE PAST SEVERAL years. About a year ago, the subject was brought up again before the public relations committee of the Mahoning County Medical Society. I accepted the challenge to work toward this goal. I decided to enlist the help of a friend, Dr. Murli Manohar, past president of the American College of International Physicians, who had been instrumental in setting up a community clinic in Canton.

When I took offer as President of the MCMS in January, the goal of starting a free clinic was reaffirmed. Both Mayor Ungaro and Dr. William Binning, chairman of the Youngstown Action Advisory Committee, expressed similar feelings in this regard. With this goal in mind, the three of us, along with Dr. Anand Garg, president of both the American College of Physicians and the Western Reserve Care System medical staff, went to Canton in April to see the workings of the Canton Community Clinic firsthand.

We met for lunch with the cofounders of the Canton Clinic, Dr. Manohar and Mayor (of Canton) Richard Watkins. Later we were given a tour of the facility by Dr. Manohar and the Clinic's executive director Mrs. Mary Snyder. They promised to help us in our endeavor to set up a free clinic in the Mahoning Valley by sharing their experiences with us.

The Canton Community Clinic is a free-standing facility which has the appearance of a modern, well-equipped physician's office. sicians and allied health professionals volu their time to staff this facility. It is a chari non-profit organization that is supported b sicians, hospitals, businesses, pharmace companies and the community at large.

There are 20 members on the Canton munity Clinic's Board of Trustees. These bers include the following: physicians, presidents, hospital CEOs, clergymen, bus men, city councilman, educators, a cer public accountant, a journalist, and a retire auditor.

At this time, the plan of action is to se code of regulations for this (Youngstown clinic as a non-profit corporation. A bo trustees, to include members of the (Mah Valley) community, will be appointed to this non-profit organization. The board bers would enlist the help of various org tions in the community, as well as comm members at large, to make this clinic a re

The issue of medical malpractice has al been addressed by the Ohio State Legisl The amended house bill 218 has estab immunity from civil liability for health car fessionals who volunteer to provide servi indigent and uninsured persons at non- shelters of health care facilities.

Since the news of our trip to Canto published in the Vindicator, we have re many letters of support. Several nurses volunteered their time and expertise. Th ulty nurses at YSU have volunteered to the policies and procedures, as well as th tient education protocol for the clinic. have also been offers for office space and ment.

We know this is not going to be an ea but we are committed to putting forth ou effort in this regard. We will need the co tion of the Society members for donating ment, as well as volunteering their time success of this project depends on the in ment of everyone.

Please let us know in what way you can Your input is very important and will be g appreciated. To help or offer your sugges please contact Eleanor Pershing at 788-4

Chander H. Kohli, MD

OPEP

Ohio Physicians Effectiveness Progra

AN OVERVIEW:

THE OHIO PHYSICIANS EFFECTIVENESS PROGRAM IS AN INDEPENDENT, MULTIFUNCTIONAL ORGANIZATION EXISTING TO the recovery and advocacy needs of physicians and other health care professionals experiencing difficulties arising from substance use and psychiatric issues.

The history of OPEP began in 1975 when OSMA formed a cadre of volunteer physicians to run its Physicians Effectiveness Program. In 1991, the volunteer effort evolved into OPEP with a full-time medical director and staff. OPEP was reorganized in early 1994, having a part-time medical director, full-time master's level chemical dependency specialist and two support staff members. In late 1995, a need to expand OPEP services to other groups of health care professionals was recognized. By mutual agreement between OPEP and OSMA, OPEP became an independent organization in January 1996.

The Greater Youngstown Caduceus Group's CLOSED discussion meeting will be held in the Education Building, North Side Hospital on Tuesdays at 12:15 pm.

For additional information, contact Joyce at the Medical Education Department, WRCS, (330) 740-3574.

OPEP is widely recognized and accepted as a credible monitoring program for physicians and health care professionals. This credibility is the foundation of effective advocacy. Presently, OPEP effectively advocates on behalf of its clients to:

- Medical/professional licensing and credentialing boards
- Managed care providers
- Employers
- Hospitals
- Insurance companies
- Medical/professional societies
- Physician health (advocacy) programs in other states

OPEP provides education and consultation on addiction, recovery and their collateral issues. These include:

- Symptoms of chemical dependence
- Behavioral cues helpful in identificat
- Effective intervention techniques
- Appropriate treatment options
- Effective monitoring of treatment pla
- Procedural and statutory requirement
- Re-entry issues
- Formation of hospital based health committees

The OPEP staff is skilled in preparing orchestrating successful interventions. A cessful intervention results in assessment, tr ment and recovery for physicians and health professionals having chemical dependency pr lems.

OPEP is knowledgeable about facilities cializing in the treatment of health care pro sionals. Our staff is involved with these fac ties in the formulation and implementation aftercare planning. Furthermore, working r tionships with effective therapists and caregi are maintained throughout Ohio.

OPEP monitoring is multifaceted and signed to track actual therapeutic progress stability beyond compliance. This is acco plished through:

- Random, observed toxicology testing
- Written documentation is required t verify attendance at support groups a therapy sessions.
- Reports regarding the client's progres are periodically requested from any facility or treating professional with whom the client is involved.
- The client is associated with a monit who is also a professional. A monitor meets regularly with the client and often administers the observed toxico ogy screen. They submit quarterly reports regarding the client's progress and stability, with special focus on th areas of recovery, family and job.
- OPEP field representatives also meet regularly with the client to assess and support their program of recovery. Up

continued on pg

NEOUCOM

NEOUCOM Seniors Celebrate Residency "Matches"

NINETY-EIGHT SENIOR MEDICAL STUDENTS AT THE NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE (NEOUCOM), along with their counterparts around the country, learned on March 20 where they'll serve residencies to continue their medical training following graduation.

Robert S. Blacklow, M.D., NEOUCOM president and dean, said, "members of the class of 1996 have declared their future aspirations. Our students continue to be accepted into excellent residency programs in Ohio, and 30 percent will be in NEOUCOM affiliated hospitals in northeast Ohio. Ninety percent of our students received one of their first three residency choices."

"It is encouraging to see our graduates responding to workforce needs in the selection of their careers. Nearly two-thirds (65 percent) have chosen residencies in primary care, including internal medicine, family practice, pediatrics and ob/gyn. this choice of careers will help meet future health care needs of Ohio." Blacklow is currently president of the board of the National Resident matching Program (NRMP), headquartered in Washington, D.C., which pairs graduating medical school seniors nationwide with hospitals offering residency training programs.

On a national level, this is the second year in a row that more than half of U.S. medical school seniors will enter training in one of the generalist disciplines, according to the NRMP. Of the 14,539 U.S. seniors who participated in the match, 92.1 percent received residency assignments. Of those 13,395 students, 54.4 percent will enter residency training in one of the generalist disciplines.

Pictured: Senior medical student Sara Marchese (left) shares her excitement with classmate Lauren Walton. Both were students at the Youngstown clinical campus. Marchese will do a residency in dermatology at the University Hospital of Arkansas in Little Rock, and Walton will go to the Hospital of the Univeristy of Pennsylvania in Philadelphia for a residency in psychiatry.

MCMS/MCMSA Dinner Meeting Held

THE SOCIETY AND ALLIANCE HELD THEIR ANNUAL DINNER MEETING, DOCTOR'S DAY CELEBRATION AND GEM OF THE year presentation at Antone's Banquet Centre on March 28, 1996. Alliance members Conna Hayat and Annette El Hayek co-chaired the event, which featured international cuisine.

State Senator Grace L. Drake, (R-Solon) Chairperson of the Committee on Health, was the featured speaker. She gave a status report on legislation which she has sponsored and emphasized the need for physicians to become more actively involved in legislation.

HAVE YOU JOINED OMPAC?
ARE YOU A MEMBER OF PLAN?

Mead Johnson, represented by Ms. Norma Elias, provided the product display.

(L to R) Senator Grace L. Drake, Dr. Chander M. Kohli.

Annual Meeting

Dr. A. Reed Hoffmaster was honored posthumously as the 1995 recipient of the Society's Distinguished Physician of the Year award. Dr. Hoffmaster, a urologist, was remembered for his selfless dedication to the needs of others and for his humanitarian contributions to medicine and the community. Mrs. Norma Hoffmaster accepted the award on behalf of her late husband.

Also present were Dr. Hoffmaster's mother, Mrs. Florence Hoffmaster and his daughter Karen Hoffmaster.

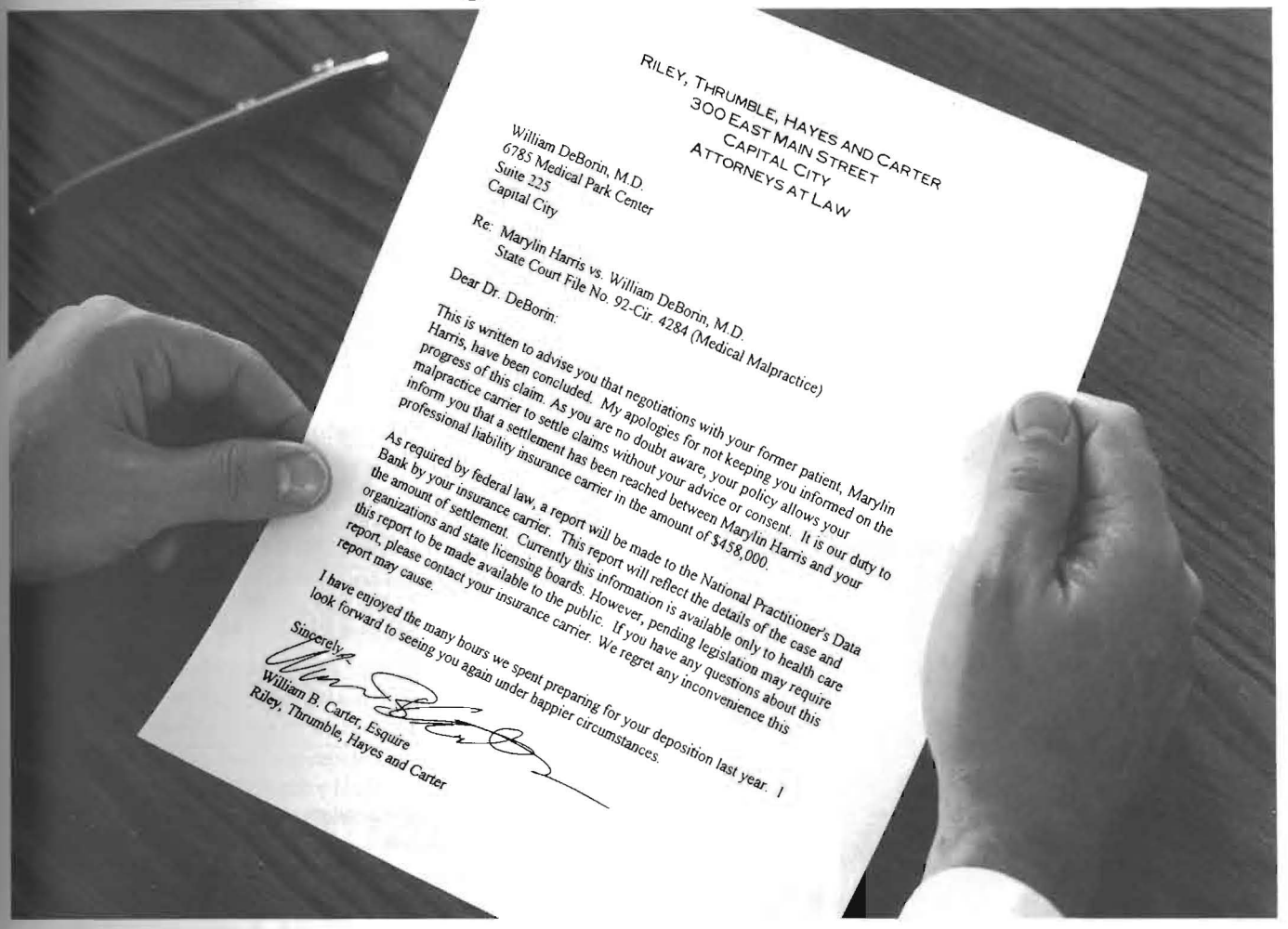
The society acknowledged seven recipients of the OSMA *50 Years in Medicine* award. Robert Clinger, Director of the Department of Medical Society Relations presented plaques and pins to the following physicians: George L. Altman, Hugh N. Bennett, Simon W. Chiasson and William D. Loeser. Also honored, but unable to attend, were Dr. Gene Fry of Longboat Key, Florida, Dr. DeForest Metcalf of Ft. Myers, Florida and Dr. Frank Shaw who resides in Lusby, Maryland.

The honorees were commended for their outstanding careers and their significant contributions to medicine and community endeavors.

(L to R) Karen, Norma and Florence Hoffmaster.

(L to R) Drs. Loeser, S. Chiasson, G. Altman, H. Bennett.

Medical Protective Policyowners *NEVER* get letters like this!



RILEY, THRUMBLE, HAYES AND CARTER
300 EAST MAIN STREET
CAPITAL CITY
ATTORNEYS AT LAW

William DeBorin, M.D.
6785 Medical Park Center
Suite 225
Capital City

Re: Marylin Harris vs. William DeBorin, M.D.
State Court File No. 92-Cir. 4284 (Medical Malpractice)

Dear Dr. DeBorin:

This is written to advise you that negotiations with your former patient, Marylin Harris, have been concluded. My apologies for not keeping you informed on the progress of this claim. As you are no doubt aware, your policy allows your malpractice carrier to settle claims without your advice or consent. It is our duty to inform you that a settlement has been reached between Marylin Harris and your professional liability insurance carrier in the amount of $458,000.

As required by federal law, a report will be made to the National Practitioner's Data Bank by your insurance carrier. This report will reflect the details of the case and the amount of settlement. Currently this information is available only to health care organizations and state licensing boards. However, pending legislation may require this report to be made available to the public. If you have any questions about this report, please contact your insurance carrier. We regret any inconvenience this report may cause.

I have enjoyed the many hours we spent preparing for your deposition last year. I look forward to seeing you again under happier circumstances.

Sincerely,

William B. Carter, Esquire
Riley, Thrumble, Hayes and Carter

Any allegation of malpractice against a doctor is serious business. If you are insured by The Medical Protective Company, be confident that in any malpractice claim you are an active partner in analyzing and preparing your case. We seek your advice and counsel in the beginning, in the middle, and at the end of your case. In fact, unless restricted by state law, every individual Medical Protective professional liability policy guarantees the doctor's right to consent to any settlement--**no strings attached!** In an era of frivolous suits, changing government attitudes about the confidentiality of the National Practitioner's Data Bank and increased scrutiny by credentialing committees, shouldn't you have The Medical Protective Company as your professional liability insurer? Call your local General Agent for more information about how you can have more control in defense of your professional reputation. Also available through select Independent Agents.

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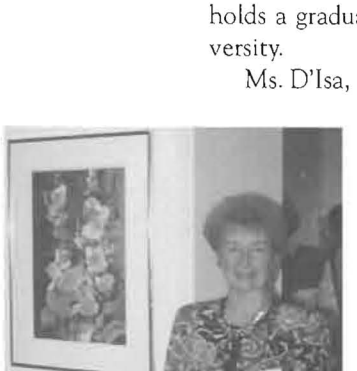
On The Cover

"All Occasions"

Watercolor on paper, 36cm x 54cm
By Mary Kay Buckley D'Isa, OWS (1926-)

MARY KAY D'ISA, KNOWN BY MANY DILETTANTES, IS A CHARMING AND GIFTED WATERCOLORIST, PAR EXCELLENCE. A native of Youngstown, she is a graduate of Ursuline High School, attended Richmond School of Art, College of William and Mary, Youngstown State University, and holds a graduate degree from Kent State University.

Ms. D'Isa, the daughter of the late judge and Mrs. John J. Buckley, has a physician brother in Maryland, and another brother and nephew who are members of our society. One of her two daughters is a physician, and the other has a doctorate and is on the faculty at St. Mary's, Notre Dame, Indiana. Her husband, Frank, is a retired professor and past chairman of mechanical Engineering at Youngstown State University. Dr. Frank D'Isa is, in his own right, a talented and prize-winning photographer.



Mary Kay Buckley D'Isa

This talented artist teaches watercolor painting at Youngstown State University and the Butler Institute of American Art. Her numerous well crafted pieces have been displayed in both regional and national shows where she has won major prizes and special honors, too numerous to mention.

Ms. D'Isa's creations can be found in several public and private collections, including the Butler Institute of American Art, Saint Elizabeth Medical enter and Westminster College.

Ms. D'Isa was featured on the cover of the Bulletin in March of 1991 (vol 61, no. 3) with a watercolor entitled Timeless Elegance. She loves what she does and attacks her work with g passion. In her own words, "We are all attrac to particular places and things because of so thing inherent in our background. I find th am drawn to everyday subjects which, for have unusual beauty....perhaps an old h where sunlight dances on the porch, a flo that allows me to use unusual colors, the m of a carousel, the seasons in Mill Creek P the New England coast where we often v tion as a family—the American flag. These subjects that I paint in watercolor. They h meaning for me, perhaps they will speak to y

In All Occasions, the artist presents us w a delightful gallimaufry of colors in a well b anced geometric pattern of multiple curves taposed with a linear configuration. The c trasting background further helps the viewe be bedazzled by the skillfully executed symph of jolting colors. The piece inherently deli a pleasurable feeling consistent with the art philosophy.

All Occasions has most recently been sho at the YWCA's Area Women's Art Show which it has received a special award. Curren a one-woman-show of Ms. D'Isa's can be vie at the Saint Elizabeth medical Center.

Albert B. Cinelli, MD, FA

Retirement Plans

Non-Qualified Deferred Comp: Watch Out for Traps!

Rules don't fit well with some small and mid-sized groups

Don't do it without expert advice

MANY HIGH-INCOME DOCTORS LIKE YOU ARE MAXED OUT OF THEIR CORPORATE OR KEOGH RETIREMENT PLANS BECAUSE tax law limits contributions for a person's account to $30,000 generally. Others have found that the cost of contributing for their own benefit is uncomfortably high because recent tax law changes require larger contributions for their non-doctor staff.

In both cases, the urge to take greater advantage one way or another of tax-favored retirement funding leads to creative advice from an army of accountants, lawyers, insurance agents and securities brokers. It's enough to confuse the best of us!

As we struggle to grasp its real application to small and mid-sized medical practices, one age-old tax and compensation device keeps coming up. Known as non-qualified deferred compensation (NQDC), it is widely used among larger corporations striving to retain key executives. Tax experts are familiar with NQDC's basic tax rules, but different wrinkles in each plan make the subject challenging and lucrative for these advisors.

Rules Don't Easily Fit

The problem for private practice physicians is that the rules do not comfortably fit into the practicalities of small and mid-sized groups owned by their own key executives—the doctors themselves.

Although you may be able to use NQDC plans to your benefit, we generally suggest avoiding them except upon very careful, expert and unbiased guidance from both tax and practice advisors you know and respect.

The maze of complicated tax guidelines, along with the fact that it is challenging to achieve NQDC status, means that you can't enter this arena easily. For that reason, we sort through the difficulties for you and ask two e perts for their advice.

Beware of Creative Solutions

If you have an incorporated solo or sm group practice, your existing payout arra ments probably include a form of NQDC t creative advisors can interpret as non-quali deferred compensation. Beware, however.

Under such an arrangement, you or y family may be entitled to separation pay a specified number of months' additional sal after your retirement or death, along with a se rate amount as purchase price for your stock. T separation pay is typically designed to give y or your surviving spouse your ownership in est in the group's accounts receivable, and p haps also in some further earning capacity, s as goodwill.

Although this is sometimes called defer compensation to boost its tax posture, it b cally pays you out for values left behind.

True NQDC attempts instead to defer ta on what you would otherwise take home as t able income, either in place of or in additio normal retirement plan funding.

If you recognize NQDC's purpose y should also realize that it is not easily achiev Qualified pension and profit sharing plans low direct, tax-favored funding for retirem because specific laws permit it. Those laws m to discourage, if not deny, efforts to reach t same goal another way.

Basic Rules Create a Dilemma

Here are the basic tax principles invol in NQDC:

- Deferred compensation is not taxable til the employee receives it unless h she has an absolute right to it sooner.

gardless of future events. Furthermore, if the deferred amount is secured from risk of the employer's default (like bankruptcy or other claims against the corporation), then it is taxable to the employee right away.

- The employer cannot deduct the deferred compensation unless the money is immediately non-forfeitable or available to the employee.

NQDC is not for you if you solely own the corporation, since any amount set aside for your benefit is considered available to you through your corporate control. If you have co-shareholders, though, you could set up a plan for paying NQDC to key employees — presumably one or more of the shareholders. The challenge is to make it work to your advantage tax-wise without disrupting your group arrangements.

To set group income aside for your NQDC, your partners almost surely will (and in almost all cases should) charge it against your allocated share of group income. An alert IRS auditor may treat this deflection as part of your taxable income anyway unless it is based on an advanced, legally binding agreement making it subject to both forfeiture and corporate risks.

Most small group physician-partners are not willing to convert sure money into dollars subject to future risks. In today's managed care environment we don't blame them!

Corporate Problem, Too

What is more, effectively deferring a member's income means the corporation cannot deduct it, and hence it becomes subject to corporation income taxes. Your partners are not likely to accept sharing that burden for your tax planning benefit, so you may have to bear it yourself. This decreases the value of your NQDC anyway since you will also have to pay personal income taxes later when you collect it (or when you acquire an absolute right to it, if sooner).*

Given these underlying tax and practical complications, what do the experts think? We asked two.

While acknowledging the problems, David G. Roof, president of an Akron, OH investment and benefits firm,** says NQDC can sometimes effectively be installed through variable life insurance assigned to a separate account. The insurance helps assure payment through a large insurance company, and you might combine it with a "Rabbi Trust" to further separate the funds from your group's general assets.

In agreeing, Kansas-based medical management consultant David N. Shipman*** added that the fees for variable annuities are not high when compared to the costs of maintaining a qualified pension plan.

"I have no problem with including deferred compensation as a benefit if it is part of an overall plan of retirement and succession planning, and if the physicians understand it," says Shipman. "Too often, though, that is not the case and problems come up not with the concept but with its appropriate use."

That makes sense to us, too. Non-qualified deferred compensation is fraught with complications for private practice physicians, but you might find it valuable if it is carefully structured by unbiased experts in conjunction with your accountant and lawyer.

Don't take it lightly.

Editorial Note: We acknowledge the cooperation of Leif Beck, who has granted reprint rights for topics which have appeared in his regular monthly publication, The Physician's Advisory. His organization, The Health Care Group, with offices in Plymouth meeting, PA, is a group of leading national consultants and attorneys specializing in medical practice organization and management.

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*Further, the very act of charging the corporate tax to your income share is, under a strict IRS audit, further proof that the arrangement is taxable to you right away—that it was your income deflected at your own present option.

**Roof, president of The Evergreen Group, Inc. and member of the Medi medical Consulting team in Akron, can be reached at (330) 996-4670; fax (330) 996-4690.

***Contact Shipman at Integrated Strategies in Overland Park, KS at (913) 649-0080; fax (913) 649-0532.

MCMS *New Members*

Debra S. Guerini, MD
Internal Medicine
Office: 20 Ohltown Rd.
Phone: 270-9100
MED. ED: Northeastern Ohio Univ. College of Medicine, Rootstown, OH
INT: Western Reserve Care System, Youngstown, OH
REDCY: Western Reserve Care System, Youngstown, OH
SPONSORED BY:
Hugh N. Bennett, MD
Emil S. Dickstein, MD
Jeffrey D. Resch, MD

Thomas M. Picklow, MD
Urology
Office: 815 Southwestern Run
Phone: 758-9787
MED. ED: Ohio State Univ. College of Medicine, Columbus, OH
REDCY: Univ. of Cincinnati, Cincinnati, OH
REDCY: Univ. of Cincinnati, Cincinnati, OH
SPONSORED BY:
Richard G. Nord, MD
John B. McElroy, MD
Robert Sinsheimer, MD

The following applications membership were approved Council:

ACTIVE:
Michael J. Balsan, MD
Abdul K. Shamsuddin, MD
Donald J. Tamulonis, Jr., MD

Information pertinent to the plicants should be sent to the honing County Medical Soc Council.

OPEP *Update*

continued from pg. 8

request, they will also accompany the client in situations where support or advocacy is appropriate.

Reliable documentation along with personal contact allows for effective advocacy. This is extremely beneficial when special focus is placed on a health care professional as "impaired". In today's health care climate, OPEP is a necessity for health care professionals who will have occupational needs due to their recovering status.

Ohio Physicians Effectiveness Program
635 Park Meadow Road, Suite 203
Westerville, Ohio 43081
(614) 891-0080 • Fax (614) 891-1050

The Journey of Hope Family Education Course

A service of the Mahoning County Mental Health Board and the Alliance for the Mentally Ill of Mahoning Valley.

This course is designed for the families of persons who have been diagnosed with schizophrenia or these with major affective disorders, as well as those who exhibit behavior that strongly suggests such a diagnosis. It is not appropriate for individuals who are themselves suffering from one of the major mental illnesses.

The course consists of a series of twelve classes representing a new concept and curriculum. In this model, the course co-teachers are family members themselves. The course has been designed and written by an experienced family-member mental health professional. The course balances basic psychoeducation and skill traini with self-care, emotional supp and empowerment.

For more information call:

Irene Halverstadt
(330) 332-4863

Marvis Woods
(330) 792-4557

In Memoriam

RAUL E. PEDRAZA

October 16, 1943
March 20, 1996

In Memoriam

BERTRAM I. FIRESTONE

October 18, 1912
March 2, 1996

As a Physician, You Need to Know.

Chances are that few physicians will escape a medical malpractice lawsuit at some point in his or her career. That's why Mutual Assurance has designed the 1996 Physician Loss Prevention Seminar to address these issues—because **you as a physician need to know**. You'll gain valuable knowledge in the processes and stages of a medical malpractice lawsuit in addition to discussing issues and trends in medical malpractice. Attorneys from Ohio's leading medical malpractice defense law firms will participate in the seminar, discussing actual case studies and addressing your liability concerns. You'll also explore current and emerging trends and strategies to address the risks associated with these trends. Make sure that you attend this valuable and informative seminar—because **as a physician, you need to know**.

The following is a list of dates and locations for the Ohio Physician Loss Prevention Seminars:

City	Date	Location	Time
Akron	Tuesday, July 23	Sheraton Suites	6:00 p.m.
Cleveland	Wednesday, July 24	Stouffer	6:00 p.m.
Columbus	Thursday, July 25	Hyatt Regency	11:00 a.m.
Columbus	Thursday, July 25	Hyatt Regency	6:00 p.m.
Cincinnati	Tuesday, August 13	Westin	6:00 p.m.
Columbus	Wednesday, August 14	Hyatt Regency	6:00 p.m.
Dayton	Thursday, August 15	Marriott	11:00 a.m.
Dayton	Thursday, August 15	Marriott	6:00 p.m.
Toledo	Tuesday, September 24	Radison Hotel	6:00 p.m.
Cleveland	Wednesday, September 25	Stouffer Renaissance	6:00 p.m.
Youngstown	Thursday, September 26	Holiday Inn Metroplex	6:00 p.m.
Toledo	Tuesday, October 22	Radisson Hotel	6:00 p.m.
Dayton	Wednesday, October 23	Marriott	6:00 p.m.
Cincinnati	Thursday, October 24	Westin	6:00 p.m.

For more information about the Ohio Physician Loss Prevention Seminar please call Jim Lang, Jim Keatting or Ed Hassay at Gluck Insurance (800)362-6577.

Mutual Assurance offers its insureds a wide range of risk management solutions, such as the Loss Prevention Seminar series. Policyholders can earn continuing medical education credits and premium discounts by attending these seminars. Physicians not currently insured by Mutual Assurance are encouraged to attend a seminar to ensure that the premium discount is available when their coverage is converted to Mutual Assurance. Mutual Assurance is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

Mutual Assurance

Comments

Perhaps it is my youth, but I have never witnessed the kind of depression that seems to have seized American medicine. One approach is to examine issues from the other person's point of view. I try to do that in the following. What if there is a hidden agenda? While the comments are somewhat "tongue in cheek," the goal is to assist colleagues and patients in breaking out of the doldrums, to provide "food for thought" and renewed purpose. Ergo:

The Great Insurance Conspiracy?

IS THE INSURANCE INDUSTRY ATTEMPTING TO SUBVERT AMERICAN MEDICINE? ARE IMPEDIMENTS BEING PLACED TO MEDICAL CARE access? Do restrictions on laboratory, therapy facility and physician access compromise ability to provide care?

If an insurance company/broker demands documentation, even with all their other restrictions, beyond what is usual and customary, is not patient care further compromised? Could this time be considered stolen (from the patient) buy the insurance company/broker? If an insurance company/broker fails to provide a system for efficiently receiving (and responding to) their own excess documentation requests, can one have confidence that such impediments to health care access are unintentional? Why are the "medical directors" of such insurance companies/brokerage firms apparently so inaccessible to the health care provider? How can we continue to plead for the appropriate needs of our patients - or is that another target for subversion?

How does one reconcile insurance company/broker mandates to utilize specific laboratories with identified reliability problems attending those laboratories? How does one reconcile (with desire to provide quality care) insurance company/broker decisions to disallow tests, procedures, or even physician visits? When one lacks assurance that the insurance company/broker will allow a follow-up visit to assure safety/efficiency, how can a consultant provide prescriptions? It seems equally inappropriate for primary physicians to write prescriptions for medications, with which they lack familiarity.

Perhaps review of standard contracts provides an answer. How should one interpret the insurance/broker contract clause stating - that the participating physician agrees not to provide that companies' "clients" with a lower level of care than that physician provides any of his o patients who are not insured by that comp If the insurance company/broker interdicts which the physician deems appropriate, can the physician comply with the contr **unless he or she reduces his or her stan of care for all patients?** I cannot recall (at in recent memory) insurance companies o kers promoting dedication to optimal me care or to increasing the quality of medical Is this coincidence?

Are the conflicting restrictions part conscious effort to compromise the opp nity for Americans to access quality health Is quality health care a right or will it bec analogous to aging, a privilege denied to m Something to think about...

Bruce M. Rothschild, M
Director, Arthritis Center of Northeast
Professor, Internal Me
Northeastern Ohio Univer
College of Me

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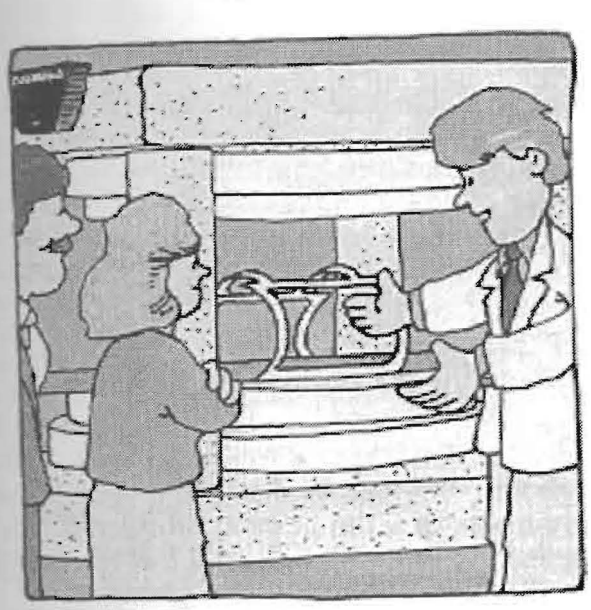

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From the Bulletin

A Look Back...

Sixty Years Ago, Mar/Apr, 1936

Even 60 years ago there was a brouhaha over how to provide medical care for the indigent. President **L.G. Coe** appointed **Elmer Nagel** to chair the Public Health Committee to promote preschool immunizations. Because of the fear of litigation, the Council was advised to incorporate the *Bulletin*. New members were **Russel Rummel** and **Elmer Wenaas**.

Fifty Years Ago, Mar/Apr, 1946

The "five-day cure", using massive doses of mapharsen over a short period of time, was the latest cure for syphilis. Soon, however, penicillin was to become the drug of choice for that disease. **Arthur E. Rappaport**, in his article "Study of Anemia" reported that the RBC and hemoglobin tests were inadequate for determining the classification of anemias. He recommended MCV, MCH and MCHC and packed cell volume. New member that month was **J.B. Kupek**.

Forty Years Ago Mar/Apr, 1956

President **Gabe DeCicco** devoted his entire president's message to the recent passing of **William M. Skipp**. Bill Skipp was a tireless worker for the Medical Society, serving as president in 1936 and 1939. In 1940 he was elected president of the OSMA, and later was a delegate to the AMA. There was a lengthy article in the April issue by Youngstown Chief of Police Paul H. Cress, reporting on the narcotics problem in Youngstown. He reported that the bulk of the problem was the use of heroin and marijuana. Addicts spent from $10-$30 a day. he reported no problem in our schools, and he felt that "a user belongs in jail only after better solutions are offered and fail." New members that month were **Wayne Agey, R.V. Bruchs, Paul A. Dobson, Paul J. Fuzy, Jr.** and **Sanford Gaylord**.

Thirty Years Ago Mar/Apr, 1966

Medicare was scheduled to start in July, and there was much weeping, wailing and gnashing of teeth. Then, with the intervention of the AMA, we were given the choice of "assignement" (participation) or "non-assignment" (non-participation). Later, as we all learned, those privileges were gradually eliminated.

Twenty Years Ago Mar/Apr, 1976

President **Bill Sovik** presented a list of predictions made by an official of the National Association of Blue Shield Plans. Among those predictions were: capacity for detecting many diseases in embryo by 1980; teams of nurses and/or doctors making house calls with mobile labs by 1985; medical/social deci based on the quality of life, rather the morbidity or mortality, by After 10 years of Medicare, the m bers had all managed to survive cope with the ever-changing Med rules and regulations.

Ten Years Ago Mar/Apr, 1986

The March issue contained a guest editorial by **Bill Loeser**. This was a hilarious prediction of the sta medicine and law after all the la finally caused the demise of all medical schools, hospitals, me practitioners, and insurance co nies, and there was no one left to for the sick. In the April issue, E **Emil Dickstein** described his ru tions regarding his concerns abou proliferation of managed care or zations and what effect they may on the quality of care. New me at that time were: **Carl Ans Adam Costarella, Salim El-Ha William Gillanders, Fred Ha Rani Krishnan, Keith Kuppler, drew J. Lockshaw, III, Wil Palmer, William Sutherland Amelia Tuanidas**.

Robert R. Fisher, MD

Robert R Fisher MD

MCMSA Gem of the Year

THE MAHONING COUNTY MEDICAL SOCIETY ALLIANCE HONORED BETH BACANI AS THE GEM OF THE YEAR AT THEIR DINNER meeting March 28th at Antone's Banquet Centre. Beth has been an active member of the Alliance since 1969 working at all levels of the organization. She was president of the Alliance in 1989. She was also recognized as the YMCA Woman of the Year in 1983 for Volunteerism in the field of health. She served on the Board of the Florence Crittendon Home for unwed mothers. She was president of the Kidney Foundation of Mahoning County in 1985-87. Current projects include work with the United Way, the Daisy Dozen Garden Club and editing the MCMSA newsletter. Beth grew up in Sharon, PA and graduated from Sharon high school and the Youngstown Hospital Association nursing program. She has 3 children, Dante, Cynda and Bobbie and is married to nephrologist Robert Bacani, MD. Beth is a realtor with Burgen Real Estate in Boardman, OH.

Beth Bacani

Western Reserve Village Foundation

The Mahoning County Medical Society Alliance presented a check for $950.00 to the board of the Western Reserve Village Foundation. The money is to be used for renovations to Stewart Patton's office in the village at Canfield Fairgrounds. Dr. Patton built the office in 1913 and occupied it for 24 years. He an old fashioned country doctor who made h calls in a horse and buggy and operated on kitchen table. He was paid in chickens and duce. He owned three sets of horses - one the AM calls, one for the afternoon call one for the PM calls (to offset the fatigue horses). He headed the drive for mass immu zation against diptheria and chest x-rays fo in the area. In 1937 Dr. Patton was the Ma ing County Health Commissioner for 14 y He also started school health clinics in w nurses were instructed to visit the schools check on every child. Dr. Patton was bor 1873 and died in 1963.

Mr. C. Gilbert James (president of the B of Trustees of the Western Reserve Vi Foundation) and Susan Berny (presid Mahoning County Medical Society Alli

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In The News

Dr. Chander M. Kohli was elected president of the clinical staff of St. Elizabeth Health Center and was appointed to the Youngstown State University Board of Trustees by Governor George V. Voinovich.

Drs. David A. Hoffman and **Richard A. Memo** were elected vice president and secretary/treasurer, respectively of St. Elizabeth Health Center's clinical staff. In other news at St. Elizabeth's, newly-elected department chairmen include the following: **Drs. H.S. Wang**, eye/ear/nose/throat; **Douglas E. Van Reese**, obsterrics/gynecology, and **Alam M. Qadri**, pathology.

Drs. Antoine E. Chahine and **Anthony F. Cutrona** were elected Fellows of the American College of Physicians.

Dr. Anand Garg was re-appointed to the State Medical Board of Ohio, for a five-year term, by Governor George V. Voinovich. He also was elected to a three-year term on the examination board of the Federation of State Me Boards. Dr. Garg was recently named "M the Decade" by the India Association of G Youngstown.

Dr. John S. Venglarcik III was awarded certification in pediatric infectious disease b American Board of Pediatrics.

Dr. Mark H. Belfer was recently elected to a one-year term as a member of the Ohio A emy of Family Physicians Foundation Boa Trustees.

Dr. John W. Arnott has been named me director of Pride Care Health System, a p cian hospital organization between We Reserve Care System and the Western R Physicians organization.

Dr. Chris Knight has been appointed me director of the Cancer Care Center at We Reserve Care Center.

State Medical Board of Ohio

Update

THE PERIOD SINCE MY LAST REPORT TO YOU HAS BEEN A BUSY AND EXCITING TIME FOR THE STATE MEDICAL BOARD OF OHIO AND for me personally. Midway through our Board's centennial year, we are very pleased to offer the following update of our activities.

Board Officers

The Board's election process permits members to serve a single one year term as President, although other officers can be reelected. I completed my term as Board President in December 1995 and passed the torch to Charles Stienecker, MD, an extremely knowledgeable physician from Wapakoneta. A former family practitioner, Dr. Stienecker is now the Medical Director of St. Rita's hospital in Lima. Assisting Dr. Stienecker as Vice President is Mrs. Nora Noble, a consumer member from Newark. Thomas E. Gretter, MD, of Cleveland and Mr. Raymond J. Albert of Amanda were reelected by the Board to serve in 1996 as Secretary and Supervising Member, respectively. I remain on the Board's Executive Committee as Immediate Past President and was reappointed to a second five year term on the Board by the Governor until 2002.

New Appointee

The Board welcomed its newest member, Anant Bhati, MD, in April 1995. Dr. Bhati, obstetrician/gynecologist, practices in Cincinnati.

Anand G. Garg, MD, PhD

Legislation and Rules

As the body responsible for registering and overseeing the utilization of physician assistants, the Board was involved last year with Substitute Senate Bill 143, which became effective March 5, 1996. The bill includes a number of significant revisions to the laws pertaining to P.A.s, and codifies such things as supervision requirements for physicians who oversee the work of P.A.s and the utilization registration process.

Amended Substitute House Bill 218, which was strongly supported by the Board, created an opportunity for retired physicians to volunteer their services in non-profit shelters and health care facilities. The bill became effective on November 15, 1995. The Board is currently working on rules that would establish criteria for issuance of volunteer certificates.

Several new rules have already been adopted or are being considered by the Board to address current issues of concern to Ohio physicians. Board Rule 4731-18-01. Ohio Administrative Code, Standards for Surgery, became effective on May 4, 1995. The rule defines the role of the surgeon of record, including preoperative, perioperative and postoperative patient management, and ensures that surgeons will not perform surgery without arranging for appropriate follow-up for their patients.

In August and September of 1995, the Board held hearings on draft rules concerning HIV and HBV. After the rules were redrafted to incorporate suggestions made by interested parties, they were approved for refiling by the Board in May 1996, with adoption anticipated early this summer. The rules would require practitioners who are sero-positive for HIV or HBV to submit to evaluation and monitoring by an Ohio Department of Health-approved hospital review panel, ODH itself, or the State Medical Board. The rules would further provide for practice restric-

tions for sero-positive physicians and would require physicians to know their HIV/HBV status if they believe they may be at risk.

The Board is also considering draft rules that address the scope of practice of podiatry, specifically ankle surgery.

Position Papers

A position paper on Non-Invasive Vascular Testing, which had been the subject of extensive deliberation by the Board's Scope of Practice Committee, was adopted unanimously as the May 1995 Board meeting. The policy addresses concerns about overutilization of non-invasive vascular testing and the performance and interpretation of that testing by unqualified practitioners or those acting outside their legal scope of practice.

At their June 1995 meeting, board members adopted a position paper on scheduled drug therapy, including narcotics, for treatment of chronic benign pain. The position paper is intended to balance the health care practitioner's goal of controlling long-standing pain against the very real risks of drug addiction and misuse. The Board's Prescribing Committee is continuing to accept feedback from practitioners interested in this topic.

The Board's position paper entitled "Laparoscopic Training - Surgery" was adopted in February 1996. The paper promotes specified minimum credentialling guidelines for training and monitoring.

Copies of all of the Board's position papers are available from the Board's Public Inquiries Department, and are published in the Board's quarterly newsletter, *Your Report*.

Quality Intervention Program Update

Over the past year, the Quality Intervention Program (QIP) has gone from being a work-in-progress to a viable reality. Both a physician review panel and a separate panel to review podiatric issues have been created. Two osteopathic physicians—a family practitioner and a cardiologist—are participating in the six-member physician review panel. Ohio is justly proud that its QIP is the first program ever created under the independent auspices of a regulatory board, rather than through the private sector, to identify and remediate problematic medical practices before the need for disciplinary action arises. The panel's recommendations promise to be of invaluable assistance to the Board's Secretary and Supervising Member in reaching their decision about the appropriate disposition of quality of care complaints.

Guests

In December 1995, the Medical Board was honored to host the President of the Federation of State Medical Boards, Robert Porter, MD and Federation Vice President, I. Kathryn Hill, who attended the Board meeting and a number of committee meetings to observe the Ohio Board in Action. Barbara Ross-Lee, D.O., Dean of Ohio University's College of Osteopathic Medicine, was also a guest at the Board's December 1995 meeting, having been invited to offer her perspective on advance practice nursing legislation. (The APN bill has since been passed by the General Assembly and is awaiting Governor Voinovich's signature as of this writing.) Dr. Ross-Lee focused the Board's attention on the increasing need for primary care providers, particularly in rural and underserved areas of Ohio.

Regional and National Activities

The Ohio Board has continued to host and play an active role in meetings of state medical boards from the Midwestern region of the United States. Ohio originally spearheaded this effort to provide an opportunity for the boards to share concerns about regulatory issues and learn from one another. If imitation is truly the sincerest from of flattery, we are indeed flattered that some of the eastern states have followed our example and created their own regional group.

The Ohio Board continues to play an active role in medical regulation at the national level through its involvement with the Federation of State Medical Boards. I was recently elected at the Federation's annual meeting to serve on the organization's Examination Committee, after having previously served on the now-reorganized Examination Board. The Ohio Board's Executive Director, Ray Bumgarner, just completed his term as a member of the Federation's Board of Directors. The Ohio Board has a history of leadership at the national level, and anticipates continuing that involvement.

Reminders

If you are eligible for renewal of your Ohio medical license, you should have received a renewal application form in the mail some time ago. The completed forms, along with the required fee, are due in the Board offices by June 30, 1996, even though your current license does not expire until September 30, 1996. All con-

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State Medical Board of Ohio

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tinuing medical education hours must have been completed before July 1, 1996. Don't forget to organize and retain documentation of your CME hours, as you may be audited and asked to produce it. Also, be sure to respond to the audit immediately if you receive a notice. A surprising number of disciplinary actions must be taken by the Board each year against physicians who have more than enough CME but neglect to submit documentation when asked.

Physician Assistants utilization Plans are also subject to random audit, in that the Board regularly conducts spot checks to ensure compliance with plans that have been approved. Those employing P.A.s may wish to review their plans to avoid potential problems.

I appreciate the opportunity to bring you news about the Sate Medical Board's activities that directly impact physicians in our area. I hope that you will feel free to let me know about how the Board can better serve both you and your patients. On behalf of the Medical Board, I invite you all to join with us in celebrating our first 100 years as we look forward to our next century.

Lauren Lubow, J.D., contributed to this article.

Notices/Classifieds

Notice:
The NEW Poison Control Phone Numbers for mahoning, Trumbull, Columbiana, and Ashtabula Counties are:

Phone:	TDD Number:
1-800-872-5111	1-800-253-7955

The numbers are effective immediately. These numbers are to be used for poisoning accidents only. For educational materials, call the mahoning Valley SAFE KIDS Coalition at 740-KIDS.

The phone numbers in the front of the 1996-97 phone books are incorrect!

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