



Bulletin

of the Mahoning Valley Medical Society
First Quarter 2017

REBECCA BAILEY, MD NAMED 2017 DISTINGUISHED PHYSICIAN

Dr. Rebecca S. Bailey was named the 2017 Mahoning Valley Medical Society Distinguished Physician and was presented with a plaque commemorating the honor at the the Annual Meeting of the Society on May 2, 2017, at The Lake Club. Dr. Bailey graduated from the Bowman Gray School of Medicine at Wake Forest University in Winston-Salem, NC. She interned at Youngstown Hospital Association in Youngstown where she also completed a residency in Internal Medicine. She furthered her training with a Fellowship in Pulmonary/Critical Care Medicine at Cleveland Metro General Hospital.

Upon completion of her training, Dr. Bailey returned to Youngstown where she has practiced for the past thirty years. She, along with the late Dr. John Politis, founded Eastern Ohio Pulmonary Consultants where she is now a senior partner.

In addition to her very busy clinical practice, Dr. Bailey is a professor of Internal Medicine at Northeast Ohio Medical University (NEOMED) and has been the Program Director for the Internal Medicine Residency Program at Northside Medical Center, where she is currently re-writing the Internal Medicine curriculum.

Dr. Bailey is involved in many activities outside of medicine, including cooking, sewing, gardening, music (she plays the mandolin and piano), photography and running. She is an avid runner and was inducted into the Youngstown Road Runners Hall of Fame in 2015. She qualified and ran in the Boston Marathon, and she donates her time to run for lung cancer research each year. She also is a bicycle rider and does Zumba.

Dr. Bailey and her husband, Ken Rech, have twin daughters, Claire and Shannon. Claire is a medical student and Shannon is an engineer.

Dr. Bailey was joined by her EOPC partners and staff for her presentation. She is truly a deserving recipient of the Distinguished Physician Award.



Dr. Rebecca Bailey and
Dr. Ritha Kartan



Dr. Bailey and husband Ken Rech



EOPC partners Drs. Anthony Boulos,
Rebecca Bailey, Ritha Kartan, Manuel
Bautista and Lawrence Goldstein



EOPC Staff

Bulletin

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Calendar

June 15, 2017

Canfield Fair Exhibitors' Breakfast

July 15, 2017

Pit Bull, Covelli Centre

July 28, 2017

Family Night at the
Mahoning Valley Scrappers

August 30 ~ September 4, 2017

Canfield Fair

September 3, 2017

John Mellencamp,
Canfield Fair Grandstand

September 4, 2017

Chris Young,
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THE CULTURE OF HEALTHCARE



I recently was privileged to be part of the OSMA annual meeting that included a talk about physician well being and burnout. One of the main issues, as far as I am concerned, is the Culture of medicine. Is the culture positive or negative? I believe that depends on what “team” you play for and where you sit in the pecking order of your “team.” My team is my four member private practice Physical Medicine and Rehabilitation office, not a hospital or a multispecialty group. We have certainly seen changes in the culture over the last five years.

First reason for the change is the decreasing number of physicians in private practice. Hence, we see hospital and large multispecialty group practices growing instead. When this happens, patients begin to be directed through systems instead of physicians. We in private practice see our referral sources shrink and start to feel the squeeze. It no longer matters how well trained you are, how great your outcomes or the quality of your care, or if you have a great bedside manner. It only matters what “Family” you are part of, because the new culture is to keep it in the “Family.” It’s easy to imagine the stress and burnout this causes, and then often times you end up joining one of the “Families” out of necessity. Stress and burnout continues.

So you join the “Family” and things get better, right? Well, I don’t know personally so I cannot answer, but I will make a few observational comments. I have seen double digit numbers of physicians that I have gotten to know in my 10 short years here that have picked up and left the state after being part of a “Family.” I have heard employed physicians complain about how out of touch the “Family’s” administration is with the daily practice of medicine. I’ve heard newly employed physicians complain about their salary and bonus structures and the same from long term employees who say it never goes up. I’ve heard complaints of long hours being spent on completing EHR work at home daily and over the weekends. Sounds like stress and burnout continue.

Reimbursement cuts continue yearly, but overhead costs continue to rise. Staff want raises, offices need refurbishment, medical technology prices rise, insurance of every type costs more, many EHR’s have monthly fees after initial high dollar purchase, not to mention phones, electric, furniture, etc., etc., etc. My salary has honestly decreased each year since I spent the money to become a partner. Stress and burnout continues to rise.

My kids will want to go to college, I assume at least two out of three at least. I want to retire before I die of stress related complications or my back wears out since I had four back surgeries before becoming a physician. I want to have a great relationship with my wife after kids and enjoy some time alone with her and travelling. I think I want to retire to somewhere warm in the winter. Problem is I have less to save each year. My kids won’t qualify for any loans or help for college because I make too much money so I will have to fund my kids education which is something I never wanted to do because they need to OWN their education. However, now they cannot even get help as individuals. I have to balance saving for them, saving for my wife and I, donating to charity, paying for my kids participation in all their current events, and enjoying life now with my family. Stress and burnout continue.

The culture is broken. We are slipping down the slope with no recourse at present. How do we change the current state of affairs that is encouraging the rise of stress and burnout? I don’t have the answer, nor does CMS or the AMA for what I can tell. My recommendation is to save money, live frugally, and retire as soon as possible to try and beat stress and burnout to the finish line!

A handwritten signature in black ink, appearing to read 'S. McGrath MD', with a long horizontal flourish extending to the right.

From the President

by Thomas J. Traikoff, DO



INTENTION

As I accept the position of Mahoning Valley Medical Society president I am reminded of the leadership role we all have as physicians in our community. I feel blessed and honored to serve in this role, and to serve our community with all of you. I would like to express my gratitude to Karyn Frederick for her encouragement, and for her endless effort in her role as executive director of Mahoning Valley Medical Society. I also would like to express my love and appreciation to my wife Susan daughter Kara, son Chris, their spouses, Jeff and Sarah, for their love, support and encouragement in my life as a physician. As I enter each day I am moved to ask myself " what is my intention" and I believe there is no better intention than The physicians prayer. May we all lead with great intention!

Thomas J. Traikoff DO

Physician's Prayer

O, Lord in Your wisdom and power and love, you heal the sick when all other help has failed, and restore men to life after life itself is done.

I pray that you will light my mind with thorough knowledge of remedies for my patients' ills and touch my heart with deep compassion for their sufferings.

When I stretch out my hand to minister to the sick, let me heal them with a portion of your wisdom and your power.

And when they are not to be healed, let me help them to a deeper faith and resignation in your love.

Amen

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NEW MEMBERS

Szymon M. Krzyzanowski, MD
Family Medicine

Valley Care Medical Group
500 Gypsy Lane
Youngstown, OH 44501

Medical Education: Jagiellonian University, Krakow, Poland
Internship: Western Reserve Health System, Youngstown, OH
Residency: Western Reserve Health System, Youngstown, OH

Anthony M. Boulos, MD
Pulmonary/Critical Care

Eastern Ohio Pulmonary Consultants
960 Windham Court
Youngstown, OH 44512

Medical Education: NEOMED, Rootstown, OH
Internship: Canton Medical Edu. Foundation
Residency: Aultman-Mercy, Akron, OH
Fellowship: University of Toledo Medical Ctr.

Bits 'n' Pieces

Just a reminder that AccuMedical Waste has been sold to Stericycle. The MVMS **does not** have an agreement with Stericycle. Our agreement is with **MedAssure**. For information on how to sign up with MedAssure, contact the Society office and the appropriate forms will be sent to you.

SAVE THE DATE! Family Night at the Scrappers will be held on Friday, July 28th. Watch your mail for sign up information.

Mahoning County Medical Society Foundation will not be offering medical student loans this year. We are in the process of revising the program to grant scholarships instead of loans. We are anticipating that this will be accomplished within the next six months.

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FRAUD and CYBER

The current Wanna Cry cyber attack generated as much concern as one could imagine with visions of no limit susceptibility to everything from our personal and business computers to total regional blackouts.

Healthcare and Professional Services were again among the top three most breached. Hackers were the most frequent cause of loss culprits, with Malware and Virus as second followed by lost or stolen lap tops. The average payout in the Healthcare Sector was \$726,000.00 in 2016*. Average costs for all related continue to rise as more are finding the ability to hack much easier than thought.

Many physicians, when commenting about having cyber coverage indicate that they have coverage within their professional liability policies and while this is true, the endorsements offered by all carriers these days extend some limit to this exposure. HOWEVER, while The Limits of Insurance Section of your policy reflect in most cases, \$50,000 or \$100,000 per section of described coverage, it is vital to note that regardless or otherwise endorsed, the limit is often an AGGREGATE. This means that regardless of the per section amount, once the loss hits the aggregate, there is no more coverage. For example, here is a repetition of the cyber coverage section of a professional liability carrier's limits:

Coverage	Limit of Liability
A. Multi Media	\$100,000
B. Security and Privacy	\$100,000
C. Privacy Regulatory Defense and Penalties	\$100,000
D. Privacy Breach Costs, Notification Expenses	\$100,000
E. Network Asset Protection	\$100,000
F. Cyber Extortion	\$100,000
G. Cyber Terrorism	\$100,000
H. PCI DSS Assessment	\$100,000

While it appears to have limits for each section, the language goes on further to state that the aggregate limit is \$100,000.00. While this is a considerable amount, costs of notification, identity protection, regulatory fines and so many other costs would diminish even a limit such as this in short order. These are often basic policy limits and many aren't aware that carriers offer higher limit options. In today's environment, it is prudent to have alternate limits priced, even if only to be familiar with costs and coverage. Limits cannot be increase once the hack has occurred.

**NetDiligence 2016 Cyber Claims Study*

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2017 Annual Meeting



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IN MEMORIAM

Felix A. Pesa, MD

June 27, 1935 ~ April 29, 2017

CMS.gov

Centers for Medicare & Medicaid Services

New Medicare Cards Offer Greater Protection to More Than 57.7 Million Americans

New cards will no longer contain Social Security numbers, to combat fraud and illegal use

CMS is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. On May 30, CMS kicked-off a multi-faceted outreach campaign to help providers get ready for the new MBI.

“We’re taking this step to protect our seniors from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits,” said CMS Administrator Seema Verma. “We want to be sure that Medicare beneficiaries and healthcare providers know about these changes well in advance and have the information they need to make a seamless transition.”

Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition

CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has a website dedicated to the [Social Security Removal Initiative](#) (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018.



Advocacy Update

Physician-owned practices dip below 50 percent

Less than half of practicing physicians own their own practice, according to 2016 data collected in a nationally representative survey of 3,500 U.S.-based physicians who provide at least 20 hours of patient care per week and are not employed by the federal government.

2016 marks the first year in which physician practice ownership is no longer the majority arrangement. According to data drawn from the AMA's Physician Practice Benchmark Surveys, 47.1 percent of physicians are practice owners. The same percentage of physicians are employed, while 5.9 percent are independent contractors.

The data reflect a trend that has been evident in recent years. In 2012, the first year in which this AMA survey was conducted, 53.2 percent of physicians were owners. That figure dropped three percentage points to 50.8 percent in 2014. The AMA conducted similar surveys in the 1980s, when physician practice ownership was the dominant arrangement. For example, in 1983, by comparison, 76.1 percent of physicians were practice owners, as noted in a 2015 report.

Physician Compensation and Practice Evaluations Including Billing Audits

For information, contact John Fenner

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