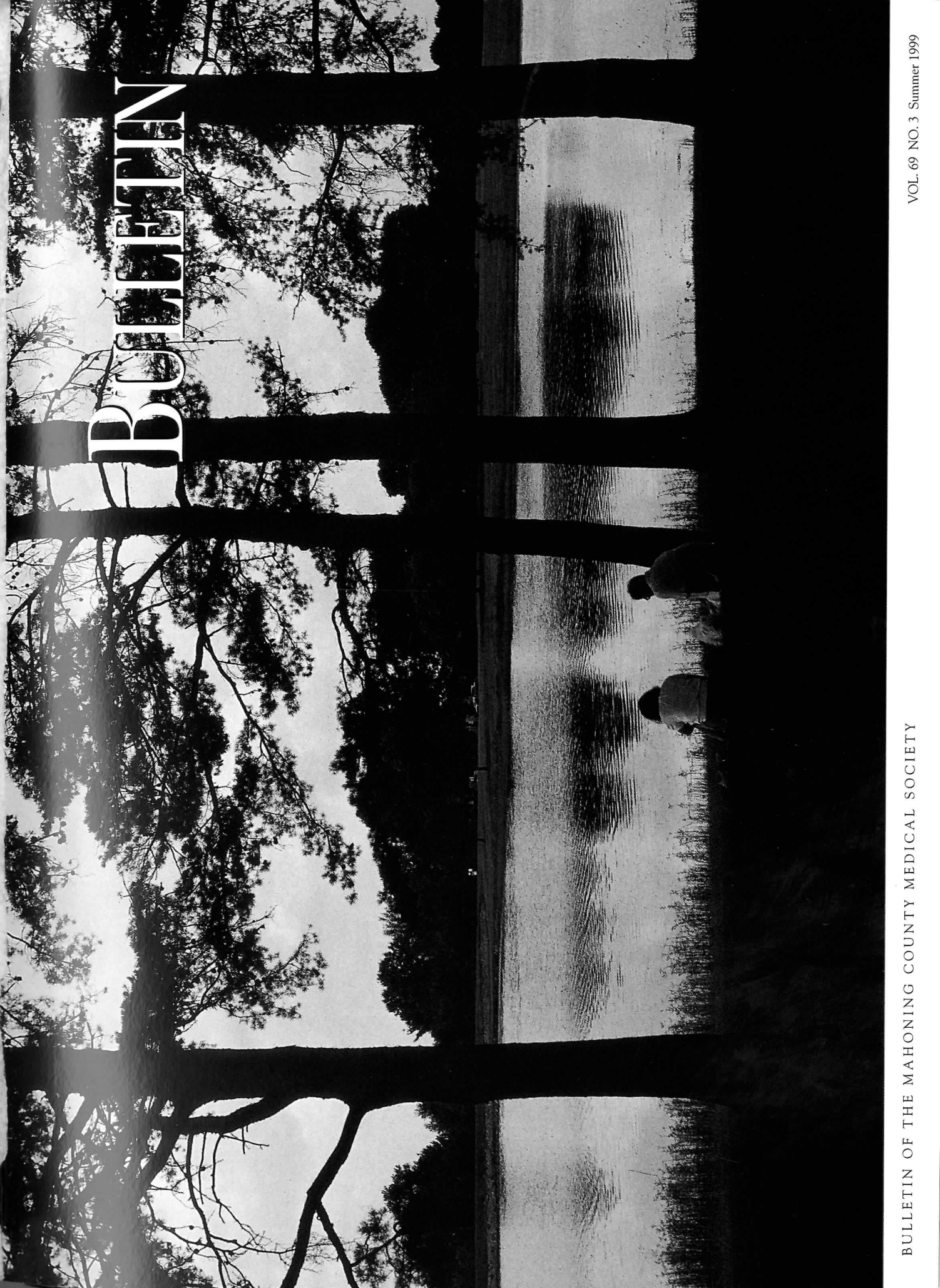
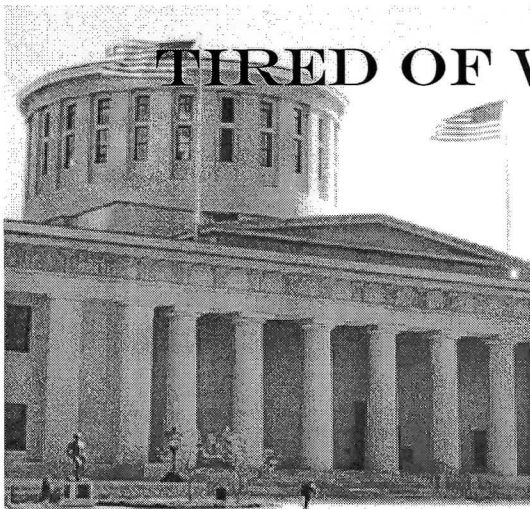


BULLETIN



TIRED OF WHAT'S GOING ON HERE...



...INTERFERING MORE AND MORE WITH WHAT YOU NEED TO DO HERE?

Then join VPAC, the Valley Physicians Political Action Committee
The new public policy voice of the Mahoning County Medical Society

Physicians need to be heard

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HMO Bureaucrats...
Managed Care...
Arbitrary Practice
Protocols...
Gag rules...
Patients' Bill
of Rights...
Malpractice reform...
Anti-trust...
Any willing provider...**

VPAC gives us a voice

The Mahoning County Medical Society knows you became a physician to heal, not to deal with the exploding tangle of legislation and regulation that comes between you and your patients every day.

That is why the Society has formed the Valley Physicians Political Action Committee or VPAC, the new public policy voice of physicians in the Mahoning Valley.

VPAC will give you and other local physicians the opportunity to discuss critical issues with area legislators *before* they go to Columbus and cast the votes that will determine how you practice medicine in the years ahead.

And VPAC's ability to contribute to responsible candidates will help ensure that our message isn't drowned out by the waves of special interest money from HMOs, insurers, and trial lawyers that now flood the Statehouse.

Just as importantly, VPAC will support local officeholders and candidates who are interested in working with us to find innovative, regionally-based solutions to the health care dilemma we all face. Establishing such relationships is critical at a time when term limits make it likely that today's county commissioner will be tomorrow's state senator.

Soon, you will receive more detailed information about VPAC along with a membership and contribution form. The Society urges you to join us in the effort to make physicians the most powerful voice in the health care debate by joining VPAC now.

Mark Your Calendar

Medicare Update

Presented by:

Laura Greenwalt
Nationwide Medicare,
Ohio District Manager

Thursday, September 23, 1999
Mr. Anthony's

TOPICS INCLUDE:

Solving the Mystery of MA130 -
Rejected/Unprocessable Claims

Evaluation and Management
Guidelines

Choosing the Right Modifier -
Global Surgery

Medical Necessity and
Advance Notice

When to File Appeals

Fraud and Abuse

Are You Ready for Y2K?
Is Your Biller Ready for Y2K?

A Look at HCFA's Proposed
Changes for 2000

Cover Photo:
Bernheim Forest, Kentucky
Photo by: Ronald Dwinells, MD

BULLETIN

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ELEANOR PERSHING

"BRING ON THE data BUREAUCRATS"

OVER THE PAST TWENTY YEARS, WE HAVE SLOWLY WORKED THROUGH MANY METHODS OF CONTAINING HEALTHCARE costs. This would include cost management, done by extracting huge discounts from providers out of fear that they would

be excluded from a network. Now that we have exhausted the limits of discounting, access to diagnostic and therapeutic procedures has been scrutinized with denials being routinely issued. This type of barrier to access will result in needless delay, rationing of services, and will prompt politicians to invoke legislative mandates that all of us will have to learn to live with. There is an alternative; obtaining and utilizing information to our maximum benefit. Reviewing and analyzing such information and data allows us to value the services we are rendering. Thus allowing the cost to be evaluated in light of the benefits received.

There is only one problem. Those possessing data and information are quite reluctant and, for the most part, unwilling to share the information with anyone they perceive to be a present or future competitor. Those possessing only fragmentary information institute never-ending committees to further "study" the matter and never reveal their inability to produce the required data.

The information is primarily drawn from the claims based information systems and is rightly the property of those paying for the insurance,

this most likely is the employer. Many times I have heard employer groups frustrated by the fact that the insurance companies and managed care companies would not release any information at all. This clearly is not the democratic nor ethical way for those large and powerful institutions to conduct business.

Another source of existing data is from hospitals. Even the most fundamental utilization statistics as to how physicians are managing consultations or the resources of a facility are desperately lacking. If physicians are to be responsible for and held accountable for resource utilization, then we surely must have information available in a timely fashion. Both hospital systems here in Mahoning County have failed miserably in providing leadership and access to this very important resource to physicians. We need only to look to Dayton, Ohio as the model of a system which would reward physicians and the citizens of the community. The greater Dayton area Health Information Network sponsored by the greater Dayton area Hospital Association has been able to bridge all these political and personal differences to their community.

Physicians must adjust to the fact that access to and interpretation of meaningful data will be the next wave of change that affects both the clinical and economic aspects of our practices.

We must take steps necessary to partner with the consumers of Healthcare, our patients, to demand and receive information from insurance companies and hospital systems in our area.

I would hope the initiatives, such as the one taken by General Motors, UAW and IUE in sponsoring the tri-county Community Health Assessment, be used as an example of the scope of the materials needed. The Mahoning County Medical Society has been a strong backer and an active participant from the very beginning in the tri-county Community Health Assessment. The organization has actively participated in the planning and strategic sessions, as well as having credible representation on the board of the Lake to River Healthcare Coalition. This is

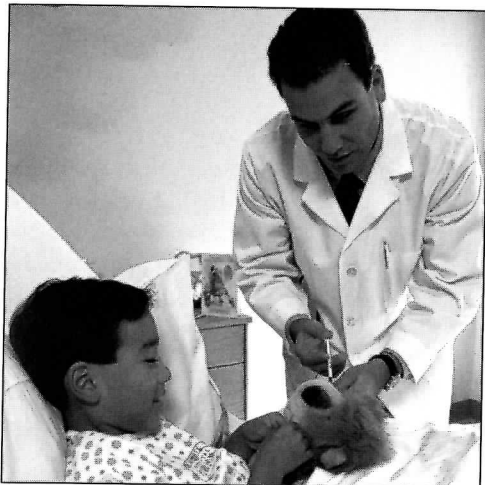
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Thomas N. Detesco, MD

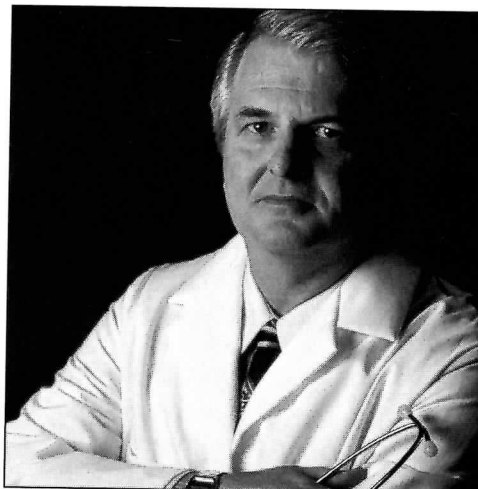


Thomas N. Detesco MD

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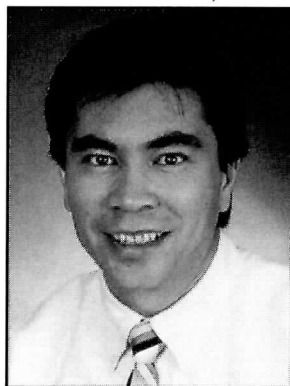


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Of Collaborations, Affiliations and Partnerships

ALTHEA SMITH (FICTIONAL NAME) WAS 52 YEARS OLD AND NEVER HAD A MAMMOGRAM. NOT THAT SHE DIDN'T THINK IT was important, she simply didn't think it was a priority in her life. Besides it was a luxury afforded to people of wealth she thought—those that lived in the suburbs, drove nice cars and had great big homes. Friends and relatives often told her that she should be “tested” for cancer at least once a year now that age has crept up on her. Countless advertisements on television and magazines mirrored their advice. However, Althea reasoned that she didn't feel sick and that she never felt any lumps on her breasts—so maybe she'd be okay. The middle-aged woman didn't want to tell anyone that she didn't have insurance; didn't have money; and most importantly, she didn't have a way to get to the doctor's office. It did trouble her, nevertheless, that she hadn't had her mammogram test yet, but she was barely able to keep her scheduled appointments for sick visits let alone get around to having routine physical exams and tests done. So when she received a card in the mail from her doctor at the Community Health Center informing her that there would be a free mammogram testing and transportation service available, she didn't hesitate to register for the evaluation.

Ronald Dwinells, MD



R Dwinells

When Ms. Smith arrived by taxi, she was surprised to see the festive atmosphere. There were cookies of all varieties, fat-free muffins, punch and coffee—even magazines she could sift through while she waited. Informational brochures on mammography, breast cancer awareness and prevention littered a portion of a table. A model of a breast demonstrating how the tiniest of lumps that may not be discernible by palpation alone, but detectable only by more sophisticated imaging devices such as mammography was central to the display table. She and her doctor exchanged pleasantries and a manual breast exam was performed prior to the radiographical evaluation. After some discussion and demonstration by the doctor on proper self-breast exam techniques, she was led to the mammography room where a technician performed the “test.”

As Althea left in the cab, she felt relieved that the breast exam was finally done. She had heard that breast cancer was one of the leading causes of death in women. Now she could ease her mind a little — and in a few days she would know what those results would be.

This was typical of the recent events that occurred at the Youngstown Community Health Center. A group of individuals that represented entities vastly different yet shared common goals came together and utilized their resources so that a few individuals could obtain an important health screening. They certainly would not have received them otherwise.

Forum Health Care, with the generous efforts of Stephanie Martt made provisions for mammography equipment to be on site at the Youngstown Community Health Center. Leah Brooks through the YWCA's EncorePlus program helped provide transportation to and from the mammogram site. Lizzette Olsen from the Women's Health Advantage and Bobbie Dunn through the American Cancer Society provided financial coverage for women who fell at the 200

continued on page 15

M. Maurine Fogarty, M.S., C.C.C.
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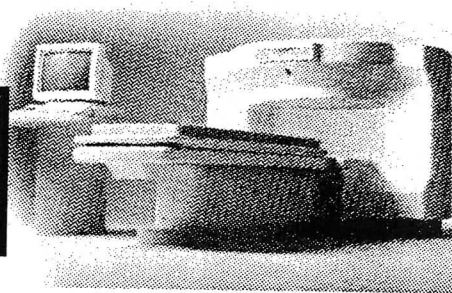
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Team Victory '99

"Thanks You"



Thank You for your generous donations to the medical team which assisted the people of El Salvador. While in El Salvador in February, your gifts enabled Team Victory '99 to provide medical care to over a thousand people. Pictured below are some of the lives changed by your kindness.



It's Always Something

THE 2000 ELECTIONS ARE ON THE HORIZON. CANDIDATES FOR OFFICE AT ALL LEVELS OF THE POLITICAL STRATA ARE making their plans for running. Each candidate is facing the political reality that the lifeblood of the political process

is money. For any candidate to be successful, or at the very least competitive, he or she must secure adequate financial support for the campaigning process.

Physicians are frequently asked to make contributions to political campaigns and I imagine that there is a great reluctance to do so. As OMPAC chairman I have been painfully aware just how apolitical physicians are. It has been stated that 25% of this nation's physicians are not even registered to vote. They are not engaged in the political process. Some view political contributions as somehow unethical, and consider it a form of bribery. This is simply false. Political contributions help the candidate to get his or her message out to the public and help to run a more competitive campaign.

I want to congratulate those members of the Mahoning County Medical Society who have actively supported OMPAC. Currently, almost one in three members of the Mahoning County Medical Society supports OMPAC. Consider

that only one in eleven OSMA members statewide supports OMPAC. OMPAC is working hard to raise the level of physician political action participation. Our County Society is setting the standard high for political action. We can and must continue to do so. We will continue to make a difference in the political process.

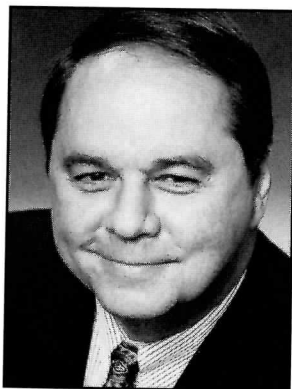
Shortly you will be receiving your annual dues statement for the County, State, and the AMA. Included in your billing is a request for a voluntary OMPAC contribution. I am asking again for "ALL" Mahoning County Medical Society members to join OMPAC. I would encourage you to join the \$300 Club. Other levels of contribution include \$200 for physician and spouse and \$125 for the individual physician.

Your OMPAC contribution will help us to identify and support candidates for State office who share our philosophies with regard to health care. In 2000 term limits will have a profound impact upon the Ohio House with a turnover of more than 40 seats (out of a total of 99). We will have an opportunity to make new friends and help them in their run for office.

In politics you can be sure that "it's always something", and OMPAC through its engagement and diligence will continue to successfully advocate on behalf of our profession. In anticipation of your contribution for the year 2000, I thank you for your generosity.

At the time I wrote this article, the shocking decision by the Ohio State Supreme Court to overturn the hard won Tort Reform Legislation had not yet been made. As you can see, this extremely unpopular decision will adversely affect our profession. This is a clear example of how political activities affect our daily lives and why we must become politically engaged and vigilant. I hope this unfortunate and egregious decision on the part of this Supreme Court will spur you to join OMPAC today.

Daniel W. Handel, MD



Daniel W. Handel, MD

Partners in Education, Research and Service

SINCE ITS INCEPTION, THE NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE HAS BUILT STRONG PARTNERSHIPS with organizations in the greater Youngstown area, establishing a quality medical education program.

MEDICAL EDUCATION

• Youngstown State University

Each year, 70-90 students attend Youngstown State University in the combined B.S./M.D. program. This program enables participants to earn a bachelors degree and a doctor of medicine degree in as few as 6 years.

• Youngstown Hospitals

NEOUCOM students train under the direction of 445 physicians who serve as volunteer clinical faculty in Youngstown. The opportunity to teach NEOUCOM students is an attraction for the many superior physicians choosing to locate to northeastern Ohio.

- 30% of the second-year medical students are in Youngstown hospitals three days a week for small group learning experiences and laboratory sessions.
- 30% of NEOUCOM's third-year medical students are in Youngstown hospitals for their entire third year of clinical training.
- During their fourth year, students in the NEOUCOM Class of 1999 completed 126 elective experiences in Youngstown hospitals.

Major Teaching Hospitals in partnership with NEOUCOM:

Forum Health System
St. Elizabeth Health Center

Associated (Limited-Teaching) Hospitals:

Forum Health Hillside
Rehabilitation Hospital
Forum Health Trumbull
Memorial Hospital
Salem Community Hospital

MEDICAL RESEARCH

The strength of the NEOUCOM research program is the collaboration of basic medical and community health scientists on the Rootstown campus with the clinical faculty physicians in the community. Examples of current NEOUCOM collaborative research with health care organizations in Youngstown include:

- a study of *antibiotic interference with oral contraceptives*, involving Forum Health Trumbull Memorial Hospital.
- an *arthritis and spine disease* study with St. Elizabeth Health Center and NEOUCOM medical students.
- an evaluation of *alert trauma patients with neck pain* with St. Elizabeth Health Center, Summa Health System (Akron) and Aultman Hospital (Canton).
- two studies of the role of white blood cells and *lung injury following severe trauma* with St. Elizabeth Health Center.
- an investigation of *resident physician quality of care decision making* with the family practice centers at Akron General Medical Center, Aultman Hospital, Barberton Citizens Hospital, Forum Health System, St. Elizabeth Health Center and Summa Health System.
- a study of *the use of alternative medicine* with the family practice centers at Akron General Medical Center, Aultman Hospital, Barberton Citizens Hospital, Forum Health System, St. Elizabeth Health Center and Summa Health System.

SERVICE IN MEDICINE

NEOUCOM has made a strong impact on the provision and quality of health care in the Youngstown area:

- Nearly 100 NEOUCOM alumni physi-

continued on page 17

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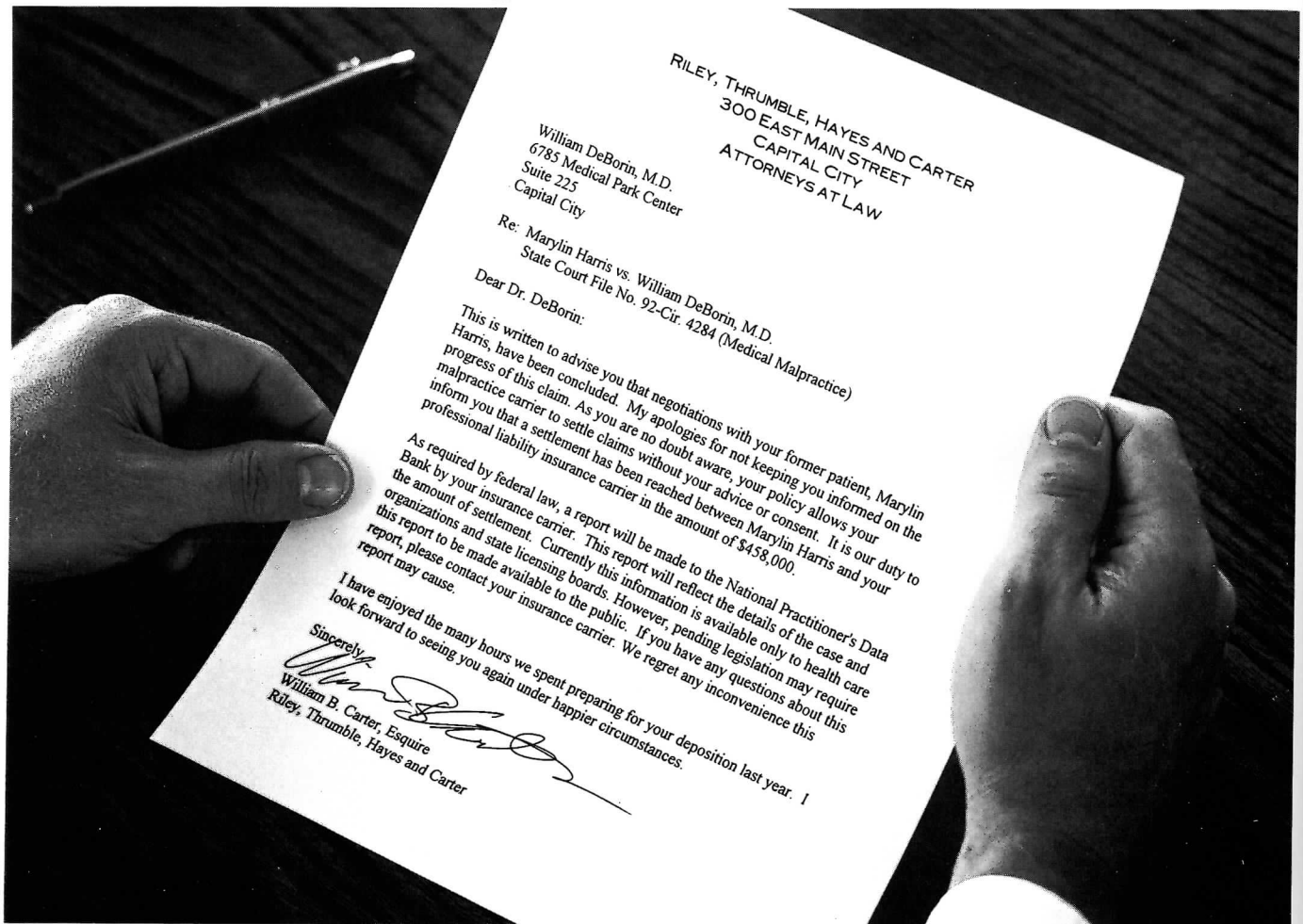
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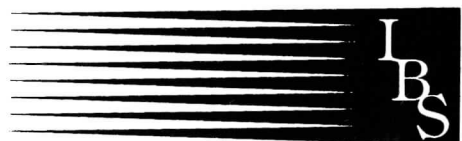
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Notes From The Editor

I wanted to start a new "section" in the *Bulletin* entitled *Notes from the Editor*. The purpose of which is to relate information to you that may not "fit" into the usual columns or features.

Feedback, Letters, Photos

I would first like to ask our readers to give us feedback regarding the *Bulletin*—i.e., write letters to express your thoughts or let me know what you want to see in future issues and make comments about it (the *Bulletin*)..just like any other reputable journal! I wanted to also start a "Letters to the Editor" section to allow you to voice your opinions and ideas as well. I think in this modern day of communications there are several ways that this could be done—fax a letter or statement, e-mail, voice mail or the old-fashioned method (not the pony express but by the paper, envelope and stamp method). All address information is located at the bottom of this section. However you do it, I think this may be one way that you can be involved in the Society. I also thought that it would be nice to utilize covers for the *Bulletin* from photographs that our members have taken. So think about submitting your favorite photos for future *Bulletin* covers.

Cookbook

The Mahoning County Medical Society Alliance's fundraising project for this year is to develop their own Cookbook for sale. There will be a festive "gala" complete with media coverage to promote the sale of the books in the spring. Thus far, a committee has been developed that is comprised of Kathy Dwinnells, Renee Bitonte, Regina Hennon, Donna Hayat, Gloria Detesco, Sue Yarab, Annette El-Hayek, Dr. Shaukat Hayat and yours truly. We are requesting that you provide your most gastronomical recipes for publication. Recipe forms will be mailed to you sometime in the fall. There is an open invitation to anyone interested in serving on the committee. . . . Let me know.

NEOU MPH

Interesting news for those of you that still have a burning desire to further your educational

goals. The Ohio Board of Regents approved a new Master of Public Health program through the Northeastern Ohio Universities (University of Akron, Cleveland State University, Kent State University, NEOUCOM and Youngstown State University). The program is aptly named NEOU MPH.

Classes are scheduled to begin this fall and enrolled students will be expected to complete 39 semester hours and a grant project. The program is geared towards working professionals (like us!) with weekend classes and distance learning as an integral part of the curriculum.

Application materials and information for the NEOU MPH program can be obtained by calling 330-325-6179 or via e-mail at pubhlth@neoucom.edu. I have some information I can send out to you if you like.

AMA

The AMA and the CMA (Canadian Medical Society) are sponsoring the "2000 International Conference on Physician Health" March 29-April 2, 2000 at Seabrook Island, South Carolina. For information, contact: Elaine Tejcek, 312-464-5073 or e-mail: elaine_tejcek@ama-assn.org

Lastly, I wanted to point out for your information the financial article that we've inserted in this issue. We're not trying to compete with *Medical Economics* magazine, but I thought it would be interesting to introduce a series of regular articles with concise information on how to help you hold on to your hard-earned dollars. As we all know, because our profession is perceived to be a highly compensated one, numerous segments of our population, quite often disguised as charitable organizations or some vague finance laws and rules that we may be unaware of, attempt to extract and relieve our hard-earned dollars. Hopefully this series of articles will help combat their efforts. So check out the

continued on page 17

Social Security Benefits

A Piece of the Retirement Pie or Just Crumbs?

WHEN PLANNING FOR RETIREMENT, A STRONG DIFFERENCE OF OPINION EXISTS AMONG PHYSICIANS WHEN IT comes to social security. Older physicians view social security as a small sliver of their retirement pie that has very little impact on their overall standard of living. Younger physicians tend to think of social security as nothing more than a required expense from which they may never receive any benefit. While there has been quite a bit of discussion as to the viability of the Social Security program as a whole, it is important to understand the fundamentals involved in order to navigate your own situation.

Social Security is a system of social insurance benefits available to all covered workers in the United States. Created in 1937, the term Social Security is also known as OASDI, or Old-Age, Survivors, and Disability Insurance. OASDI benefits are funded primarily by payroll taxes paid by employees, employers, and self-employed individuals under the Federal Insurance Contribution Act (FICA).

In order to qualify for benefits, a worker must be either "fully" insured or "currently" insured. A worker becomes fully insured by completing 40 calendar quarters of employment. To be considered "currently" insured, a worker must have at least six quarters of coverage in the last 13 calendar quarters.

In addition, benefits will be paid for retirement, disability, and death of the covered worker. There is also a benefit available to spouses of covered workers, and a dependent child can receive benefits if they meet certain criteria.

Benefits are based solely on earnings reported to the Social Security Administration, up to a maximum annual amount known as the "wage base". Indexed for inflation each year, the wage base effectively places a cap on the Social Security benefits a worker can receive regardless of their earnings. The maximum wage base for 1999 is \$72,600. Because of this maximum, a physician earning \$250,000 annually would be eligible to receive the same benefits as some-

one who earns \$75,000 per year.

Currently, retirement benefits can be received on a reduced basis as early as age 62, with full benefits available at age 65. What few people realize is that individuals born after 1937 will have to wait longer to receive full benefits. For example, 66 will become the normal retirement age for "baby boomers" born between 1943 and 1954, while individuals born after 1954 will have to wait until age 67 to be eligible for full benefits.

Elements of the program will likely change in one form or another. The key at this point is to understand what you now have in order to evaluate the impact of future changes.

Joel M. Blau, CFP – President
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In this managed-care environment where the emphasis is on outcomes and most office practice resources are stretched to the limit, there is little time to educate the patient effectively about medication use. Most drugstores offer more information on motor oil and lawn furniture than on medication use. Only 40 to 50% of all patients take medications as recommended. In this era of capitation, risk, withholds and report-carding, patient noncompliance can result in significant treatment failures and increased utilization of services. Kids'n Cures programs focus on helping patients adhere to treatment regimens by combining technology with "cohesive consultations" that enhance what was started at the office visit. Kids'n Cures programs can be tailored to fit the needs of individual and group practices and can be a valuable component of most Disease Management programs.

Please visit our web site at www.kidsncures.com or call 330-629-9714 for more information. The user-Id for the physician area is md and the password is hippocrates. We focus on maternal and pediatric issues, but we can help with your adult patients also.

— Kids'n Cures, where the pharmacy is not an afterthought. —
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From the Desk of the Editor

continued from pg. 6

to 250 % above poverty level. And the Youngstown Community Health Center through the extraordinary work of Dr. Gwen Hughes, the medical director and internist and the adult care nurse, Beth Haddle laboriously and diligently organized the event at the Center. These five entities forged their programs' strength so that women who were either medically uninsured, under-insured, or had no financial or transportation means could complete the process of mammography and be screened for breast cancer.

Aside from the human factor, statistically, the results were impressive. There were forty-eight (48) women who were screened. The average age was 52.2 years. The number of women without insurance were twenty-five (25). Thirty-four (34) women were overdue for a mammogram according to the guidelines set forth by the American Cancer Society. Ten (10) of the thirty-four never had a mammogram. There were ten (10) women who were recalled for further radiographic studies. Six (6) of them required biopsies and/or surgical evaluations. Thus far, of the six (6) biopsies, one (1) was found to have a malignancy, one (1) result is still pending, one (1) pathology report was within normal limits and three (3) are still awaiting evaluations.

The organization of the event was remarkable considering a multitude of health-care entities melted together for

this effort. It functioned like a well-oiled machine that provided a very high quality and efficient service. Without this event, who can predict what would have happened to these 48 women or the six that required biopsies?

The Mahoning County is fortunate enough to harbor a number of top-rated community agencies, hospitals, quality physicians, and caring individuals who can make a difference in people's lives and health. I believe collaboration, affiliations and partnerships among the various entities can extract and expound individual strengths. As physicians and members of the Mahoning County Medical Society we can collectively help make a difference by fostering these ideas and endorsing initiatives such as the above mentioned. The future of medicine is here and we must become more proactive in the health care of our patients instead of reactive to existing problems. By collaborating with our health-care partners we can extrapolate individual strengths and exploit them to deliver high-quality medical services to all patients regardless of socio-economic status.

A Look Back...

Sixty Years Ago Summer 1939

Officers were: Wm. M. Skipp, president; R.B. Poling, president-elect; John Noll, secretary, Elmer H. Nagel, treasurer, and H.E. Patrick, editor of the *Bulletin*.

The House of Delegates of the OSMA authorized the formation of a Women's Auxiliary to the MCMS. At that time, membership dues for the OSMA were just \$5.00, and the AMA had just 113,000 members.

Baby food at McKelvey's Food Market was advertised at \$1.15 per dozen.

Fifty Years Ago Summer 1949

Officers were: John N. McCann, president; G.G. Nelson, president-elect; V.L. Goodwin, secretary and L.H. Getty, treasurer and Mrs. Mary Herald, executive secretary. Editor of the *Bulletin* was C.A. Gustafson, while F.S. Coombs was co-editor.

At St. Elizabeth's Hospital, bed occupancy was 85.9%, an average patient's residence was 7.6 days, and the autopsy average was 35.9%.

Forty Years Ago Summer 1959

Officers were: M.W. Neidus, president; F.G. Schlecht, president-elect; A.A. Detesco, immediate past president, A.K. Phillips, secretary; C.W. Stertzbach, treasurer, and L.O. Gregg, editor of the *Bulletin*.

Leonard P. Caccamo was appointed to a full-time position as Associate Director of medical education for St. Elizabeth Hospital.

At that time Isaly's was selling a half pint of yogurt for 22¢.

Thirty Years Ago Summer 1969

Officers were: J.W. Tandatnick, president; Robert L. Jenkins, Jr., president-elect; Robert L. Fisher, immediate past president; Henry Holden, secretary, M.C. Raupple, treasurer, and D.J. Dallis, editor of the *Bulletin*.

A form letter from Nationwide Insurance Company stated that in specified cases they would arbitrarily alter the Medicare allowance without discussion with the physician. At that time physicians' fees at Nationwide were reviewed by a Medical Review Committee consisting of 3 registered nurses, 1 surgical resident, 2 medical students, 1 licensed practical nurse, and 1 physician's wife. Any problems found by this committee were turned over to a committee consisting of three physicians.

Twenty Years Ago Summer 1979

Officers were: Y.T. Chiu, Jr., president; B.P. Brucoli, vice-president; G.H. Dietz, immediate past president, J.W. Tandatnick, secretary; J.A. Ruiz, treasurer; and H.S. Wang, editor of the *Bulletin*.

Leonard P. Caccamo, Director of medical education at St. Elizabeth Medical Center, was named NEOUCOM Board Chairman.

John Melnick arranged to have the Mahoning National Bank store the Society's original records in their vault at no charge to the Society.

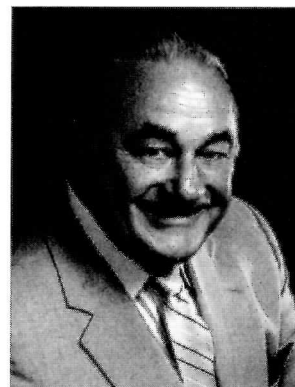
Ten Years Ago Summer 1989

Officers were: Karl F. Wieneke, president; James A. Lambert, vice-president; Hai-Shiuh Wang, immediate past president; Kimbroe J. Carter, secretary; Danny Chung, treasurer, and Brian S. Gordon, editor of the *Bulletin*.

Society membership included 360 active members, 85 emeritus or exempt members, and 16 non-resident members.

Mrs. Beth Bacani was installed as president of the MCMS Auxiliary.

John C. Melnick, MD



John C. Melnick, M.D.

President's Page

continued from pg. 4

a position which I have held now for the past two years, during which time I have seen the organization redefine its mission and role in our community and begin taking a true leadership position in the Community Assessment Program.

The Mahoning County Medical Society has promoted physician involvement in these activities at the grassroots level. The various hospital medical staffs, the PHO's or PO's that exist in our community will never be able to be objective in representing the interests of each community physician without regard to institutional affiliation.

The dilemma that we face locally therefore demands active and vocal physician participation. We can do this best by supporting the efforts of the Valley Physicians Political Action Committee. Also, by embracing the principles

of the collective bargaining exemption put forth in the Campbell Bill, which now has 148 co-sponsors in the United States House of Representatives. Becoming empowered in such a manner is the only remaining way for physicians to truly represent themselves and their patients in view of the overwhelming indifference that appears to be present from local institutions. Unless we demand, as a group, the consideration and respect that we deserve from these entities, they will successfully endeavor to fragment our ranks and continue their oppressive and heavy-handed attitude in dealing with us.

Your Mahoning County Medical Society will be protecting the best interests of our members during this most important transitional time when the economics of healthcare are being re-defined.

NEOUCOM

continued from pg. 10

cians are providing health care in the greater Youngstown area. These graduates include family practitioners and pediatricians, as well as surgery specialists providing very specialized care to our families.

- **Mahoning and Trumbull Counties are consistently among the top feeder counties** in the number of students entering the NEOUCOM program. Over the past five years, 18% of the students entering the B.S./M.D. program were from Mahoning and Trumbull County high schools.

- Fourth-year medical students work with medical and public health professionals in projects aimed at **bringing the community to an optimum level of health.**

- NEOUCOM works with educational institutions in the Youngstown area to promote **science and math education** and awareness of, and exposure to, the health professions, including programs targeting minority populations.

Notes From The Editor

continued from pg. 13

article entitled "Social Security Benefits—A Piece of the Retirement Pie or Just Crumbs."

Well, that's about it for now. So please give

me feedback on our *Bulletin*, write letters, send recipes and photos and plan to go to MPH school and see the Atlantic from South Carolina!

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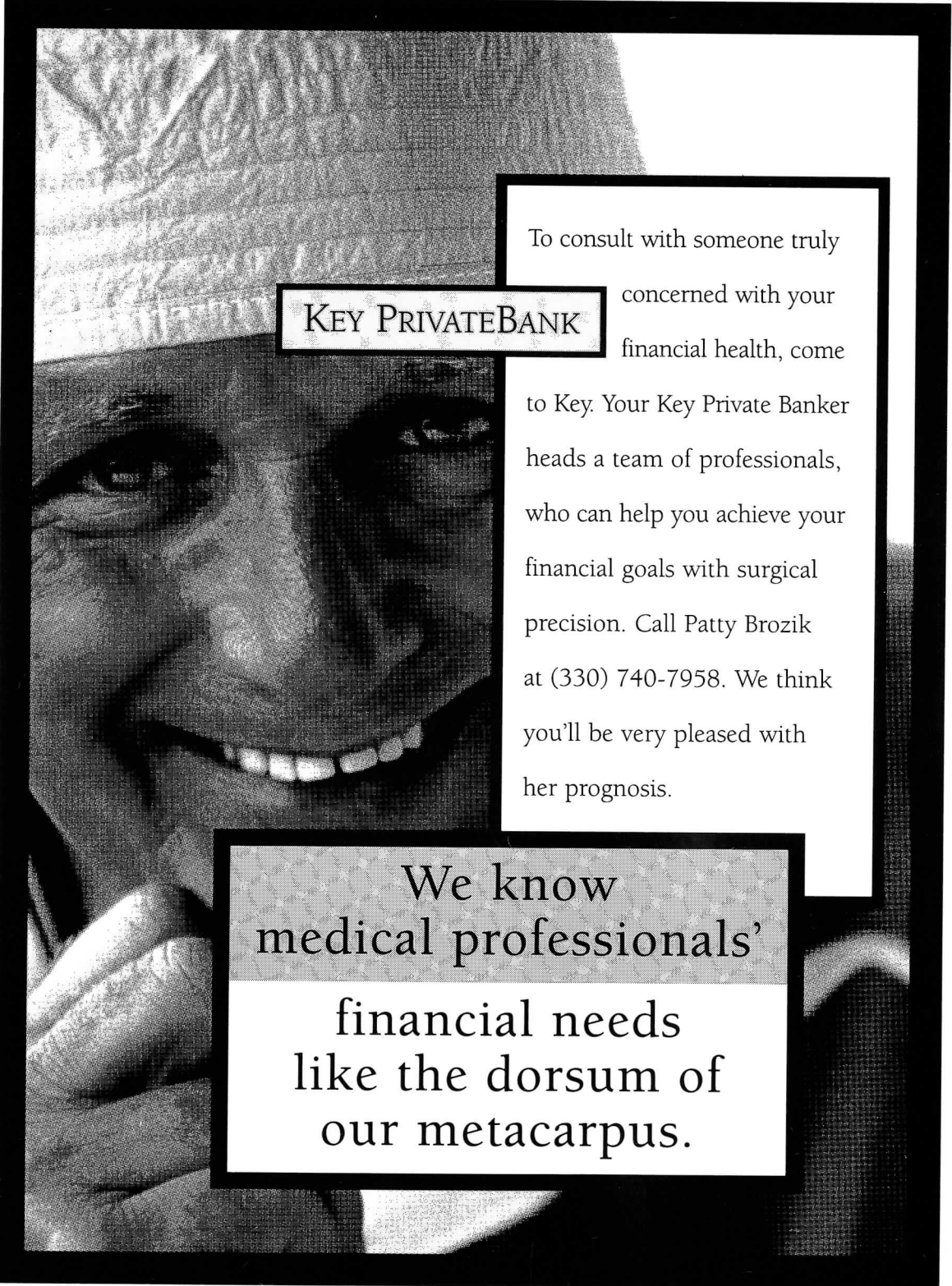
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In Memoriam

LOUIS J.
GASSER, MD

August 31, 1914

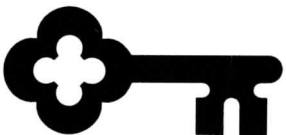
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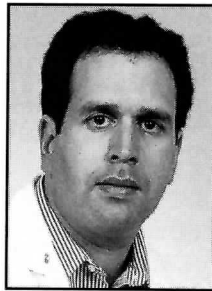


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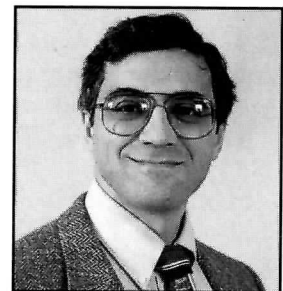
New Members



Vincent A. Paolone, MD
 Psychiatry
 831 Southwestern Run #2; Ph. 726-7785
 Med. Ed: Ohio State U. College of Medicine, Columbus, OH
 Int: Cleveland Clinic, Cleveland, OH
 Redcy: University Hospital, Cleveland, OH
 Sponsored By: Chander M. Kohli, MD; Lynn G. Mikolich, MD;
 John M. Sorboro, MD



Steven Scharf, DO
 Anesthesiology
 1044 Belmont Ave.; Ph. 742-2100
 Med. Ed: Philadelphia Coll of Osteop. Med, Philadelphia, PA
 Int: Michigan Osteopathic Medical Center, Detroit, MI
 Fellow: Cleveland Clinic, Cleveland, OH
 Redcy: Children's Hospital, Columbus, OH
 Sponsored By: Denise L. Bobovnyik, MD;
 Thomas N. Detesco, MD; Dong Lee, MD



Samer Y. Siouffi, MD
 Cardiology, Advanced Cardiology
 905 Sahara Trail; Ph. 726-0100
 Med. Ed: American U. of Beirut, Beirut, Lebanon
 Redcy: Brigham & Women's Hospital, Boston, MA
 Redcy: University of Mississippi, Jackson, MS
 Fellow: University of Mississippi, Jackson, MS
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■ FORUM HEALTH

Debbie Dashko, the Patient Community Education Coordinator at Forum's Cancer Care Center, has announced that in late September during the week of the 20th - 24th (Prostate Cancer Awareness Week), a series of events are planned, including informational interviews on local channel 21 and prostate screenings for low-income families, including those with no medical benefits, and those who have never been screened before. Locations are to be announced.

■ HUMILITY OF MARY HEALTH PARTNERS

Humility of Mary Health Partners and the Pastoral Care Department at St. Elizabeth Health Center will sponsor a weekend grief camp September 17-19 at the Villa Maria Education Center in Villa Maria, PA. At Camp Mend-A-Heart, children ages 8 to 15 who have experienced the death of a loved one will have the opportunity to share their feelings and experiences with others. Each child will be paired with an adult buddy who will journey with the child. The camp's main purpose is to help children build coping skills.

MCMS News

Society Meeting Held

Dr. David Utlak, OSMA President, was the speaker when MCMS members and guests met May 25 at Mr. Anthony's in Boardman. Presenting the topic "The OSMA in the Year 2000", he stated that "medicine can only grow and



L to R: Drs. T. Detesco, D. Utlak, C. Knight

progress if we stay together and keep the channels of communication open. It's an old message, but one that may be more appropriate than ever as the year 2000 approaches."

Dr. Thomas Detesco presided over the business meeting. He reported on the recently held OSMA Annual Meeting and the Health Care Seminar "Patients Rights and Issues Confronting Caregivers", which was hosted by U.S. Representative James A. Traficant, Jr., and co-sponsored by the Mahoning, Trumbull, and Columbiana County Medical Societies. Panel members for the seminar included Dr. Aron Primack, Medical Director of the Center for Health Plans and Providers, representing HCFA, as well as Dr. Detesco and the presidents of the other respective Medical Societies.

Dr. Detesco also announced that the first in a series of dinner meetings would be held June 10th, as part of the Community Outreach Program.

Guests in attendance included Ben Reynolds, OSMA Northeast Ohio field representative. A product display was provided by Mary Ann Morrison, David Burick, and Joe Simco of Pfizer Pharmaceuticals.

Community Outreach

As part of its Community Outreach Project 1999, the MCMS held the first in a series of dinner meetings June 10 at the Holiday Inn in Boardman. The purpose of these meetings is to promote interaction between local physicians and community leaders.

This initial meeting was attended by labor union leaders, as well as committee members representing the Society. It provided the forum for an open dialogue concerning the views on health care in our area.

Plans are under way for future meetings with senior citizens, local employers, and local legislators.

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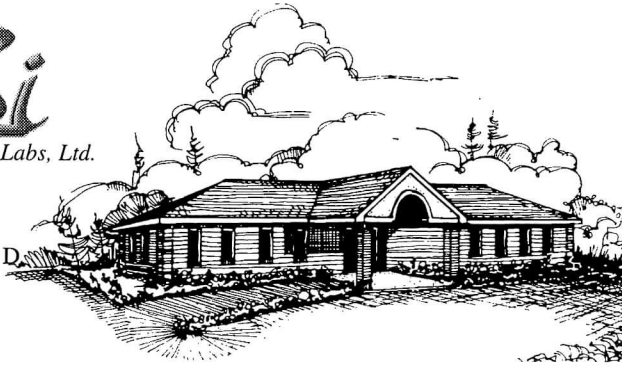
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Supreme Court Rules HB 350 Unconstitutional

ON MONDAY, AUGUST 16, 1999 THE OHIO SUPREME COURT RULED BY A NARROW MARGIN THAT THE TORT REVISIONS ENACTED IN 1997 by the Ohio General Assembly in HB 350 were unconstitutional. The court challenge was filed in late 1997 by a coalition of trial attorneys and labor representatives who asked for and received an expedited review of the new law.

In its decision, the court ruled that the law was unconstitutional "in toto," meaning that no portion of the law still stands. As was anticipated, Justices Moyer, Stratton and Cook voted to uphold the law and Justices Douglas, Resnick, Pfeifer and Sweeney voted the law unconstitutional.

The Ohio Alliance for Civil Justice, a broad-based coalition of organizations of which the OSMA is an active member, was the group that successfully fought to have the reforms of HB 350 enacted into law.

The decision struck down HB 350 on the basis that the bill "unsurps judicial power..." and violates the one-subject provision of the Ohio Constitution and "is unconstitutional *in toto*." Among the many important provisions of HB 350 that were lost, the most important to physicians include:

- abolishing "joint and several liability" - most defendants will pay only in proportion to their degree of liability;
- placing reasonable limits on the amount of non-economic and punitive damage awards;
- ensuring that a plaintiff's own irresponsible behavior - or "contributory negligence" - is taken into account in liability lawsuits;
- in certain instances, allowing juries to be told when plaintiffs are collecting payments from "collateral sources" such as insurance or workers' compensation;
- establishing a 6-year time period - "stat-

ute of repose" - in which lawsuits must be filed for medical malpractice claims.

The ruling is viewed by many as confirmation that the Ohio Supreme Court wishes to act as a "Superlegislature," ruling unconstitutional any law passed by the Ohio General Assembly that runs contrary to the majority of the court's beliefs. Traditionally, the courts are limited to interpreting the laws passed by the Ohio General Assembly, not in establishing new public policy based on the Justices' views.

Many felt the majority of the court was predisposed against the legislation when it agreed to hear the case in an expedited manner, without letting multiple individual cases work their way through the lower court system. Further, some questioned the Court's decision to allow the case to be brought by trial lawyers, who clearly stand to gain by its being struck down, rather than by individual plaintiffs. Some have charged that this decision is a political payback to the trial bar in Ohio who are strong supporters of the Justices who voted in favor of striking down the law.

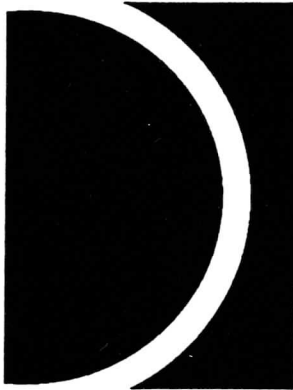
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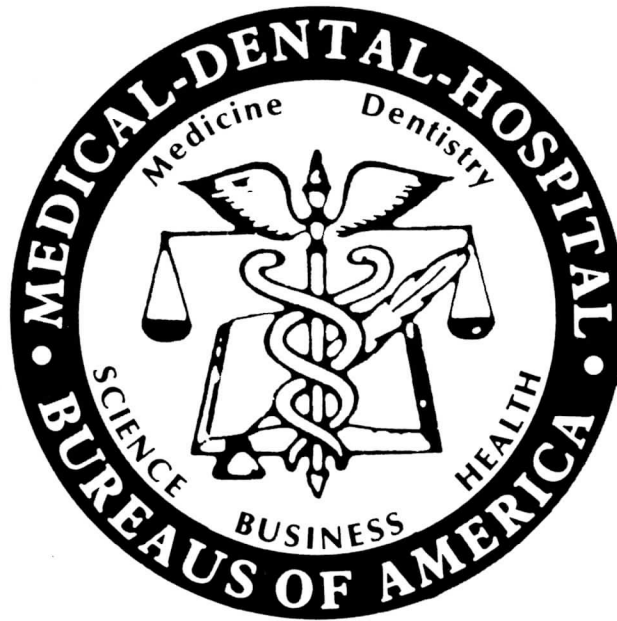
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