BULLETIN

BULLETIN OF THE MAHONING COUNTY MEDICAL SOCIETY

VOL. 69 NO. 4 Fall 1999

Web Site

Every MCMS member has a free basic listing that includes his/her primary office, specialty, and phone number. Those surfing the Web will be able to search for members by last name or specialty.

Other areas of the web site include:

- Member Benefits
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- Committee on Judicial and Professional Relations
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BULLETIN

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The Bulletin is published four times a year by the Mahoning County Medical Society, 7355 California Avenue, Suite 3, Youngstown, Ohio 44512. Phone (330) 758-1624. Fax (330) 758-1805.

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

President's Page

Physician, Lead Thyself

(Where Have All The Physician Leaders Gone?)

OVER THE PAST 50 YEARS, PHYSICIANS HAVE WITNESSED DRAMATIC CHANGES IN THE CLINICAL AND BUSINESS SIDES OF medicine. Dating back to the 1950's when physicians were responsible for the development and implementation of health insurance to the massive effort to construct hospitals in just about every community in the country, physicians led the way. Their leadership at the time was born of necessity and an obligation to fulfill a commitment that had begun after World War II.

The last three decades, however, have seen physicians fall from prominence at the head of the healthcare food chain to a place far at the bottom finding themselves scratching for some prominence.

The decline of prominence and the pessimism, which has gripped the practice of medicine, can be found within the ranks of physicians throughout the country.

Certainly, the isolated situations of glowing success will continue, however, this will not be the case of most physicians, The 750,000 practicing physicians in the United States suffer from the heterogeneity of training, culture and interest. Many physicians are autonomous anarchists, having a deep-seeded mistrust for all managers. This would include hospital administrators, insurance executives, government regulators, as well as medical group leaders.

Thomas N. Detesco, MD

Thomas N. Detesco MD

Attempts of the last 20 years in particular to organize physicians into what would be considered organized groups or networks of physicians have seen these enterprises victimized by government regulators, insurance and hospital executives and physicians themselves. At the same time, physicians self-governance has been a dismal failure.

For some reason, physicians feel that the one-doctor, one-vote concept is the most democratic. This excess democracy leads to no decision being final. Typically, physician organizations have large and unwieldy boards of directors, who serve as nothing more than an audience for the chairman and the various factions which develop.

It is not as though physicians have not had several opportunities to learn from previous mistakes. This would include the failure of hospital-owned physician practices, the failure of physician-practice management companies, the failure of physician-hospital organizations, and more recently, the failure of provider-sponsored organizations. One would expect the newly-formed bargaining unit of the American Medical Association, the Physicians for Responsible Negotiation (PRN), will likewise meet with physician skepticism and apathy.

What then will physicians of the future have to deal with? Certainly the changes in information technology as well as the pharmaceutical revolution and the equipment innovations will continue to have a dominant place in defining the role physicians will play. The future would seem to hold the opportunity for teams of physicians to practice together in small clusters caring for specific disease entities with a greater role falling to midlevel providers than ever before. This and other systems of equal controversy will bring the focus more sharply on graduate medical education and its cost. The simple matter of the number of physicians and their distribution will continue to challenge organized bodies of

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From the Desk of the Editor

Medical Education in the New Millennium

ON A COOL BUT CRISP AUTUMN DAY WHERE THE BRILLIANCE OF THE SEASON DISPERSED UPON THE LANDSCAPE AND nature busily prepared for the drudgery of winter, I had the opportunity to converse with Dr. Allen Smith of NEOUCOM. The associate Dean for Academic Affairs and I engaged in a philosophical yet practical discussion about the future of medical education.

Separated by age, experience, and educational background but bounded by a passion to provide quality medical care, the two of us sat in his warmly illuminated office contemplating the difficulties of teaching medical students with the ever-changing faces of health care delivery systems. The walls of the office were modestly decorated and framed certificates attesting to the Dean's contribution to medical education were propped upon a tabletop next to an extraordinarily beautiful model of a sailboat. My question to Dr. Smith was simple enough: *What does the new millennium hold for the future of medical education and how will it better prepare new physicians to keep up with not only the practical components of medical practice but with the business of medicine?*

Perhaps what prompted this question was a recent flurry of past reflections in my own educational experiences nearly two decades ago. During the fall of 1981, as an unseasoned third-year medical student at the University of Kentucky College of Medicine and armed with the wisdom of two grueling years of academic studies, I embarked upon the clinical years of the educational process. Having no previous exposure to clinical medicine, anxiety and a lack of self-assurance became constant companions. Residents and Attending Physicians would often discuss cases using esoteric language— asking impossible questions or making unintelligible statements to us lowly medical students. Vividly recalling my first clinical incident, I still suffer pangs of anxiety but also find it quite humorous:

"Dwinnells, get a U/A with a C & S on this patient for tomorrow," barked the senior resident on the Internal Medicine service. I hurriedly jotted down notes on my 3x5 index cards, not having a clue as to what he was talking about!

I often look back on that incident, recalling that even though I had completed two years of medical school and successfully passed Part I of the National Medical Boards— absolute ignorance prevailed. How did academic knowledge relate to the clinical experience of medicine? Why was there such a sharp demarcation between academic instruction and clinical training? It wasn't until some time later, after I had been in practice for several years, that the knowledge acquired in academia merged with the practicalities of clinical medicine.

Dr. Smith explained that these days, especially at NEOUCOM where the emphasis is on developing primary care physicians, students are encouraged to experience early exposure to clinical medicine, preferably in the first two years (phase I) of the six-year curriculum. There is also a move to encourage students to extend their phase I studies towards a three-year curriculum to encourage a more "balanced" agenda. This should include not only the "hard core" sciences but instruction in perhaps the arts or other areas of interest to round out the whole

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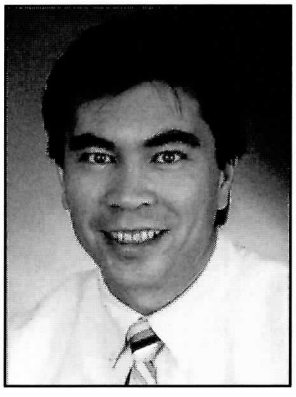
Ronald Dwinnells, MD



President's Page

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physicians. To date, we have failed miserably to assume the responsibility these options place upon us.

Will we wake up as a group in time to regain prominence or will we slip silently into the status of a commodity where one product is indistinguishable from the other? This opportunity may only be available once.

Whatever the final chapter on this saga is to be, it will nevertheless be written by physicians themselves. This new order, whatever it will be, is one that will be with us for many years into the future.

From the Desk of the Editor

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educational process. We were both in agreement that early introduction to clinical orientation should result in immediate realization of the correlation between the biological sciences and clinical medicine.

Another unique aspect of NEOUCOM is its inherent structure. Instead of the entire medical school being housed in a major tertiary care hospital as many of us had experienced, NEOUCOM is a community-oriented medical school. The students rotate at predominantly community-based hospitals and are exposed to physicians offices earlier in their education than in many other medical schools. This gives the students exposure to not only the clinical and biological aspects of medicine but also to the commerce of medicine. Dean Smith states that it is difficult to change an entire curriculum to meet the needs and demands of the amoebic world of business medicine. Therefore, there have not been many changes to prepare students for the world of finances, insurance and legal issues in its curriculum. Some students, however, attempt to build on their studies to include other course work that may lead to degrees in business or other advanced degrees. This indeed becomes a difficult challenge given the necessarily rigid schedule of the current medical school program.

Thus, much like the seasons, medical education is a dynamic process. In order to produce quality physicians, medical schools should monitor the health care environment and "mold" their programs accordingly. Understandably, this is a difficult process, given the ever-changing patterns of not only the sociology and the politics of medicine, but also the business of health care delivery. We have done an excellent job preparing physicians to deal with the science of medicine, but we sometimes seem to have difficulty teaching the importance of the art of medicine.

Perhaps medical education can be viewed as "seasonal." We may very well be in the Autumn of the whole medical educational spectrum. The fruits of change, hopefully will be borne with the advent of progressing seasons and perhaps with the next millennium.

Leveraging Dollars Today To Cover Estate Tax Liability Tomorrow

AMERICANS ARE SEEING ATTRACTIVE INCREASES IN THEIR PERSONAL WEALTH DUE, IN PART, TO THE LONGEST bull market in history. Many physicians, in particular, have benefited by diligently contributing to their qualified retirement plans. In fact, it is very common for the retirement plan to be the single largest asset for physicians, followed closely by the value of their primary residence. Non-retirement investment accounts have experienced tremendous growth as well. It is no surprise, then, that the combination of stock market investments and real estate values is creating a potential estate tax liability nightmare.

Presently, each individual is able to pass $650,000 estate tax free, giving married couples the ability to leave their heirs an estate tax free benefit of $1.3 million. Over the next seven years, this amount will increase to an individual threshold of $1 million. While a problem exists for estates that exceed these limits, proper use of various trust strategies could still enable full utilization of the estate tax exemptions. Based on the current law's unlimited marital deduction, the federal estate tax liability is deferred until the death of the surviving spouse. In addition, due to the ability to rollover retirement plan proceeds to a spouse, the income tax liability on those assets will typically pass to the beneficiaries. These issues create the need for individuals with larger estates to provide a source of liquidity in order for their heirs to pay the estate tax.

The disadvantage is that heirs may be forced to sell when prices are low. This strategy also dilutes the amount of the inheritance. Another option is to have an asset earmarked to pay estate tax. One such vehicle is a unique type of life insurance called "last to die". This type of coverage defers payment of the death benefit until the death of the second of two insured individuals. Since estate tax is not due until both spouses die, this vehicle can serve as an ideal source of estate tax funding by avoiding the need to sell other assets.

The popularity of this type of coverage has now provided for various ways to structure last-to-die policies. In addition to the traditional types of whole life and universal life, more and more insurance companies are offering *variable* last-to-die policies. The cash values of the insurance can be invested in a number of different investment sub accounts, such as domestic stocks, international equities, and bonds. This technique provides the potential for higher accumulation for cash value within the policy which may result in lower premium payments. On the other hand, underperformance within the sub accounts can work against cash values, causing higher-than-expected premium payments.

The use of insurance for estate tax purposes can provide many benefits if structured properly. Be sure to coordinate the efforts of your estate tax planning attorney and insurance professional to create an efficient and cost-effective plan for the future.

Mr. Blau welcomes readers' questions. He can be reached at 800-883-8555.

Joel M. Blau, CFP – President
MEDIQUIS Asset Advisors, Inc.

Prescription for Problems

Will you be forced to help pay for patients drug therapy?

WHEN ASKED TO CONTRIBUTE TO THE MAHONING MEDICAL SOCIETY *BULLETIN*, I HAD HOPED TO WRITE A glowing account of Physician/Pharmacist cooperation on some noble effort to benefit our common patients. However, knowing of no such project and deadline approaching, I have opted to write about another topic of common concern that was brought to my attention by Matt Simari, President of the Eastern Ohio Pharmacists Association.

Pharmacy contracts...

The cover story of the September 23, 1999 issue of *USA Today* was entitled "Prescription for problems." The article defined yet another way that managed care organizations hope to control your and our practices by giving doctors financial incentives to "prescribe the lowest-cost most effective medications." This sounds OK on the surface. The "incentive", however, in this case is that favorite word *capitation*. Doctors must agree to accept a flat monthly fee of $9 to $15 for the prescriptions they write. If the patient gets no Rxs that month, the physician keeps the money. That is fine if none of your patients are sick. So what is the catch? If the prescription prices exceed the capitation amount, the physician or group must pay back the insurer 30 cents on every dollar over the capitation limit.

"IF I GIVE THEM THIS MEDICINE, I COULD LOSE MONEY. YOU SHOULDN'T BE THINKING THIS WAY."

Does the idea of bonuses or penalties that puts a physician at risk of losing money by providing proper care pose any ethical dilemmas? As a single practitioner in Texas is quoted as saying "Well should I give them this Medicine?' ' If I give them this medicine, I could lose money.' 'You shouldn't be thinking this way.'"

Many doctor groups were willing to share financial risk with insurers thinking they could regain some of the control over their practice and by limiting costs come out ahead. Family practitioner Mike White saw his practice lose $50,000 over 10 months because he exceeded the $11 per patient extended by an insurer. The other six doctors in his group lost $35,000 more. All it takes is a few patients with severe chronic illnesses to create a loss. Even the Rxs written by referred patients' specialists such as cardiologists are counted in the contract. I have rarely seen a person released from a hospital following a coronary event without at least 9-10 Rxs.

Although the Northeast has been generally spared so far, with drug spending rising rapidly for insurers, pharmacy contracts are a near certainty to migrate from the heavily-managed California health system. Inroads have already been reported in the Midwest. Dr. White and other doctors recovered their money after the Texas Department of Insurance fined the insurer $100,000 for allegedly violating a state law that bars insurers from using financial incentives that encourage doctors to limit care. After a Southern California medical group lost $2.5 million to a prescription contract, they sued claiming such contracts are unfair. The California Medical Association backed unsuccessful legislation that would have made offering pharmacy contracts more difficult. Any attempt at such legislation will meet stiff opposition by well-heeled insurance industry lobbyists.

As Dr. Daniel Handel, your AMA Delegate, suggested in the *Bulletin* Spring Edition, an option to containing this and the other nefarious antitrust exempt contracts and allow collective bargaining by professionals is to seek relief via "State Action Doctrine" type state-level legislation as has been done in Texas.

I could never fathom why insurers were granted immunity from antitrust regulations by Messrs. Robinson and Patmon unless they owed a long-time political debt to Constitution signer and insurance namesake John Hancock. Insurers admittedly are under pressure to keep premiums affordable for individuals and employers in the face of rising health and medicine costs. They have resorted to unilateral fee slashing and, in the case of drugs, rebate arrangements with

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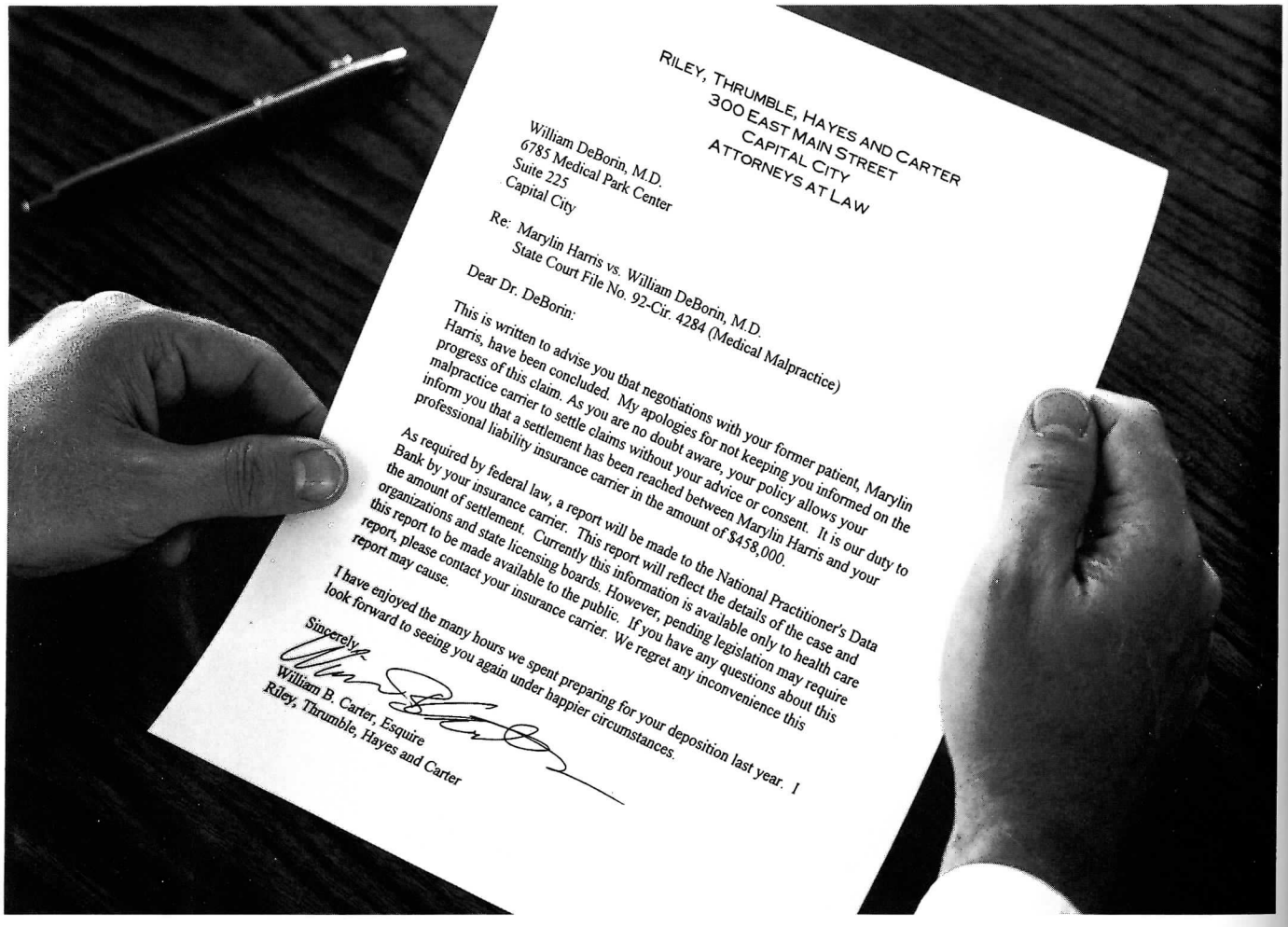
Medical Protective Policyowners *NEVER* get letters like this!



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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Notes From The Editor

Feedback, Letters, Photos

Well, we were mildly successful with our campaign to get some feedback, but still far short of our goals. Some very nice photos were received. They will be kept on file for possible future use. Neither Eleanor nor I received any written feedback. However, we along with Dr. Detesco received considerable verbal input, regarding the changes in the *Bulletin*. It would still be nice to receive some written letters, notes, e-mail etc. to be used as an "open forum" insertion. I'm certain some of our readers have issues they would like to present. Please see the addresses, phone numbers, and e-mail addresses at the end of this section for reference.

Cookbook

The Cookbook committee met twice since the last *Bulletin*. *You'all* (Kentucky phrase) should have received a flyer in the mail for submission of your favorite recipes. So far, Donna Hayat reports that we've received in the neighborhood of around the mid-twenties. Please submit if you haven't yet—it's for a great cause! Reminder cards for the recipes have been sent. If you haven't received them yet, let me know.

Executive MBA anyone?

The last *Bulletin* included information on NEOUCOM's MPH program. Did you know that they also have a collaborative MBA program as well?

A partnership between NEOUCOM and Baldwin-Wallace College offers a "Health Care Executive MBA program." It's designed to prepare health professionals for management, administration, and just plain old understanding of how health care and the business world comingle.

The program will take two years to complete and is offered on alternate weekends, beginning at 2 p.m. on Fridays and ending at 4 p.m. on Saturdays.

For more information, contact NEOUCOM's Office of Clinical Affairs at 330-747-2247, ext. 6588.

AMA

The AMA announced the publication of a resource book entitled *Cultural Competence Compendium*. This is to help physicians understand their patients' complex cultural backgrounds. The book includes six AMA reports and 119 AMA policies that relate to the Cultural Competence Initiative.

It is a 460-page publication that can be ordered by calling 1-800-621-8335. The price is $39.95 for AMA members, and $49.95 for non-members. It can also be downloaded from the AMA Website free of charge: ama-assn.org/diversity.

Miscellaneous

Our finance article this month is titled "Leveraging Dollars Today to Cover Estate Tax Liability Tomorrow." It talks about how we can keep more of our money in our pockets, or I should say in our loved ones' (pockets), when we have a "celestial discharge." We're also trying out a new feature with this *Bulletin*. Since we are all so intimately involved with health care financing and its impact on the bottom line of our own personal finances, I thought it would be interesting to look at how other disciplines such as pharmacies affect financing issues and quality of medical care. Anyway, the article "Prescription for Problems – Will you be forced to pay for patients drug therapy?" is an interesting topic to read and ponder about.

Finally, check out the *In the News* section about some of the accomplishments that our members have made. Please let me or Eleanor know if you've made a significant contribution, received awards or anything else that you may deem newsworthy about yourself in *In the News*.

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Sixth District Councilor Report

Just Do It!

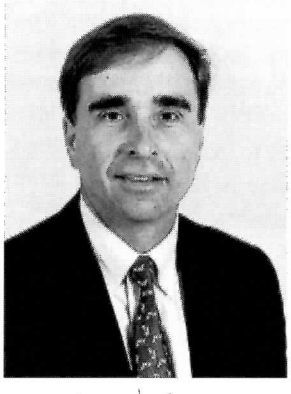
THE NEW OSMA YEAR IS ALMOST HALF OVER AND THEREFORE DR. UTLAK'S TERM AS PRESIDENT IS NEARING THE HALFWAY MARK. THIS RAISES THE ISSUE OF HOW LONG A president's term should be, but that is another issue for another time. I am not going to discuss specific legislative or insurance issues that face us, as they have been discussed in numerous OSMA publications and by Drs. Handel and Detesco far better than I could.

So far, I have told you what I am *not* going to discuss. What am I going to discuss? I am going to present you with an analogy, comparing an observation I have made with some of my breast cancer patients to the OSMA. With some of the patients being treated with adjuvant chemotherapy, I have noticed that while undergoing treatment they concentrate on the toxicity of the chemo instead of worrying about the major problem, which is the cancer. Once the chemo is completed, they start to concentrate on the cancer again, often considering anything they believe might help to improve their chances.

Over the last year, the OSMA has had to spend a lot of time, energy, and monies on the Cleveland issue. During this time, we could not concentrate on the major problem or "cancer" facing organized medicine: physician apathy. Though you, the reader, are certainly not as apathetic as a lot of your colleagues, since you belong to the Mahoning County Medical Society and OSMA, in all likelihood you are not a member of OMPAC; have not volunteered to serve on an OSMA or MCMS committee; or have not encouraged your colleagues to join organized medicine.

OSMA has some exciting plans that you will be hearing about in the coming months. Hopefully, these plans will help recruit more physicians to join organized medicine. But without your help, these efforts will be to no avail. We will still have a State Supreme Court that believes their major task is to legislate. We will not be able to continue to negotiate for a reasonable nurse practitioner act. We will not be able to combat the whimsical way insurance companies use the bait-and-switch technique, reminiscent of George C. Scott in *The Flimflam Man*. We will not be able to support legislators who believe the care of our patients is best decided by their physicians. So when you are asked to serve on committees, join OMPAC, fill out a survey, or help recruit members, JUST DO IT!

Chris A. Knight, MD
Sixth District Councilor



A Look Back...

Sixty Years Ago
Fall 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*.

Mass tuberculosis survey was instituted in 1939. The MCMS and the Mahoning Valley Tuberculosis Association provided $1000 to purchase equipment needed for the study.

An excellent article by **H.E. Patrick** provided an historical review of blood transfusions, dating back to the first one by Dr. William Pepper in 1875.

Fifty Years Ago
Fall 1949

Officers were: **John N. McCann**, president; **G.G. Nelson**, president-elect; **V.L. Goodwin**, secretary; **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.

Hospital superintendent and druggist **"Ike" Yengling,** together with **C.C. Booth** developed paraeusal, a compound of chlorthymol, salicylic acid, eucalyptus oil, white thyme oil, oil of peppermint and paraffin oil. To this day, paraeusal is used for superficial cuts and burns, sunburns, and minor skin irritations.

Forty Years Ago
Fall 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*.

Plans were discussed for furnishing television sets for the House staff quarters of both North and South Side Hospital units.

American Cancer Society has two detection centers in Mahoning County for well patients. Tests performed included complete physical examinations, pap smears, CBC, chest x-rays, and urinalysis. The cost was $5.00 if the patient could afford it; otherwise, it was free.

Thirty Years Ago
Fall 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*.

The Society presented its exhibits at the Canfield Fair's health tent for the 18th consecutive year. The Fair committee included **J. Schreiber**, chairman; **F.A. Friedrich**; and **F.A. Resch**. It was estimated that 101,000 people visited the health tent, out of the record-breaking 435,466 who attended the fair that year.

A summary of the feasibility study for a medical school in Youngstown was published.

Twenty Years Ago
Fall 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*.

Editor **H.S. Wang** wrote that 95% of practicing physicians were members of the Medical Society.

The cost of a State Medical Board license was $50.00.

Simon W. Chiasson was chosen president-elect of the American Society of Clinical Hypnosis.

Joseph Paul Harvey, a prestigious painter, won first prize in an AMA physician's competition.

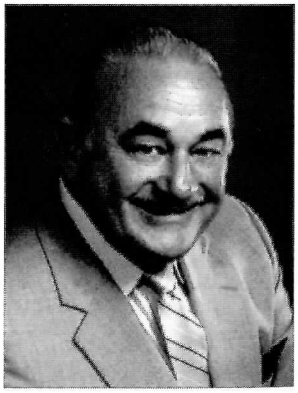
Ten Years Ago
Fall 1989

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*.

A poll to change the doctors' afternoon off from Thursday to Wednesday did not last very long. According to **Robert R. Fisher,** doctors drifted back to Thursdays in just a short while.

A fine article on Peer Review and the elderly physician was written by **John LaManna, Jr.**

John C. Melnick, MD



John C Melnick, M.D.

Canfield Fair Report

1999 MARKED THE 153RD YEAR FOR THE CANFIELD FAIR AND THE 49TH CONSECUTIVE COMBINED HEALTH-MEDICAL EXHIBIT. The Mahoning County Medical Society organized its first exhibition at the Canfield Fair in 1951. The exhibition, which included volunteer health agencies and members of local health professions, was originally set up in a tent, but since 1971 has been housed in a permanent building at the fairgrounds.

The Health-Medical Exhibit is one of the outstanding non-commercial things the fair has to offer. This year, over 30 different agencies volunteered in our building! With an attendance of over 380,000 at this year's fair, the physicians were never without a group of interested people asking questions at our booth. As usual, there were the ever-present pathology specimens to stimulate discussions, even if some appetites were squelched.

There were plenty of other attractions in our building to keep folks busy, including blood pressure checks by the Ohio District Three Nurses and grip strength testing by the Easter Seal Society. Some booths offered tests, while others had exhibits with working models. Our Society even has a museum-quality "old-time doctor's office." Even with all the demonstrations and information available in the building, it is my opinion that the main reason over 100,000 people walk through the door every year is the one-on-one interaction with doctors, nurses, and local experts in health care.

I'd like to thank the 30 physicians from our Society who volunteered to educate fair-goers at our booth this year. Special mention must be made of some of the people whose hard work has made this exhibit such a success. The late Dr. Jack Schreiber was very instrumental in developing this building into the showcase it is today. Dr. Fred Friedrich continues to make sure we live up to the standards that Jack set. I also must thank our Society's staff for their diligence in getting everything ready for the fair each year; Dr. Joe Gregory, who helps on the committee; and our families, who are a BIG help every year.

In closing, it is my pleasure to report to the Society that once again the Canfield Fair Health-Medical Exhibit was a huge success! If you would like to get involved next year, please don't hesitate to call me or the Society office. Until next year...See you at the fair!

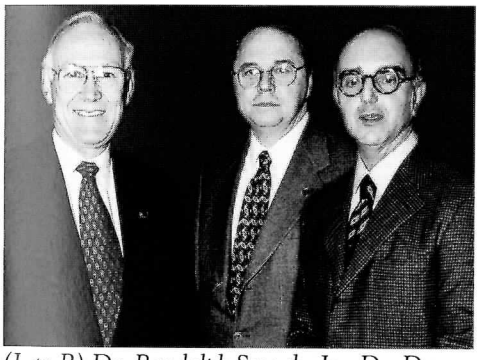
Thank you for making our booth a success!

John Aey, MD
Peter Andrews, DO
Jon Arnott, MD
Maged Awadalla, MD
William Bartels, MD
Louis Bloomberg, MD
Gregg Bogen, MD
Michael Burley, MD
Harold Chevlen, MD
Thomas Detesco, MD
Chris Economus, DO
Robert Fisher, MD
Fred Friedrich, MD
Toni Goff, DO
Joseph Gregori, MD
Debra Guerini, MD
Maria Madden, MD
Medford Mashburn, MD
Maureen Matthews, MD
Jay Osborne, MD
Richard Pearlstein, MD
Paul Rich, MD
Milton Sanchez-Parodi, MD
Erdal Sarac, MD
James Smith, MD
Tina Swarm, DO
Heather Thomas, MD
Thomas Traikoff, DO
Lyn Yakubov, MD

Co-Sponsored Seminar Looks to the Future

"CARDIOVASCULAR DISEASE RISK MANAGEMENT IN THE NEW MILLENNIUM" WAS THE TITLE OF A SEMinar held November 18th at the Holiday Inn in Boardman. The seminar was co-sponsored by the Mahoning County Medical Society (MCMS) and the Northeastern Ohio Universities College of Medicine (NEOUCOM), with support from the Bristol-Myers Squibb Company.

MCMS President Thomas N. Detesco, MD, opened the conference, which featured speakers Michael E. McIvor, MD, Managing Partner and Medical Director of Clinical Research at the Heart Institute of St. Petersburg in Florida; and F. Wilford Germino, MD, Medical Director of Meyer Medical Center, University Hospital in Illinois. Dr. McIvor discussed "Cardiovascular Risk Management", while Dr. Germino spoke on "New Emerging Risk Factors in the Prevention of Coronary Artery Disease."



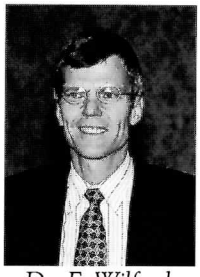
(L to R) Dr. Randolph Smoak, Jr., Dr. Dan Handel & Dr. Tom Detesco.

Keynote speaker was AMA President-Elect Randolph D. Smoak, Jr., MD, who discussed "New Issues in the New Millennium."

Dr. Smoak pointed out several ways the AMA has been working to address unfair practices in healthcare, including the creation of a Patient Protection Act and a Patients' Bill of Rights. He discussed certain House bills that the AMA is working to get passed.

According to Dr. Smoak, the Norwood-Dingell Patients' Bill of Rights legislation, if enacted into law, "would make health plans accountable for their actions; would allow doctors to make medical decisions; would let patients appeal if their care is delayed or denied; and would protect everyone with private health insurance." Another piece of legislation, the Campbell Bill, would "allow physicians to negotiate collectively with health plans regarding contract terms that affect patient care."

Dr. Michael McIvor



Dr. F. Wilford Germino

Dr. Smoak discussed the new national negotiating organization for physicians established by the AMA called the Physicians for Responsible Negotiation (PRN). Just as physicians use the Latin abbreviation for "take as needed", Dr. Smoak feels that this is a tool that should be used "as necessary". He said that PRN will "give physicians a collective voice so that employees will have to respond."

According to Dr. Smoak, the AMA's Private Sector Advocacy is working to achieve the following objectives: to improve negotiating leverage; to expose and eliminate abusive, unfair contracting provisions and practices; and to identify and respond to emerging trends and issues. Believing that a coordinated approach is best, he said that the AMA solicits the input of county, state, and specialty organizations before undertaking any activities.

Dr. Smoak also discussed two upcoming Internet projects in the works: **Digital Credential** and **Medem.com**. Digital Credential gives physicians electronic credentials (for security purposes) so that they can use secure Web connections to submit prescriptions, get lab results, record notes, and process claims. A test group is set to get under way in the early part of next year. Medem.com (short for "medical empowerment") is the AMA's new Website designed to provide credible information to patients so that they, in conjunction with their physicians, can make better, more informed health decisions. Medem.com should become available in early 2000.

On The Cover

THE FALL HARVEST PHOTOGRAPH SHOWN ON THIS ISSUE'S COVER IS ONE OF 30 PHOTOGRAPHS BY FRANK A. D'ISA FEATURED in the book "Visions of the Valley". Frank became interested in photography as a hobby around 1964, and started entering juried shows in 1972. He has received numerous awards, including purchase awards from the Butler Institute of American Art, Trumbull Art Guild, and the First Unitarian Church.

Frank A. D'Isa

Frank is a Youngstown native and graduate of Youngstown College. He received his master's degree from Carnegie Institute of Technology and his Ph.D. from the University of Pittsburgh. He was professor of mechanical engineering for 45 years and chairman of the mechanical engineering department at Youngstown State University for 36 years, before retiring in 1992.

Frank and his wife Mary Kay, a watercolor artist and teacher, reside in Boardman, Ohio. They have two married daughters, Nancy and Jane, and five grandchildren.

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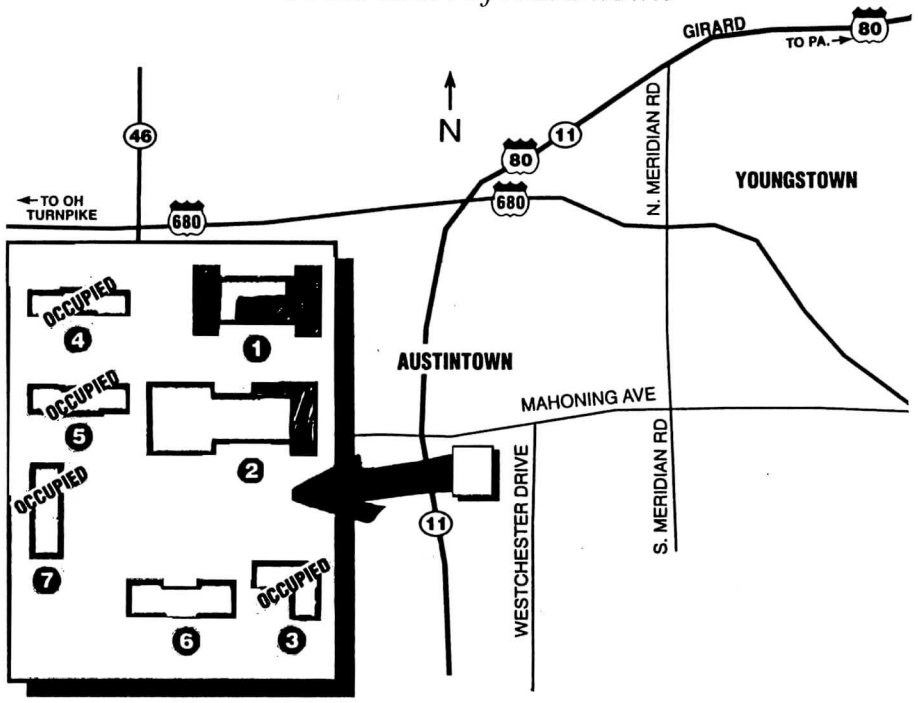

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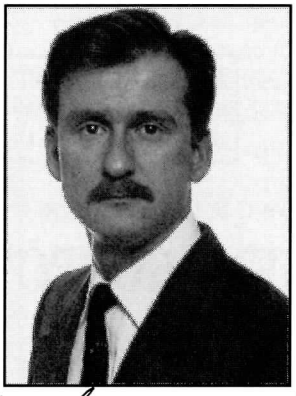
Annual Summary of Infectious Diseases in Mahoning County, 1998

OF ALL REPORTABLE DISEASES ENCOUNTERED BY CLINICIANS IN THE HEALTH CARE SETTING, ONLY ABOUT 10 PERcent are actually reported to local boards of health. This underreporting hinders disease control efforts of local, state and federal public health officials. The National Association of County and City Health Officials has suggested that local health departments focus on several key strategies to improve disease reporting:

- increase clinicians' knowledge and awareness about reportable diseases and reporting requirements
- remove burdens associated with submitting reports
- provide clinicians with feedback on individual case reports
- provide clinicians with general feedback about communicable disease in the community.

This report provides a summary of diseases of public health significance reported in Mahoning County in 1998, commentary on some emergent pathogens and diseases of ongoing concern to the community, current requirements for disease reporting in Ohio, and contact numbers for filing disease reports. Through regular feedback to the medical community through the *Bulletin* and other means, we hope to communicate the importance of working together to improve our disease surveillance and control efforts.

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



Food-borne illnesses

Food-borne illnesses caused by *Salmonella typhimurium, S. enteriditis, Camphylobacter jejuni, Listeria monocytogenes, and E. coli* O157H7 are the second most commonly reported communicable diseases in Mahoning County after sexually-transmitted diseases. Ohio experienced an outbreak of listeriosis in 1998 linked to meat products contaminated in processing. At least one case in Mahoning County may have been linked to this outbreak. With the exception of listeriosis, disease incidence locally remains well below national year 2000 objectives (Figures 1 & 2). Nevertheless, the potential for widespread transmission of disease from food contaminated in processing or by improper food storage and handling will always exist. Boards of health in Mahoning County license and inspect over 2,000 wholesale and retail food vendors each year to assure that food offered for sale has been stored and prepared in a manner that reduces the risk of disease transmission. The District Board of Health's FBI (Food-Borne Illness) Team of nurses and sanitarians has recently embarked on a project to set up an early warning system for food-borne illness outbreaks in cooperation with emergency department staff in our local hospitals.

Physicians and clinical laboratories can help public health authorities identify the source of food-borne illnesses by providing isolates for serotyping by the Ohio Department of Health laboratories. New laboratory techniques like pulsed field gel electrophoresis (PFGE) have enabled disease investigators to identify identical strains of pathogenic organisms in many areas of the State and trace seemingly unrelated

"Class A" Reportable Diseases in Mahoning County, 1998

	MCGHD	Youngstown	Campbell	Unknown	Total	Median Age	Age Range	% Male
Chlamydia					592			
Gonorrhea					386			
Tuberculosis					12			
Aseptic meningitis	12				12	32	12 - 67	33
Campylobacteriosis	10				10	31	10 mos - 76	40
Aids					9			
Salmonellosis	7	1			8	37	23 - 56	50
Shigellosis	6	1	1		8	34	8 mos - 69	25
Giardiasis	7				7	40	5 - 65	29
Animal rabies	5				5	–	–	–
Syphilis					3			
Hepatitis A	3				3	37	32 - 44	67
Hepatitis B	2				2	52	42 - 62	100
Listeriosis	1			1	2	84	77 - 92	50
Infectious meningitis	2				2	46	2 mos - 91	0
Primary encephalitis	1				1	33	–	100
Legionnaires' disease	1				1	52	–	100
Streptococcal meningitis	1				1	79	–	100
Other bacterial meningitis	1				1	60	–	100
Mumps	1				1	6	–	100
Pertussis		1			1	2 mos	–	0
Invasive Group A streptococcal disease	1			1	2	78	–	0
Yersiniosis				1	1	unknown	–	unknown

MCGHD - Mahoning County General Health District
NOTE: detailed AIDS, STD and tuberculosis cases were not available

cases of disease back to a common food source. We would very much appreciate receiving the following isolates:

All *Salmonella* spp., *Shigella* spp., *Listeria* spp., *Bordetella pertussis*
All *E. coli* O157 (suspected or confirmed)
Neisseria meningitidis from normally sterile sites,
or cases of pneumonia or other invasive, serious respiratory disease
(do not submit routine throat cultures)
Haemophilus influenzae from normally sterile sites in persons < 5 years of age
(for serotyping only)
Streptococcus pneumoniae from normally sterile sites that are intermediate
or completely resistant to penicillin

For more information about submitting isolates to the Ohio Department of Health laboratories, please call Ron Genevie at (614) 644-4659.

Figure 1: Campylobacteriosis in Mahoning Co.

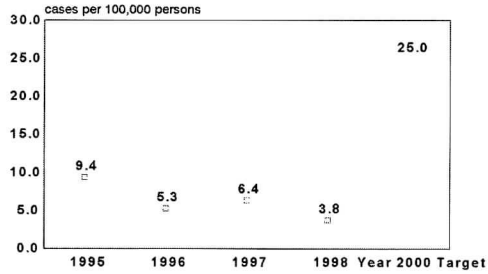
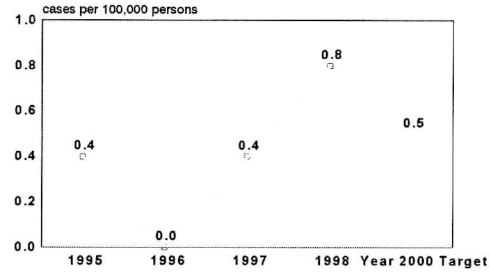


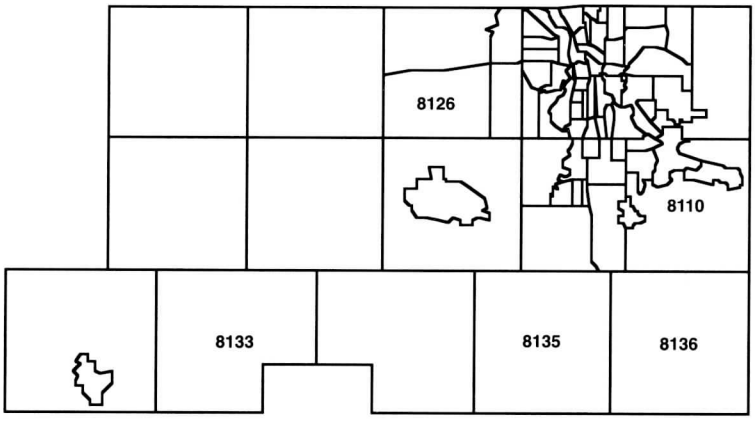
Figure 2: Listeriosis in Mahoning Co.



Rabies

The number of animal rabies cases declined from 48 in 1997 to five in 1998. Twice-yearly oral vaccine baiting of the raccoon population has been effective in controlling the raccoon rabies epizootic that entered Mahoning County from neighboring Pennsylvania counties in 1996. Animal bites are reportable in Ohio and must be reported promptly to the local board of health in order to ascertain the risk of rabies transmission and recommend post-exposure prophylaxis. Boards of health require rabies vaccination of all dogs, cats, and ferrets in Mahoning County. No animal rabies cases occurred among domestic animals in 1998. Figure 3 shows the distribution of animal rabies cases in Mahoning County in 1998.

Figure 3: Census Tracts in Mahoning County with Animal Rabies, 1998



Vaccine-preventable diseases

One case of pertussis in a two-month-old girl was reported from Youngstown in 1998. The infant was too young to have completed her initial series of the diphtheria-pertussis-tetanus vaccine. A suspected case of mumps was reported in a six-year-old boy from the Sebring area.

Tuberculosis

Twelve cases of active tuberculosis were reported in 1998, up from seven during the previous year. The District Board of Health has established an objective of reducing the incidence of disease to no more than four cases in 1999. Of the more than 2,000 county residents screened for tuberculosis by Mantoux test in 1998, 1.9 percent were infected with the tubercle bacillus.

Reducing Barriers to Reporting

Disease reporting for cases occurring in residents of the General Health District (Mahoning County townships, villages, and Canfield) during non-business hours is now possible through the District Board of Health's disease reporting hotline. Clinicians may leave their reports in a voice mailbox and request a callback if they need to consult immediately with the Board of Health about a particular case.

The multiplicity of reporting entities in Mahoning County itself can present a barrier to disease reporting. With four boards of health, clinicians are often confused about whom to call. Cuyahoga, Summit and Stark counties have all made progress toward the creation of a single telephone number or website for reporting all diseases in the county. We believe that authorities in all four of our health districts can learn from these other counties and work toward streamlining the disease reporting system in Mahoning County.

Know your ABCs: a quick guide to Reportable Infectious Diseases in Ohio

from the Ohio Administrative Code 3701-3-02, 3701-3-05 and 3701-3-12

Diseases by class, with reporting requirements

Class A Diseases

(1) diseases of major public health concern because of the severity of disease or potential for epidemic spread – report to the board of health of the health district in which the case resides by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists.

Anthrax
Botulism, foodborne
Cholera
Diphtheria
Measles
Meningococcal disease
Plague
Rabies, human
Rubella (not congenital)

(2) diseases of public health concern needing timely response because of potential for epidemic spread – report to the board of health by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

Chancroid
Cyclosporiasis
Dengue
E. coli O157:H7
Encephalitis, including arthropod-borne
Foodborne disease outbreaks
Granuloma inguinale
Haemophilus influenzae (invasive disease)
Hantavirus
Hemolytic uremic syndrome
Hepatitis A
Legionnaires' disease
Listeriosis
Malaria
Meningitis, aseptic, including lymphocytic choriomeningitis & viral meningoencephalitis
Mumps
Mycobacterial disease, including tuberculosis
Pertussis
Poliomyelitis (including vaccine-associated cases)
Psittacosis
Rubella, congenital
Salmonellosis
Shigellosis
Syphillis
Tetanus
Typhoid fever
Waterborne disease outbreaks
Yellow fever

(3) diseases of significant public health concern – report to the board of health by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known.

Amebiasis
Botulism, wound
Botulism, infant
Brucellosis
Campylobacteriosis
Chlamydia infections (nonspecific urethritis, cervitis, salpingitis, neonatal conjunctivitis, pneumonia & lymphgranuloma venereum)
Creutzfeldt-Jakob disease
Cryptosporidiosis
Cytomegalovirus (congenital)
Encephalitis, other viral
Encephalitis, post-infection
Giardiasis
Gonococcal infections
Hepatitis B, C and non-A, non-B
Herpes (congenital only)
Leprosy
Leptospirosis
Lyme disease
Meningitis, including other bacterial
Mucocutaneous lymph node syndrome (Kawasaki disease)
Pelvic inflammatory disease gonococcal
Reye syndrome
Rheumatic fever
Rocky mountain spotted fever
Streptococcal disease group A, invasive
Streptococcal B in newborn
Streptococcal toxic shock syndrome (STSS)
Streptococcus pneumoniae invasive disease
Toxic shock syndrome (TSS)
Toxoplasmosis (congenital)
Trichinosis
Tularemia
Typhus fever
Vancomycin-resistent anterococcus
Vibrosis
Yersiniosis

Class B Diseases - the number of cases is to be reported by the close of each working week.

Chickenpox
Herpes-genital
Influenza

Class C Diseases - report an outbreak, unusual incidence, or epidemic by the end of the next working day.

Blastomycosis
Conjunctivitis, acute
Histoplasmosis
Nosocomial infections of any type
Pediculosis
Scabies
Sporotrichosis
Staphylococcal skin infections
Toxoplasmosis

Phone numbers for reporting:

Youngstown: 743-3333 Struthers: 755-1281 Campbell: 755-1451 All other cases: 270-2855

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Web site: ***www.opep.org***

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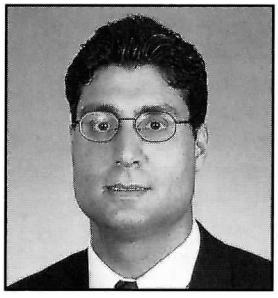
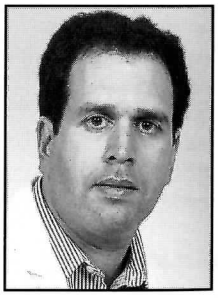
CORRECTION:

We regret that an error appeared in the MCMS *1999-2000 Membership Directory* wherein the biography of one physician ran with the photograph of another. Please make a note of the following corrected information:



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. Babovnyik, MD; Thomas N. Detesco, MD; Dong Lee, MD

Hospital News

■ **FORUM HEALTH**

Tod Children's Hospital has partnered with O.C.C.H.A. to open an Hispanic Medical Clinic for Children. It is staffed by Spanish-speaking pediatricians who will provide medical care to infants, children and teens. The Clinic is based at the Pediatric and Adolescent Ambulatory Center on the ground floor at Tod Children's Hospital. The office hours will vary, based on need. It will be directed by Gilda Mateo, M.D. from Tod's.

■ **HUMILITY OF MARY HEALTH PARTNERS**

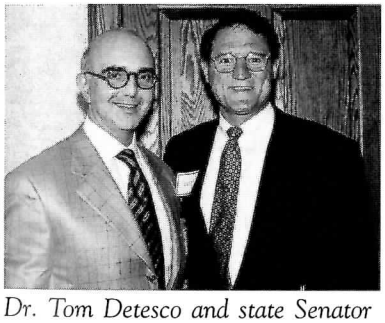
HMHP has announced the addition of a Sports Medicine Program. The goal of the program is to provide optimal care to athletes in the Warren and Youngstown communities so that they may return to activity quickly and safely. They also have an educational program to educate athletes, coaches, officials and parents in order to prevent further injury.

MCMS News

Society Meeting Held

State Senator Robert F. Hagan of Youngstown, D-33, was the guest speaker when MCMS members and guests met September 28th at the Tippecanoe Country Club in Boardman. Other guests included Marla Eshelman Bump, associate director, department of legislation/OSMA; Lucy Kitner, membership development coordinator/OSMA; Ben Reynolds, Northeast Ohio Field Representative/OSMA; Dr. & Mrs. Karl Getzinger, Columbiana County Medical Society; and Leo Jennings III, an aide to Senator Hagan.

President Dr. Thomas Detesco presided over the business meeting. He noted that there were 166 people in attendance at the OSMA workshop sponsored by the Society, while 75 people attended the Society-sponsored Medicare workshop. Dr. Detesco announced that invitations for the seminar "Cardiovascular Disease Risk Management in the New Millennium" would be extended to all physicians in Mahoning, Columbiana, and Trumbull Counties. Co-sponsored by the MCMS and NEOUCOM, the seminar will take place November 18th at the Holiday Inn in Boardman. This seminar will offer 3 credit hours of Category 1 CME.



Dr. Tom Detesco and state Senator Robert Hagan.

Senator Hagan's topic was "HMOs and Health Care in Ohio." He noted that Medicare and Medicaid had "turned physicians into business people" and they have to redefine their roles. He stated, "If you do not understand the importance of involvement in the community, you will suffer." He also encouraged physicians to "reach out and become involved in politics."

Marla Bump reviewed the three new healthcare-related laws which will go into effect in October and November: Asthma Inhaler Law (HB 121), Handicap Parking Law (HB 148), and Direct Access for OB-Gyns (HB 4).

A product display was provided by Joe Simco, David Delida, and Brian Kesner of Pfizer Pharmaceuticals.

Eastern Ohio Pharmacists

continued from pg. 10

manufacturers granting favored status to the highest bidder. Capitation arrangements are another method by which they can take another piece of hide off physicians, pharmacists, dentists and other health professions with the threat of loss of patients thrown in.

Perhaps this article might be talking about the noble Physician/Pharmacist joint project to benefit patients after all. Physicians write and Pharmacists dispense prescriptions for the benefit of our patients. How can anything that limits this ability be beneficial to anyone we serve or our respective professions? Having served for four years on the board of the Ohio Pharmacists Association, I believe that it and the Ohio State Medical Association could work together toward the type of legislation which would allow us the ability to bargain collectively and protect ourselves and our patients from unfair insurance contracts. Together our local associations could support such efforts.

Kenneth A. Wilson, RPH
Past President
Eastern Ohio Pharmacists Association

■ **Maria Madden, M.D.,** General Surgeon, has authored a chapter on "Diagnostic and Therapeutic Endoscopic Retrograde Cholangiopancreatography" that will appear in the book entitled, *Mastery of Endoscopic and Laparoscopic Surgery*.

Dr. Madden is also actively involved in resident education. This is the fourth straight year that she has organized and staffed a dry lab, teaching advanced laparoscopic skills for the surgery residents at St. Elizabeth's Health Center.

She maintains a private practice in General Surgery in Boardman, Ohio. She was recently inducted as a Fellow of the American College of Surgeons.

■ **Elisabeth Young, M.D.,** Rheumatologist, has recently been appointed director of medical education for St. Elizabeth Health Center. She will be responsible for coordinating all graduate residency programs at St. Elizabeth's.

In addition to this new role, Dr. Young maintains a busy schedule that includes her role as Associate Dean for Clinical Education at the Northeastern Ohio Universities College of Medicine and Director of Undergraduate Medical Education and Clerkships for St. Elizabeth's department of internal medicine. She is Professor of Clinical Internal Medicine at NEOUCOM and an adjunct faculty member at Youngstown State University.

Her private practice in Rheumatology is located in Boardman, Ohio.

■ **Lyn Yakubov, M.D.,** Ophthalmologist, recently was awarded the YWCA's Woman of the Year Award in the category of humanitarian. She was nominated by the Youngstown Branch of the American Association of University Women. She was honored for her unique contributions to the community and was selected by a panel of independent judges.

Dr. Yakubov is an associate with Eye Care Associates.

■ **Ronald Dwinnells, M.D.,** Pediatrician and CEO, was awarded a one-year scholarship to study leadership management under the EXCELL (Excellence in Leadership) Program. The competitive scholarship is awarded to only 60 applicants throughout the U.S. The program is sponsored collaboratively by the Bureau of Primary Health Care, Johns Hopkins University, and the American College of Physician Executives (ACPE). Course work through the Johns Hopkins Business of Medicine Executive Graduate Certificate program and seminars sponsored by the American College of Physician Executives make up the bulk of the program.

Dr. Dwinnells is a Pediatrician and Chief Executive Officer at the Youngstown Community Health Center.

■ **Thomas Detesco, M.D., Daniel Handel, M.D.,** and **Chander Kohli, M.D.** have been appointed to serve on the OSMA Focused Task Force on State Legislation, while **Chris Knight, M.D.** has been appointed to the OSMA Auditing & Appropriations Committee.

DNR Kits Available from OSMA

Do-Not-Resuscitate informational packets can be ordered by calling Phyllis Wardell at (800) 766-6762, ext. 6753. The packets were designed to help explain Ohio's new standardized DNR orders and include sample order forms, protocols, and information sheets for physicians, as well as material about the new DNR form to share with patients.

Advertising list

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