

BULLETIN



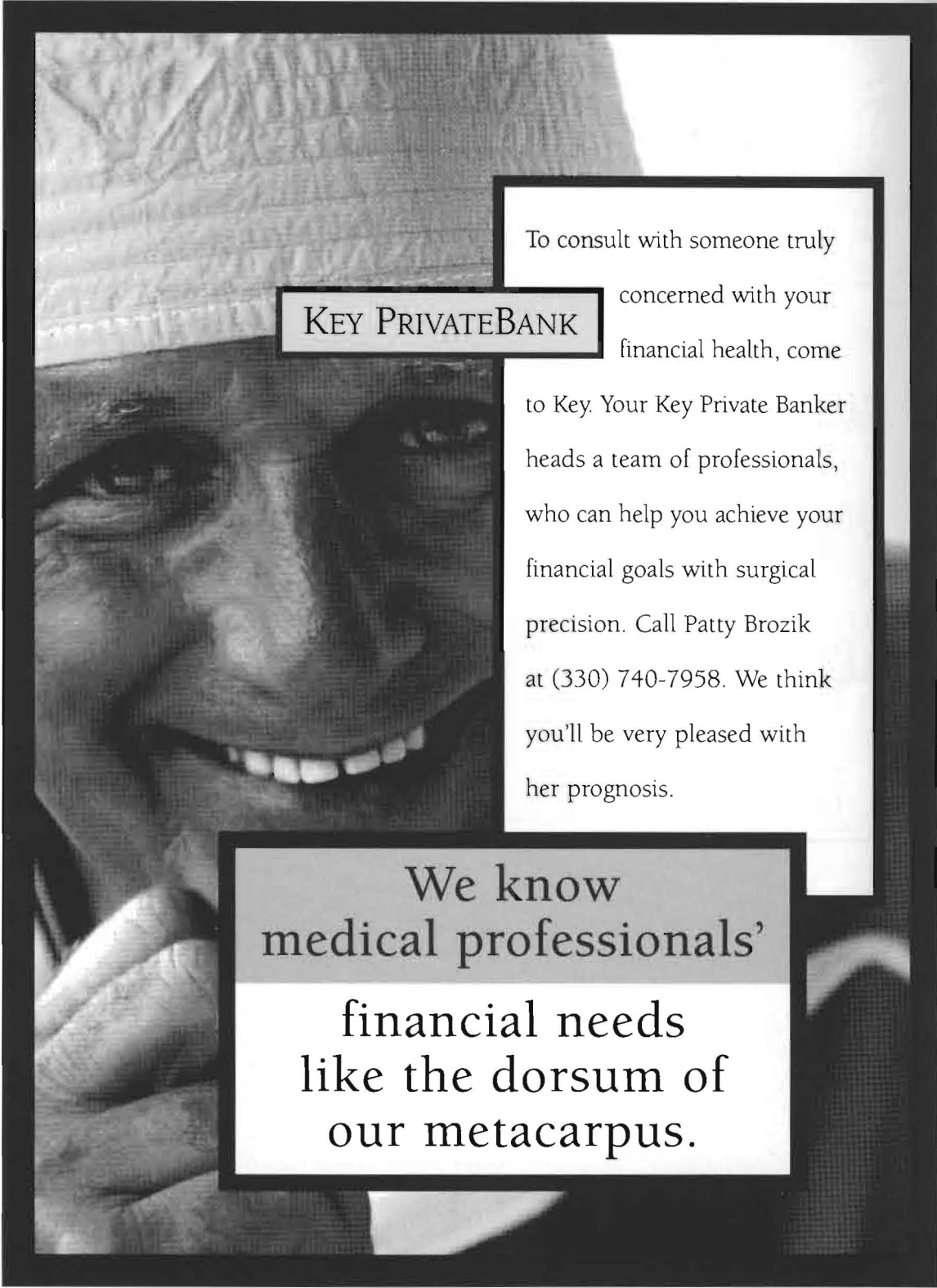
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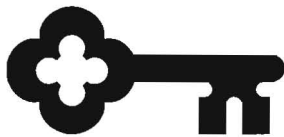
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Table of Contents

| | | | |
|-----------------------------|----|--|----|
| President's Page | 4 | MCMS Installation | 20 |
| Editor's Page | 6 | New Members | 21 |
| Financial Planning | 9 | Board of Health | 22 |
| NEOUCOM News | 10 | '99 Round-up: From the President | 23 |
| Notes From The Editor | 13 | Annual Meeting | 24 |
| In Memoriam | 14 | Dr. Abdu Honored | 26 |
| From the Bulletin | 16 | Hospital News | 29 |
| OSHA Update | 17 | In the News | 29 |
| Folic Acid | 19 | Classifieds | 30 |

Editor RONALD DWINNELLS, MD
 Managing Editor ELEANOR PERSHING Editorial Board DENISE L. BOBOVNYIK, MD
 CHRIS A. KNIGHT, MD RONALD M. YARAB, MD

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Mandatory Error Reporting

A RECENT ISSUE OF THE AMERICAN MEDICAL NEWS (MARCH 13) DEALT WITH PRESIDENT CLINTON'S NEW MEDICAL safety plan designed to reduce medical errors. This plan is based largely on a report by the Institute of Medicine entitled "To Err is Human, Building a Safer Health System", which lays out a comprehensive strategy for government, industry, consumers, and health providers to reduce medical errors. It also calls on Congress to create a national patient safety center to develop new tools and systems needed to address persistent problems.

This broad plan includes, among other things, a new Center of Quality Improvement and Patient Safety within the federal Agency for Healthcare Research and Quality, as well as a nationwide, mandatory system for reporting errors that caused patients' deaths or serious injuries, the latter of which is causing the most controversy.

Despite the fact that the majority of physicians and AMA members are opposed to this, they were unable to stop the process. The White House is behind the bill, with both political and financial support; and the federal, as well as state governments seem to be supporting the new agency. Just what we need - another federal agency to regulate the practice of medicine!

Nearly half of the 50 states already have such a system in place. The joint commission routinely follows it during their biannual visits

to the hospitals. Those practicing in the hospitals are all too aware of the different committees reviewing all medical errors, as well as the process for addressing and minimizing medication errors.

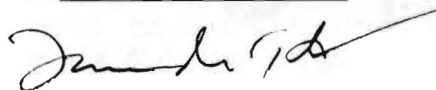
Of course, there are two sides to every issue. Based on information provided by the FDA there are about 13,000 drugs in existence, which generate close to 2.4 billion prescriptions each year. (That's about eight prescriptions per person!) We know that roughly 5-10% of hospitalized patients will have some kind of adverse reaction to the drugs they are given. From 1-5% of all admitted patients will have serious life threatening problems caused by the medication they are given.

Admittedly, we all can and should endeavor to reduce the occurrence of such incidents. However, don't we already have one too many levels of checks and balances in the system for the prevention of medical errors? Every step in the hospital process is reviewed by countless groups and agencies. Any time a physician makes an error it is reviewed by different committees and ultimately sent to the board, resulting in an incident report in the physician's file.

The unfortunate part of this political issue is that even though this bill was developed with good intentions, trial lawyers tend to see it a different way. Ultimately, this bill is likely to generate still more legal problems for hospitals and practicing physicians. To that end, the OSMA has formed a special focused task force to address the issues raised by the IOM's report.

What can we do about this? This is a problem for the physicians and hospitals, and although I have heard some comments from specialty societies and the AMA, I have not seen much resistance from the specialty societies. The AMA and AHA need to work together toward making recommendations to the White House so that our voice can be heard.

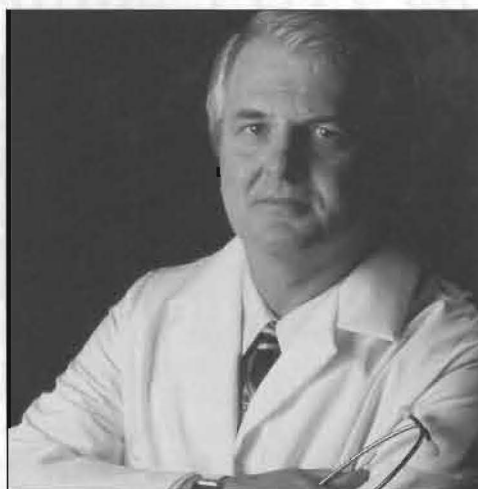
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Potential and Medical Practice in the 21st Century

USE TO BE WHEN YOU BOUGHT A BRAND NEW CAR, IT WAS DRIVEN UNTIL IT BROKE DOWN. A REPAIRMAN WOULD quickly be sought and after incurring a hefty charge—off you went again—and not always in a merrily fashion, especially after your pocketbook was relieved of some hard-earned cash. Early on, not much thought was given to the concept of maintenance except for an occasional oil change or two.

Auto mechanics have the ability to repair just about any damaged engine including those from cars, trucks, SUV's or RV's. Vans and expensive sports cars, as well as luxury vehicles, are also beneficiaries of the mechanic's expertise. If it's broken—they can fix it. Many can even take apart an entire motor and reassemble it back to its original working splendor.

These days, when a consumer purchases an automobile, the emphasis is on maintenance. There's a routine (maintenance) schedule that we follow to assure longevity of our pride and joy. But, despite the mechanic's abilities to fix and maintain, it doesn't make him or her an expert driver or navigator. In fact, some may not be able to drive at all!

This brings me to the concept of *potentiation*. Like everything else in our society, health care in the U.S. has evolved. Even during my

relatively short stint as a physician, I have seen the evolutionary development of how medical care is practiced—from predominantly treatment-oriented practices (i.e. let the illness happen first, then fix it) to increasing emphasis on prevention (i.e. prevent the illnesses from even happening). But what about *potentiation* (i.e. providing the best set of circumstances to allow people to realize their full potential)? Probably the best way to describe *potentiation* is to quote a passage from Leland Kaiser's book "Future Care: Responding to the Demand for Change." In Dr. Kaiser states:

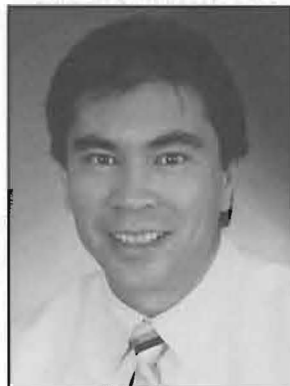
"Potentiation...requires the redesign of living environments thereby assuring every person an opportunity to achieve his/her full potential as a physical, emotional, mental, and spiritual being. In addition, a well-designed living environment enables all of its residents to contribute to the health and well-being of their neighbors."

Will medical practices evolve into not only the treatment of already existing illnesses and the practice of preventive medicine, but will we take on new and perhaps different responsibilities? Will our role evolve into creators of situations and environments to allow the individual to reach their fullest potential—as human beings? "Enablers" of individual potential, if you will. Of course, we cannot do that by ourselves. It will take a number of other health-oriented and not-so-health-related workers—exercise instructors such as yoga or tai chi; acupuncturists; herbalists; massotherapists; chiropractors; sociologists; spiritual leaders; and psychologists to name a few examples—all working in concert and harmony to allow full *potentiation* of health and well-being.

Impossible, you say? How can this be done? Or better yet, what in the heck are you talking about, Ron Dwinells? Well, I'm not exactly certain what I'm talking about, but I find the whole concept intriguing and definitely thought-

continued on page

Ronald Dwinells, MD



R Dwinells

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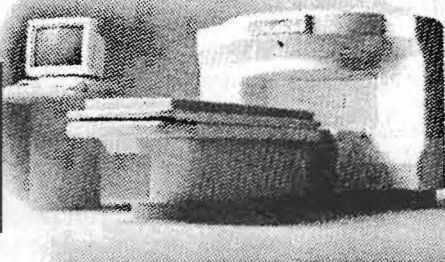
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From the Desk of the Editor

continued from pg. 6

provoking. Kaiser's book goes into how health care in the 21st century will change. He proposes a "transition zone" in the next five years. A crisis will precede creativity; chaos will create a possibility for radical social redesign; deconstruction will precede reconstruction.

Giving some thought to this, we are undergoing and have undergone a considerable amount of turmoil in our profession for at least the past decade and a half. Just look at the disparities of healthcare delivery today, especially to the poor. Consider the chaos and inconsistencies of the health insurance business, the litigation and out-of-control malpractice insurance costs in some specialties. How about Managed care? Has all this chaos, crisis and deconstruction set us up for creativity, radical social redesign and reconstruction?

If redesign occurs, then would it not stand to reason that perhaps we could or should be more oriented in fostering the total well-being of an individual and not just the treatment of the immediate problem? Not wait until they're sick to fix them. Let's treat the whole being—holistic medicine, I believe, is the closest analogy. Won't people be more content? We all know that there is an intimate relationship between happiness and health.

The other interesting development of 21st Century medicine is the advent of informational

bombardment, especially with the advent of the Internet. People have access to all sorts of healthcare information, including alternative medicine concepts. These include a wide array of "para" health entities such as yoga, meditation, Riki, vitamin usage, herbal medicine, and oriental medicine to mention a few. And people are looking more to these alternatives to feel better—and to extend their lives. In other words, they are able to make more informed decisions about their health care more than ever. We no longer have the market cornered on health care expertise.

Therefore, the business of medicine is becoming more competitive and I think in order for our profession to survive and succeed in 21st century medicine, we need to think about things like *potentiation* and open our minds about what exactly the future of medicine will look like. Perhaps we need to open our minds to other practices of medicine instead of looking at it in negative ways. Just because chiropractic medicine doesn't make sense to us or does not follow the scientific method, is it totally wrong? I believe our role is to provide the consumer with the best possible health care and provide the best management of a person's well-being by blending other disciplines so that one may realize optimum health—*potentiation*. So let's drive the car and have some fun!

Get More Mileage From Your Financial Plan With a Yearly “Tune-Up”

THIS IS THE TIME OF YEAR THAT PHYSICIANS MAY NEED TO “TUNE-UP” THEIR PERSONAL FINANCES. WHILE SOME CIRCUMSTANCES, such as a major change in your family or financial situation, might force you to re-evaluate your financial plan at a specific juncture, it is a good idea to get into the habit of reviewing your plan on a regular basis. An annual tune-up can ensure that the financial plan you implemented is continuing to meet your overall goals and objectives.

From an investment standpoint, 1999 will be regarded as the year investors woke up to the volatile realities of the stock market, as the technology sector soared while many other segments of the market were down. Many young investors with a high tolerance to risk had seen their portfolios grow, thus minimizing any thoughts of the inherent risk they were taking. Older investors, though thankful for the wealth the market had given them, particularly since 1991, were forced to re-evaluate conservative portfolios that were heavily weighted with value stocks and bonds. The stock market's volatility caused many investors to abandon long-term strategies and let their emotions make decisions for them. Portfolios were liquidated while the markets sank to new lows based primarily on interest rate increases and Y2K fears, and then were rebuilt as the markets hit new highs. This sell low, buy high strategy placed investors' long-term goals in jeopardy. When faced with market uncertainty and a potentially bumpy road ahead, it is critical to remember what your financial goals are and why you are investing in the first place. In most cases, the answer is long term—anything from college tuition to retirement to estate planning

strategies for the next generation.

One of the first steps in a financial plan tune-up should be a review of your current investment allocation. Without you realizing it, your portfolio may have become too heavily weighted in one or two asset classes. Review your ideal blend of stocks and bonds, and then determine what changes need to be made.

From a risk management standpoint, be sure to review your insurance policies—life, disability, home, auto, malpractice and umbrella coverage. Make sure you are adequately protected in the event of loss and that your premiums are competitive based on the coverage provided.

Finally, your estate plan should be reviewed if there have been any major changes in the way you would like your estate distributed upon your death. For the years 2000 and 2001, the exemption equivalent will be increased to \$675,000 versus last year's \$650,000. If your estate has increased in value, make sure you have the proper documents to pass the estate efficiently.

Once you have revisited your financial needs and have tuned up your plan, you will be better positioned to meet your goals. In this manner you can be sure to be proactive — not reactive.

Mr. Blau welcomes readers' questions. He can be reached at 800-883-8555 or e-mailed at blau@mediquis.com.

Joel M. Blau, CFP – President
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NEOUCOM News

WALTER HORTON, PH.D., ASSOCIATE PROFESSOR OF ANATOMY AT THE NORTHEASTERN OHIO UNIVERSITIES College of Medicine is currently working on the relevance of age and osteoarthritis.

Horton has discovered that a naturally occurring protein, Bcl-2, controls this degenerative process and blocks programmed cell death. He proposes that Bcl-2 just may be the "fountain of youth" for cartilage – the key that can help cartilage to continue functioning normally.

Through the use of mice models, Horton's preliminary research has indicated that increased numbers of chondrocytes are lost naturally as the animal ages. Further research showed that chondrocytes die when levels of Bcl-2 are decreased.

The funding from a recently-received, \$1.2 million, five-year grant from the National Institute of Arthritis, Musculoskeletal and Skin Disease (NIAMS), a branch of the National Institutes of Health, will help him to establish the relationship between aging, Bcl-2 levels and osteoarthritis.

"Simplistically, you might say that when a person is young and healthy, or the cartilage is, there is a lot of Bcl-2, and the chondrocytes are alive and making the normal amount of proteins," Horton explained. "As aging occurs, Bcl-2 levels may drop, the chondrocytes may begin to die, and at some point that tissue just can't function normally. If and when this happens, a person gets a disease on top of this normal aging."

Over the next five years, Horton will use a combination of cell culture studies and studies involving mice to determine what happens to the cartilage when Bcl-2 levels are increased and decreased. Later studies will determine what factors other than Bcl-2, such as nutrients, proteins or hor-



Dr. Walter Horton

mones, change with age and cause degeneration.

The final test will be to find out, using mice models, what happens when the animal does not make Bcl-2. "We predict the animals will show accelerated aging of the cartilage and a development of osteoarthritis much more quickly and earlier than animals that are making the protein," Horton said.

So what does this all mean for arthritis sufferers? It means that preventive measures and better treatments could be as few as five years away.

"Once we establish what happens to the chondrocytes and the cartilage, we can begin to try different drugs and treatments," Horton explained. "We also can test to see if we can slow or prevent the degenerative process. Very few therapies for osteoarthritis are directed at a specific protein or mechanism that might be causing the disease. Ideally, we would be able to target some therapeutic measure for this disease.

"This research project does not only look at an end-stage disease," he continued. "It looks at what happens along the way – getting the disease. It will help us look at prevention and early intervention, instead of surgically intervening and replacing the joint once it's affected."

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Notes From The Editor

Feedback, Letters, Photos

We still haven't received a whole lot of responses to our feedback requests. In fact, we haven't gotten any e-mails, letters, phone calls etc. regarding feedback about the *Bulletin* or anything else that you may want to address. So, once again, I encourage you to contribute information, thoughts, ideas etc.—on anything!

Cookbook

The **Cookbook Gala** is all set for May 13, 2000. You will receive invitations for the event. Please come and see the very first cookbook produced by the joint efforts of the Medical Alliance and the Society. It should be loads of fun! The highlight of the evenings soiree will be the "giveaway" of a diamond. Tickets for 100 Champagne glasses will be sold. Ninety-nine of the glasses will contain a cubic zirconium, one will contain a real live **one carat diamond worth \$5,000.00!** Wouldn't it be great to leave the gala with a bright shiny rock like that! The diamond is generously donated by Mr. Gary Lasko, owner of **Copploe's Jewelers**. All proceeds will benefit **Sojourner House, Youngstown Hearing and Speech, and Potential Development**. So, not only will it be fun, but it'll benefit some very worthy groups.

Cancer Screenings

The **Community Cancer Coalition**, comprised of the **Blood and Cancer Society, American Cancer Society, Forum Health, and Humility of Mary Health Partners**, is planning a community program to address the need for early detection of **colorectal cancer**. The program will take place in April and will include scheduled educational programs for the public on "healthy cooking" and "ways to reduce your risk of developing colorectal cancer." There will be a cost for the educational sessions to cover the participants' dinner expenses. Also, approximately 4500 "Hemoccult Sensa II kits" will be made available to the public. The sample would be brought to a designated location for processing. Patients, as well as their primary care physicians (when designated), will be notified of test results. Follow-up protocols are in place for any positive tests. For more information on the edu-

cational programs, a toll-free number is available: **1-888-ACS-OHIO**. The kits are obtainable by calling **740-LIFE**. News Channel 33 will be doing news features to promote the colorectal cancer awareness campaign.

The **Community Cancer Coalition** has a cancer screening program available every month for the rest of the year. These programs are made possible with the financial support of unrestricted educational grants from various pharmaceutical companies including Schering Oncology Biotech, TAP Pharmaceuticals, Astra Zeneca Pharmaceuticals, and Bristol-Myers Squibb Oncology. I'll keep you informed, so that you may disseminate that information to your patients if you'd like.

Miscellaneous

The finance article is about "tuning up" your financial strategies for the year 2000. It makes for interesting reading. Check out the *In the News* section about some of our colleagues' accomplishments. Again, 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*.

The **YWCA of Youngstown's Women Artists: A Celebration** art exhibit will open for viewing May 19-27, 2000. It will be held at the YWCA at 25 West Rayen Avenue, Youngstown. There will be a Patron Party on May 19th at 6:00 p.m. A Preview Party will immediately follow from 7-9 p.m. and it is open to the public. Admission for the Preview Party is \$7.50. I've never been to this, but I heard it's very entertaining! For more information call YWCA of Youngstown at 330-746-6361.

Finally, don't forget the **International Dinner** scheduled for March 31st at the Tippecanoe Country Club. It should be a wonderful event once again!

Ron Dwinnells, MD

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In Memoriam

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SALVATORE V. SQUICQUERO, MD

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Officers were: **G.G. Nelson**, president; **E.G. Wenaas**, president-elect; **G.E. DeCicco**, secretary; **L.H. Getty**, treasurer; and **F.S. Coombs**, editor of *Bulletin*.

AMA dues were just \$25.00 per year. The Mahoning County Medical Service Foundation was ready to function.

The new home for the Medical Society was the Elk's Club, 220 Boardman Street. The *Bulletin* featured "A Look Back" for the first time.

The Youngstown Hospital Association had the only approved residency in the state of Ohio, headed by **Paul Fuzy**. At that time there were only 11 approved residencies in the United States.



Rauple, treasurer, and **J.C. Melnick**, editor of the *Bulletin*.

Robert M. Foster, guest of honor at the December meeting, was presented the AMA's Humanitarian Service Award for his volunteer service in Vietnam in 1968.

A symposium on Rheumatoid Arthritis was given by physicians in private practice on the faculty of the State University of New York at Buffalo. The group was brought to town by **John C. Melnick**.

Twenty Years Ago Winter 1980

Officers were: **B.P. Brucoli**, president; **D.J. Dallis**, vice-president; **Y.T. Chiu**, immediate past president; **H.S. Wang**, secretary; **J.A. Ruiz**, treasurer; and **R.D. Murray**, editor of the *Bulletin*.

John C. Melnick arranged to have the MCMS minutes stored in the vault of the Mahoning National Bank for safekeeping.

The *Bulletin* was in its 50th year of publication. When bound, the 1980 edition was approximately half as thick as the 1960 bound volume.



Forty Years Ago Winter 1960

Officers were: **E.G. Schlecht**, president; **A.K. Phillips**, president-elect; **M.S. Neidus**, immediate past president, **C.E. Pichette**, secretary; **C.W. Stertzbach**, treasurer; and **J. Schreiber**, editor of the *Bulletin*.

The cost of an auto license plate was \$10.00. For an extra dollar, an MCMS member could get a special "physician" plate.



Thirty Years Ago Winter 1970

Officers were: **R.L. Jenkins, Jr.**, president; **J.F. Stotler**, president-elect; **J.W. Tandatnick**, immediate past president; **H. Holden**, secretary; **M.C.**



Ten Years Ago Winter 1990

Officers were: **J.A. Lambert**, president; **B.S. Gordon**, vice-president; **K.F. Wieneke**, immediate past president; **K.J. Carter**, secretary; **D. Chung**, treasurer; and **D.L. Bobovnyik**, editor of the *Bulletin*.

Managing editor **Eleanor Pershing** was responsible for giving the *Bulletin* a new look and a change in size.

Society photographers **Robert** and **Mary Jane Jenkins** continued to capture doctors and their wives in action at social functions.



Medical Museum Donations

Many thanks to **Bertram Katz** for his generous donation of a scrapbook containing numerous clippings from local and out-of-town newspapers, as well as a videotape showing the 1957 separation of Siamese Twins. The twins were the only pair to survive the separation of a vital organ (liver) up to that time.

Extensive construction is underway at the Medical Museum on Wick Avenue on the YSU Campus. Completion is scheduled for April or May of this year.

Items displayed at the museum will be clearly labeled with the donor name and description of the artifact.

Contact **John C. Melnick** at 798-4874 for more information.

John C. Melnick, MD



John C. Melnick, M.D.

OSHA Bloodborne Pathogens Update

WORKING WITH JOHN DUNNE, D.O., IT HAS BEEN MY HONOR AND PLEASURE TO PROVIDE THE ANNUAL OSHA Bloodborne Pathogens Standard update training to the members of the Mahoning County Medical Society for many years. These seminars, usually scheduled at midyear, are admittedly repetitious; the Bloodborne Pathogens Standard, in effect since March 6, 1992, has changed only in the sense of site-specific interpretation. The following information is provided to facilitate the amendment of your existing Exposure Control Plan, work practices and OSHA Form 200 documentation.

Reasoning behind the Update and Changes

Effective November 5, 1999, the federal Occupational Safety and Health Administration (OSHA) updated the Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens. The increasing number of needle stick and other "sharps" injuries, as previewed during our last seminar, precipitated this change. While the exact number of injuries sustained annually in the United States is unknown, current estimates vary between 590,000 and 800,000, 75 percent of which are caused by disposable syringes. A recent report indicates that nurses (RN's and LPN's) were injured more often than any other type of healthcare worker. Using syringes which incorporate resheathing or retracting designs, could prevent these injuries. Since publication of the standard, there has been a substantial increase in the number and assortment of effective engineering controls available to employers.

Changes to the Exposure Control Plan

Annual review and update of your Bloodborne Pathogens Exposure Control Plan has always been a part of the standard.

These changes normally reflect new or modified tasks and procedures, while addressing changes in staffing and responsibilities. This review ensures that the plan remains current with the latest information. *The exposure control plan must document consideration and implementation of appropriate commercially available and effective engineering controls, designed to eliminate or minimize exposure.* Engineering Controls: It is OSHA's view that preventing exposures requires a comprehensive program, including engineering controls (e.g., needleless devices, shielded needle devices, self-sheathing needles on syringes, and plastic capillary tubes) and proper work practices (e.g., no-hands procedures in handling contaminated sharps, eliminating hand-to-hand instrument passing). Furthermore, OSHA encourages employers to involve employees in the selection of effective engineering controls and newer devices.

The OSHA Citation Guidelines specifically state that a compliance officer should cite those failing to use engineering and work practice controls and should carefully evaluate specific exposure control measures. *Part of this evaluation should include whether other devices that are commercially available were reviewed or considered by the employer and whether there is evidence that other engineering controls would reduce exposures.* Such evidence might include studies of efficacy, pilot tests by the employer, or data in published studies.

Summary

Many of the above statements are quotes from the OSHA Citation Guidelines and are not merely suggestions; hence, take them seriously. In conclusion, you are now

continued on page 27

Professional Decisions.

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Folic Acid—What's the big deal?

NEW MOTHERS WANT TO DO EVERYTHING THEY CAN TO CARE FOR THEIR CHILD ONCE IT'S BORN, BUT MANY WOMEN ARE unaware that one of the most important things they can do for their baby needs to be done before the baby is conceived.

Taking folic acid three to four months before conception and throughout pregnancy substantially reduces the risk of having a pregnancy affected by neural tube defects. Neural tube defects (NTDs), including spina bifida and anencephaly, are common birth defects that affect between one and two out of 1,000 live births in the United States. About half this number is thought to be related to inadequate folic acid intake by the mother.

Since NTDs develop early in pregnancy (18-30 days after conception), often before a woman knows she is pregnant, it is essential that adequate intake of folic acid be maintained throughout the childbearing years. The U.S. Public Health Service recommends that all women of childbearing age consume 400 micrograms of folic acid each day. Folic acid, a B vitamin, is found in natural sources, such as leafy, dark green vegetables; legumes, such as dried beans and peas; citrus fruits and juices; and most berries. Certain breakfast cereals are fortified with folic acid, as are enriched breads and pastas. Although it is possible to get enough folic acid by planning your diet, experts caution that it is difficult to maintain the daily requirement without taking a multivitamin or folic acid pill. Folic acid is also found in nearly all prenatal vitamins.

Because taking folic acid can prevent birth defects, health care professionals and organizations such as the March of Dimes continue to increase awareness of its importance before and in the early weeks of pregnancy—a difficult task considering as many as 50 percent of pregnancies are unplanned. In addition, studies show that 50 to 60 percent of women have heard of folic acid, but only 15 percent know why to take it, and only 7 percent know when to take it. Unfortunately, if a woman doesn't start taking folic acid until she is pregnant, it may be too late.

The Tri-County Community Health Care Initiative/Maternal and Child Health Workgroup is taking a proactive stance to better educate healthcare professionals and the public about the benefits of folic acid. The Tri-County Community Health Care initiative is part of a nationwide joint effort by the United Auto Workers, General Motors and the International Union of Electrical Workers to work collaboratively toward an efficient healthcare delivery system for the residents of Mahoning, Trumbull and Columbiana counties.

Dr. Uchenna Nwosu and I serve as co-chairs of the Maternal and Child Health Workgroup which identified three initiatives: (1) raising the level of awareness of folic acid; (2) developing a tri-county database for prematurity, low birthweight, neonatal and perinatal mortality, and congenital birth defects; and (3) establishing protocols to identify and manage patients at risk for preterm labor and to evaluate and manage patients who present in preterm labor.

The Folic Acid workgroup has focused its attention on education of physicians, nurses and other healthcare professionals, the community and schools. Numerous programs including grand rounds, nursing seminars, displays at tri-county meetings, news releases and public service announcements have occurred or are scheduled. In the second quarter of 2000, in conjunction with the March of Dimes, a "Train the Trainer" program will target many area agencies and organizations with the goal of spreading the folic acid message throughout the three counties.

It's important to work together. If women are aware of the benefits of folic acid, and take a vitamin every day before becoming pregnant and during their pregnancy, we will have a better chance to accomplish our goal for healthier moms and babies.

*Elena M. Rossi, MD
Chair, Folic Acid Workgroup
Director of Neonatology
St. Elizabeth Health Center*

MCMS Installation Held

THE 2000 INSTALLATION OF OFFICERS TOOK PLACE JANUARY 25TH AT THE YOUNGSTOWN CLUB. A PRODUCT display was provided by Jake Carlson of Eisai Pharmaceuticals.

The members paused for a moment of silence in remembrance of the following members who passed away last year: Drs. David Beynon, Joseph Campolito, James Fulks, Louis Gasser, Richard Juvancic, Arthur Laird, Arthur Rappoport, Salvatore Squicquero, Robert Warnock, and John Werning.



Dr. Dan Handel &
Dr. Harold Chevlen

The business meeting was conducted by Dr. Thomas Detesco. On behalf of the Society, he acknowledged the following past presidents who were in attendance: Drs. Rashid Abdu, Jane Butterworth, Gabriel DeCicco, Robert Fisher, Daniel Handel, Robert Jenkins, Chander Kohli, John Melnick, and Hai-Shiuh Wang. The Society also recognized Dolly Handel, past president of the Alliance, who was in attendance.

Dr. Detesco acknowledged the dedication of outgoing members of council Drs. Chester Amedia and Kathie Nelson, who were unable to attend. He also thanked the following *Bulletin* contributors: Dr. John Melnick ("From the *Bulletin*"); editor Dr. Ronald Dwinneills; and Society photographers Dr. Robert and Mary Jane Jenkins.

Dr. Dan Handel presented the OSMA's *Fifty Years in Medicine* award to Dr. Harold Chevlen.



Dr. Tom Detesco &
Dr. Janardan Tallam

Dr. Handel conducted the installation, and afterwards Dr. Thomas Detesco presented the president's gavel to incoming president Dr. Janardan Tallam. Following his acceptance speech, Dr. Tallam presented Dr. Detesco with the president's plaque and pin. Dr. Detesco then summarized his year in office, and turned the meeting over to Dr. Tallam.

AMA Delegate Dr. Dan Handel presented OMPAC and Legislation reports. Dr. Norton German, chairperson of the Society's Foundation, announced that loans totaling \$12,000 had

been granted to four applicants. Three are NEOUCOM students, while one is a student at the University of Cincinnati Medical School. The Foundation has granted 106 loans since its creation in 1966.

Following announcements of several upcoming events, the meeting was adjourned.

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 Int: Ohio State Univ. Hospital, Columbus, OH
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 Anesthesiology
 602 Parmalee Ave.; Ph. 742-2100
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 Int: Western Reserve Care System, Youngstown, OH
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Christopher G. Economus, DO
 Family Practice
 3792 Starr Centre Drive; Ph. 533-2218
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 Int: St. Elizabeth Health Center, Youngstown, OH
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Jeffrey C. Halley, MD
 Cardiovascular Disease
 250 DeBartolo Place.; Ph. 758-7703
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 Int: Metro Health Medical Center, Cleveland, OH
 Redcy: Metro Health Medical Center, Cleveland, OH
 Fellow: Metro Health Medical Center, Cleveland, OH
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Bhagwat D. Patel, MD
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 Int: SSG Hospital, Baroda, India
 Redcy: DC General Hospital, Washington, DC
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 Padgitt, MD; Leonidas G. Vassilioras, MD



Mita Raheja, MD
 Cardiology
 1044 Belmont Avenue; Ph. 480-3074
 Med. Ed: Grant Memorial College, BOMBAY, India
 Int: J.J. Group Hospitals, BOMBAY, India
 Redcy: Cook County Hospital, Chicago, IL
 Fellow: Henry Ford Hospital, Detroit, MI
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Joel D. Siegal, MD
 Neurological Surgery
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 Int: Univ. of Minnesota, Minneapolis, MN
 Redcy: Univ. of Minnesota, Minneapolis, MN
 Sponsored By: Robert L. Gilliland, MD; Chander M.
 Kohli, MD; Roop K. Kollipara, MD

The Promise of CHIP: a Medical Home for Uninsured Children in Mahoning County

LACK OF HEALTH INSURANCE COVERAGE HAS A PARTICULARLY INSIDIOUS EFFECT ON THE HEALTH OF CHILDREN. MANY studies have shown that those families with uninsured children frequently delay or forgo preventive health care and seek acute care in hospital emergency departments. Families are also likely to delay child immunizations and see their children's primary care further fragmented when healthcare providers refer uninsured children to the local health department or other providers for immunizations.¹

Health insurance has an especially significant effect on adolescents' access and utilization of health care.² Adolescents can benefit from the guidance of a trusted health advisor to help them through a period when their bodies are changing and they may be tempted to take risks, such as having unprotected sex or using drugs, alcohol, or tobacco.

The District Board of Health and Children's Defense Fund of Ohio estimate that there are almost 5,500 uninsured children in Mahoning County.³ Up to 80% of our uninsured children in Mahoning County can be covered by Ohio's Children's Health Insurance Program known as CHIP.

Most of these 4,300 children eligible for CHIP coverage live in families where one or both parents work, but don't have employer coverage and can't afford to purchase coverage for their children. CHIP offers complete coverage for outpatient, emergency department, and inpatient medical services, and well as prescription drug and vision benefit, with no co-payment or deductible for qualifying families.

"Up to 80% of our uninsured children in Mahoning County can be covered by CHIP."

A major obstacle to enrolling children in CHIP is convincing working families that CHIP is not a program for welfare recipients. State and local officials have tried to accomplish this by marketing CHIP as a program for working families and by eliminating the requirement for a face-to-face interview with a Department of Human Services intake worker. Families may apply for CHIP and receive their children's health insurance card through the mail.

Lifting the welfare stigma from CHIP is a necessary but not sufficient step toward reaching all 4,300 eligible children in Mahoning County. Enlisting the support of physicians, employers, school officials, and others to help inform working families about CHIP has become a priority for the District Board of Health and other organizations involved in the Community Health Care Initiatives sponsored by General Motors and its labor unions.

Physicians in community practice are in an excellent position to link their pediatric patients' families with CHIP. If any of your patients are uninsured – or their insurance plans do not cover all services you provide – please invite them to call the CHIP hotline at 744-2117. You may also use this number to order CHIP brochures and ap-

continued on pg. 2

From The President: Redefining the "Local" Medical Society

DURING THE PAST TEN YEARS, WE HAVE SEEN UNPARALLELED PROSPERITY AND GROWTH IN MOST SECTORS OF OUR economy. Unfortunately, Healthcare has suffered during this same period of time. Physicians are, of course, feeling the brunt of this paradox in this unsurpassed economic boom.

Most sectors of business and commerce have taken on the regional, if not the worldwide, perspective of their role for the future. Why should physicians and their representative organizations not expand their horizons and view themselves more regionally?

Historically, physicians in organized medicine have clustered around county medical societies. I believe this 150-year-old system is inappropriate given the communication and information resources available to us. Also, it does not lend itself for adequate representation to political and business decision-makers who have already regionalized their scope of responsibilities.

Regionalizing a medical society in our part of the state would simply link together physicians practicing in contiguous counties. The most logical integration would take place between Trumbull, Mahoning and Columbiana counties.

Thomas N. Detesco, MD



Thomas N. Detesco MD

Linking these counties together into one stronger, larger society would allow for a variety of different and improved activities and services. The benefits would include the enhanced ability to actively communicate the message of physicians by a professional executive staff, which would become affordable with an expanded base of physicians.

Additionally, political impact would be much stronger and allow for an expanded role for physicians in the process of endorsing and helping to select candidates for various local and regional offices. The attempts that were made under my administration as President of the Mahoning County Medical Society to initiate a political action committee would probably have been more successful in a regional medical society. The political impact that we as a medical society would have within the Ohio State Medical Association would likewise be more effective as well. There would also be social and economic benefits to physicians with such a structured organization. Attempts to better reach out into the communities in which we reside would be a more effective endeavor through the larger enterprise that I envision.

The economic prosperity of physicians would likewise be more adequately represented. Currently, various physician organizations are all competing with one another and have different initiatives in different counties. In fact, if we were one group, we would then have one single goal, which would be realizing both the best interest of our membership, as well as the patients that we serve, and it would allow us to prioritize the issues for physicians.

None of this, of course, will evolve immediately. It will be incumbent upon every physician, who is a member of one of the

continued on pg. 27

Annual Meeting Held

“**D**IALOGUE WITH U.S. REPRESENTATIVE JAMES A. TRAFICANT, JR.” WAS THE TOPIC OF THE SOCIETY MEETING held December 28th at Mr. Anthony’s in Boardman. Dr. Thomas Detesco, president, welcomed Congressman Traficant as guest speaker, along with Clare Malusso (his director of Economic Development and Community Outreach) and Dr. Henry Yoo (his executive director of Health Care Issues). Other guests included Ben Reynolds, OSMA Northeastern Ohio Field Representative, and John Basista, a representative of Novartis Pharmaceuticals. Mr. Basista provided a product display and was available for questions from the membership.

Dr. Thomas Detesco presided over the business meeting. Dr. Denise Bobovnyik, chairperson of the nominations committee, gave the following report:

- President-Elect Ronald Yarab, M.D.
- Secretary/Treasurer Richard Marina, M.D.
- Delegates to the OSMA Denise Bobovnyik, M.D.
Chander Kohli, M.D.
- Alt. Delegate to the OSMA Thomas Albani, M.D.
- Council Members at Large Sudershan Garg, M.D.
Erdal Sarac, M.D.
- Foundation Trustees Prabhudas Lakhani, M.D.
Chatrchai Watanakunakorn, M.D.

The report was accepted and the slate of officers was elected by acclamation.

Dr. Chris Knight, parliamentarian, reviewed a proposed by-laws amendment which had been submitted to the membership by mail. The amendment proposed that the month of December be substituted for the month of November in Article VII, Section 1, Subsection C of the by-laws. The amendment was approved by the members present.

Continuing a 21-year tradition of honoring excellence in medicine and service to the community, the Society presented the 1999 *Distinguished Physician of the Year Award* to retired surgeon Dr. Rashid A. Abdu.



Dr. Robert L. Jenkins

Dr. Chris Knight, OSMA Sixth District Councilor, presented the association’s 50 *Years in Medicine* award to Dr. Robert L. Jenkins. Other 1999 recipients of this award are Dr. I. Harold Chevlen and Dr. A. William Geordan, who were unable to attend. Their awards will be presented at the January meeting.

The installation of officers will be held Tuesday, January 25, 2000 at the Youngstown Club. Notices will be sent to the membership.

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Dr. Abdu Honored with Distinguished Physician Award

The 1999 Distinguished Physician Award was presented to Dr. Rashid A. Abdu at the Society Annual Meeting. This award is presented to a member of the MCMS who has distinguished himself in the field of medicine, and also the community.



Dr. Rashid A. Abdu

Dr. Abdu was born in Aireem, Yemen. He received his bachelor's degree from Lafayette College (Easton, PA) and his medical degree from George Washington University in Washington, DC. He completed his internship and surgical residency at St. Elizabeth's Hospital here in Youngstown.

From 1971-74 Dr. Abdu served as chief of surgery at St. Elizabeth's Hospital. He almost single-handedly developed the Surgical Residency Program there into one of the best of its kind. He conceived of and developed the Breast Care Center at St. Elizabeth's in 1984. He helped organize and is a charter member of the national association of directors of surgical education programs. He was elected as a trustee of St. Elizabeth Health Center. Until his retirement in 1999, he served as director of surgical education at St. Elizabeth's—a position he held for 20 years.

Dr. Abdu is a diplomate of the American Board of Surgery and a member of the American College of Surgeons. He has served as professor of surgery on the faculty of NEOUCOM and is a past president of the MCMS.

Dr. Abdu is appreciated for his dedication to breast care and his devotion to his residents. He is responsible for the training of many of our excellent general surgeons practicing here and abroad. His influence is felt internationally in the work of the many surgeons he has been instrumental in training.

Recognition of his excellence in surgery, his expertise in the surgical training of so many of our surgeons, and of his vast contribution to our community is well-deserved. It is with great pleasure that the Society has chosen to honor Dr. Abdu with this award.

Dr. Abdu retired from private practice in 1994. The father of three adult children, he enjoys photography in his spare time.

Board of Health

continued from pg. 22

plications for display in your office.

Encourage your patients to call the hotline even if they believe they may not be eligible for the program. CHIP eligibility is continually expanding. For example, after July 1, 2000, a single working parent with one child who earns up to \$22,120 a year will be able to obtain insurance for his or her child through CHIP.

Lack of insurance is not the only issue affecting health care for children. Insurance coverage itself does not guarantee access or appropriate use of health care. Children whose families report that they do not have a usual source of health care, whether they are insured or uninsured, are less likely to see a physician than those who do have a usual source of care.⁴ Physicians in Mahoning County responded enthusiastically in 1997 to calls from the Medical Society and District Board of Health to participate in the Caring Program as providers for uninsured children. I urge these same physicians and others in our County to become CHIP providers and

assure that every child in Mahoning County has a medical home for his preventive and acute healthcare needs.

Call the CHIP Hotline at 1-800-324-8680 or e-mail CHIP Outreach at Birthworks@aol.com for information and applications

¹ Zimmerman RK, Medsger AR, Ricci EM, et al. Impact of free vaccine and insurance status on physician referral of children to public vaccine clinics. *JAMA*. 1997;278(12):998-1000.

² Keane CR, Lave JR, Ricci EM, LaVallee CP. The impact of a children's health insurance program by age. *Pediatrics* 1999;104:1051-1058.

³ Children's Defense Fund-Ohio. *New Faces, Working Families: Child Health Insurance Works for Ohio Families*. www.cdfohio.org.

⁴ Weinick RM, Weigers ME, Cohen JW. Children's health insurance, access to care, and health status: new findings. *Health Affairs*. 1998;17(2):127-136.

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'99 Round-up: President's Page

continued from pg. 23

three contiguous county medical societies, to fully realize the importance that regionalization would bring to them, as individuals, and to us, as an organization.

During the year that I was honored to be the President of the Mahoning County Medical Society, I endeavored to do some of the initiatives that were described. Some of these were met with modest success; some were, in fact, abandoned because of lack of support or conflict with the Ohio State Medical Association in Columbus. A strong regional medical society would be able to deal with some of these obstacles and represent the physician's agenda more directly to the communities in which we reside.

I thank you for the opportunity to serve as your President.

Sincerely, Thomas N. Detesco, M.D.

OSHA Update

continued from pg. 17

obligated to do the following: 1. Implement and/or document the feasibility of the use of commercially available alternatives to traditional syringes (e.g., self-sheathing needles, etc.) at your facility. 2. Update your Exposure Control Plan to reflect these changes in work practices and document any device studies. Survey forms for these studies should be used. 3. For record keeping purposes, exposures (e.g., needlestick, laceration, or splash) should be documented on the OSHA Form 200 as an "injury", since it is usually the result of an instantaneous event or exposure.

I look forward to seeing members of the Mahoning County Medical Society at our annual seminar in June 2000. Meanwhile, if there are any questions, you can contact our office at 330-782-2798.

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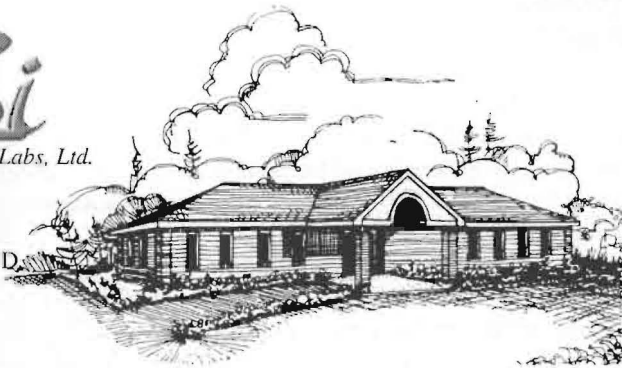
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In The News

■ **Michael Saalouke, M.D.**, Pediatric Cardiologist at Tod Children's Hospital has received the American Heart Association's Heart Light Gala award for cardiac services. The Heart Light Gala which took place at Packard Music Hall on February 12, 2000 was its fifth annual event. Dr. Saalouke was one of only two award recipients by the organization.

Dr. Saalouke is Director of Pediatric and Adolescent Cardiology and Vice Chairman of the Department of Pediatrics at Tod Children's Hospital.

■ **Keith H. Kuppler, M.D.**, Cardiologist, was awarded the Cardiac Services Award for his service to the American Heart Association.

Dr. Kuppler practices with The Heart Center and is chief of cardiology at Forum Health and is also on the staff at Salem Community Hospital.

■ **Chatrchai Watanakunakorn, M.D.**, Internist and Infectious Disease Specialist, was recently presented with the Dean's Award from NEOUCOM. The award is given to individuals who have played significant roles in the development and growth of the College's academic program and who have provided outstanding guidance and leadership.

Dr. Watanakunakorn is a hospital epidemiologist and director of infectious disease at St. Elizabeth Health Center.

■ **Ronald Yarab, Jr., M.D.**, Physical Medicine/Rehabilitation, was recently selected by the AMA to participate in the AMA/Glaxo Wellcome Emerging Leadership Development Program. He is one of only 50 physicians selected to participate in this program which will be held in Miami Beach, Florida. The program will offer tools to help physicians meet the challenges facing them in the legislative/regulatory, organized medicine and managed care arenas.

Dr. Yarab has a private practice located in Boardman, Ohio.

Hospital News

■ FORUM HEALTH

The Forum Health Board of Trustees named N. Kristopher Hoce as the interim president and chief executive officer of Forum Health. He has been the senior vice president of Forum Health Services. Hoce takes over the position vacated by Gary Kaatz in late February. Mr. Katz has accepted a position as the president and CEO of the Rockford Health System in Rockford, Illinois. A nationwide search is currently underway to find a permanent successor.

■ HUMILITY OF MARY HEALTH PARTNERS

A cancer center has opened at St. Elizabeth's Boardman Campus located at 8401 Market Street and McClurg Road. The facility currently offers radiation oncology care with state-of-the-art equipment for patients residing in the southern Mahoning County area. Support groups also meet at the new facility.

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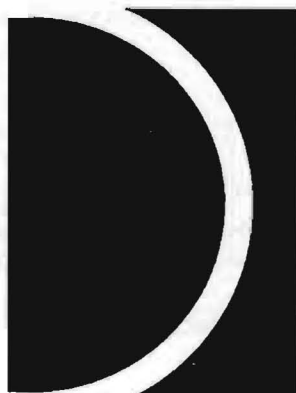
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