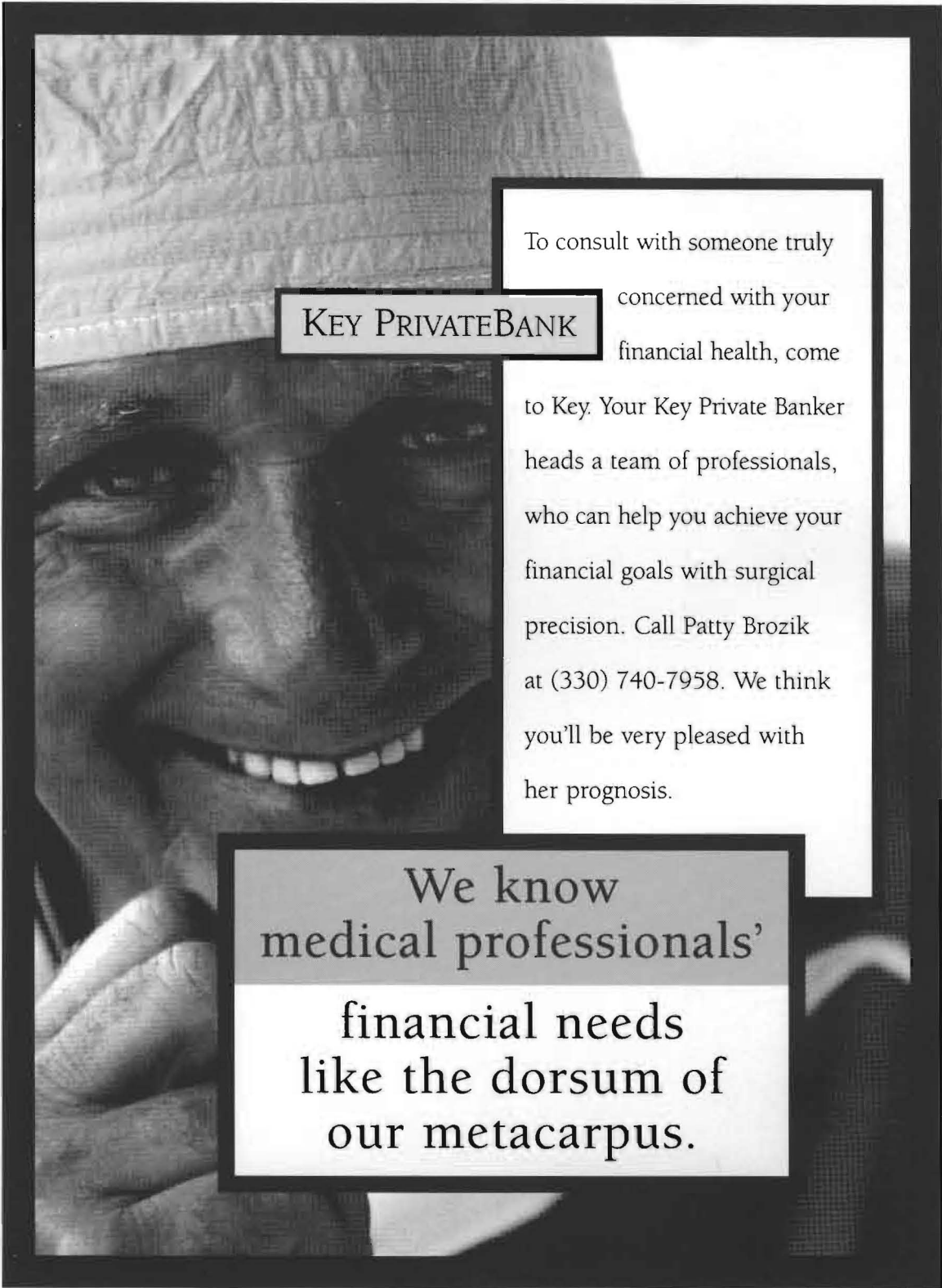


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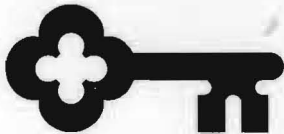




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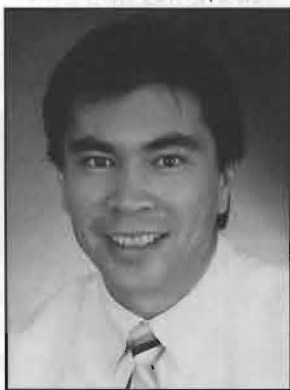
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Private Practice Anyone?

JUST ABOUT EVERY DAY IN MY "MAIL PILE," I RECEIVE LETTERS OR BROCHURES SEEMINGLY DESIGNED TO DISCOURAGE ME ABOUT MY chosen profession. The mailings warn that I need to subscribe to their magazines or newsletters to maximize my reimbursement rates. Some even make bold statements that I better send my billings personnel to an expensive seminar—failure to do so would inevitably result in poor compensation rates from third party payers. A few even guarantee a specific dollar amount increase simply by attending their conference. Even though common sense and basic business principals dictate that performance of a service would naturally result in some form of remuneration, it seems that this concept does not hold true in our profession. It scares the pants off of you!

In the olden days, I'm told, a doctor would often get farm produce like chickens or a side of beef in exchange for their expertise in helping people overcome their ailments. I can even remember once during residency, an Amish family paid their medical bills with beautifully hand-made furniture. But, these days, we're lucky if anyone even acknowledges our hard work and dedication. To the contrary, many times we are often penalized for utilizing our expertise to help people improve their health. To illustrate how ludicrous and out of hand this simple concept has gotten, and I'm sure we all have some bi-

Ronald Dwinnells, MD



R Dwinnells

zarre stories about our dealings with insurance companies, I'd like to convey an interesting discussion I recently had with a colleague.

Dr. Gwendolyn Hughes, specializing in internal medicine, recently stormed into my office, upset and waving a current issue of "Internal Medicine Coding Alert." Besides using multiple expletives to describe the contents, she belted out, this is why I'm reluctant to return to private practice!" After reading the issue and listening to her verbal tirade for over an hour, I pondered why anyone would even dare go into private practice these days. It certainly is not a physician-friendly environment that we currently occupy.

This particular issue of the newsletter discusses five tips for improving E/M reimbursement. The first "tip" talks about clarifying the difference between a preventive medicine service and an office "sick" visit. Interestingly, they define a patient's annual physical as a *screening examination designed to check the patient's health status to find out whether something is wrong and to make sure the patient is still healthy or still doing well with existing treatments*. Sounds like a pretty good idea right? Concepts we learned in medical school, perhaps? Maybe the idea is to diagnose disease processes early enough so as to reduce morbidity and mortality, thus lowering health care expenses to society. The "tip" proceeds to explain in some detail about preventive medicine. They even talk about what service codes to use (99381-99387 for new patients and 99391-99397 for established patients). Yet, ready for this? Most of you know this already, but the article goes on to say that *Medicare does not cover preventive medicine services at all!* They state that if patients have Medicare coverage, you should have them (the patients) sign and advance beneficiary notice (ABN) before the service is provided. But on the last page of the newsletter (Which I might add costs over \$200.00/year...oops, almost forgot to mention there's a special going on right now. You can get it for \$158.00/yr. What a bargain!), it states that, *It is not necessary to have patients sign an ABN for*

continued on page 8

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HAS THIS HAPPENED TO YOU YET? IN THE MIDDLE OF A TYPICALLY HECTIC DAY, YOU OPEN THE NEXT EXAM ROOM DOOR and encounter a "web-surfing" patient complete with self-diagnosis and treatment plan. Armed with Internet page printouts, she supports her conclusions with amazingly accurate information.

The important question at this point isn't whether she's right or wrong. More importantly: "How will you react?" Your reaction will determine the future of your relationship with that patient.

Knowledge Is Power

For thousands of years, the medicine man/woman - from tribal shaman to Nobel laureate - has enjoyed tremendous respect, awe and even reverence. In less enlightened times, laypersons regarded the doctor as a mystic. But scientific understanding has done away with most of the magic, and 20th century patients more likely respect you for your vast knowledge.

If "knowledge is power," then medical professionals have been among the most powerful people in human history. The greatest king, the fiercest dictator and the wealthiest tycoon eventually need medical care. Their only choice: Call the doctor. Only he or she has known what to do.

That sense of dependency prevailed even into our present Information Age. But seemingly overnight, millions of ordinary Joes (and Josephines) signed onto the World Wide Web and accessed more information daily than any human could possibly absorb. Now they even peruse medical literature that once interested only professionals.

Empowered Patients, Too

Along with all this accessible information, there's another important trend reshaping the doctor-patient relationship: consumerism. More patients than ever willingly question the qual-

ity of their doctors' advice and treatment plan through second and third opinions and their own research.

"Whether you feel threatened by the loss of your 'information monopoly' or delighted to see so many patients taking an active part in their health care," writes Robert L. Edsall, *Family Practice Management's* editor-in-chief, "...take this sort of consumerism as a challenge to be met."

The good news, according to Edsall, is that a motivated patient's untutored research can't replace you. But the bad news is that the patient won't likely recognize that point and might get into real trouble without your help.

You Have the Power

Who is better suited to "empower" the modern patient than you, a well-trained physician? It's up to you to demonstrate your understanding and support for your patients caught up in modern info-mania. Be willing to help them understand and interpret the medical literature in a way that maintains their dignity.

Nothing engenders trust like honesty. Recapture your patients' trust by openly admitting you don't know everything and by being willing to review the information they've harvested from other sources. After all, hardly anyone believes in the all-knowing medicine man anymore.

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

“Summertime Frolic”

Photo by Lana Van Auken

LANA VAN AUKER IS A RECREATIONAL THERAPY COORDINATOR IN THE GEROPSYCHIATRIC UNIT AT TRUMBULL Memorial Hospital (TMH). She has a bachelor of science in education degree from Kent State University and a master of science degree from Youngstown State University.

In her spare time, Lana enjoys photography as a hobby and has achieved much success with it. Over the years, she has received numerous ribbons and awards at various showings. For one of her photographs, she was recently honored with Kodak’s KINSA Award (Kodak International Newspaper Snapshot Award). The negative of that photo is part of Kodak’s traveling show. She has also received a first place award from the Warren Camera Club.



Lana Van Auken

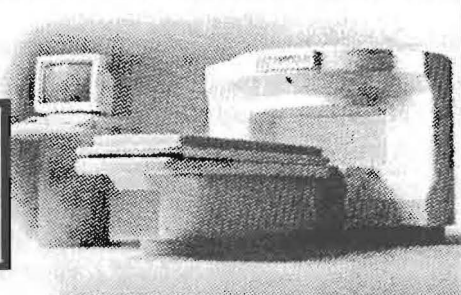
Lana held a showing at Trumbull Memorial Hospital featuring 75 of her framed photographs. Several of her works are currently on display at TMH and the TMH Outpatient Center.

Pictured in “Summertime Frolic” are Lana’s two grandchildren.

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Dr. Bobovnyik among those honored at Annual Class Day

THE NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE (NEOUCOM) HELD THEIR ANNUAL CLASS DAY MAY 19TH. At this event, various awards were presented to faculty and students, including the following which are of note within the Mahoning Valley.

Denise L. Bobovnyik, MD ('85) received the **Gender Equity Award**, She is Assistant Professor of Clinical Family Medicine at NEOUCOM.

Daniel Ricchiuti, MD ('00) received the **Meritorious Service Award**. Daniel is the son of Dr. & Mrs. Robert Ricchiuti of Poland. He will be completing his residency in urology at NEOUCOM Affiliated Hospitals in Akron.

Richelle Keleman, MD ('00) received

the **Excellence in Pediatrics Award**. Richelle is the daughter of Richard Kidd of Austintown and Sally Kidd of Youngstown. She will be completing her residency in pediatrics at Forum Health Tod Children's Hospital.

NEOUCOM reported that 53% of the NEOUCOM class of 2000 will remain in Ohio to complete their residencies. Of the 95 students, 48% will continue their training in a primary care field, while 35% selected a service or other specialty.

Sixty-two percent of the students "matched" with their first choice for residency training, while 69% matched with their second preference.

From the Desk of the Editor

continued from pg. 4

a non-covered service (a service or procedure for which Medicare never pays)!

The first "tip" continues to describe the issue about what happens when a patient presents for an annual physical and has an additional health problem requiring a significant separate workup. What do you do? Who do you call? Ghostbusters? No, you're supposed to use an office/outpatient E/M code with a -25 modifier. But it goes on to say that even though this is possible with this modifier, *a really significant illness* is required in order to bill and receive payment of this code and modifier. Okay, what does that mean? What is the definition of a "really significant illness?" Did we learn that in med school or residency?

In another portion of the newsletter it says, *that if the physician bills a separate E/M for a problem-oriented service on the same day as a preventive-medicine check, the reimbursement for that level of E/M must be subtracted from the office's normal charge for an annual physical, and the Medicare patient pays the difference. So...what's that? What*

does that mean?

I suppose my point in all this is, these days in order to get reimbursed for the service and expertise that we provide, we must first hire a top-notch billings person for a top-notch salary, then send them to several all-expenses-paid seminars. We also need to purchase seven-to-eight page newsletters that come once a month at \$200.00/year. Purchasing very expensive MIS systems to maintain adequate billing function is a must, not to mention maintain data for the inevitable audits that will come. By the time we're done spending money on mechanisms and personnel to collect the money that we've already earned, we're lucky to break even!

So who in their right minds would enter private practice these days? Who can afford to? Is the health care system making an attempt to get physicians to accept some sort of socialized medicine? I don't know, but one thing for sure, will certainly not enter into the world of private practice!

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

THE VAST MAJORITY OF PHYSICIANS ARE INVOLVED IN QUALIFIED RETIREMENT PLANS AS PARTICIPANTS OR EVEN AS trustees. Whether your purview is that of a participant enrolled in the plan or the plan trustee having fiduciary responsibility, it is important to be aware of the requirements associated with leaving the plan and rolling over the benefits to either another qualified retirement plan or an IRA.

The plan administrator (usually an accountant, third party administrator or actuary) must provide a written explanation to any participant who is going to receive a plan distribution. This notice must be given at least 30 days (7 days for certain plans) but not more than 90 days prior to the plan distribution. The IRS, through Notice 92-48, IRB 1992-45, 25, has issued sample language that would fulfill the requirement.

The key points that need to be covered in the written notification are:

- If the distribution will be rolled over to an IRA, the participant, if they were to qualify, would not be able to take advantage of the special tax treatment associated with 10-year averaging.
- If the funds are being withdrawn, as opposed to being rolled over or transferred to an IRA or qualified plan, you must disclose the potential tax penalties for distributions made prior to attainment of age 59 1/2.
- Certain pension and profit sharing plans are subject to "Joint and Survivor" rules which require a spousal signature and waiving of possible payments. The administrator needs to provide an explanation as well as the

necessary forms which would allow a different form of payment.

- One of the most important aspects to be covered is the Regular Rollover Rules. It is of utmost importance to explain that if the plan distribution is made directly to the participant, he or she has 60 days to roll the funds into an IRA in order to defer taxation. If this course is chosen, the entire distribution will be subject to a mandatory withholding of 20%.
- In order to avoid withholding, it is important for the plan administrator to notify the employee of the advantages of a direct rollover. With this payout election, the distribution is made directly to an IRA or other qualified plan. This option allows for tax deferral and avoids the withholding rule.

If you are an employer or an employee of a medical practice, hospital, or clinic, it is important to understand the options that you legally have available to you when terminating your enrollment in a qualified retirement plan.

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

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Joel M. Blau, CFP – President
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Kids 'n Cures

NO, YOU CAN'T GET A ROOT-BEER FLOAT FROM KIDS 'N CURES PHARMACY BECAUSE THEY DON'T OWN A SODA fountain. And no, you can't buy your special person a greeting card—they don't carry them. Your favorite brew, lipstick or even the latest gossip magazines? Nope, can't get them either. So what does this "no-nonsense" pharmacy have? Well, for starters, they do have a drive-up service, four counseling booths, state-of-the-art drug information, a compounding lab and even a play area for children. They can make medications, such as promethazine and ibuprofen, to administer transdermally or convert pill-form medications to a more "kid friendly" liquid version. Making medicines palatable for children is another unique feature that Kids 'n Cures can do that make this such an important health care delivery entity.

Kids 'n Cures, located at 1419 Boardman-Canfield Road, Boardman, is the visionary product first entertained about ten years ago by a trio of pharmacists: Frank Dundee, Dom Dundee, and Dave Noday. When they are not at the store, the three registered pharmacists, who have over 55 years of experience dealing with children's medication issues, work at Forum Health. The concept evolved over several years when they saw a need for pharmacies to become more involved as patient advocates by delivering more educational information. As Frank aptly puts it, "We wanted to bring pharmacy to a different level...from a commodity-based to information-based with the goal of improving patient medication compliance."

This unique concept begins as soon as you pull up to the front doors. There are two parking spaces reserved as a "drive-up" pharmacy. An intercom stationed at each space, somewhat reminiscent of an A&W drive-up restaurant, allows for communication between the parent/patient and the pharmacist. "Drive-up" customers, although remaining in their cars, are not shortchanged on service—a pharmacist personally delivers the medication, patient handouts and counseling right to the car, regardless of the weather!

Four counseling booths are central to the

layout of the pharmacy. At first glance, they seem to occupy quite a large amount of space—space that could be utilized for retail products. But the booths are inherent to the concept—educating the patients. Along with personal medication instructions from a pharmacist, the patient receives customized printed information relating the illness to the therapy. The pharmacists specialize in asthma medication management. Patients are trained to use metered dose inhalers on Vitalograph Aerosol Inhalation Monitors, as well as provided instruction on the use of spacer devices, peak-flow meters and nebulizers. Each patient is also given a personalized asthma action plan. Lactation specialists are also available for the breast-feeding mothers. In addition to these services, the trio are available after hours for patient questions and service.

Thus, Kids 'n Cures is a pharmacy uniquely organized in physical, business and mode-of-service delivery to provide a high level of pharmaceutical care to the patients that utilize it. For me it's nice to call a pharmacy and not get a series of automated voice instructions on how to leave prescriptions on the recorder only to have the patient complain to you several hours later because the pharmacist tell them that the medication has not yet been called-in. (They don't bother telling the patient that they haven't checked the voice mailbox yet). As a pediatrician I really like the idea of "palatable" medications for children, not to mention the availability of transdermal and the liquid state of pill-form medications.

Those physicians that haven't seen the new pharmacy, or would like more information about it, should contact one of the three pharmacists. I mentioned above at 629-9714. Better yet, check out their web site at www.kidsncures.com. It provides health care links to patients as well as practitioners and contains the latest in pediatric and maternal health news.

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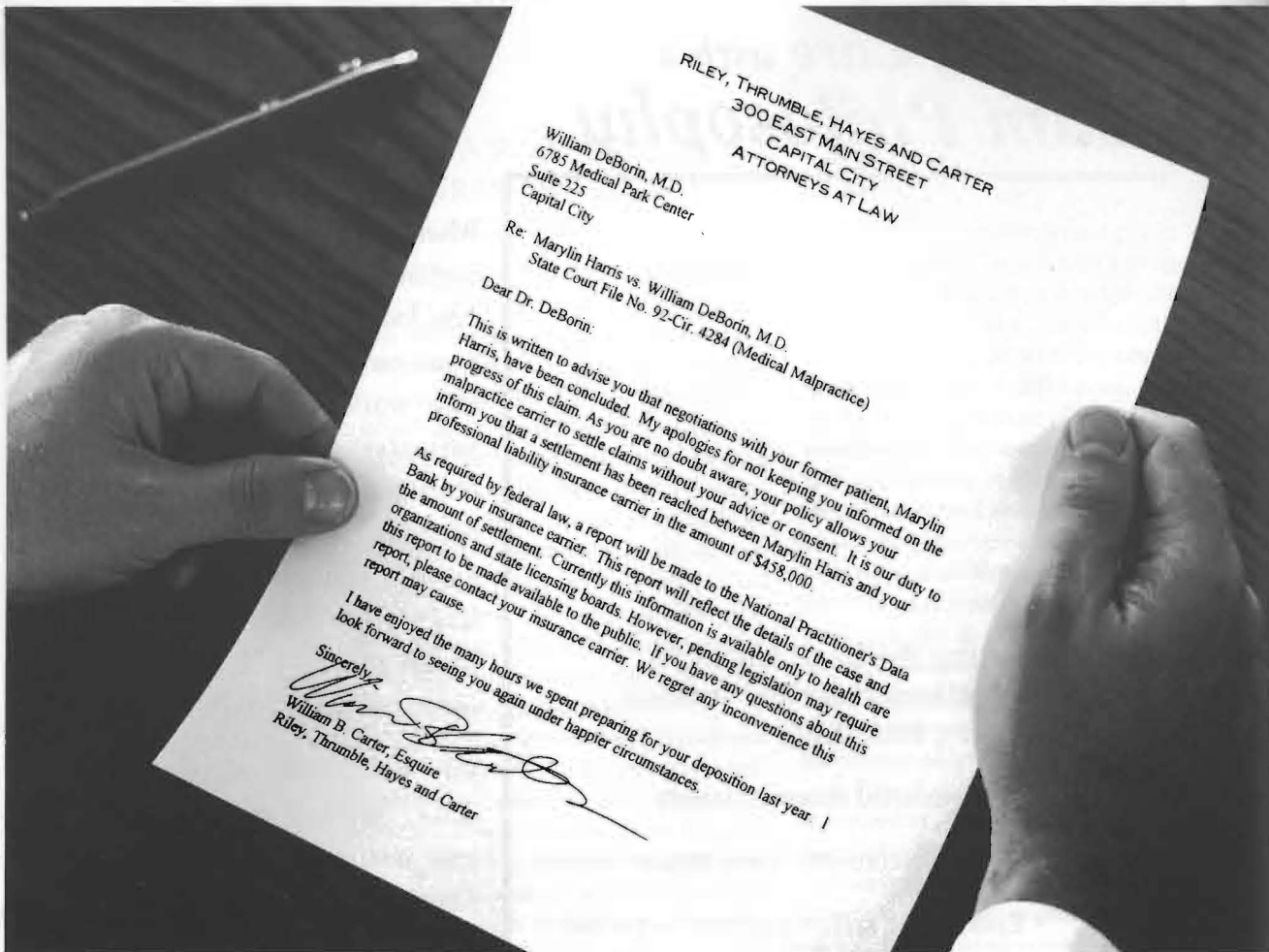
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Notes From The Editor

Feedback, Letters, Photos

As always, we continue to welcome feedback via letters, phone-calls, and e-mail. Photo submission will also be considered for bulletin covers. So, once again, I encourage you to contribute information, thoughts, ideas etc.—on anything!

Ron Yarab, next year's president, submits a witty article on the "finer" points of politics. 1999 was quite a political learning experience for Dr. Yarab as he discusses the wisdom bestowed upon us all by the two leading political parties. Anyway, check out his article entitled, *What I Learned about Democrats and Republicans in 1999*.

Cookbook

The **Cookbook Gala** held on May 13, 2000 was quite a success! Congratulations to our better halves—the Alliance, and to all the Medical Society members who contributed to and attended this important fund raiser. The proceeds will go to some very worthy causes—Potential Development, Sojourner House, and Youngstown Hearing and Speech. If you're interested in purchasing this outstanding hard-cover cookbook, *Prescriptions for Your Palate*, please contact either Donna Hayat at 757-3686 or me at the below contact numbers/e-mail. The price is \$10.00.

Miscellaneous

A new column entitled *Health Advocates for the Community* appears with this issue. The purpose is to present physicians with information

about important health-related resources available within our community—resources that we may not be completely familiar with or ones that have eluded our medical careers up to this point. Over the years, I find myself amazed at my ignorance of the many health-related entities that exist in this community. If you have any interesting, unique or "obscure" organization that you'd like to feature in future issues, please let me know. Also, in the next issue, I plan to add another regular feature entitled *Member Profile*. I plan to interview a member of the Society and present an article in an interview format.

This edition of the finance article is titled, *What to Know about Plan Distributions whether taking 'em or Making 'em*. Valuable information regarding retirement plans are discussed. Also, be sure to read the article, *The Professional Liability Situation-What's going on?* It is a timely article about malpractice insurance and the rising costs of this service as it relates to our medical practice.

Ron Dwinnells, MD

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Hospital News

■ SPECIALTY HOSPITAL OF MAHONING VALLEY

The not-for-profit hospital has expanded to include a High Observation Unit (HOU) which was dedicated on April 4, 2000 at a ribbon cutting ceremony.

The HOU is a twelve-bed unit that will treat system failure patients with multiple diagnoses. They may include ventilator dependent, dialysis, medically complex, post-surgical complications, head and spinal cord injuries and trauma patients. It provides patient-centered, outcome-focused, and interdisciplinary service.

The Specialty Hospital is a 45-bed long-term acute-care hospital located at the Oakhill Renaissance Place and has already cared for over 150 patients since its opening in June, 1999.

Health-O-Rama 2000

THE SOCIETY'S "ASK THE DOCTOR" BOOTH WAS AGAIN A POPULAR ATTRACTION AT THE 2000 HEALTH-O-RAMA HELD IN MARCH.

The following physicians took time from their busy schedules to staff the booth and answer the public's questions:

James Anderson
William Bartels
Fred Chen
Charles DeMario
Kirk DeMartino
James Ervin
Gregory Facemyer
Robert Fisher

Fred Friedrich
Robert Jenkins
Chi Ko
Roop Kollipara
Prabhudas Lakhani
Anthony Lattanzio
Jeff Resch
Preeti Saxena

The Society thanks all our physician volunteers who made our participation in Health-O-Rama possible. Special thanks to Dr. Fred Friedrich who donated many extra hours to get our booth up and running this year.



L to R: Dr. James Anderson, Dr. Fred Friedrich



L to R: Dr. Chi Ko, Dr. Kirk DeMartino

In Memoriam

MARTIN E. CONTI, MD

April 21, 1908 — May 18, 2000

NARENDRA K. BADJATIA

November 10, 1941 — June 1, 2000

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

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

— Kids'n Cures, where the pharmacy is not an afterthought. —

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A Look Back...

Fifty Years Ago Spring 1950

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*. Dr. DeCicco is the only surviving officer of 1950.

Highlights of the *Bulletin* included an excellent article on the Visiting Nurses Association of Youngstown by E.R. McNeal and an outstanding article by H.E. Patrick on the history of the emeritus staff of the Youngstown Hospital Association.

Forty Years Ago Spring 1960

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

John F. Stottler was appointed the first Youngstown doctor on the Board of Health by Mayor Frank X. Kryzan.

Raymond N. Catoline was appointed city physician by the incoming mayor Frank R. Franko.

Cost for the annual banquet at the Tippecanoe Country Club was \$15.00 per couple.

R.W. Rummell created a "sensation" when he announced two women interns accepted for July.

Family coverage was \$103.20 for Blue Cross plus \$29.40 for Blue Shield, with a \$50.00 deductible. (Those were the days!)



Thirty Years Ago Spring 1970

Officers were: R.L. Jenkins, Jr., president; J.F. Stotler, president-elect; J.W. Tandatnick, immediate past president; H. Holden, secretary; M.C. Raupple, treasurer, and J.C. Melnick, editor of the *Bulletin*.

A symposium on Rheumatoid Arthritis was held at the Voyager Motor Inn. Attendance totalled 117 physicians and 56 members of the auxiliaries. Speakers were four professors from the University of Buffalo, New York.

Mill Creek Park was the subject of the editorial by John Melnick.

MCMS endorsed an anti-smoking campaign. Kurt Wegner reported that 32,329 children out of 40,000 (81%) were immunized for rubella.

A.J. Fisher died in Albuquerque. He was our first specialist in anesthesiology.

The MCMS held its last meeting at the Mural Room, which was scheduled for demolition, due to the expansion of the *Vindicator*.

Twenty Years Ago Spring 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*.

Gerald Klebanoff was named chairman of the committee on operating room environment of the American College of Surgeons.

The *Bulletin* was in its 50th continuous year of publication. "Vol. L" was printed on the front cover.



Ten Years Ago Spring 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*.

An International Bridal Fashion Show was sponsored at the Youngstown Club by the Women's Auxiliary. The event raised \$1300.00 for the Battere Persons Crisis Center.

President J.A. Lambert wrote an outstanding summary of the OSMA's Annual Meeting.

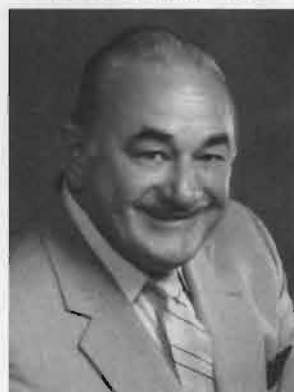
Health Commissioner Matthew A. Stefanak wrote a most interesting article entitled "A new look at lead poisoning".

Medical Museum Donations

Many thanks to Dr. Robert Jenkins for an abundant amount of books, a microscope, several bound volumes of the *Bulletin*, and a large amount of medical equipment.

Dr. Louis Bloomberg donated more of his medical equipment, including a portable slip lamp.

John C. Melnick, MD



John C. Melnick, M.D.

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The Professional Liability Situation— What's going on?

AT A TIME WHEN PHYSICIANS LEAST NEED IT, THE PROFESSIONAL LIABILITY MARKET IS EXPERIENCING WHAT IS KNOWN as "market hardening."

Despite attempts to put their best foot forward, companies are looking at hard-to-digest facts. Consider recent A.M. Best reports that the malpractice estimated combined ratio (outgoing vs. incoming) was 124.5% for 1999 - the highest figure for any insurance line.

The professional line since 1994 shows a dismal projection trend:

1994	97.6
1995	99.7
1996	106.0
1997	107.9
1998	115.7
1999	124.5 (estimated)
2000	130.0 (estimated)

At levels such as these, carriers still doing business face some very tough decisions. As experts can best determine, the medical malpractice market is roughly 20% underpriced.

The debacle created by the liquidation of PIE will go on for years and insurers reviewing their pricing and underwriting mechanisms are overshadowed by the thought that this will not happen to them. Just across the border in Pennsylvania, the insolvency of the Pennsylvania Insurance Company (PIC) mirrored PIE so closely, one would have thought they read the same manual.

The condition is not limited to the "bed pan mutuals" as many of the doctor-owned companies are referred to.

CNA, after experiencing downward trends in profits and skyrocketing costs, has virtually left the Ohio market. Frontier Insurance Company, after repeatedly taking hits to its surplus, has been downgraded by A.M. Best. The story is repeating itself for other carriers.

Further exacerbating the problem, Jury Verdict Research reports that in 1998, the Median for medical malpractice jury awards jumped 46% from \$515,738 to \$755,530.

The negative news could completely fill the entire *Bulletin*, but simply knowing that these problems exist doesn't help you.

What can you do? Here are some suggestions:

- move up your planning cycle early.
- Call your agent - get him or her in your office to discuss the renewal loan.
- Find out what markets your agent is using and if those are favorable to your specialty.
- Be informed about what discount programs are available. Even the "humdrum" Risk Management Seminars may save valuable premium dollars.
- Look objectively at your own record and/or that of your group. If that record is less than stellar, find out how best to position yourself with your carriers.
- Find out what part you can play in a collective effort to affect the necessary tort reform so sorely needed.

Edward J. Hassay
Vice President
Insurance Buyers Service

OSMA Update

THE LAST YEAR HAS GONE BY QUICKLY. IT HAS BEEN A REWARDING YEAR FOR THE OSMA. THE MOST IMPRESSIVE PIECE OF work this year has been the prompt pay studies that have been shepherded by Mr. Todd Baker. The legislation is also being vigorously pushed through the Ohio State Legislature to address the problems that were identified by this study.

Council had the privilege of meeting Superior Court Justice Debra Cook and Judge Terry O'Donnell at our May meeting. Justice Cook is running to maintain her seat, whereas Judge O'Donnell is in this election for the first time. We, as physicians, should support these two candidates. They realize that their roles are to adjudicate and not legislate from the bench. I would urge you to both vote for and to financially support them.

The most interesting events at the annual meeting were the elections. We actually had a contested election for the president-elect of the OSMA. Dr. Walter Mattern from Cincinnati and Dr. Dan van Heeckeren from Cleveland were the candidates. I have had the privilege of working with both of these gentlemen on council over the last two years. Both are thoughtful and intelligent people, yet have different ideas and approaches to issues. Their campaigns were low-keyed and conducted with the utmost respect for each other. I think our government of-

Chris A. Knight, MD
Sixth District Councilor



A handwritten signature in black ink that reads "Chris A. Knight". The signature is written in a cursive, flowing style.

ficials could learn a lot from these individual. Dr. Mattern prevailed in the election. I look forward to continuing to work with him in his new position as president-elect. I am confident that he will lead us wisely.

The other election was for the Ninth District Councilor. The usual method by which councilors are elected is that their districts vote within the district of the councilor. This appointed councilor is then elected by the House of Delegates. Usually, this is by affirmation, there are no other candidates. However, in the Ninth District this did not happen. Two gentlemen, Dr. Larry Yodlowski and Dr. Wayne Wheeler each desired this position, and it could not be decided within their district. The vote went to the House of Delegates and Dr. Yodlowski was elected. I know Larry well from our service together on Task Force 2000 and also through his wife, Dr. Carol Sholtis, who is the retiring Ninth District Councilor. Larry will serve the OSMA well.

I believe it is best when elections are contested. It gives the House of Delegates a choice. The presidential election certainly gave two able, but markedly different, candidates. The vote for the Ninth District Councilor helped remind us of the role of the councilor. We, as councilors, must serve the best interest of the OSMA. Though we represent our districts, we must do what best promotes the interests of the OSMA, even if it may be in conflict with what might be best for our individual districts.

The election for treasurer/secretary for 2000 will be a crowded one. Dr. Charles Peters from Akron, Dr. Dan van Heeckeren, from Cleveland, and I are all running for this position. The treasurer/secretary position is an important position of leadership of the OSMA which oftentimes gets overlooked. It is not a position where one micro-manages the OSMA's finances, but rather oversees them. We have an excellent financial staff that helps us understand all the issues. In the last four years, the treasurer/secretary position has been ably filled by Dr. John Thomas.

continued on page 2

County Physicians Answer Call to Serve as Medical Homes for Caring Program Children

IN OCTOBER 1997, THE COUNCIL OF THE MAHONING COUNTY MEDICAL SOCIETY ENDORSED A DEMONSTRATION PROJECT between the District Board of Health of Mahoning County and the Ohio Caring Program for Children. The Program was designed to provide health insurance coverage to many of the more than 4,000 uninsured children in Mahoning County.

Primary care physicians in Mahoning County responded in significant numbers to our call to provide care for these children by becoming a Caring Program provider. The number of participating physicians increased from 22 to 95 over the course of the yearlong demonstration project. Earlier this year, the District Board of Health and Medical Society surveyed participating primary care physicians to learn about their experience with the Caring Program.

Forty-three physicians responded to the survey. Most (44%) learned of the Caring Program from the Medical Society. Other sources of information about the program were the Board of Health (16%), patients (12%), medical colleagues (19%), and other sources (21%).

Thirty-eight physicians (88%) signed Caring Program provider agreements because of their desire to help uninsured children get health care; 14% participated to expand their patient base; 14% participated to recover the cost of uncompensated care; 12% participated in response to Medical Society endorsement; 9% participated for other reasons, such as patient requests or to fulfill the mission of their organizations. These percentages do not add up to 100% due to multiple responses to this question.

Twenty-two (51%) of participating physicians recalled seeing children through the Caring Program. Nine (21%) could not recall seeing Caring Program children because they were unaware of their patients' insurance status. All of the participating physicians indicated that they were willing to continue seeing Caring Pro-

gram children after the demonstration project ended. Nineteen of 22 physicians (86%) who saw Caring Program children reported that they actually saw these children after the Caring Program ended.

These survey results suggest that the Caring Program was successful in helping uninsured families establish a relationship with a primary care physician that persisted after the demonstration project ended. The enthusiastic response of primary care physicians in our community to this project has favorable implications for the new Ohio Children's Health Insurance Program (CHIP), a program that has the potential to provide health insurance coverage to 80% of the 4,300 uninsured children in Mahoning County. *Finding a Medical Home for Uninsured Children*, a report on the Mahoning County Caring Program, can be viewed or downloaded from the District Board of Health website at www.mahoning-health.org/reports.

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

What I Learned about Democrats and Republicans in 1999

WELL, IT IS HARD TO BELIEVE THAT 1999 HAS COME AND GONE AND WE ARE NOW IN THE NEW MILLENNIUM.

1999 was a most interesting year. There were new highs and lows reached in our country as well as our county. I shook my head so much the last year it is a wonder that it is still attached to my shoulders!

As we all know, the profession of medicine requires lifelong learning and integration of the old and new into practicing the art of medicine. With the close of 1999, I will share what I have "learned" over the past year:

- 1) Sex isn't really sex if you're receiving and not giving
- 2) Lying to a federal grand jury is O.K., if you are just trying to cover up an illicit affair with a young staff member.
- 3) I'm still confused on the definition of "is".
- 4) Our president is the target of a vast right-wing conspiracy. The republicans put zip-pers in all his pants.
- 5) I don't want the job of cleaning sinks in the oval office.
- 6) If I knew that his platform included sex "that wasn't sex" at work, I would have voted for him.
- 7) I don't understand how NOW (National Organization of Women) can support this president in light of his total disregard for the rights of women all over the country.
- 8) It must take a heck of a lot to constitute a "pattern of behavior".
- 9) If the president had immediately admitted that he made a mistake by having sex with an intern, he would have been the envy of every man in America.
- 10) If I were president and pulled a "Monica", I wouldn't have to worry about impeachment, just assassination from the first lady. (I wonder if she would talk to the spirit of Eleanor Roosevelt before blowing my brains out...)

By the way, when did Buddhist monks be-

come a large block of minority voters in our country?

Not to be partisan —

- 11) Senate Republicans have a soft, squishy thing posteriorly that used to be a spine earlier in their evolution.
- 12) What about the real issues like fraud, embezzlement, and forgery, not to mention corruption? (Remember Whitewater was once on the laundry list of scandals.)
- 13) Nobody cares about honesty or integrity any more.
- 14) Public opinion polls govern our country.
- 15) There is no such thing as "reporting" the news.

There are many other things that I could have added to the list, but I think you get the idea. The bottom line is that this country has a total lack of morals and common sense that is unfortunately, getting worse by the day.

Obviously, the government can't govern themselves, so how can we expect them to govern a nation of over 250 million citizens. Drastic times call for drastic measures, so use your rights and VOTE!

One of the most interesting things I heard over the last year came from my neighbor and good friend George Lyda. We were sitting around at his farm discussing the Clinton fiasco when he asked him what he thought about democrats and republicans. He looked up at me with a sheepish smile and said, "Hell, it's easy to be a democrat; you actually have to do some work before you can be a republican."

Ronald M. Yarab, MD

Alliance Installs New Officers

THE ANNUAL INSTALLATION OF OFFICERS WAS HELD MAY 16TH AT FONDERLAC COUNTRY CLUB. NEW OFFICERS ARE AS FOLLOWS: Susan Yarab, president; Linda Awad, president-elect; Shelley Duffet, vice president; Felicia Tofil, treasurer, and Kathy Dwinnells, recording secretary/past president.

Mrs. Yarab announced plans for her term of office, which include a new members tea, a play group party for moms and grandmas, a charity doll-and-teddy-bear party, and a joint meeting with the Trumbull and Columbiana alliances. After recently attending a Stop Americas Violence Everywhere (SAVE) program sponsored by the AMA, Susan says she has come back inspired to promote anti-violence programs, especially in schools.

New President Susan Yarab

Born and raised in Youngstown, Susan Yarab is a graduate of Cardinal Mooney High School. She received bachelors degrees in exercise physiology and physical therapy from Medical Univeristy of South Carolina and a masters degree in orthopedic physical

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L to R: Seated, Sue Yarab, Linda Awad. Standing, Kathy Dwinnells, Shelley Duffet, and Felicia Tofil.

Renee Bitonte Receives "Gem of the Year" Honors

RENEE BITONTE WAS HONORED AS "GEM OF THE YEAR" OF THE MCMS ALLIANCE AT THE ANNUAL COMBINED DINNER Meeting of the Society and Alliance. The event was held at the Tippecanoe Country Club in Boardman. Selection for this award is based on outstanding service to the community and promotion of healthcare issues.

Renee is a past president of the Alliance and has served on various committees. For two years she chaired a Celebrity Auction which raised \$50,000 for Sojourner House shelter for battered women. She worked on the Alliance cookbook and an event to promote it.

She was president of the Kidney Foundation and started Pasta Mania (currently Pasta della Festa) fund-raising dinners for that Foundation.

Renee has served as treasurer for the Angels

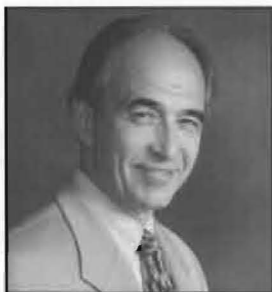
of Easter Seals. She has chaired the Town Hall Lecture Series for the Junior League of Youngstown; chaired the Symphony Auction; and co-chaired the Symphony Ball.

Renee has two children, Dominic and Gina.



Renee Bitonte

New Members



Michael S. Kavic, MD
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Int: St. Francis Hospital, Pittsburgh, PA
Redcy: St. Elizabeth Medical Center, Youngstown, OH
Sponsored By: Daniel W. Handel, MD; Chris A. Knight, MD
Janardan Tallam, MD

Alliance Installs New Officers

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therapy from the University of Indianapolis.

A past publicity chairman and treasurer of the Alliance, Susan has served on the auction committee for the Symphony Ball, and is a volunteer instructor for the Arthritis Foundation.

Susan is a physical therapist in private practice with her husband Dr. Ron Yarab. Their office is in Boardman. The Yarabs reside in Poland.

OSMA Update

continued from pg. 20

John's approach is always impressive. I could fill a notebook with "Thomasisms" over the last few years. John has announced that he will be running for President-elect at the House of Delegates in 2001. To date, no other candidates have been announced.

I look forward to the coming year and serving once again on Council. We are facing many issues and legislative battles that will be difficult. We are in good hands, though, with both the people on the OSMA Council and OSMA staff. I wish you all a good summer.

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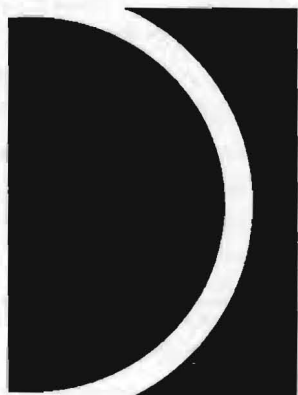
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