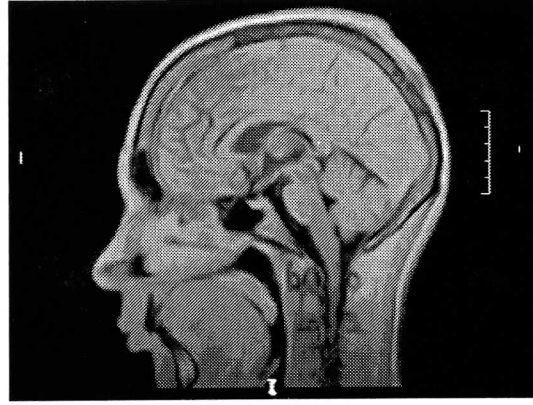
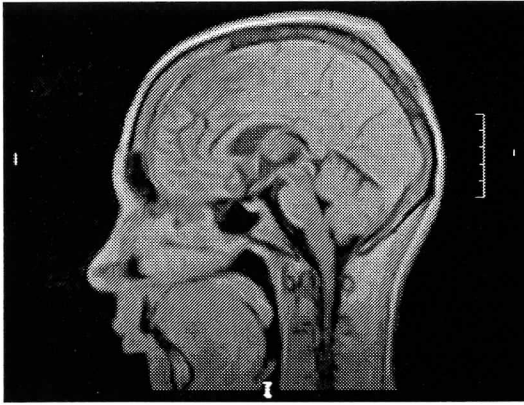


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BULLETIN

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The Bulletin is published six times a year by the
Mahoning County Medical Society, 5104 Market Street,
Youngstown, Ohio 44512. Phone (216) 788-4700. Fax (216) 788-0704

The opinions and conclusions expressed herein do not necessarily
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The Bulletin reserves the right to edit all contributions
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Subscription rate of \$20.00 per year is included in MCMS dues. Correspondence
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ELEANOR PERSHING

Health Care Reform: Third Party Payor Control

IN THE UNITED STATES, THE INSURANCE COMPANIES AND MEDICARE-MEDICAID HAVE, IN EFFECT, FORMED A REVERSE MONOPOLY. IF A monopoly, in the usual sense, is an economic scenario in which one concern controls all the product within an industry, then a

reverse monopoly would be a situation in which one concern controls all the customers in an industry. We are all aware of the fact that control of medicine by third party payors has escalated to the point that they are now able to dictate to patients, physicians and hospitals exactly where, how much and what kind of medical care will be distributed, and by whom. These payors have manipulated themselves into these positions of awesome power by gaining control of the peoples' funds used to pay medical bills, namely their premiums and taxes. These groups create incredible schemes to reduce their payouts and increase profits to unimaginable levels, all under the professed guise of "reducing health care costs" and "improving the quality of health care."

We now face a coalition of the insurance industry and government in the form of "managed care" being utilized to administer Medicare and Medicaid. We are now seeing such other abominations as "Capitation" and "Provider Financial Incentive Programs." These are all euphemisms for a system that controls Third

Party Payor expenditures, puts patients into the position of a liability on a balance sheet and bribes physicians into carrying out the process.

Through the efforts of these purveyors of supposed economical and quality health care, there has been a huge contraction of available services. Hospitals have closed, or closed beds; physicians have retired early or simply ceased to practice, due to disabilities they would formerly have carried on with; and specialists have been, and will continue to be, done away with. Savings to these Third Party Payors must be astronomical!

To give you an example, let's say that a urologist performs an average of 10 cystoscopies a week in his office (a procedure that was previously done on an outpatient basis at a hospital). Each time the procedure is performed in the office, it saves the payor around \$4,000 — which, for that one practitioner, amounts to \$1.9 million per year. Have premiums gone down as a result of these savings? Unfortunately not — in our office they have increased 20% in the last two years, while inflation for that period has been at 6%. The compensation package for the CEC of an HMO in the Phoenix area in 1994 was \$13.7 million, according to a recent article in *Medical Economics*. In addition, there are a growing number of medical atrocities that have occurred as a result of this "managed care" — examples of which we are all aware.

This is all going to continue. Employers will continue to arrange medical coverage for large numbers of people for the least amount they can, while still providing what they perceive to be (or have been told is) quality care. Insurance carriers will continue to contract services and increase premiums and profit immensely. Under the guise of such programs as "Centers of Excellence" there may eventually be only a few sites within each state where certain procedures are performed. Patients/consumers will continue to pay premiums, thinking their needs will be met if the time comes. But, of course, eventually not everyone's needs will be met because of the contraction of facilities, *continued on pg. 22*

David E. Pichette, M.D.



David E. Pichette M.D.

AMA Greatest Hits of 1995

Twenty More Reasons Why There's Value In Belonging To The AMA*

1. Gained House approval of Medicare reforms favorable to patients and physicians, including fee-for-service Medicare, medical savings accounts and physician-sponsored networks.
2. Moderated the depth of physician reimbursement cuts in the House leadership's Medicare bill, successfully arguing this is an access-to-care issue.
3. Achieved historic victory in House vote for professional liability reform, including a \$250,000 cap on non-economic damages.
4. Issued the AMA's First National Report Card on Violence and released nationally applauded physician guidelines on treatment of sexual assault.
5. Launched the AMA Alliance's "Stop America's Violence Everywhere" (SAVE) program, with 700 anti-violence community projects in 40 states.
6. Advocated clinical research as a means to improve quality of care, assure medical progress and promote public health, with Council on Science Affairs Clinical Research Summit planned for 1996.
7. Designed a pilot program to improve the quality of physician-provided outpatient clinical preventive services.
8. Set the national standard for adolescent health care with the AMA's Guidelines to Adolescent Prevention Services (GAPS).
9. Surveyed the health needs of minority Americans and measured the extent of disparities in minority health care.
10. Worked to relocate and continue the training of medical residents hit hard by hospital cutbacks in residency programs.
11. Distributed the AMA's Code of Medical Ethics and Current Opinions to every first-year medical student in America.
12. Launched the first AMA home page on the Internet's World Wide Web, featuring *JAMA* and news from *American Medical News*, with new Web pages coming in 1996.
13. Took center stage as America's top patient advocate against tobacco; urged FDA to regulate tobacco; mailed pamphlets and posters on the dangers of passive tobacco smoke to 195,000 physicians; enlisted 20,000 schools in a campaign to persuade the FDA to regulate nicotine products.
14. Published on CD-ROM the *AMA Family Medical Guide*.
15. Responded to 150,000 calls from AMA physician members seeking help.
16. Compelled the DEA, through the courts, to revisit its overzealous decision to triple the fee physicians must pay to obtain a controlled substances drug number.
17. Developed "AMA University" with Northwestern University's prestigious Kellogg School of Management to offer in 1996 a three-day mini-MBA for physicians organizing their own physician health care organizations.
18. Expanded Physicians Capital Source, bringing together entrepreneurial physicians with suppliers of capital to create physician-directed health care organizations within the world of managed care.
19. Generated national publicity over release of AMA physician guidelines for the detection of alcoholism among older patients, and will be awarding \$20 million in Robert Wood Johnson grants to 20 states and eight universities to curb drinking by young people.
20. Released, as part of a national education campaign, the AMA's advance directive handbook for the public and guidelines for physicians.

* Not listed in order of importance.

A Productive Year for the Society

IN RETROSPECT, SERVING THIS PAST YEAR AS PRESIDENT OF THE MAHONING COUNTY MEDICAL SOCIETY HAS BEEN A WONDERFUL experience. I wish to thank all of you who have given me support in my efforts to move the Society along with regard to

legislation issues, community relations, and in increasing our membership roles.

A special thanks to members of Council who have given of their time and lent their expertise to ensure that the Society continues to be a viable and meaningful organization. As you may recall, two new committees were formed this year dealing with community relations and new membership. The community relations committee was instrumental in helping to bring about the highly successful Town Hall Forum on Managed Care held at Youngstown State University on November 16th. This event was attended by an overflow crowd and came about through the collaborative efforts of our Society, YSU, and the Lake to River Coalition. The Society has also committed itself to the success of the Valley Health 2000 project. This project, which is sponsored by the Mahoning County and Youngstown Health Departments, will study and review the demographics of our community and analyze risk factors which contribute adversely to the health and welfare of

"For organized medicine to survive, it will be necessary for us to support the Federation."

Daniel W. Handel, M.D.
President



Daniel W. Handel, M.D.

our citizens. The group charged with collating and analyzing the data is comprised of 25 citizens selected by members of the Leadership Youngstown. The community health committee of Valley Health 2000 will have help from a steering committee composed of leaders from Public Health, the local hospitals, the Lake to River Coalition, and our Medical Society.

The Medical Society continued its commitment to the community by supporting and participating in Health-o-Rama "Health Matters Live Line", and the healthcare-related activities of the Canfield Fair. The Society continues to deal with the issue of the medically underserved within our community. Dr. Chander Kohli, our President-Elect, chairs a subcommittee that deals with this area of concern.

The Council is to be commended for its efforts in contacting non-member physicians in our community and encouraging their membership. While the results have not been overwhelming, I believe the seeds have been sown that will bring about a significant increase in our membership. This year 19 physicians joined our Society but, unfortunately, this was offset by a number of retirements, relocations, and untimely deaths. The membership committee is charged with continuing the process of seeking and recruiting new members, but can only succeed if our Society demonstrates to these physicians that there is value in becoming a member.

Legislation activities will continue to be a priority of this organization. Tort reform heads the list of the legislative agenda for the Ohio House of Representatives in January. I strongly encourage our membership to contact our state representative to ask their support for meaningful tort reform. The Nurse Practitioner Act, and Managed Care Fairness issues, including Any Willing Provider, remain important concerns for organized medicine in Ohio, and we can expect some legislative activities with these issues later in 1996.

I would ask our members to become truly active within our Society. Those of you who desire to participate in Societal activities, please
continued on pg. 20

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Retirement Plans

Easy Money: Contribute Now to Your Pension or Profit Sharing Plan

WHETHER TO A CORPORATE, KEOGH 401(k) OR ANNUITY PROGRAM, THE MATHEMATICS OF CONTRIBUTING TO A RETIREMENT plan right away are dramatically in your favor.

Almost all our readers continue to maintain IRS-qualified

retirement plans despite the gradual erosion of their favorable tax treatment. We totally agree with this strategy unless the mathematics of your staff-to-doctor mix is so unusual that contributing actually works against you, which is uncommon. Even the harsh penalty taxes against early withdrawal and excess distributions don't change that advice.

Sure Investment Tip

If you're going into this new year with retirement plan contributions in your budget, then here's one of the surest investment tips you can find: Go ahead and make the *entire* projected 1996 contribution — for you and your staff — right away. Since tax-free compounding of a plan's earnings is the major advantage of pension and profit sharing plans, don't undercut it by delaying until late in the year, or even (as tax law allows) until after the year ends.

Perhaps your practice lacks the cash to afford what may be a very substantial contribution right away. If so, consider borrowing the needed amount from your bank — or from your partners personally. Then pay back the loan in monthly installments as you might otherwise contribute to the plan. Your practice can deduct the interest payments for tax purposes, while the income earned in your plan immediately begins accumulating *tax-free* (until ultimate withdrawal).

Dramatic Compounding Advantage

There's a dramatic compounding advantage to taking this approach. Investing just \$10,000 per year on the first day of each year at a mere 8% return produces \$58,500 more in 25 years than if you invested it on the last day each year.

If your practice contributes the usual maximum \$30,000 annual amount for you, the difference at a 10% return becomes \$493,500 in 30 years!

By the way, if you took advantage of front-end contribution last year, your fund would have enjoyed the tremendous 1995 market run-up. The \$30,000 in your account might already be nearly \$42,000! If you waited until now to contribute, you have only \$30,000 to start working for you.

Everybody Gains

Don't disregard this compounding advantage because you're closer to retirement, perhaps in your early 50s. You don't have to start drawing down on your plan until age 70½, and even then the fund may continue in existence for many years. Heavier front-end funding leads to six-digit advantages on the receiving end.

Even if older physicians think they won't benefit much by the extra compounding, younger physician-partners and office staff will come out way ahead. There's nothing lost and everything to gain by contributing right away.

Be sure to contribute for your employees at the same time as you contribute for your own account. The IRS can disqualify your plan as discriminatory (operated for the benefit of the higher paid owners to the detriment of the lower paid participants) if you fund your account now and wait until year-end for them.

If unsure how much each person's final contribution will be, review with your accountant and contribute the expected total to a "suspense account" within the plan. It earns income right away. Then, with the income earned, it is allocated at year-end when the final numbers become known.

Too many accountants ignore the financial advantage and counsel plan funding late in or after the fiscal year. It's easier for them to calculate contributions just once at year-end, but it's bad advice.

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.

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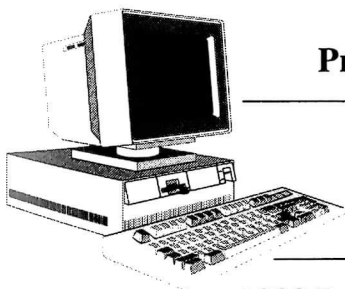
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Tod Pediatrician Cares for Children in Syria

CARING FOR CHILDREN IS A NORMAL PART OF EVERY PEDIATRICIAN'S DAY, AND MICHAEL SAALOUKE, M.D., IS NO DIFFERENT. What may make him an exception, however, is his annual summer trip to Syria, to care for underprivileged children.

Saalouke, director of the Department of Pediatrics and Adolescent Cardiology at Western Reserve Care System, Youngstown, and NEOUCOM associate professor of pediatrics, has been "vacationing" in Syria for two weeks every year for the past five years, as part of a program through Tod Children's Hospital and Rainbow Babies and Childrens Hospital, Cleveland, where Saalouke serves as an assistant professor of pediatric cardiology.



Michael Saalouke, M.D.

According to Saalouke, his trips to Syria are patterned after a program implemented by Rainbow Babies and Childrens Hospital. "Rainbow's program aids underprivileged children in Armenia. Children needing sophisticated surgery may be brought back here to have the procedures done. So I apply that when I go on my vacation, only I go to Damascus, Syria, and see needy children there."

While in Syria, Saalouke sees approximately 20 to 30 children per day at Damascus University Childrens Hospital, and performs heart catheterizations and such procedures as balloon valvuloplasty, he says.

Saalouke explains that the hospital is contacted prior to his departure from Youngstown. "I contact them to give them the dates I will be there. They, in turn, collect the children and give them an appointment to coincide with the dates I will be there. From these patients, I determine which procedures can be done over there and which children need more sophisticated surgery. I then return with the data on that patient and present the information at the cath conference at Rainbow, and get the OK to bring patients over here," Saalouke explains.

Once permission is granted, Saalouke sends

letters to the American Embassy in Damascus, asking to allow these children and their parents to come to the United States.

So how do needy families bear the financial burden of coming to the United States? Simply put, they don't. "The children who come over here are needy children; maybe they're orphans, or the families are very poor. Everything is free — the children and their families don't pay a thing. We even sometimes donate airfare, and once they arrive, they aren't charged for anything," Saalouke says. Saalouke, as well as the surgeons in Cleveland, volunteer their time. "We don't make any money from this, and all of the procedures I perform in Syria are free also."

Saalouke, however, is a modest man and refuses to credit himself alone. "This is a Tod Children's Hospital project, not a Mike Saalouke project. It may be something I do on my own vacation time, but while I am in Syria, I am representing Tod Children's Hospital as their chief of cardiology, and I'm representing NEOUCOM and Rainbow as one of their faculty members. I like to make it an international-reach type of project on behalf of all of these institutions.

"I think Tod Children's Hospital can take a lot of the credit. The administration was very supportive of me when I decided to participate in the project," Saalouke says.

In addition to performing the usual procedures, Saalouke also presented a paper called "Transcatheter Closure of Congenital Defects" at the First Annual Conference of the Syrian Cardiovascular Association, while in Syria this past summer.

Saalouke says he truly enjoys his yearly trips. "You really don't know how lucky we are in this country until you go there and see the miseries some of these children go through. It's extremely rewarding to be able to help these children. It's something that I feel very good about doing."

Saalouke is a Diplomate, American Board of Pediatrics and the Subspecialty Board of Pediatric Cardiology.

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MCMS Meeting Held

THE MAHONING COUNTY MEDICAL SOCIETY WELCOMED DR. JOHN F. KRONER, JR. AS THE GUEST SPEAKER FOR THE SOCIETY'S November 21, 1995 meeting. He gave an update on current legislation and stressed the importance of continuing communi-

cation with legislators. He also encouraged members to remain active in the federation of medicine.

Dr. Kroner, a board-certified obstetrician/gynecologist in private practice in Athens, Ohio, is president-elect of the Ohio State Medical Association. A Youngstown native, Dr. Kroner served his internship and residency at St. Elizabeth Health Center. Former colleagues were pleased at the opportunity to renew

their acquaintance with him after the meeting.

The Society welcomed new members Drs. Kathleen Padgitt, Susan Woods and Brian Cestone. Guests included Atty. Brent Mulgrew, executive director of the OSMA; Atty. Christine Bostick, representing the OSMA; Dr. Susan Osova, associate of Dr. Lloyd Slusher; and Tom Flynn, director of the Lake to River Health Care Coalition.

Prior to the dinner meeting, John Basista and Denise Keenan presented a Ciba Pharmaceuti-

cal product display.

Dr. Chester Amedia, chairperson of the nominations committee, reviewed the nominating ballot for 1996. It was stated that the membership would receive, by mail, a copy of the proposed slate of candidates, which was scheduled to be presented at the December meeting.

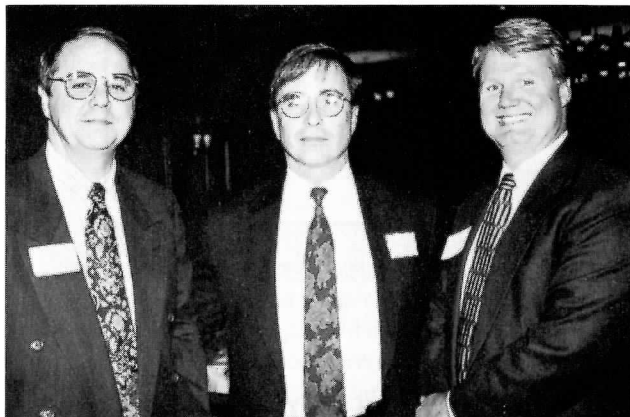
President Handel announced that the 1995 Distinguished Physician Award would be presented posthumously to Dr. A. Reed Hoffmaster.

SLATE OF CANDIDATES FOR 1996

- President-Elect Chris Knight
- Secretary/Treasurer . . Norton German
(one to elect) Douglas Goldsmith
- Delegate Denise Bobovnyik
(two to elect) Chander Kohli
- Alternate Delegate . . . Chester Amedia
(three to elect) Richard Marina
Lyn Yakubov
- Council
- Member-at-Large . . . Ronald Rhodes
(two to elect) Janardan Tallam
- Foundation Trustee . . Rashid Abdu
(two to elect) Conner White



Dr. John F. Kroner, Jr.

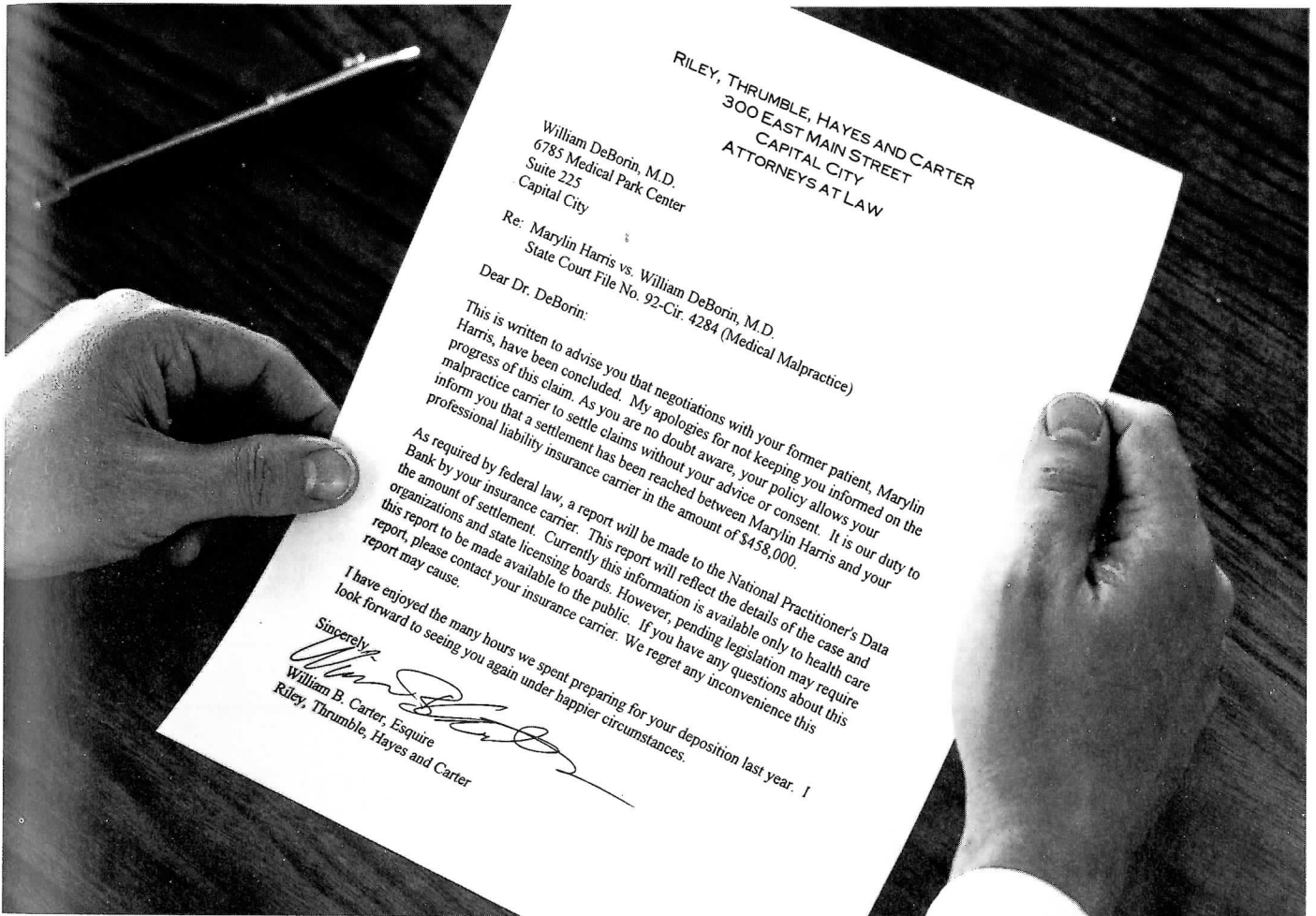


▲ (L to R) Drs. Dan Handel, Chris Knight and Atty. Brent Mulgrew.



▲ (L to R) Dr. H.K. Hanna, Atty. Chris Bostick, Dolly Handel and Helen Cheulen.

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This is your opportunity to openly discuss the future of your professional association and provide direction to its leaders.

As the leadership of the OSMA attempts to find ways to make your association more meaningful to you and your practice — especially in Ohio's rapidly changing health-care environment — it has become more important than ever for you to voice your thoughts, opinions and concerns about the OSMA.

The program will be preceded by hors d'oeuvres and beverages.

Confirm your reservation by calling the OSMA Department of Membership Services at 1-800-766-6762.

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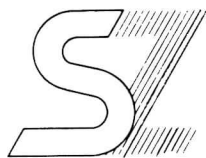


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Office: 1053 Belmont Avenue
Phone: 744-0301
MED. ED: College of Osteopathic Medicine, Des Moines, IA
INT: Grand Rapids Osteopathic Hospital, Grand Rapids, MI
REDCY: Martin Army Community Hospital, Ft. Benning, GA
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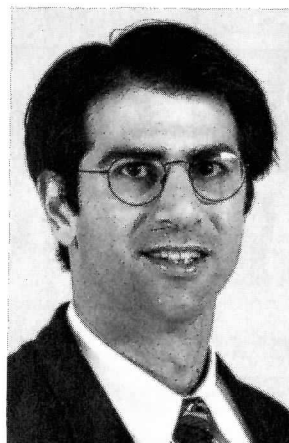
Nathaniel S. Doe, MD

Nephrology
Office: 1340 Belmont Avenue, #100
Phone: 746-1488
MED. ED: A.M. Dogliotti College of Medicine, Monrovia, Liberia
INT: Howard University Hospital, Washington, DC
REDCY: Western Reserve Care System, Youngstown, OH
FELLOW: Ohio State University Hospital, Columbus, OH
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Edmund O. Fiksinski, MD

Cardiovascular Diseases
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Phone: 758-7703
MED. ED: Pomeranian Medical School, Szczecin, Poland
REDCY: University Hospital Medical School, Szczecin, Poland
INT: VA Medical School, Boston, MA
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FELLOW: New England Deaconess Hospital & Lahey Clinic Medical Center, Boston, MA
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Stephen A. Mendelson, MD

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FELLOW: University of Washington School of Medicine, Seattle, WA
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Kathleen S. Padgitt, MD

Nephrology
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MED. ED: Northeastern Ohio Universities College of Medicine, Rootstown, OH
INT: Western Reserve Care System, Youngstown, OH
REDCY: Western Reserve Care System, Youngstown, OH
FELLOW: Allegheny General Hospital, Pittsburgh, PA
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Erdal Sarac, MD
 Nephrology
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 Phone: 759-0059
 MED. ED: Istanbul University, Istanbul, Turkey
 INT: Mercy Hospital, Chicago, IL
 REDCY: Mercy Hospital, Chicago, IL
 FELLOW: University Health Center of
 Pittsburgh, Pittsburgh, PA
 SPONSORS: Roberto Bacani, MD
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Joseph M. Stefko, MD
 Orthopaedic Surgery
 Office: 6470 Tippecanoe Road
 Phone: 758-0577
 MED. ED: Wright State University School of
 Medicine, Dayton, OH
 INT: University Health Center of
 Pittsburgh, Pittsburgh, PA
 REDCY: University Health Center of
 Pittsburgh, Pittsburgh, PA
 SPONSORS: James J. Botsko, MD
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Susan G. Woods, MD
 Dermatology
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 Phone: 799-3272
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 Boston, MA
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HARPERS WEEKLY

“From The War”

Winslow Homer

THE COVER FEATURES THE WORK OF WINSLOW HOMER. THE DRAWINGS WERE RENDERED FOR ‘HARPERS WEEKLY’ DURING the Civil War. We don’t often associate Winslow Homer with this sort of work, but as captioned under the drawings, he was

their Special Artist. I think the Civil War still has a grip on our hearts, mostly for the intensity of emotions it illicit. Perhaps, too, there is some sort of romantic fascination about it, and with the fact that it was a war that was fought amongst ourselves on American soil.

This is my last article for the *Bulletin*. Although I don’t think you will call it much of an article, because this time I hope I have pushed a button of curiosity and you will visit a museum or library to learn more about the artist or the subject matter. The past five years have been enjoyable for me. I have especially enjoyed the friendship of Eleanor and Pat at the Medical Society office. Then there are the many interesting and pleasant people I have met in preparing these articles. I only regret that there are so many I didn’t get to feature who deserved equal attention.

Jeannine M. Lambert



Jeannine M. Lambert

Art is a language. Art is a passion. It becomes the life of all of us, the artist — the viewer — the collector. It provokes us, charms us, and in fact, is us. As a collector, there isn’t enough wall space for everything I wish I owned. But, oh my, the immense joy I feel being surrounded every day by what I do have! I find art critics to be an interesting breed of people. They can guide, but often I think they become a tad too prejudiced or analytical. With that in mind, I hope as you view art, whether in a museum, gallery, magazine, wherever . . . you won’t be afraid to let your emotions and thoughts guide you in what you see. Enjoy!

Since 1990, Jeannine Lambert has been providing the cover art work and the insightful, accompanying commentary for the Bulletin. We have all benefited and been enlightened by her generous efforts. Unfortunately, this issue will be her final collaboration with us. As Jeannine leaves to pursue other ventures, we thank her profusely and wish her all the best.

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Medical Alliance Activities

UNDER THE LEADERSHIP OF SUSAN BERNY, THE MAHONING COUNTY MEDICAL SOCIETY ALLIANCE HAS HAD A YEAR OF teamwork in establishing grassroots projects to better serve the community. The Alliance participated in the first High Tea

for Breast Cancer Survivors at the Youngstown/Warren LPGA Golf Classic. The event was part of the Susan G. Komen Race for the Cure Foundation. Due to the area's high incidence of breast cancer, the foundation has awarded \$12,500 back to local groups for research and mammograms for the underserved.

The Celebrity Auction held on November 4th was a great success. Renee Bitonte and Norma Garritano were co-chairwomen of the event. The Alliance presented a check for

\$11,500 to the Sojourner House Battered Person's Crisis Program. The Alliance's gift represented the largest single donation ever given to the shelter. The next auction is being planned for 1997 and Renee Bitonte is requesting any celebrity items to be given to her. The Alliance would like to thank everyone who donated items and participated in the event for making it such a success.

The AMA-ERF project headed by Melinda Knight generated \$1,860.00. All money from the project goes directly to medical students for scholarships and educational projects.

The Alliance continues to support health-care reform issues at local and national levels, and looks forward to continuing to serve the local community in 1996.

President's Page *(cont. from pg. 6)*

let members of Council know. I would ask our members to help OMPAC with financial support. OMPAC is the chief means by which organized medicine can support those candidates who are supportive of our positions. Active membership can be achieved by becoming involved in the PLAN program, the legislative grassroots effort of the OSMA. PLAN has been very helpful in educating our legislators on the issues and to our points of view.

For organized medicine to survive, it will be necessary for us to support the Federation. Local Medical Societies need the resources of

the State and National organizations to sustain their advocacy activities for both patients and their members. So, when you write your check to pay your State and Local dues, be sure to include enough to cover the cost of the AMA membership. It truly will be a great investment.

I cannot sign off until I take this opportunity to personally thank Eleanor Pershing and Pat Wadjun for their efforts in making this a very productive year for the Society. Again, my thanks for the support from membership and staff. It has been a real honor to have served the Society this year and I plan to stay involved.

1996 Committees

Members are encouraged to join and actively participate in the following MCMS committees:

- Canfield Fair
- Community Relations
- Electronic Communications
- Health-o-Rama

- Legislation
- Membership
- Special Events
- Young Physicians

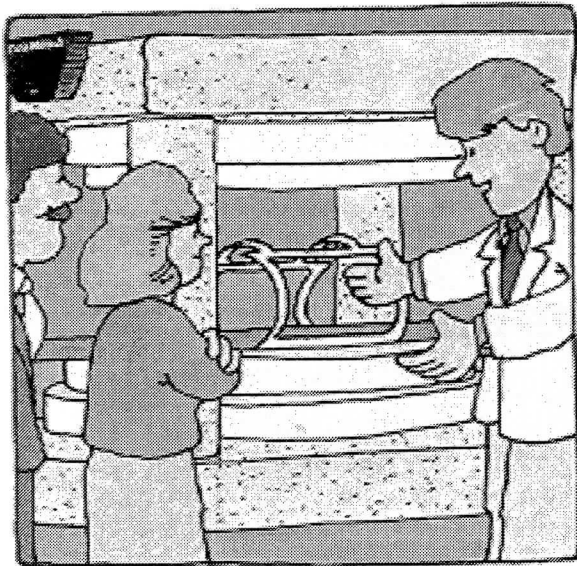
For information, or to join one of the committees, call the Society office at 788-4700.

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From the Desk of the Editor (cont. from pg. 4)

which will further increase payor profits and patient suffering.

Something must be done to dethrone these payors' supremacy and derail their plans for further magnified profits. I believe, as mentioned in previous issues, that the Government should provide coverage only for those who cannot otherwise afford it (including those age 65 and over). For the remainder, the vast majority are (and would be) covered through their employers. I believe that, rather than purchasing medical insurance for his employees, an employer should give the employees a tax-exempt voucher for an amount equal to what he would otherwise have spent on their medical insurance. This voucher could be expended only for health insurance or it would be forfeited.

This would allow the employee to once again become a shopper in the free market, which is the only wise determinant of price and quality. Insurance companies would have to compete and provide benefits that patients/consumers wanted, in order to gain contracts that would be paid for by the individuals' vouchers. First on their list, according to *ICR Research for Patient Access to Specialty Care Coalition*

(1995) is choice of doctor and choice of hospital.

In this way, the best group to be in control of the medical market would be back in that position. They would dictate conditions and contracts based on their needs and means. It would be assumed that, if they wanted extended coverage, they could add to the vouchers of their own accord. How do we get to this? Employees need to be convinced of it by us, and then they need to demand it through their unions or similar organizations.

My tenure here is ended, and I thank those of you who have had the patience to read these editorials. The obvious way to reach the American Public with our side of these issues is through television. Since no one is doing that for us, our next choice is to tell them in our offices. In this country, every three months we see in our combined offices a number of people equal to the population. In answer to any patients who have asked 'What would you do?', I intend to compile these articles into a single unit which will be available in our office. If anyone desires such an item, I would be happy to provide it.

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MCMS Happenings . . .

Town Hall Forum Held at Youngstown State University

MANAGED CARE: THE SOLUTION OR A NEW CHALLENGE FOR PATIENTS, PURCHASERS AND PROVIDERS?" WAS THE topic of a Town Hall Forum held at YSU's DeBartolo Auditorium in November. The forum was designed as a community program to address changes in the healthcare delivery system. A panel of seven experts was on hand to discuss their reactions to, and opinions of, various issues dealing with the traditional delivery of medical services and managed care approaches. The audience then had the opportunity to ask questions and participate in the dialogue.

After a welcome by Leslie Cochran, Ph.D., president of YSU, an introduction was provided by MCMS President Daniel W. Handel, M.D. The moderator was Brendan Minogue, Ph.D., director of YSU's Ethic Center, and closing remarks were presented by David Z. Paull, president of the Lake to River Health Care Coalition.



Brendan Minogue, Ph.D.

The panelists for this forum were: Daniel H. Johnson, Jr., M.D., president-elect of the AMA, Chicago, IL; Kevin M. Butler, general director of health care plans,

General Motors Corporation, Detroit, MI; Douglas L. Elden, Esquire, partner in Douglas L. Elden & Associates, Chicago, IL; John B. Laing, Ph.D., vice president of corporate strategy of the Joint Commission on Healthcare Organizations, Chicago, IL; Lawrence W. Melocik, senior executive of The Guilford Group (Workers' Compensation Managed Care Consultant), Baltimore, MD; Joann G. Richards, R.N., Ph.D., policy and research expert of the Agency for Health Care Policy and Research, U.S. Department of Health and Human Services, Rockville, MD; and Charles W. Stellar, president of the American Managed Care & Review Association, Washington, D.C.

The audience, a capacity crowd of 225 people, included local physicians, attorneys, and insurance industry representatives, as well as members of the community.

This Town Hall Forum was sponsored by the Mahoning County Medical Society, the Lake to River Health Care Coalition, and the Ethic Center at Youngstown State University, with the support of St. Elizabeth Health Center, Western Reserve Care System, the Pharmacia and Upjohn Company, and Hoechst Marion Roussel Company.



▲ (L to R) Dr. Daniel Johnson, Kevin Butler and Lawrence Melocik.

A Look Back . . .

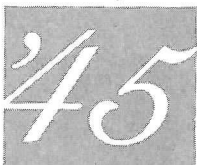
Sixty Years Ago Nov./Dec. 1935

There were 190 active members, eight associate and three honorary. Dues were \$12.00, having been reduced from \$15.00 because of the depression. Times were bad, and money was tight. New members were **Earl Young** and **Charles McReynolds**.



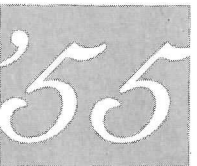
Fifty Years Ago Nov./Dec. 1945

The Youngstown physicians were returning from the service in time for the holidays. **Oscar Axelson** was home from the European theater, **Morris Rosenblum** and **Bryan Hutt** were taking refresher courses. **Steve Ondash** hurried home and married **Sabrina Kozlowski**. **Andy DeFesco** and **Gabe DiCicco** were home. **John Rogers**, **John E.L. Keyes**, **Herman Ipp**, **Walter Tims**, **Joseph Colla**, **Fred Coombs**, **Sam Epstein**, **Bill Evans**, **Bert Firestone**, **Sam Goldberg**, **S. Goldstein**, **Ray Hall**, **A.C. Marinelli**, **Andy Miglets**, **Paul McConnell**, **Bill McElroy**, **Gordon Nelson**, **Carl Raupple**, **Henry Sisek**, and **M.M. Szucs** were all glad to be home. **A.K. Phillips** was still in the Philippines. **A.S. D'Amore** was home after three years in a Japanese prison.



Forty Years Ago Nov./Dec. 1955

More than 500 physicians attended the tenth annual Post-Graduate Day of the 6th Councillor District at the new Packard Music Hall in Warren. **Chuck Stertzbach** opened an office of ophthalmology at 3610 Market St. **Elmer Wenaas** announced the association of **George B. Pugh** for the practice of ophthalmology in the Dollar Bank Building. **Art Shorten** became a member of the Inter-



national College of Surgeons. New members were **Sanford Gaylord**, **Robert McConnell**, **Fred D'Amato**, **Bob Perry** and **Ben Berg**. Most notable event of the year was the nationwide use of the Salk vaccine and the decline of Poliomyelitis.

Thirty Years Ago Nov./Dec. 1965

Howard Rempes urged all the members to support **Esther Hamilton's** "Alias Santa Claus Fund". Her show was always the biggest event of the year. New members that month were **D.J. Dallis**, **Ed Kessler**, **Milton Lenhart**, **Vincent Lepore**. Associate members were **Pat Brucoli**, **Ray Johnson**, **Juan Ruiz**, **Jose Solana**, **Conner White**, and non-resident members were **Michael Galose** and **Bill Moskalik**. Lost through death were **V.G. Herman**, **A.B. Sherk**, **Sam Tamarkin** and **H.H. Teitelbaum**. Additional new members were **Leonard Green**, **D.M. Josef**, **Kenneth Lloyd**, **John Melnick** and **Frank Tiberio**.



Twenty Years Ago Nov./Dec. 1975

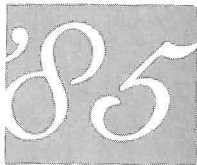
President **Abdu** noted that, because of Medicare and



insurance programs, physicians were now charging other physicians and their families for professional service. The ground breaking ceremony for the new Medical School, soon to be known as NEOUCOM, took place on December 17th in Rootstown. Lost through death were **Dr. Russell Rummell**, Youngstown Hospital's first Medical Director and later Director of Medical Education; and **Dr. Stanley Myers**, a well-loved ENT specialist. Lots of new members were recorded at the end of 1975. They were: **Tom Barrett**, **Danny Chung**, **E.R. Constantinidi**, **Y.V. Ginde**, **Lloyd Slusher**, **Gary Bitonte**, **S.K. Ghandi**, **Suman Garg**, **S.H. Habib**, **Paul Ho**, **Joungsen Hong**, **Ivan Lopez**, **Jeet Mehta**, **A.Z. Rabinowitz**, **R.J. Solyn** and **Panos Zafirides**.

Ten Years Ago Nov./Dec. 1985

The year was grinding to a close with short dark days and a hostile wind. The outgoing officers of the Medical Society were looking back and thinking of what might have been. President **Juan Ruiz** scolded the members for their lack of attendance and interest in the affairs of the Society, while Editor **Ben Hayek** chided the members for failing to act as a "singular body" when threatened with government controls. Lost through death were: **Walter J. Tims**, a proctologist and "Doctor of the Year" in 1980; **M. Carl Raupple**, a family physician who served as treasurer and later secretary of the Society; **Murrill M. Szucs**, a surgeon and cardiologist who served on the Youngstown Board of Education from 1953 to 1971; and **Milton M. Kendall**, a family physician who served 16 years as an Emergency Room Physician at Y.H.A.



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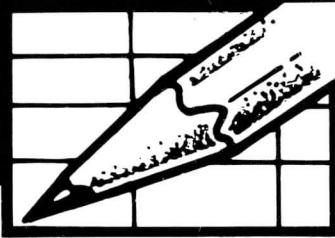
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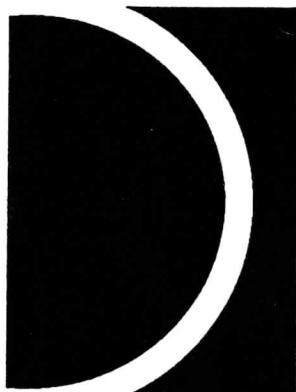
Sell Your Benefits Package With Total Pay Statements

If you provide generous pay and benefits to your staff, it makes sense to tell them how much they actually received and what it cost you, says Gary W. Thompson of Rocky Mountain Professional Consultants. At the time you normally distribute W-2 forms in January, he suggests attaching a page itemizing the compensation-related expenses for each worker's benefit.

Called a "Total Pay Statement," Thompson explains that it helps "sell" your benefits by showing staff that you spend a lot more for them than what shows in their paychecks. Here's a sample:

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	Profit Sharing Plan	3,394.21
	Total Paid For You	\$42,053.17



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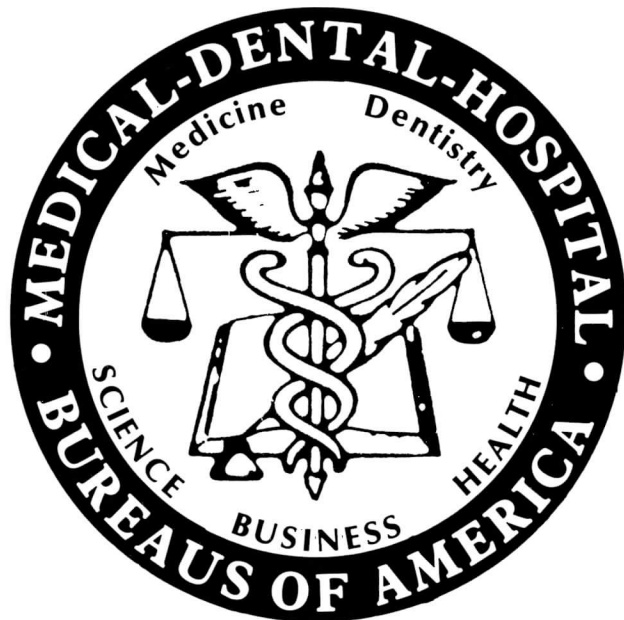
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