



Bulletin

of the Mahoning County Medical Society
March ~ April 2008

DOCTORS RICHARD MEMO AND ROBERT RICCHIUTI NAMED 2007 DISTINGUISHED PHYSICIANS

Doctors Richard Memo and Robert Ricchiuti were named 2007 Distinguished Physicians by the Mahoning County Medical Society and presented with plaques commemorating the honor at the Annual Meeting of the Society on Tuesday, January 22, 2008, at the Butler Institute of American Art. Presenting the award to the doctors were their sons, Dr. Mark Memo and Dr. Vincent Ricchiuti, respectively. The recipients were joined in the celebration by their family members, friends and colleagues from the medical society. Drs. Memo and Ricchiuti are the only dual recipients of the Distinguished Physician Award since its inception in 1978.

Both Dr. Mark Memo and Dr. Vincent Ricchiuti, in their introductory remarks about their fathers, pointed out the similarities in their backgrounds, education and medical careers. Dr. Richard Memo was born in New Castle, PA, while Dr. Robert Ricchiuti was born in Youngstown. Both are the sons of Italian immigrant parents who taught them the value of family and a good education. Both attended St. Louis University School of Medicine in St. Louis, MO. Both chose urology as their medical specialty, although Dr. Memo indicated that he was encouraged to do so by Dr. Ricchiuti when they had occasion to meet in Oklahoma while Dr. Memo was working with the U.S. Public Health Service at the Claremore Indian Reservation, and Dr. Ricchiuti was completing his urological residency at the University of Oklahoma.

Dr. Ricchiuti returned to the area in 1974 and joined the late Dr. Reed Hoffmaster in his urological practice. Dr. Memo joined the practice in 1978 and they have been partners ever since. In 2002 Dr. Vincent Ricchiuti joined the practice, now known as N.E.O. Urology. Dr. Daniel Ricchiuti came aboard in 2006, and Dr. Mark Memo joined them in 2007.

Dr. Ricchiuti, formerly known as Dr. Robert Rich, took back his ancestral name in 1995. He and his wife, Phyllis, founded the Anthony and Paula Rich Center for Autism at Youngstown State University in memory of their son and daughter-in-law who perished in an airplane crash. In addition to their sons Vincent and Daniel, they have a daughter, Julie, who resides in Akron.

Dr. Memo has been active in the Mahoning County Medical Society, serving as president in 1985, as well as with the Ohio Urologic Society, of which he is also a past president, and the American Urologic Association. He and his wife, Rosemary, have four children: Michael, Dr. Mark, Daniel and Susie.

Bulletin

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CALENDAR

| | |
|-------------------------|--|
| June 19, 2008 | Annual OSHA Workshop Antone's Banquet Center |
| June 27, 2008 | Family Fun Night with the Mahoning Valley Scrappers |
| August 27 ~ September 1 | Canfield Fair |
| September 20, 2008 | YSU Tailgate Party |

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DIRECTORY UPDATE

The 2008 membership directory is coming along, although later than we had anticipated due to some address changes. ***Please note that in order to be included in the directory, your 2008 membership dues must be PAID.*** If you haven't paid your dues, you have until MAY 30th to do so. If you wish to submit a photo, you may also do that by May 30th for it to be included. All members will receive one complimentary copy of the directory and may purchase additional copies at a reduced rate. If you wish to place an ad in the directory, you may do that also by calling Adtronico at 330-759-3090.



From the President by Charles A. Crans, MD

My Brother's Keeper

I recently received my copy of the State Medical Board of Ohio report for 2007 and was appalled to see the number of disciplinary actions taken against physicians. I was profoundly embarrassed not only to realize that over half of the actions were against doctors of Northeastern Ohio, but also to realize one was against one of my ex-colleagues, and one against one of my previous residents.

I recently had the opportunity to listen to a few excerpts from a symposium at a local college, alerting school administrators on how to recognize those students who might be suspect of unacceptable behavior. The symposium was designed to minimize and control outbreaks of disastrous consequences within the campuses of our colleges.

With these conjoined facts, I thought, we too should be on the alert to recognize prodromal signs and symptoms in our own contemporaries, in hopes of maintaining our formal standards, and avoiding license revocation and/or disciplinary actions.

Who better than we ourselves are equipped to recognize physical, mental, or emotional impairment within our patients as well as our physicians. Extending the hand of helpfulness in a compassionate, non-coercive manner should be the responsibility of each and every doctor of medicine.

There are many signs of an individual in difficulty. Such things as consistently being late or absent, decreased work performance, inappropriate orders, alcoholic breath, disorganized schedule, unreasonable behavior, and medical errors are just a few that might be observed in a hospital setting.

Neglected social commitments, embarrassing behavior, personal isolation, overreaction to criticism, DUI's, and unpredictability might be signs noted in community activities.

Physical signs might be personality or behavioral changes, amnesias, multiple physical complaints, inappropriate tremulousness or perspiring, and poor hygiene or appearance.

These indicators should serve to promote a heightened awareness of impending disaster. Once detected, could serve to offer an opportunity of solution or directional recommendation, and hopefully prevention of deterioration and subsequent disaster. Yes, in some ways we are to be our brother's keeper; whenever possible, do for your brother or sister as you would hope someone would do for you.

A handwritten signature in black ink that reads "Charles A. Crans, MD". The signature is written in a cursive style with a large, circular flourish at the end.



Dr. -

Just want to touch base about cases done after hours. I heard some grumbling about a case done last night with staff being called in at 7pm that ended up starting later and finishing at 1230. I get the feeling the staff is being stretched thin and still on the verge of burnout. The system I set up for fracture care and trauma was designed to help both surgeon and institution so that off hour work would be minimized....it would seem to me that bringing staff in for 5 hours at night for non-emergent cases would be misutilization of resources.... the trauma room would have been available the next day for a 0730 posting as the priority.... If you were not available the next day, either Jim or myself are usually able to accommodate most such cases....

Director of Orthopaedic Trauma

What's In a Name?

I was home for the first evening in what seemed like weeks, looking forward to spending it with my family, without the phone ringing. But it did – “Sorry to be calling you, know you are not on call, but Grace is here...” the PA in the Emergency Department was saying. “She missed a step down the stairs and probably has a femur fracture – x-rays are pending, but she wanted me to call only you.”

If you looked up the word *stoic* in the dictionary, you might find a picture of Grace. She had endured more than her share of suffering, losing a child to suicide, being diagnosed and treated for rheumatoid arthritis, fracturing her left femur a year ago (despite proper anti-resorptive therapy), and now burying her husband, after a two week cardiac demise, on the very morning of the day she missed the fateful step. Having known her for years, I had regretted it the day before when I did not go to calling hours, due to work obligations. I thought I would express my condolences the next week, knowing she was to see me then to remove the cast from her right wrist, now 6 weeks out from her Colles' fracture.

“I’ll be right in – when did she last eat?” I expected she would be impatient with this injury, wanting to put it behind her so she could get back in the game, and finish handling her husband’s affairs. I had spoken with the OR desk a little earlier, lining up the details of a case scheduled for the next day, and I knew they were slow that night. The nurse on the phone had even asked if I had something they could do that night as they were bored.

The whole family was with Grace in the ER, as those from out-of-town were still here after the funeral. They looked spent; the only emotion they had left was one of hope, that someone might help them clear this latest, unexpected, and undeserved hurdle. Grace was her usual self: “sure it hurts”, “glad to see you Dr. Tom”, “how’s your family”, “just like the other side?”, “can you fix it tonight?” Her internist knew Grace very well and had no objection. The OR was willing and able, and it would save her perhaps a day or two in the hospital – most importantly, she knew what was involved and it was what she wanted to do.

The procedure was technically ordinary, but one I’ll never forget. Thanks to symmetry, we knew the implant dimensions and specs before induction, referring to last year’s Op Note. Grace’s general health and medium stature presented no challenges, and the marvels of modern technology and engineering allowed us to perform the procedure through two small punctures yet achieve anatomic, secure fixation which would speed recovery to normal function. These objective details were taken for granted, and will be forgotten over time.

With our minds free from the mundane decisions about technique, the resident, staff, and I were able instead to reflect upon what it was we were really doing there that night. Discussions revolved about the recent events of Grace’s life, the impact that suffering has at some point in every life, and especially what possesses any of us to put one’s individual needs aside, in the interest of those who need our help. This particular discussion was especially significant, as the resident I was with was himself recently diagnosed with leukemia, and was working a full schedule despite his own therapies and side effects thereof. Believing it might help him to understand his circumstance as both physician and patient, I had previously given him a copy of Arthur Frank’s [The Renewal of Generosity](#) (1), which reasons that

continued on next page

What's In A Name? (cont.)

contemporary medicine can and should be founded on the basis of relationships, true dialogue, and generosity toward others, and toward oneself. I personally found the book to be profound, as I sense many of us are compelled by the current business of "providing health care" that we can forget the essence of why we chose this profession in the first place – to serve the needs of others. I was pleased (but not surprised) that he too found meaning in its pages, and that its ideas were most pertinent to understanding our own place in helping others, regardless of circumstance. In short, as a student, teacher, and physician, that night was an opportunity to understand and learn the difference between the mere laborer, or even craftsman, and instead behave as the artisan that this young man was clearly becoming.

Grace's recovery has been uneventful, and throughout she has been her usual self – humble and appreciative of everyone's efforts on her behalf. My only concern is perhaps a disappointment that our system of health care can allow us to get lost in the detail of protocols, technology, objective measures of cost, and arbitrary definitions of outcome. We are increasingly being asked to substitute statistical evidence for the more universal constant of one person putting the other's needs ahead of their own. My comfort though will come from people like Grace, who do cherish our relationships, and who teach us about ourselves. It will also come from the knowledge that there are, and will be after I am gone, people like the resident, my fellow physician, who will rightly see patients as people rather than procedures.



1. Frank, AW. The Renewal of Generosity: Illness, Medicine, and How to Live. Chicago: university of Chicago Press; 2004.

Bits 'n' Pieces

The following doctors have dropped membership:

Adrian Ieraci, DO
Frank Cano, MD
John Cardone, MD
Michael Shultz, DO

Meredythe McNally, MD has left the area

William G. Reeves, MD has retired
Daniel Handel, MD has retired

Dr. Andrei Gursky has opened his private practice at
9375 E. Market St, Suite 2
Warren, OH 44484
Phone: 330-856-2259
Fax: 330-609-5294

The following doctors have moved:

Diagnostic Cardiology Associates
715 E. Western Reserve Rd.
Poland, OH 44514
Phone: 330-726-3204
Fax: 330-729-9316

N.E.O. Urology (Boardman office)
7430 Southern Blvd.
Boardman, OH 44512

Progressive Women's Care
(Drs. Joni Canby & Charles DeMario)
7600 Southern Blvd, Suite 1
Boardman, OH 44512
(phone and fax remain the same)

Joseph Zeno, DO
8580 South Avenue
Youngstown, OH 44512
(phone and fax remain the same)

NEW MEMBERS

Manuel Bautista, MD

Pulmonary/Critical Care

Eastern Ohio Pulmonary Consultants
960 Windham Court, Suite 1
Youngstown, OH 44512

Medical Education: Instituto Tecnologico de Santo Domingo
Internship: Jersey City Medical Center, NJ
Residency: Jersey city Medical Center, NJ
Fellowship: Allegheny General Hospital, Pittsburgh, PA
Fellowship: University of Pittsburgh Medical Center

Richard Pearlstein, MD (reinstatement)

Otolaryngology

Fifth Avenue Otolaryngologists, Inc.
7227 Glenwood Avenue
Youngstown, OH 44512

Medical Education: University of Cincinnati College of Medicine
Internship: Henry Ford Health System, Detroit, MI
Residency: Henry Ford Health System, Detroit, MI
Residency: Detroit Children's Hospital, Detroit, MI

Prakash N. Roy, MD

Nephrology

Nephrology Associates, Inc.
807 Southwestern Run
Boardman, OH 44514

Medical Education: BJ Medical College Gujarat University, India
Internship: Harlem Hospital Center, New York, NY
Residency: Harlem Hospital Center, New York, NY
Fellowship: New York & Presbyterian Hospital

John Babyak, MD

Otolaryngology

Fifth Avenue Otolaryngologists, Inc.
7227 Glenwood Avenue
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Medical Education: University of Michigan Medical School
Internship: St. Joseph's Hospital, Ann Arbor, MI
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Healthcare Simplification Act

Patient Care, Not Paperwork

The OSMA-sponsored Healthcare Simplification Act (HB 125) will bring significant, positive changes to contracts between health insurers and physicians — putting physicians on a more equal footing with the insurers.

While the Healthcare Simplification Act will not address every problem you have with payers – it’s a good first step toward building a better way of doing business with insurance companies. The OSMA will not stop working on these issues until our members can enter into agreements with insurance companies that are fair, transparent, and simplify doing business. Most importantly, the agreements must be in the best interests of the doctor-patient relationship.

The Healthcare Simplification Act (HB 125) Helps Physicians in Three Major Areas:

- Transparency in Contracting
- Fairness in Contracting
- Standardized Credentialing

Transparency

- The Healthcare Simplification Act will ensure that physicians get a copy of the full fee schedule from HMOs, Third Party Administrators (TPAs) and other insurers, so that the physicians will know what they will be paid for their services.
- The Healthcare Simplification Act requires HMOs, TPAs, and other insurers to provide physicians with a summary disclosure form of the contract that outlines, in plain language, important terms including: compensation terms, categories of coverage, duration of the contract, the entity responsible for processing claims, and the method of dispute resolution. The Act also requires specific notice be given to the physicians of any addenda to the contract.
 - The Healthcare Simplification Act restricts the selling or renting of a physician’s contract to another company unless the rental is disclosed and all of the terms of the original contract are honored.

Fairness

- The Healthcare Simplification Act prohibits “Most Favored Payer” clauses in contracts that force doctors to provide healthcare services at a lower price than originally called for in the contract.
- The Healthcare Simplification Act requires insurance companies to notify doctors 90 days in advance of changes to a contract that either: decrease payment, increase administrative expenses or add a new product.
- The Healthcare Simplification Act restricts the use of “all products” clauses that force physicians to participate in all of an insurer’s products.
- The Healthcare Simplification Act prohibits an insurer from forcing a physician to accept their future product offerings.

Standardization

- The Healthcare Simplification Act designates the Council for Affordable Quality Healthcare (CAQH) credentialing form as the sole credentialing form to be used by insurers in Ohio. No additional information can be solicited by individual insurers from physicians seeking to be credentialed.
- The Healthcare Simplification Act requires that all physicians be credentialed within 90 days.
- The Healthcare Simplification Act establishes a \$500 per day penalty or requires retroactive reimbursement if an insurer fails to meet the 90-day credentialing deadline.

Standards of Excellence

A collaborative project of the Ohio State Medical Association and The Coker Group

The OSMA has launched a program designed to help member practices during the multi-step EMR adoption process. The Standards of Excellence program, a collaboration of the OSMA and The Coker Group, recognizes EMR vendors that voluntarily agree to amend their contracts with OSMA member practices to include an approved list of terms and conditions that will help guarantee that physician rights are protected in the contracting process.

Participating vendors in the Standards of Excellence Program must do the following:

- Offer preferred pricing of at least 15% below stated retail price for all medical practices that have 100% membership in the OSMA and also honor that discount for future licenses.
- Permit physicians to make stepped payments to vendors based on certain deliverables. With most contracts, physicians have to pay a sizeable deposit at the time the contract is signed and the balance paid in full within a short period of time.
- Allow ownership of software licenses to be transferred or assigned whether due to purchase, merger, acquisition, etc. Under most contracts, software licenses are non-transferable, which means that if you want to sell your practice or merge, you would have to re-purchase your licenses.

In addition, all of the OSMA Standards of Excellence vendors must be certified by the Certification Commission for Healthcare Information Technology (CCHIT).

The Coker Group has offered to do an initial vendor contract and quote validation review at no charge to OSMA members.

Participating Vendors Standards of Excellence Program



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For additional information on how your practice can use the Standards of Excellence Program, please contact Cathy Sonnhalter at the OSMA by calling (800) 766-6762.
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Ohio State Medical Association's
Standards of Excellence Program for Electronic Medical Records



Simplified Contracting

Below is a brief overview of just some of these terms and conditions:

Upgrades

Problem: Practices are sometimes made to pay extra when the vendor upgrades its software or has to make program changes in order to comply with government mandates.

Solution: Under the Standards of Excellence, the vendor agrees to provide continuous and unlimited upgrades/new releases and patches to the practice under the service maintenance agreement at no additional cost. Any mandated (government) changes also will be included as upgrades at no extra charge. Training and installation to support the new releases/upgrades/patches will be billable at the vendor's published rates.

Annual Support and Maintenance Fees

Problem: Support and maintenance fees typically increase over the term of the contract, sometimes significantly, which places a financial burden on the practice.

Solution: Under the Standards of Excellence, vendors are limited to increasing their annual maintenance fees at a maximum rate of the CPI index plus 3%. Additionally, the Vendor cannot look back for more than one (1) year if the fee is not increased.

Interfaces

Problem: Practices often experience problems related to their EMR failing to properly interface with the other electronic systems, like practice management systems, lab results software and e-prescribing software.

Solution: Under the Standards of Excellence, vendors agree to identify, support and troubleshoot problems with company-purchased or endorsed interfaces under their annual maintenance agreement. In addition, the vendor will support modifications and version changes to interfaces at no additional cost to the practice.

Payment Terms

Problem: Practices are often faced with having to pay a large percentage of the cost of the EMR upfront, leaving them in a poor position to negotiate with the vendor should problems develop in the rollout of the system.

Solution: Under the Standards of Excellence, vendors agree to a stepped payment plan based upon contract signing, software installation, training and go live. Expenses and professional fees can be paid for as incurred, vendors agree to a pre-set spending limit for travel and unexpected fees are guaranteed not to exceed a set amount.

E-Prescribing

Problem: Ohio has some very specific protocols under the Ohio Board of Pharmacy that all e-prescribing software must meet. Practices that purchase EMR products that don't comply with these protocols are unable to utilize the e-prescribing function of the EMR.

Solution: Under the Standards of Excellence, vendors agree to assist the practice in complying with the board's requirements.

For a complete list of the contract terms and conditions go to www.osma.org or call Cathy Sonnhalter, OSMA Director of Training and Special Projects at (614) 527-6759. Please note, these terms and conditions will be available only to practices with 100% membership in the OSMA.

OSMA makes no guarantee that the SOE Terms and Conditions will apply to every physician practice, situation or circumstance. Also, the SOE Terms and Conditions do not include all of the contract terms that a physician and vendor will need to negotiate. Practices still bear the responsibility for reviewing the contract thoroughly. The OSMA does not review and makes no representations concerning the remaining physician-vendor contract terms. The Ohio State Medical Association makes the SOE terms and conditions available as a member benefit and with the express understanding that: 1) no attorney-client relationship exists and 2) neither OSMA nor its attorneys are engaged in providing legal advice. Members are encouraged to review the complete EMR contract and seek legal advice from retained legal counsel.

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John Melnick, MD

November 10, 1928 ~ January 15, 2008

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