Bulletin
of the Mahoning County Medical Society
Third Quarter 2010

If ObamaCare is Bad, What Would Be Better?

By Doctor Alieta Eck

ObamaCare is a wildly unpopular law for anyone who knows anything about healthcare. The election proved that. Physicians came together in Washington, DC to film the following national ad:http://www.youtube.com/watch?v=aPwEVXstFdA&feature=youtube_gdata_player

Perhaps it is time for the politicians to admit that the government cannot provide health care. Period. All government can do is set up an administrative scheme that pays many people to decide who qualifies for which government program, gives out entitlement "insurance" cards, but then underpays for the actual care.

Bureaucrats get paid while physicians do not. Taxpayers get fleeced.

Before 1965, the administrative costs in a doctor's office were negligible, especially when it came to caring for the poor. Typically the doctor would not even bother to write out a bill. For the average patient, the doctor charged a reasonable fee and if the patient had insurance, it was his job to get reimbursed. People bought "hospitalization" insurance policies.

Today the poor seek Medicaid— the huge federal/state program that entitles the recipient to "free" care. But since the physicians must fill out forms only to be given a fraction of a reasonable fee several months later, most refuse to take Medicaid at all. So Medicaid recipients with sore throats inappropriately clog up the emergency rooms with twice the frequency of the uninsured. The system is expensive for taxpayers, demeaning to patients and generally unworkable.

An innovative solution to our health care crisis would involve several layers of care.

The first layer could involve the average person paying his doctor directly for services rendered. Paperwork would be minimal, patient-physician confidentiality would be maintained, and prices would be kept down by simple competition. Living healthy lifestyles would save money.

A second layer would be personally obtained, non-cancelable health insurance for unforeseen major medical maladies and accidents. These policies should have the coverage and deductible that fit a family budget. The states should merely oversee that the contract terms are met, but not mandate what is to be covered.

Thirdly, safety net non-governmental charity clinics could be scattered throughout every county in every state with each clinic deciding ways to determining the eligibility of those seeking the free care.

The Zarephath Health Center was started in central New Jersey in 2003 and uses volunteer physicians and nurses to provide free care to the poor. Patients include the homeless, the mentally ill, the jobless, the undocumented immigrants and even patients with Medicaid cards. Physicians there diagnose and care for patients with acute and chronic illnesses. The patients are treated with kindness by those who are willing to donate their time, and currently 300-400 patients get free care each month.

The cost to provide services at the ZHC comes to $15 per patient visit compared to $150 per patient visit at the federally qualified clinic in the neighboring town. The latter clinic has huge bureaucratic administrative overhead and collects funds from the federal and state governments and the patients. They are constantly asking government for more money.

The Federal Tort Claims Act of 1996 provides free medical malpractice coverage for professionals who volunteer at any free clinic. Freed from the specter of frivolous lawsuits, the physician can offer common sense care leaving compliance up to the patients.

Why not devise a similar plan with state rather than federal government involvement?

We could set up a system where the physicians donate, say, four hours per week in free care. A surgeon might agree to take on one charity case per week. Then, to compensate the professionals who donate their time and expertise, each state could agree to provide full medical malpractice coverage for their entire practice. Such coverage is already provided for physicians who work or teach in medical school university hospitals. The state would not be laying out money for medical malpractice insurance, but just agree to pay the costs of litigation and payouts.

Continued on Page 7

Bulletin

Editor Michael T. Engle, MD
Managing Editor Karyn Frederick
Editorial Board
Dean R. Ball, DO Charles A. Crans, MD

The Bulletin is published bimonthly by the
Mahoning County Medical Society, 565 E. Main Street, Suite 220,
Canfield, Ohio 44406.
Phone (330) 533-4880 Fax (330) 533-4940.
www.mahoningmed.org

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

2010 Council

Officers

DEAN R. BALL, DO *President*
THOMAS E. ALBANI, MD *President-elect*
MICHAEL T. ENGLE, MD *Secretary/Treasurer*
CHARLES A. CRANS, MD *Immediate Past President*

Delegates to OSMA

DEAN R. BALL, DO DENISE L. BOBOVNYIK, MD
CONSTANTINE G. ECONOMUS, MD
EUGENE L. POTESTA, MD

Alternate Delegates to OSMA

RAYMOND S. DUFFETT, MD CHARLES A. CRANS, MD
SEAN T. McGRATH, MD LYN E. YAKUBOV, MD

Members-at-Large

SHANNON BARILLARE, MD MICHAEL T. ENGLE, MD
MICHAEL K. OBENG, MD VIVIAN I. STARR, DO
LISA N. WEISS, MD

Executive Director

KARYN L. FREDERICK

Foundation Trustees

RASHID A. ABDU, MD DAVID J. DUNCH, MD
NORTON I. GERMAN, MD JAMES STILLE, MD
PRABHUDAS LAKHANI,MD C.CONNER WHITE, MD

CALENDAR

November 12, 2010	***Cirque du Soleil: Dralion*** ***Covelli Centre***
November 20, 2010	***DocBook Launch Party*** ***NEOUCOM Conference Center***
December 17, 2010	***Disney on Ice Princess Wishes*** ***Covelli Centre***
January 18, 2011	***Council and Officers*** ***Installation Dinner***

Classifieds

MCMS Members - place your classified ad here FREE! Up to 25 words. Call 330-533-4880 for more information. Classified ads of 25 words or less are available to non-members for $35.

Visit our ***newly revised*** website at
www.mahoningmed.org

Get your Bulletin via E-mail

Send us your email address and we will send the *Bulletin* directly to your inbox. Send your email address to:
mahoningcountymed@zoominternet.net

In Memoriam

Robert A. Brown, MD

FROM THE DESK OF THE EDITOR

Michael T. Engle, MD

Skin up all the patients!

The most popular topic in today's medical environment seems to be our "health care crisis," and all of the players in the problem. We hear about how insurance companies are bilking patients and employers out of billions in profit each year. "THEY are the villains," we hear. Next comes us, the doctors, who are supposedly ordering unnecessary tests and using unproven, costly treatments. "THAT is the problem," we hear. "No….it's the lawyers," we get next. If it weren't for frivolous lawsuits, those tests would NEVER be done. Tort reform is the answer. Finally, and most popular today, is to attack the government. "Obamacare is a disaster," they chant. Government needs to stay out of our lives.

However, the one player in this problem we rarely, if ever, hear about is the patient. What role do patients play in our staggering health care costs?

Let me tell you about a patient recently treated by one of my colleagues: "John" is a fairly healthy 50 year old male who is CEO/Owner of a successful mid-sized manufacturing plant in Columbiana County. He came to the office with complaints of back/hip pain which started about three weeks earlier. He had no previous treatments, other than over the counter medications. He arrived to the office with an MRI of the lumbar spine, as well as, and MRI of the left knee. When asked why he had a knee MRI, he replied that about six months ago he "hurt" his knee. The pain resolved within about four weeks, and he had NO residual problems. "So why did you have an MRI?" asked the doctor. "I wanted to make sure there was no damage done," was his reply. When confronted with the idea that this type of behavior was driving up the health care costs for his own company, he seemed dumbfounded.

Contrast this with another patient I saw in the office last month. "Joe" is an otherwise healthy 50 year old male who presented with typical "sciatica" pain down one leg. Pain was six to ten in severity. We discussed treatment options, including oral medications, physical therapy, epidural injections, and surgical referral. He had neither x-rays NOR and MRI performed. BUT…… his health insurance was an HSA plan where HE was responsible to pay the first $2500 per year of his costs. He had not met this amount for the year. After discussing any risks of delayed treatment, HE elected to "wait it out" to see if it would just get better on it's own. He didn't think the cost of any of the treatments was worth it. I gave him some appropriate home exercises and advised him on safe use of over the counter anti-inflammatory medication.

One major problem we have with our system of medicine today is that most patients have "no skin in the game." Their employer pays the premiums, and they fight hard for low co-pays and co-insurance. Patients never really see the true "cost" of the care they receive. They figure that the MRI should be ordered, and don't even worry about the cost to the system. They show up at the ER for things that could have waited till the next morning. They demand the "best" pills even if they cost ten times as much as a closely related generic.

Our country will never get this health care issue right until we get the cost of health insurance out of the hands of employers and the government and into the hands of the patients. Only THEN, will patients have a REAL incentive to be reasonable in how they access and utilize health care resources.

From the President

by Dean R. Ball, DO

Hopefully by the time you read this most of the fall leaves will be down and the blowing and raking will begin. Now if we could get all the political signs down as well. Why so many of these signs I don't know. I guess name recognition. I wonder how many of our members made their decision on how to vote based on these signs? Or maybe voting for the candidate with the most signs. I guess stranger things have happened.

There was an excellent meeting with the Ohio Health Information Partnership, the Regional Extension Center, and the OSMA about electronic health records (EHR) that some of you missed. There were representatives from all three organizations who spoke regarding choosing a provider as well as the federal dollars that are available. Ohio Health Information Partnership is a non profit that will assist in physicians in adopting electronic health records. This entity is important since there are federal dollars available that physicians can receive if they choose to go electronic and meet "meaningful use". From what I gleaned from this meeting there is no requirement that a physician has to change from paper to electronic records. However, there are ways as the federal government will "encourage" physicians to choose EHR. You guessed it -- lower reimbursements if you do not.

The OHIP will assist in assessing practices to help determine what they need from an EHR. They will also help select the EHR providers. There are already five companies that are deemed 'preferred". OHIP will also provide help in implementing EHR for physicians and help to work with practices to achieve the "meaningful use" of the EHR so the practices will qualify for federal money. This meaningful use is important because the provider needs to qualify for the incentive program by meeting certain initial requirements to receive the federal monies. All very important issues.

The ultimate goal of this program is to create Health Information Exchanges that will provide connectivity between providers. And of course the first step is getting 6,000 physicians to adopt EHR by 2012. Priority is given to Primary Care Providers (family physicians, internal medicine, pediatricians, and OB/GYNs). Physicians can qualify under either Medicare or Medicaid. To qualify for Medicaid incentives physicians must have between 20-30% Medicaid patient volume. To qualify for Medicare incentives there is no minimum. Physicians that provide 90% hospital based care do not qualify. If you are a physician that qualifies, under Medicare providers can draw down up to $44,000 over five years beginning in 2011. Medicaid will reimburse up to $63,750.

There are some very important decisions that physicians have to make in choosing an EHR vendor as well as in implementing it. Fortunately, the Mahoning County Medical Society is actively involved in working with the Regional Extension Center to get this information out to its members. Just one more reason it is very beneficial and important to be an active member in this organization. Be on the look out for further meetings in the upcoming months!

Bits 'n' Pieces

GET YOUR *BULLETIN* VIA EMAIL
If you would like to receive your *Bulletin* via email, please contact the Society office and give us your email address. You can call 330-533-4880, or email *mahoningcountymed@zoominternet.net.* The *Bulletin* is also posted on our website, *www.mahoningmed.org*.

CONDOLENCES
Our condolences to Dr. & Mrs. Ronald Yarab on the death of her brother, David Petty, Dr. & Mrs. Daniel Garritano on the death of his mother, Antonette Garritano, and Dr. & Mrs. Shawn Donatelli on the death of her father, Jerry Soich.

GARDEN OF HOPE
If you are interested in purchasing a brick for the Akron Children's Hospital Mahoning Valley Garden of Hope, in honor of or in memory of a loved one, go to the MCMS website, *www.mahoningmed.org* and click on the Alliance page for information and an order form.

ANNUAL MEETING MOVED
The MCMS Annual Meeting, usually held in January, has been moved this year to later in the spring. We have battled bad weather for the past few years, and many of our retirees are still in Florida, so we have decided to wait for better weather to honor the 50 Years in Medicine recipients and the Distinguished Physician. A date and location will be announced and invitations will be sent. Fifty Year honorees from both 2010 and 2011 will be recognized.

WATCH YOUR MAIL FOR BALLOTS
Because the Annual Meeting will not be held in January as in the past, voting for Delegates and Alternates to the OSMA and officers and members of council will be done by ballots sent to all eligible members. The Nominating Committee will be convened in November to prepare a nominations slate which will then be sent to members for voting. For your convenience, ballots will also be available online and you will be able to submit your vote via email. See the related article containing the eligibility requirements for office elsewhere in the Bulletin.

NEW MEMBERS

Amy B. Awaida, MD
Hematology/Oncology

Mahoning Valley Hematology Oncology Assoc.
835 Southwestern Run
Poland, OH 44514

Medical Education:	SUNY, New York City, NY
Internship:	Mt. Sinai, New York, NY
Residency:	Mt. Sinai, New York, NY
Fellowship:	Mt. Sinai, New York, NY

Michelle Kapon, MD
Obstetrics/Gyencology

Progressive Women's Care
7600 Southern Blvd., Suite 1
Boardman, OH 44512

Medical Education:	Saba School of Medicine, Netherlands
Internship:	Northside Hospital, Youngstown
Residency:	Northside Hospital, Youngstown
Fellowship:	Case Western Reserve, Cleveland

Meredith Konya, MD
Physical Medicine & Rehabilitation

All Points Physical Medicine
822 E. Western Reserve Road
Poland, OH 44514

Medical Education:	NEOUCOM, Rootstown, OH
Internship:	St. Elizabeth Health Center, Youngstown
Residency:	Metro Health Medical Center, Cleveland

Daniel A. Miller, MD
Familiy Practice

1450 S. Canfield Niles Road
Austintown, OH 44515

Medical Education:	Spartan Health Sciences Univ., St. Lucia, WI
Internship:	Northside Medical Center, Youngstown
Residency:	Northside Medical Center, Youngstown

Carrie A. Norman-Campanelli, DO
Pediatrics

Austintown Pediatrics
107 Javit Court
Austintown, OH 44515

Medical Education:	Des Moines University, Des Moine, IA
Internship:	Youngstown Osteopathic Hospital
Residency:	Tod Children's Hospital, Youngstown

Daniel P. Orr, II, DO
General Surgery

4308 Belmont Ave.
Youngstown, OH 44505

Medical Education:	Des Moines University, Des Moines, IA
Internship:	St. Joseph Health Center, Warren, OH
Residency:	St. Barnabas Hospital, Bronx, NY
Residency:	Lutheran Medical Center, Brooklyn, NY
Fellowship:	Indiana University/St. Vincent's Health Ctr, Indianapolis, IN

Kevin Scheetz, MD
Pathology

Pathology Consultants, Forum Health
500 Gypsy Lane
Youngstown, OH 44504

Medical Education:	NEOUCOM, Rootstown, OH

John J. Stefancin, MD
Orthopaedic Surgery

University Orthopaedics
1335 Belmont Avenue
Youngstown, OH 44504

Medical Education:	Medical College of Ohio, Toledo
Internship:	Cleveland Clinic Foundation
Residency:	Cleveland Clinic Foundation
Fellowship:	Cleveland Clinic Foundation
Fellowship:	Steadman Hawkins Clinic, Greenville, SC

Brian S. Sullivan, MD
Psychiatry

Canfield Counseling
3974 Boardmand Canfield Rd.
Canfield, OH 44406

Medical Education:	University of Cincinnati College of Medicine

continued from Page 1

The result? Poor patients would get care. Physicians would be rewarded with lower office overhead, not having to pay expensive medical malpractice premiums. Taxpayers would not have to fund the enormous Medicaid bureaucracy or payments for actual office-based care to the poor. Unnecessary defensive medical tests would be eliminated causing health insurance premiums to drop for everyone. The number of lawsuits would diminish.

It is time to think "outside the box," come up with workable solutions, and lower the cost of healthcare for all. President Obama said he is willing to entertain any reasonable proposals. Let's start the discussion. Charity care and tort reform — perfect together!

Reprinted with permission

Dr. Alieta Eck, MD graduated from the Rutgers College of Pharmacy in NJ and the St. Louis School of Medicine in St. Louis, MO. She studied Internal Medicine at Robert Wood Johnson University Hospital in New Brunswick, NJ and has been in private practice with her husband, Dr. John Eck, MD in Piscataway, NJ since 1988. She has been involved in health care reform since residency and is convinced that the government is a poor provider of medical care. She testified before the Joint Economic Committee of the US Congress in 2004 about better ways to deliver health care in the United States. In 2003, she and her husband founded the Zarephath Health Center, a free clinic for the poor and uninsured that currently cares for 300-400 patients per month utilizing the donated services of volunteer physicians and nurses. Dr. Eck is a long time member of the Christian Medical Dental Association and in 2009 joined the board of the Association of American Physicians and Surgeons. In addition, she serves on the board of Christian Care Medi-Share, a faith based medical cost sharing Ministry. She is a member of Zarephath Christian Church and she and her husband have five children, one in medical school in NJ.

Contact Dr. Eck at: eckmds@gmail.com, 732-463-0303

Who is Eligible to Hold Office?

There are several open Council positions to be voted on by the membership for the two-year term beginning January 1, 2011. Nominations are being accepted for the position of President-elect, two Delegate positions, two Alternate Delegates, and two Council-at-Large members.

President-elect nominees must have served two or more years on Council. Past presidents may serve additional terms. Dr. Thomas Albani is currently the President-elect and will assume the presidency in January.

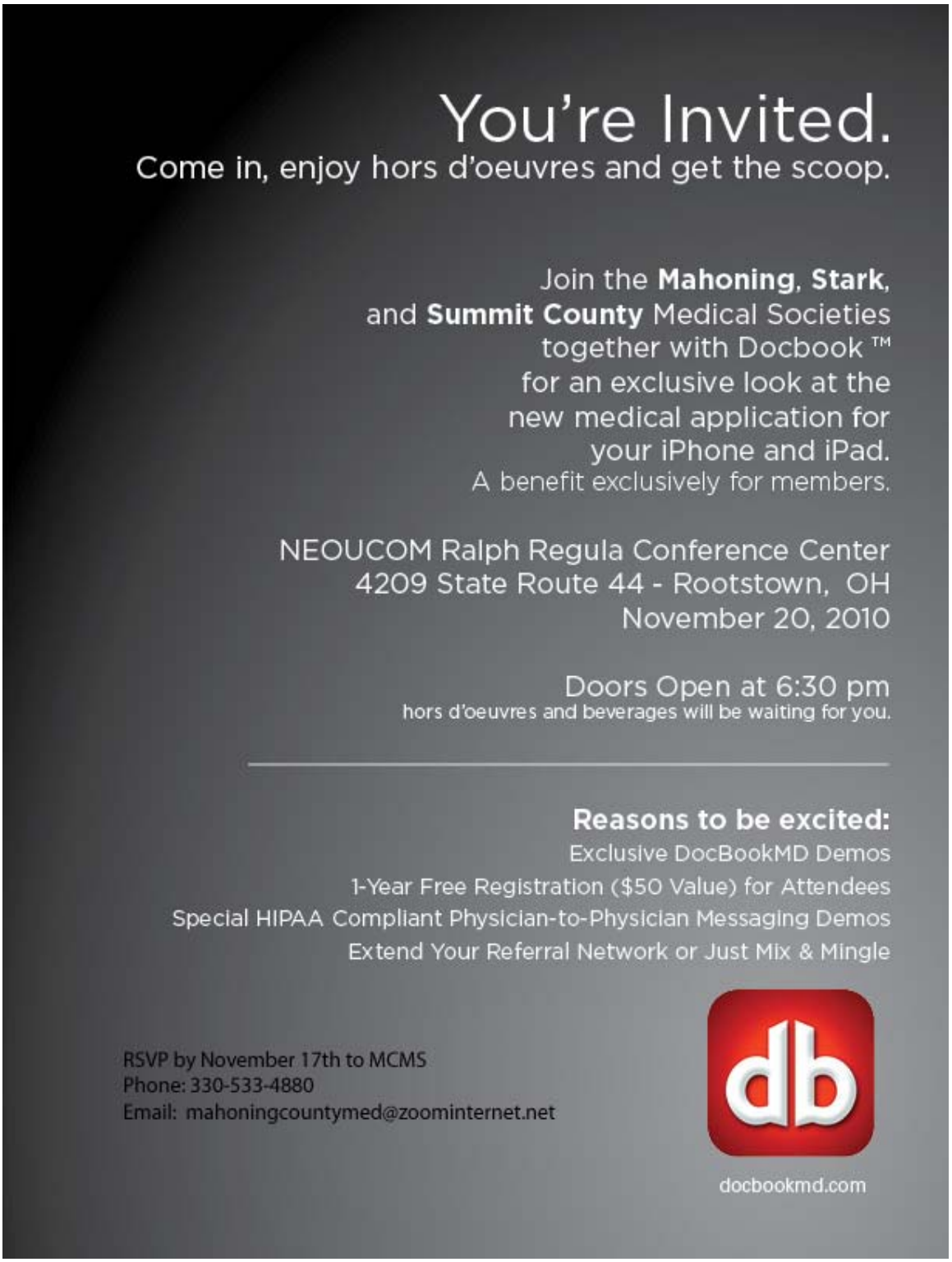
Delegates to the OSMA are eligible by virtue of having served as an Alternate Delegate and having attended at least one Annual Meeting of the OSMA House of Delegates. Currently holding these positions are Drs. Dean Ball and Eugene Potesta.

Alternate Delegates to the OSMA are eligible if they have served at least one year on Council. Completing their terms as Alternate Delegates are Dr. Charles Crans and Dr. Raymond Duffett.

Every Active member of the MCMS is eligible to serve as Council Member-at-Large. Drs. Lisa Weiss and Michael Obeng are finishing two-year terms, and Dr. Shannon Barillare is completing a one-year term replacing Dr. Sean McGrath who moved up to Alternate Delegate last year.

All current office holders are eligible to run for their current positions, or any other position for which they are eligible.

Join us for the much-anticipated launch of the DocBook app for your iPhone! Dr. Tim Gueramy, the creator of DocBook, will be with us to demonstrate this unique way for you to connect with your member colleagues. The DocBook is a complete MCMS membership directory in your phone. An exclusive benefit available only to members of the Mahoning County Medical Society.



Friday, December 17

7:00 P.M.

Covelli Centre

Tickets ~ $32 per person

Mahoning County Medical Society members may order as many tickets as they wish. Tickets are limited and will be sold on a first-come, first-served basis. No free tickets.

Tickets will be sold on a first-come, first-served basis. Payment ***must*** accompany ticket request.

Member Name: _____

Total Number of Tickets @ $32 each: _____

Check Enclosed for: $_____

Make checks payable and send to:
Mahoning County Medical Society
565 E. Main Street, Suite 220
Canfield, OH 44406

Mahoning County Medical Society
565 E. Main Street, Suite 220
Canfield, OH 44406

Phone: 330-533-4880
FAX: 330-533-4940
Email: mahoningcountymed@zoominternet.net

PRSRT-STD
U.S. POSTAGE
PAID
YOUNGSTOWN, OHIO
PERMIT NO. 317

Change Service Requested