



Bulletin

of the Mahoning County Medical Society
Third and Fourth Quarter 2012

NOMINATIONS MADE FOR 2013 - 2014 OFFICERS AND COUNCIL

The following physicians have been nominated to serve as officers and council members for 2013 and 2014. For the first time this year, members can vote by mail, email, phone or fax. This change was instituted due to the move of the Annual Meeting from January to May so that the new officers can begin their terms in January.

In addition to the addition of electronic voting, the By-Laws of the MCMS have been updated to include 1) the changes to classes of membership (Active, Direct) precipitated by the deunification of the OSMA and the county societies, and 2) the addition of two Council Members-at-Large who are employed by hospital systems. You may view the revised By-Laws on the website at www.mahoningmed.org.

President: Sean McGrath, MD - PM&R - All Points Physical Medicine

President Elect: Lyn Yakubov, MD - Ophthalmology - Eye Care Associates

Delegate to OSMA: Sean McGrath, MD - PM&R - All Points Physical Medicine
Marc Saunders, DO - General Surgery - private practice

Alternate Delegate to OSMA: Michael Engle, MD - PM&R - All Points Physical Medicine
Thomas Traikoff, DO - Family Medicine - Prima Health Care

Council-at-Large: Meredith Konya, MD - PM&R - All Points Physical Medicine
David Weimer, MD - Orthopaedic Surgery - Youngstown Orthopaedics
Dean Ball, DO - Radiology - Mahoning Valley Imaging - (1 year term)

Council-at-Large, Hospitals: Shannon Barillare, MD - Family Medicine - Humility of Mary
Joseph Jose, MD - Internal Medicine/Pediatrics - ValleyCare

Mahoning County Medical Society Foundation Trustee: Norton German, MD
(one trustee position has been eliminated from the Foundation board)

Thomas E. Albani, Jr., MD is now the Immediate Past President

Bulletin

Editor Michael T. Engle, MD
Managing Editor Karyn Frederick
Editorial Board

Thomas E. Albani, MD Dean R. Ball, DO

The Bulletin is published bimonthly by the Mahoning County Medical Society, 565 E. Main Street, Suite 220, Canfield, Ohio 44406.
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www.mahoningmed.org

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The Bulletin reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted, including advertisements.

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

2012 Council

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MICHAEL T. ENGLE, MD *Secretary/Treasurer*
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MARC S. SAUNDERS, DO LYN E. YAKUBOV, MD

Alternate Delegates to OSMA

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CALENDAR

January 30, 2013	Harlem Globetrotters, Covelli Centre
February 1 - 2, 2013	Monster Trucks, Covelli Centre
February 22, 2013	Alliance Fashion Show, Avion on the Water
February 22, 2013	Rascal Flatts, Covelli Centre
March 25, 2013	Kid Rock, Covelli Centre
April 5 - 7, 2013	OSMA Annual Meeting, Columbus
April 5 - 7, 2013	Ringling Brothers Circus, Covelli Centre
April 11, 2013	Carrie Underwood, Covelli Centre
April 19, 2013	International "Festa", MVR
May 7, 2013	MCMS Annual Meeting, The Lake Club

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Youngstown, OH 44505
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In Memoriam

Carl B. Klodell, MD

February 7, 1928 ~ October 18, 2012

Frederick W. Dunlea, MD

April 16, 1930 ~ October 19, 2012

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Pawns in a Chess Game

Well, the election is over. Obama has won and the Affordable Care Act looms at our not too distant future. Whether you were a supporter of this legislation or not it is going to be upon us before you know it. Before that happens, however, we are all going to be forced to deal with the “fiscal cliff” and the impacts that it will have on both healthcare reimbursement as well as on corporate and individual tax levels.

The physician community has been fairly divided on whether the Affordable Care Act was a good piece of legislation. I am hoping, however, that we can be united in our stance together regarding issues that affect us related to the fiscal cliff. Specifically, I am talking about drastic cuts to physician reimbursement, significant hikes in personal and corporate taxes, the continued “bundling” of codes, and the ever constant array of ways that the government finds to decrease our reimbursement.

Due to the flawed SGR formula, we as physicians are facing a 30% cut in Medicare reimbursement. We all know that as Medicare goes so do the rest of our payers, so effectively this is a looming 30% cut to reimbursement across the board. Most lawmakers agree that a 30% cut is not going to go through due to the devastating effect that it would have on physician practices, patient access to care, and the solvency of the Medicare program as a whole. The problem is that both sides of the aisle are using these looming cuts as just another chess piece in the political game being played out in Congress. Neither side is willing to agree on common ground for fear they will lose strength in negotiating on more tenuous issues. For example, both sides of the aisle agree on extending middle class tax cuts. However, neither side will agree to this.

Thus, we as physicians are left as mere pawns awaiting our fate. If you scour the internet and read articles and opinions of different pundits, most agree that there will be some cut to physician payments going forward. Instead of being the looming 30% it is more likely that we will see somewhere in the 2-5% range over the next few years. Unfortunately I believe many physicians will look at this as a positive outcome. ‘We were facing 30% cuts and instead only lost 2%, what a relief,’ they’ll say. I would encourage our Medical Society members and all physicians as a whole to resist this mentality. Any cut to physician reimbursement in today’s environment is a major blow. The cost of running a practice has certainly not gone down. It costs more to heat my office, pay the electric bill, furnish equipment, pay for employees, and pay for other miscellaneous overhead costs today when compared to years ago. Any cut to a top line will lead to a loss of everyone’s bottom line. Further it will force us to make difficult decisions about limiting access to Medicare and Medicaid patients, employee layoffs, cuts to employee benefits, and potentially even a complete change in our practice structure.

I encourage you to call your legislative representatives and let them know that any cuts to physician reimbursement will be detrimental to patient access as well as the economy of health care. Please ask them to repeal the SGR and create a sustainable plan going forward for Medicare reimbursement. Stop using Medicare reimbursement as a pawn in the “fiscal cliff game.”

A handwritten signature in black ink, appearing to be 'M. Engle'. The signature is fluid and cursive, with a long horizontal line extending to the right.



From the President by Thomas E. Albani, MD

Come on Board

“Come on board” they say. EMR will provide a unified medium for all of those in medical care to easily share patient information for the ultimate welfare of all patients. Imagine the improved patient care results! Imagine the seamless provision of patient care as each patient moves from one area of the state or nation to another! Medical costs can only go down as all relevant testing for any given patient will be readily shared and the duplication of services will be significantly reduced (if not completely eliminated). Importantly, but not very clearly pointed out in the fine print, having all health care providers on the EMR program accomplishes what I believe to be the REAL intent of the program ... **TO ALLOW UNPARALLELED EASE OF ACCESS TO ALL OF OUR PATIENT MEDICAL RECORDS BY ASSIGNED GOVERNMENT AND INSURANCE COMPANY WATCH DOGS.** If these “watch dogs” are anything like the current group of non-medically educated individuals we all get to deal with in our daily practices, our already maxed-out collective frustration level is about to kick it up yet another notch.

I truly understand the need to improve our ability to identify and stop health care fraud. It's costing us all dearly. I feel every bit as strongly that if this on-line watch dog approach is true, we as a society are throwing an awful lot of desperately needed public dollars into a bottomless pit. I believe we physicians did **NOT** go into medicine to practice the criminal skills of healthcare fraud. I find it a personal insult to all of us in this noble profession to be lumped into the same group as those who would intentionally commit fraud. Sure, there are physicians who have committed criminal acts, as there are bankers, policemen, lawyers, judges, and even (dare I say it?) ... politicians. **ANYONE** can commit a crime, but I think it is a tremendously inefficient misguided approach to believe that closer scrutiny of each submitted item on a claim by each physician from his/her office is where we as a nation will find the true criminal element we all want to eliminate. I believe those committing health care fraud are way ahead of this computerized chess game, and that those of us simply trying to care for our patients are getting stuck in the middle holding an ever enlarging bag of government hoops to jump through. If you think I'm off base, have you been watching the layer upon layer of annual requirements all practices must attain to reach or maintain the ever fleeting “meaningful use”?

So then it goes back to the carrot dangled before all of us health care providers to sell us this government mandated computerized medical marvel. Are you feeling “connected” to all other EMR providers yet? While an absolutely beautiful concept ... free exchange of important medical information is simply not happening. Just try to use the computer system at St. Elizabeth Hospital (an Epic/Carepath computerized operation) to pull up a real time progress note or lab result generated at the Cleveland Clinic (who uses the **SAME** computer system) a mere hour or so away. Let me save you some time ... you can't. Over time this is supposed to happen, but no one has really been able to fill me in on **WHEN**.

The “when” of penalizing physicians however has been worked out very clearly by our legislators. The priority we physicians have of sharing information does not appear to be as high on the priority list as making sure that **ALL** physician offices are not only computerized and using EMR's, but that we have met “meaningful use” (I promise you the term “meaningful” has absolutely **NO** correlation to our patients' welfare). Why, the timeframe for cutting pay to physicians is already fully in place to start saving millions in tax dollars! Medicare is penalizing all of us who do not meet meaningful use over a specific time frame by reducing our already meager Medicare reimbursements. So at a time when we don't have enough physicians to care for the all the patients we currently have on the Medicare rolls, we are going to penalize many of those same physicians because they did not reaching meaningful use (**IF** those physicians are still willing to see Medicare patients at all!) I guess I'm just not smart enough to catch all this brilliant logic affecting each of us and our Medicare patients.

Look, I fully admit that I am not an expert in politics, finance, or (with IT workers as my witness) computers. I'm just a solo family physician trying to take care of as many people in my community as well as I can, as cost effectively as I can. So in January of 2012, I bit my lip, held my tongue and started using an electronic medical record system. I paid tens of thousands of dollars for the hardware and its installation. I paid more for the software and training of my staff on the new system. Patient care slowed tremendously due to implementation of this new system. I had to buy an entirely new billing system that would integrate with this new EMR system, thus costing more money for that software, more costs to train my staff, more time, slower patient care and the inevitable delay in payments that follow such transitions. It's unfortunately a story we all know too well.



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Medical Education: Case Western Reserve Medical School
Internship: University Hospitals Case Medical Center
Residency: University Hospitals Case Medical Center

Jonathan Eucker, MD

Gynecology

Molloy, Smith & Eucker
800 Eas Western Reserve Rd.
Poland, OH 44514

Medical Education: NEOUCOM, Rootstown, OH
Internship: St. Elizabeth Medical Center
Residency: St. Elizabeth Medical Center

Tolga Icli, MD

Family Medicine

Austintown Family Health Care
4321 Mahoning Avenue
Austintown, OH 44515

Medical Education: American University of the Caribbean
Internship: Western Reserve Care System
Residency: Western Reserve Care System

Michael C. Koprucki, MD

Nephrology

The Kidney Group
1340 Belmont Ave., Ste. 2300
Youngstown, OH 44504

Medical Education: University of Pittsburgh School of Med.
Internship: UPMC, Pittsburgh
Residency: UPMC, Pittsburgh
Fellowship: UPMC, Pittsburgh

Igor Milosevic, MD

General Surgery

7641 Market Street
Boardman, OH 44512

Medical Education: Ross University, New Brunswick, NJ
Internship: Riverside Methodist Hospital, Columbus
Residency: St. Elizabeth Medical Center
Fellowship: University of Maryland, Baltimore, MD

Robert Cuttica, MD

Orthopaedic Surgery

6615 Clingan Rd.
Poland, OH 44514

Medical Education: SUNY Downstate New York
Internship: New York Medical College, NY
Residency: New York Medical College, NY

Robin S. Gautam, MD

Anatomic & Clinical Pathology

Pathology Consultants, LLC
8166 Market St., Suite D
Youngstown, OH 44512

Medical Education: The Ohio State University College of Med.
Internship: University Hospitals of Cleveland
Residency: Cleveland Clinic
Fellowship: Metro Health Medical Center, Cleveland

Michele Keller, DO

Family Medicine

Visiting Physicians, Inc.
7206 Market Street, Suite A
Youngstown, OH 44512

Medical Education: Ohio University College of Medicine
Internship: Youngstown Osteopathic Hospital
Residency: Youngstown Osteopathic Hospital

Victoria W. Li, MD

Pathology

Pathology Consultants, LLC
8166 Market St., Suite D
Youngstown, OH 44512

Medical Education: Peking Union Medical College, Beijing
Internship: University of Pittsburgh
Residency: University Hospitals of Cleveland
Fellowship: University Hospitals of Cleveland

Aldo A. Molinar, MD

Anesthesiology

Bel-Park Anesthesia Associates, Inc.
4135 Boardman Canfield Rd.
Canfield, OH 44406

Medical Education: University of Texas at Dallas
Internship: Methodist Dallas Medical Center
Residency: Cleveland Clinic
Fellowship: Cleveland Clinic

President's Message *continued from page 4*

As an aside, I purchased all of this only after much research and the aid of NEOHC, Inc. (Northeast Ohio Health Connect, Inc.), a consulting organization put together to make this process more efficient and productive for all of us who were having this process shoved down ... I mean "proposed to us" for our consideration. To make a long story short, about 8 ½ months after I started this process, the EMR company (Imagine, MD) came to the conclusion they were no longer going to support this venture of theirs. Thus, all of my entered patient records, etc. amazingly vanished in the "cloud" they lived in up until this past late August. I'm out a lot of money, and I'm about to lose a lot more since I have not done enough in the system to have met "meaningful use". I feel I have been a victim of EMR fraud. Who do you talk to about that? Who makes physician losses whole? I haven't found any good answers for those questions ... it seems there are no provisions or safety nets for those of us who are truly just trying to care for our patients and become the victim of some scheme to extract dollars by taking advantage of someone in a vulnerable position. I guess I always felt that our legislators would watch out for the providers of health care, thus ensuring the health of our society as a whole. Whatever was I thinking?

I realize all of the above may leave you feeling pessimistic, but I KNOW our government won't let us down. Our legislators and the dedicated highly educated individuals they have at the helm of our health care ship would not leave us high and dry. They are working furiously at this time to make sure that the billing system that we all use in our daily visits will be simplified, less cumbersome, and user friendly ... so as to assure accurate coding that will not set us up for being accused of intentional criminal activity in days to come. Have no fear ... ICD 10 is on its way! (I'm feeling better already.)

Thomas E. Albanis, Jr. MD

NEW MEMBERS *(continued)*

James Pantelakis, MD

Orthopaedic Surgery

6615 Clingan Rd.
Poland, OH 44514

Medical Education: NEOUCOM, Rootstown
Internship: Mount Carmel Medical Center, Columbus
Residency: Mount Carmel Medical Center, Columbus

Paul A. Rich, MD

Family Medicine

Comprehensive Physician Associates, LLC
5170 Belmont Avenue
Youngstown, OH 44505

Medical Education: Medical College of Ohio, Toledo
Internship: Northside Hospital, Youngstown
Residency: Northside Hospital, Youngstown

We would like to thank Humility of Mary Health Partners for paying 2013 dues for the following physicians:

*Hiba Abdel Aziz, MD
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George Aromatorio, MD
Urwa Barakat, MD
Timothy Barreiro, DO
John Becker, MD
Adam Cash, MD
Ray Crouch, MD
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Xuan-Trang Day, MD
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Anthony Deramo, MD
Heath Dorion, MD
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Rashad El-Dabh, MD
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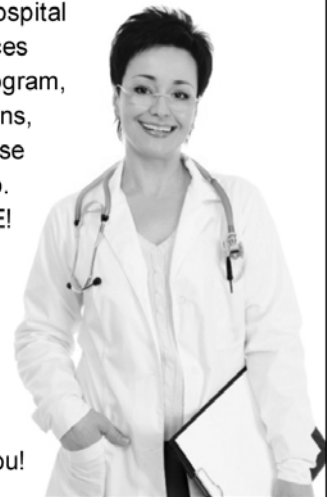
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RATES: Many carriers are announcing no expected increase in rates this year! While annual filings take place at different times of the year and this is always subject to change the market continues to be competitive. A recent article in the *American Medical News* indicated that rates are holding steady, or event DECREASING in some areas but as all know, this is a cyclical line of business and as history tends to repeat itself, we can look for changes down the road.

COMMERCIAL INSURANCE RATES are experiencing a noticeable bit of “hardening” or a change to somewhat higher pricing so it may be a good idea to call to get your office rate or other commercial exposures quoted. If you're with Huntington, this is reviewed automatically.

From our carriers:

COVERYS: The continuation of COVERYS' competitive approach is saving tens of thousands of practice dollars for Mahoning County Medical Society Physicians! The “underwriting window” for renewals starts around 60 days prior to your renewal so if not yet with the Huntington endorsed program, please let us know and we'll get the necessary information from you to offer a quote through the Medical Society's endorsed program. Completing the rate indication form included in the newsletter is the best way to start the process.

MEDICAL PROTECTIVE: News from Medical Protective.... Effective January 1st, 2013, MED PRO will offer an immediate conversion to the occurrence form of coverage with NO CHARGE for tail coverage. For physicians already insured with Huntington, the option will be presented to you at renewal time and if you prefer, we can quote earlier. For those not yet insured with Huntington, please contact us and we'll indicate what information is needed to quote this for you. Currently, Ohio is one of two states with this offering.

PRO ASSURANCE: Every renewal is reviewed to assure maximum credits and with its easy availability of Risk Management credits both on line and at their local seminars, physicians' find it easy to obtain reductions to their professional liability bills.

THE DOCTORS COMPANY: TDC continues its TRIBUTE PROGRAM and its dividend announcements. Long term TDC insured's find an ever increasing “bonus” at retirement with the Tribute Program. TDC has announced video presentations of valuable subject matter. To view these videos and to subscribe to the Doctors Company You Tube Channel, go to www.youtube.com/doctorscompany.

PSIC: When a target specialty is noted, PSIC is hard to beat. This carrier continues to make gains in the Ohio market. The current targeted specialty is: ENDOCRINOLOGY

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SECTION (A) – CUSTOMER/CONTACT INFORMATION:

Physician name: _____

Contact name: _____

Practice name: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

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SECTION (B) – COVERAGE INFORMATION:

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Primary specialty: _____ Sub specialty: _____

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Requested Limits of Liability: \$100,000/\$300,000 \$200,000/\$600,000 \$300,000/\$900,000
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SECTION (C) – OTHER:

Number of hours worked per week in office & hospital: 20 hours or less 21–30 hours 31 hours or more

Hospital privileges: _____

If new to practice, date residency completed: _____ Start date of practice: _____

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