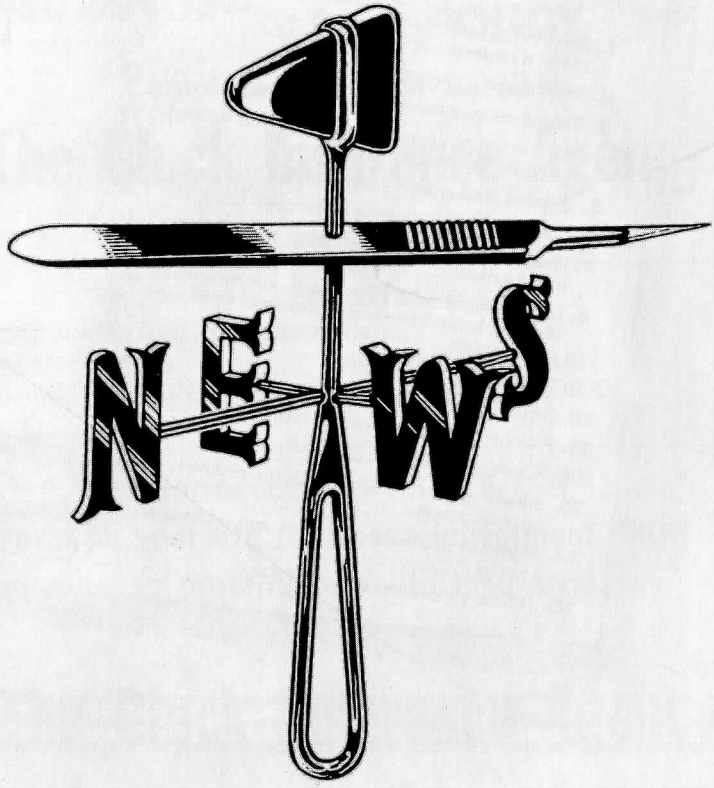
BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

Volume LIII *Number 7*

OCTOBER, 1983



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1983 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1983

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 18	Mar. 15	May 17	Sept. 20	Nov. 15	Dec. 20

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OCTOBER, 1983

Advertisers' List

From the Desk of the President

At St. Elizabeth's Medical Staff Meeting in September a member of the hospital's financial team attempted to explain the regulations establishing D.R.G. reimbursement. St. Elizabeth, as most hospitals, accepts assignment and receives approximately 40% of its revenue from Medicare; the implementation of D.R.G., therefore, could affect the hospital's finances in a dramatic fashion. Discussion of the advisability of the hospital administration's accepting such a far-reaching program was unfortunately curtailed by the meeting's presiding officer, although some strong opinions were expressed by the physicians present that the hospital should not abide by the new D.R.G. policy. Hopefully, this issue will be added to the agenda for discussion in the near future.

The pitfalls of accepting reimbursement from third parties are manifest. The motivation behind such plans are mainly cost containment and care curtailment, rather than quality assurance. The purpose of D.R.G. is to shift expenses from the insurer (The government-HHS in the case of Medicare) to the hospital under the ruse of inspiring greater hospital efficiency and creating cost competitiveness. D.R.G. does not have the best interest of our patients as its inspiration — it is purely economic and it will result in curtailment of services and eventual rationing of medical care. Poor quality medicine will be the logical result; medical judgment in patient care will be replaced by what third parties feel is necessary and for which they will pay. In the New Jersey experience with D.R.G., patient census and hospital income dropped to the point of bankrupting some of those very institutions that embraced the program.

One staff physician asked at what point in time the hospital will elect to leave the government apron strings, and do that which is going to be increasingly more difficult but necessary to preserve good medical care for our community: spurn the dictates of third party payees thereby preserving private personal patient relationships. When medical judgments are dictated by those third parties whose main concern is cost containment, when the individual patient and his disease are lumped into tidy diagnostically related categories, when a rigid number of days and dollars are statistically allocated for a patient's unique disease, then individuality is truly lost and independent personally-tailored medical care is sacrificed for the faceless, impersonal, inept, imperative of a bureaucracy.

Physicians must recognize that they act as an ombudsmen for their patients and they must, in conscience, advise any facility offering a place

(Continued on Page 186)

BULLETIN
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Volume LIII **OCTOBER, 1983** **Number 7**

Editorial

PAIN

Everyone has had to deal with pain sometime in life, whether personally or in someone else, professionally or non-professionally.

Managing the troublesome entity has taxed the ingenuity, patience, and endurance of all professionals plus families and friends of victims. Addiction is a "cancer" crying for a cure.

What is pain? Everyone has a different definition or description which means something to that person, but can only be suggestive to others. Some sufferers can be stoic martyrs even to severe discomfort while others are belligerent bellyachers even to mild interferences with normal routines.

On September 1, 1983 Robert Addison, M.D., Director of the Pain Center at the Rehabilitation Institute of Chicago, delivered a sensible and practical talk for YHA's Family Practice All-Division's meeting on the "Management of Low Back Pain". Dr. Addison reiterated exhortations we all remember from medical school — do a good history and physical examination before proceeding on a course of therapy. Consider the patient's real needs carefully. Which exercises, if any, could be helpful? Is bed rest necessary? Should surgery be considered? What and how much medication should be used? Could the endorphin-released placebo response prove helpful? What about job retraining as an alternative? Heat, massage, manipulation are other considerations. Most important, however, is the prevention of a chronic outcome which may be intractable. Intense preventive measures should be instituted within three months.

The August 26, 1983 issue of JAMA has an interesting review article by Richard A. Deyo, M.D., MPH, in which he tries to distinguish useful from useless therapy in low back pain. Limited research and inadequate evaluation procedures have not resulted in enlightened management, generally.

Since we have conquered many disease entities and now are addressing the newer AIDS and toxic shock syndromes and other glamour problems, shouldn't we pause to reflect on and meet head on the age-old but still aggravating problem of pain, realistically?

Grateful patients will "light up our lives"!

Richard W. Juvancic, M.D.

PROCEEDINGS OF COUNCIL
Sept. 13, 1983

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, Sept. 13, 1983 at the Youngstown Club.

The meeting was called to order by vice-president Glenn J. Baumblatt at 7:33 p.m. The minutes of the June 14, 1983 meeting having been read, were approved.

The treasurer's report included a recap of total income to date from dues and other sources. The bill list was read and a motion made, seconded and passed to pay each bill.

The following applications were presented by the censors:

ACTIVE: Stanley Goldstein, M.D.

ASSOCIATE:

Malcolm R. S. Arnold, M.D.	Prasad B. Guttikonda, M.D.
Bimleshwar Dayal, M.D.	Bee Min Lim, M.D.
Thomas P. Fogarty, D.O.	James Paul Moore, M.D.
Donald W. Fox, D.O.	Niranjan N. Patel, M.D.
Norton I. German, M.D.	Robert G. Spratt, M.D.
Kim Goldenberg, M.D.	Donald J. Tamulonis, M.D.

The applications were approved. The applicants will become members of the Mahoning County Medical Society in the voted category 15 days after publication of the names in the *Bulletin* unless objection is filed in writing with the executive director before that time.

Communications included: A letter from the Youngstown Community Action Council concerning assignment of a physician to the East Side Medical Center by the Public Health Service; Information about the AMA Awards Program; A letter about the Auxiliary Masquerade Dance; Notes of thanks from Mrs. William Flynn, Dr. John Goldcamp and Dr. John Rogers.

Committee reports included: A report from the MCMS Foundation that six loans of $1,000 each were made to medical students in July; a report from the Canfield Fair Committee; a report from the Constitution Committee on a proposed by-law change that suggested approval of notifying the membership of new member applications by publication in the minutes and not waiting for *Bulletin* publication; a report from the Nominating Committee that named the following committee members— Drs. Mahar, Kiskaddon, B. P. Brucoli, McGowen, Friedrich and Brandmiller, who will meet Oct. 18; a report on the San Antonio Medical Executives Conference from the executive director.

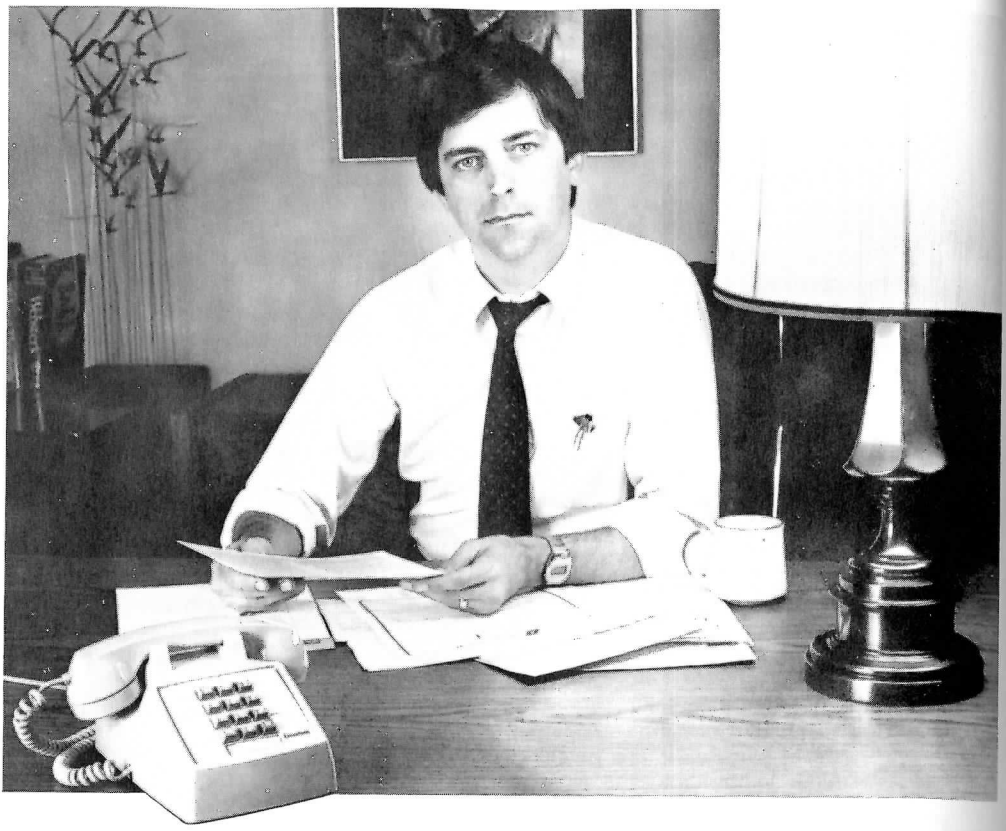
Sixth District Councilor Dr. Anderson gave an interesting and enlightening review of the recent State Council meeting in Columbus. He spoke on pending legislation and the possible impact on the enactment of legislation now in force.

Dr. Sovik, OSMA legislative committee member, spoke about matters discussed in a recent meeting of his committee.

Under unfinished business it was noted a letter has been sent to the proper person in support of the concept of the East Side Medical Center and the services it provides for persons on welfare, ADC and ADCU programs.

In response to a request for a speaker to talk about cost containment in the health care field as they are implemented by physicians, a motion was made, seconded and passed that the executive director work in cooperation with any willing physician to provide a program on the topic requested.

The subject of publishing a pictorial directory of the Society was brought up and discussed. A motion was made, seconded and passed that some samples of directories and cost figures for publishing a directory be presented at the October meeting of Council.



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A motion was made, seconded and passed that the president of the Medical-Dental Bureau be requested to attend the next Council meeting, with a technician if needed, to explain why the service is not what it should be.

Announcements included: Old Fashioned Society meeting at the Youngstown Maennerchor at 6 p.m. Sept. 20; a seminar on DRG reimbursement systems from 2 - 5 p.m. Sept. 21 in Columbus; conference on Impaired Physicians being held Oct. 15 - 16 in Columbus; Academy of Medicine of Columbus Ski Trip and 10 hour CME program to Steamboat Springs, Jan. 14.

The meeting adjourned at 9:40.

Robert B. Blake
Executive Director

THE SOARING COST OF MEDICAL CARE?

Introduction

"Health care costs now consume 10.5 per cent of the gross national product" and "health costs continue to rise faster than the general rate of inflation" are repeatedly quoted.

I can accept these as correct.

I shall analyze facts — not statistics.

Data Base

What is included in "health costs" (sometimes expressed as "medical costs")?

It contains the costs of increasing government regulations, the overhead of health insurance companies, malpractice insurance, defensive medicine.

Also included are stomach stapling for obesity, cosmetic plastic surgery, extraordinary life saving procedures, substance abuse programs, sex therapies, wellness programs, preventive services, holestic medicine, second surgical opinions, peer review, diet programs, megavitamin therapy, medical fads, research, equipment.

What is not included? I could not determine: are over the counter medications, vitamins, the large number of non-physicians (podiatrists, chiropractors, optometrists, psychologists, nurse practitioners, physician assistants, para-medics, mid wives, technicians, physiotherapists) independently providing services, hospices, the many single disease interest groups, construction of hospitals and clinics, included?

The data base for "health care cost" is never specifically stated.

The Rise in Health Care Cost

Inflation has entered every part of living. "Health care cost" should not and cannot be considered in isolation from inflation.

The increase in physicians' fees in four of the past five years has been lower than the all services component of the consumer price index.

Hospital room rates include a large number of services and expenses— not only bed, food, and nursing care. Modern diagnostic and therapeutic equipment with needed personnel is one source of the increase in hospital rates. Hospitals must pay for the effects of inflation in salaries, food, utilities, maintenence, insurances. Hospital care costs have risen slightly more than the general inflation rate.

Physicians, hospitals, pharmaceutical companies, sick people and their families all agree in their desire and demand for quality, quantity, availability of health care. These add to cost — without price tags.

The quantity of care has increased. People tend to overlook that life-saving and life-prolonging measures (for example, for heart disease and hypertension, cancer therapies, surgical skills and techniques) add to costs. Death ends some health care costs. The quantity of care could be reduced by immoral and unethical mandatory birth control and euthanasia.

The increase in cost directly related to the increasing over sixty five age group has been repeatedly documented.

The increase in population, not only the aged, has led to increased cost.

It is impossible to estimate the added costs of first-dollar insurance coverage, the expectation that the health care system keep healthy people well and cure the sick, excessive payment for remaining ill.

Possible Solution

Proper solutions to the "soaring costs of health care" must start with the correct identification of problems.

What specific services are considered to be "health care"?

Inflation has caused and remains the largest increase in whatever is included as "health care".

Personal and private care, quality, quantity, availability do not have specific prices. Curtailing and limiting these may reduce costs immediately and probably would increase costs over an extended period of time.

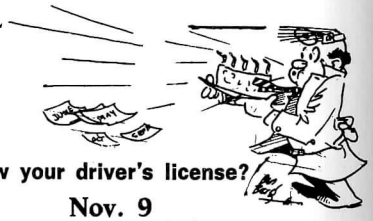
Bureaucratic decisions (for example DRG), HMO, PPO, free standing clinics will have little effect in reducing the total cost of the treatment of disease and injury.

These plans, other proposals, quoting statistics without stating precisely what is included, imply that the present system of health care is outdated and that physicians, hospitals, pharmaceutical companies are causes of "soaring" or "escalating" health care costs.

I gratefully acknowledge that much of the material was obtained from "Psychiatric Annals", June 1983 and particularly from "Health Costs" — a National Noncrisis"? by John K. Layle, M.D.

Frank Gelbman, M.D.

HAPPY BIRTHDAY



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J. Malkoff

Oct. 18
C. A. Sarantopolous

Oct. 19
L. C. Zeller

Oct. 23
V. A. Raval

Oct. 25
P. L. Jones

Oct. 27
L. N. Harichand

Oct. 28
I. H. Chevlen
M. M. Szucs

Nov. 2
R. A. Abdu

Nov. 3
D. R. Brody
R. J. Brocker

Nov. 4
R. A. Hernandez
K. J. Hovanic

Nov. 5
V. D. Lepore

Nov. 6
L. O. Gregg

Nov. 8
R. H. Wetzel

Nov. 9
J. B. Birch

Nov. 10
N. K. Badjatia
J. C. Melnick

Nov. 13
Mahoning County
Medical Society

Nov. 14
G. Nagpaul
D. E. Pichette

Nov. 15
J. S. Gregori
R. W. Juvancic
J. P. Kalfas

From the Desk of the President

(Continued from Page 178)

where medical care is rendered, when that facility is stepping upon the slippery slope toward poor quality health care. The facility so advised must then make its choice to act in the patient's best interest or to act in regard to its own immediate financial best interest, knowing what result must necessarily follow. Let us, therefore, speak clearly for uncompromised high quality medical care. Let us condemn this new scheme for rationed poor quality health care dictated by third parties unwilling to pay for first rate medicine.

P. J. Mahar, Jr., M.D.

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From the Bulletin

FIFTY YEARS AGO — OCTOBER 1933

Schools were closed because of the polio epidemic. The Medical Society Council recommended that the Health Department pool all the blood donations received from convalescent cases and make the serum available to the doctors. The epidemic waned and nothing came of the proposal.

A course of eight lectures in hematology by Drs. Doan and Wiseman of Ohio State University started that month. Fee for the course, three dollars.

Dr. G. B. Kramer held a "Clinico-Pathological Conference" at the South Side Unit. It was a new thing and more were planned. Doctors were invited to attend.

FORTY YEARS AGO — OCTOBER 1943

Dr. John Tucker of the Cleveland Clinic told the members that the new Penicillin was the most powerful anti-bacterial agent known.

The honor roll of doctors and nurses in the armed services took up four pages in the *Bulletin*. There were many letters:

Joe Colla in one year had been in Fort Sam Houston, thn Camp Bowie, Texas, then the dispensary at the Pentagon in Washington. From there he went on a special mission to South America, North Africa and Canada. He wrote from a camp in Virginia which he was not allowed to name where there were swimming pools, a golf course, and a horse for each officer. John Noll was at Jefferson Barracks, Mo. Brack Bowman was at Laguna Beach near Los Angeles. Barclay Brandmiller was at Monterey, the old capital of California. Luke Reed was at Monroe, California. E. M. Chalker was at Las Vegas, Nevada. Herman Zeve was at Trinidad, B.W.I. Walter Tims was still in England, promoted to Major.

McKelvey's store celebrated its 60th Anniversary by launching a project to sell $300,000 worth of bonds to buy a bomber to be named "The Spirit of Mahoning County".

THIRTY YEARS AGO — OCTOBER 1953

Physicians were concerned about the proposal to include them in Social Security. Disapproval was expressed by the A.M.A. House of Delegates, the American Bar Association, and the American Dental Association.

President Goodwin reported on a local survey of hospital expense. The report showed that only 16½ of the hospital days were paid by the individual. The rest was paid by Insurance, Workmen's Compensation, state or city, and Community Chest.

Editor Reese sounded off about doctors who have their secretaries put through calls to other doctors and make them wait on the line until the caller is ready to talk. He said it was a breach of common courtesy.

At the September meeting a vote was taken to decide whether Wednesday or Thursday afternoon should be the official "afternoon off" for doctors. The vote was 113 to 64 in favor of Thursday.

TWENTY YEARS AGO — OCTOBER 1963

The Sixth-District Post-Graduate Day was held at Packard Hall in Warren on the twenty-third. The program was most attractive and the place was jammed.

There were seventeen outstanding speakers from twelve great medical centers like McGill, Harvard, Jefferson, Michigan, Cleveland, Pittsburgh, Minnesota, and Columbus.

Dr. Thomas Lander died. He was a prominent family physician doing a great deal of Obstetrics. He has been greatly missed.

Leonard Blum, John Buchanan, Pat Kennedy and Harry Zeve were elected to honorary membership.

Seventy thousand persons visited the Health Exhibit at the Canfield Fair. The supervision was done by Harlan McGregor, Clyde Walter, Jack Schreiber, Robert Fisher, and Fred Resch.

New members were: Glen J. Baumblatt, Leonard N. Green, John C. Melnick, Rafael Tarnopolsky, Frank Tiberio and John Werning.

It was a good month. Ninety-two members attended our business meeting and that's a quorum. Warren put on a great Post-Graduate Day. We had a cultural program going for doctors at Youngstown University. Six desirable new members were added. The Society gave $100.00 to the good ship "Hope".

TEN YEARS AGO — OCTOBER 1973

President Ed Pichette editorialized about the various methods proposed for recertification and relicensure of practicing physicians. He reported that 93% of those responding to a questionnaire were not in favor of requiring evidence of CME for relicensure.

Editor Bill Moskalik reflected on some of the injustices in the world, like recalling automobiles for mechanical probems, yet ignoring the defects of the drivers who cause 90% of the accidents.

The Medical Assistants dinner was held October 3rd at the Ramada Inn. Dr. George Deitz was Chairman of the affair, and he presented twenty-seven door prizes, including two oil paintings. There were 270 girls in attendance and each received a favor at her plate.

The Womens' Auxiliary held a picnic cook-out "under the oaks" at the Friedrich Farm. Sally Hernandez was Chairman. The Auxiliary also visited more than 200 physicians' offices to pick up drug samples which they planned to send to Detroit for the World Medical Relief, Inc.

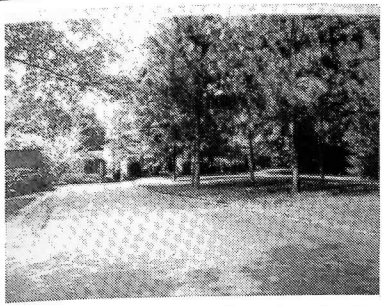
The Florence Crittenton Home celebrated its 70th year of service to the community.

New active members were Norma Hazelbaker, M.D., Chandler Kohli, M.D., Paul Mahar, M.D., Nicholas Pappas, M.D. and V. G. Raghavan, M.D.

New associate members were: N. K. Badjatia, M.D., Taiji Kawatu, M.D., J. Louis Pecora, M.D., Fred R. Pruitt, M.D., and G. D. Sangvai, M.D.

The Medical Society was still debating on how to vote on PSRO

—Robert R. Fisher, M.D.



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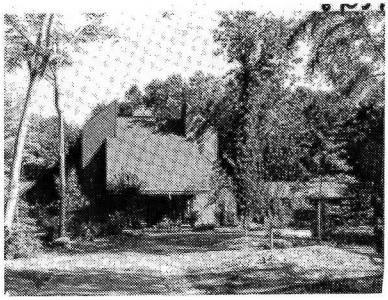

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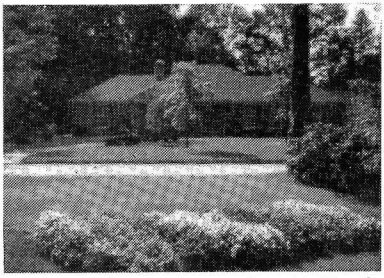

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