



# Bulletin

of the Mahoning County Medical Society  
First Quarter 2014

## Local Physicians Meet with Congressman Bill Johnson in Canfield January 21st to Discuss United Healthcare Advantage Plans

Area physicians participated in a press conference with Congressman Bill Johnson (R-6th) on Tuesday, January 21, 2014, following a roundtable discussion of recent cuts to the United Healthcare Medicare Advantage program.

A number of physicians have had their practices directly impacted by the cuts to Medicare Advantage and have been told they can no longer participate in United Healthcare's Advantage Program and would not be reimbursed for seeing patients enrolled in the program. Senior patients have been forced to switch plans or leave their long-term physician.

After following United Healthcare's appeal process, most area physicians received unfavorable determinations. Congressman Johnson has been working to reverse these decisions and has been successful with five doctors. He is continuing to work with local physicians who are still affected by these cuts.

If your practice has been impacted by these cuts, you may contact Congressman Johnson by calling his office in Salem at (330) 337-6951, Washington, DC (202) 225-5705, or toll free (855) 376-0868.



Dr. Sean McGrath, MCMS President, welcomes members of the press to the conference.



Dr. Hai-shiuh Wang, Eye Care Associates, talks about the impact of United Healthcare's decision on his patients



Congressman Bill Johnson speaks to the press about the healthcare access problem brought about by United Healthcare's decision.



Dr. Lawrence Schmetterer, a vascular surgeon dropped by United Healthcare Senior Advantage, looks on as Congressman Johnson speaks.

## Bulletin

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Correspondence and changes of address should be mailed to the above address.

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## CALENDAR

April 4 - 6, 2014

OSMA Annual Meeting,  
Columbus

May 6, 2014

MCMS Annual Meeting,  
The Lake Club

June 12, 2014

Annual OSHA Update,  
Hampton Inn, Canfield

June 19, 2014

Canfield Fair Exhibitors' Breakfast

## In Memoriam

*Chong M. Lee, MD*

*March 30, 1936 ~ September 28, 2013*

*James T. E. Chengelis, MD*

*April 24, 1955 ~ October 2, 2013*

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## **MOC is MOCKing you!**

With the constantly changing landscape of medicine these days, it's no surprise that the bar by which we are measured continues to change as well. At one time, graduating from medical school was considered a high enough achievement to be called a physician for life. Over time, however, we have raised the bar higher so that we all must complete residencies, achieve board certification, have a state license, and lately, continue in a Maintenance of Certification (MOC) program.

I recently took my MOC exam for my specialty of Physical Medicine and Rehabilitation. As I prepared for, and then took this test, I found myself more and more irritated with the entire process. It is costly and time consuming. It doesn't make me a better physician and it could be done better!!

The cost of this process is much higher than I think is necessary. The American Board of Medical Specialties states that "fees charged by the 24 ABMS Member Boards for MOC participation are, on average, approximately \$300 per year." What a CROCK! When I look at what I have spent over the past 10 years on annual fees, self-assessment exams, review materials, mock exams and CME requirement, it is well over \$8,000. On top of that, we can not forget the cost of not being able to practice for the day of the test. You can do the math, but as you can see the numbers add up quickly. The biggest complaint I have, however, is not the actual cost, but rather that we are essentially paying for a bunch of paper pushers to "maintain" our certificates. How much does it really cost to create a bunch of multiple choice questions anyway?

ABMS states that MOC programs translate to better patient care. They give citations of studies to support this claim. However, as I reviewed those studies, none of them really measured MOC. Instead, most were looking at either CME or self-assessment exams and their impact on physician knowledge. Do any of us really think this is a good measure of patient care? I would argue that in order to measure patient care, a MUCH more complex and encompassing study would need to be done.

I would offer a simple, yet effective, alternative. How about each diplomat of your specialty board spend one day "shadowing" a fellow diplomat. Then, after reviewing charts and interviewing a few patients, we would write a critique of our fellow diplomat with a simple "pass" or "deficiencies noted" sent to the board. If passed, the MOC is done. Otherwise, each board would come up with a plan of improvement for deficient diplomats. This allows self-governing, which has always been a hallmark of medicine. It also allows for interaction among diplomats that would foster learning. It would be less costly, and most importantly, it would allow physicians to regain control from the ABMS which has become an overly powerful, unchecked, monopoly.

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

## From the President

by Sean T. McGrath, MD



My Grandfather used to tell me not to be afraid of a hard day's work. He said sometimes you have to use a little elbow grease to get the job done. As I got older he recommended to work smarter, not harder. His final message, though, tied it all together; take pride in all you do no matter how big or small.

The words of my grandfather still resonates everyday when I am caring for patients, dealing with staffing issues, salting the icy office sidewalk, or taking the trash out to the dumpster. Every job, no matter how big or small, can be simply accomplished or done exceptionally. I choose exceptional because that is how I was raised and that is how I am wired. My concern is that the new "wireless" generation leaves a lot to be desired. One term I recently encountered for this newest generation of workers is Clock Watchers. It's unfortunately quite appropriate.

My first "job" that I can remember was really the chore of mowing the yard. I lived on five acres, of which we mowed about 2 and half. We did this with a push lawn mower. For one summer my siblings and I mowed everyday in shifts till we finished, just in time to start over again. The lawn mower only lasted one summer, but the lesson has lasted a lifetime. We used some elbow grease, didn't fear the hard work, and took turns in shifts so each of us had some time to enjoy the summer.

I started working commercial jobs late in high school. I have always enjoyed working, whether school work or employment. I have worked with those who did not enjoy it the same way. I never "got" those people. Like many reading this article, I found myself picking up the slack and gravitating to the others who were likeminded. Today I fear the majority is not picking up the slack. There has been a great societal shift that permeates from the top down. I am not sure when or how it happened, but it is here and now. My Grandfather's mentality, and the vision of "The American Dream", is vanishing. It is being replaced with entitlement and "American Dis-Ability."

How does this affect us as physicians? When we look at the current landscape of medicine, we see change. We see the ACA coming like a runaway locomotive that has jumped the tracks with no one at the controls. We see an increasing number of patient's under the age of 65 on Medicare. There are more patients on Medicaid with many more waiting for a pen stroke to expand benefits. Non-compliance is rising. Patient self responsibility is lacking. Obesity is out of control. Costs are rising on those who can afford or barely afford to pay. Quality of care is arguably decreasing as doctors stare into computer screens and type while waiting for the whistle to blow so they can go home and forget about work till the next shift.

We are caught in the middle of a paradigm shift. We must learn how to successfully navigate through the changes. Our medical system must be able to maintain the health and well being of the people for whom we care. If a fight is necessary, we must bring the knowledge and know-how to the table and make a stand for the practice of medicine we have dedicated our lives to. In the day to day operation of medicine, only two components are vital; not the insurance companies, the government, drug makers, medical sales representatives, hospitals, nurses, billers, technologists, etc. The only two vital components are the physician and the patient. One without the other is futile, but both together make a beautiful partnership.

A handwritten signature in black ink, appearing to read "S. McGrath, MD". The signature is fluid and cursive, with a long horizontal line extending to the right.

# New Members

**Charles D. Cammock, MD**  
Anesthesiology

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

Medical Education: Rutgers Robert Wood Johnson, Camden, NJ  
Internship: Cabrini Medical Center, New York, NY  
Residency: Ohio State University, Columbus, OH

**Nefertiti A. Labib, MD**  
Psychiatry

755 Boardman Canfield Rd.  
Suite H2  
Boardman, OH 44512

Medical Education: Faculty of Medicine, University of Cairo, Egypt

**Victor C. Lin, MD**  
Anesthesiology

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

Medical Education: Baylor College of Medicine, Houston, TX  
Internship: University Hospitals College of Medicine, Cleveland, OH  
Residency: University Hospitals College of Medicine, Cleveland, OH

**Richard J. Loges, III, MD**  
Diagnostic/Interventional Radiology

The Vein Center and Medspa  
965 Windham Court  
Suite 2  
Boardman, OH 44512

Medical Education: Wright State University, Dayton, OH  
Internship: Kettering Medical Center, Dayton, OH  
Residency: Penn State University, Hershey, PA  
Fellowship: Pittsburgh Vascular Institute, Pittsburgh, PA

**David W. Neidig, MD**  
Anesthesiology

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

Medical Education: University of Iowa College of Medicine, Iowa City, IA  
Internship: University of Iowa Hospital & Clinics, Iowa City, IA  
Residency: University of Iowa Hospital & Clinics, Iowa City, IA  
Fellowship: University of Iowa Hospital & Clinics, Iowa City, IA

**Keith A. Roller, MD**  
Anesthesiology

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

Medical Education: NEOUCOM, Rootstown, OH  
Internship: Northside Medical Center, Youngstown, OH  
Residency: Northside Medical Center, Youngstown, OH

**Louis G. Salib, MD**  
Anesthesiology

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

Medical Education: Cairo University Medical School, Cairo, Egypt  
Internship: Meridia Huron Hospital, Cleveland, OH  
Residency: Meridia Huron Hospital, Cleveland, OH  
Fellowship: Cleveland Clinic Foundation, Cleveland, OH

**Charles P. Sammarone, DO**  
Family Practice

730 N. Main Street  
Hubbard, OH 44425

Medical Education: Ohio University, Athens, OH  
Internship: Youngstown Osteopathic Hospital, Youngstown, OH  
Residency: Western Reserve Care System, Youngstown, OH



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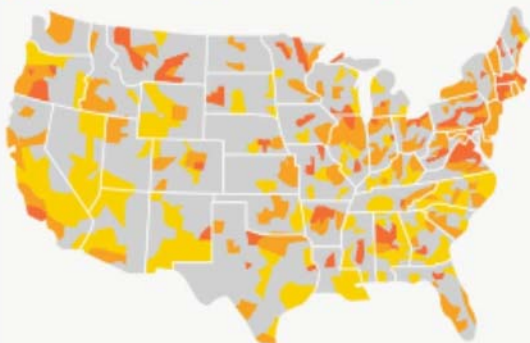
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## Looming Shortage of Arthritis Docs

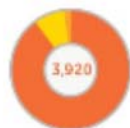
There are only about 4,000 rheumatologists in the 48 states and DC— not nearly enough to serve the estimated 46 million people with osteoarthritis, gout, rheumatoid arthritis and related conditions.

Number of rheumatologists per 100,000 people

● 0-1 Rheumatologist    ● 2-4 Rheumatologists    ● >4 Rheumatologists



Total numbers of rheumatologists in cities and the countryside



● Large metro areas - 3,512  
● Small metro areas - 134  
● Rural areas - 274

Source: Regional Distribution of Adult Rheumatologists, American College of Rheumatology Committee on Rheumatology Training and Workforce Issues, Arthritis & Rheumatism, Published Online: November 27, 2013.

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## Bits 'n' Pieces

The following doctors have retired:

Prabhudas Lakhani, MD  
John Popovec, DO

Anthony Koulianos, MD has moved to 935 Trailwood Drive, Suite A, Boardman, 44512. His new phone number is 330-953-3204

2014 membership dues were past due as of January 1, 2014. If you still have not paid dues for 2014, they will still be accepted until June 30, 2014, without penalty. However, if your dues were not paid as of March 31, 2014, you will have to seek reinstatement to MCMS programs.

Applications for medical student loans from the Mahoning County Medical Society Foundation are now being accepted. To be eligible, applicants must be a permanent resident of Mahoning or Trumbull County, have completed at least one year of medical school or school of osteopathic medicine. Loans are granted at one per cent below the prime rate, and interest is forgiven if the recipient returns to the Mahoning Valley to practice and becomes a member of the Mahoning County Medical Society. Call or email the Society office for more information or an application. 330-533-4880 [mahoningcountymed@zoominternet.net](mailto:mahoningcountymed@zoominternet.net)



## Shepherd of the Valley-Boardman Recognized for Quality Care

**RESIDENT SATISFACTION:** The Ohio Department of Aging recently recognized Shepherd of the Valley -Boardman as **one of the top 25 Ohio nursing homes for resident satisfaction** with an overall satisfaction score of 96.11 out of a possible 100. SOV-Boardman placed 15<sup>th</sup> in the top 25 statewide and had the **second highest score in Mahoning County**. Statewide, the average score was 87.5.

Between August 2013, and January 2014, the ODA conducted over **27,000 resident interviews at 953 skilled nursing facilities** as part of a statewide Resident Satisfaction Survey, which is conducted every other year opposite a similar survey of Ohio nursing home resident family members.

**FOUR STAR RATING:** Shepherd of the Valley-Boardman received a FOUR STAR rating from Medicare on their recent State survey. Boardman joins our other skilled nursing centers at Howland and Niles, which have received 5-star and 4-star ratings respectively.

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## Grant Funded Meaningful Use Support

The Regional Extension Center (REC) grant has been extended through February 2015 and going forward, the Northeast Central Ohio REC based in Akron will now provide grant funded Meaningful Use support in Mahoning and surrounding Ohio Counties. We have assisted 830 providers to meet Meaningful Use Stage 1, Year 1. Any Priority Primary Care Provider (PPCP) who has yet to attest to Meaningful Use can *receive assistance at no cost*. (Please note: NEO HealthConnect Regional Extension Center is no longer in operation).

### Services we provide:

#### Meaningful Use (MU):

- Readiness Assessment & Workflow Analysis
- Reporting Needs & Eligibility Analysis
- Stage 1 & Stage 2 Education
- Privacy & Security Education
- Registration & Attestation Assistance
- Project Management

EHR Vendor Issue Resolution

### Who is Eligible:

- Priority Primary Care Providers (PPCP's)
  - The PPCP must practice in a primary care area, defined as internal medicine, family practice, pediatrics or obstetrics/gynecology
  - Includes PAs, CNMW or (C)NPs who provide primary care services
  - Need not be board certified in the specialty area, but must practice in primary care

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## New Resources Guide Physicians Through ACA Grace Period Complexities

***We would like to thank the American Medical Association for providing this information and allowing us to use it. To access this online, go to [www.ama-assn.org](http://www.ama-assn.org).***

While the 90-day grace period created under the Affordable Care Act (ACA) should help keep patients covered, it also could create some coverage questions for physicians when they don't have the full information they need. You can find answers to these questions and mitigate financial risk using new AMA resources.

Under the ACA, if a patient who has purchased health insurance via an ACA exchange and received a premium tax credit does not pay his or her premium in full, that patient enters a 90-day grace period. While health insurers must pay claims for the first 30 days a patient is in the grace period, insurers may place a hold on claims for services that took place in months two and three of the grace period. If the patient doesn't pay the missed premium within the remaining time, the insurer may not pay the claim, leaving it up to doctors to tell their patients that they have to pay for their entire treatment.

"The grace period rule imposes a risk for uncompensated care on physicians so the AMA has created resources to help medical practices navigate the key aspects of the rule to minimize its potential negative impact," said AMA President Ardis Lee Hoven, M.D. "Managing risk is typically a role for insurers, but the grace period rule transfers two-thirds of that risk from the insurers to physicians and health care providers. The AMA is helping physicians take proactive steps to minimize these risks."

You can navigate this complex situation using the AMA's new [grace period resources](#) in your practice:

- Step-by-step guide to the ACA grace period
- Grace period collections policy checklist
- Model financial agreement language for patients receiving Advance Premium Tax Credits
- Sample letter: Grace period notice to patients

### **Advocating for greater transparency on the grace period**

A key issue for physicians is having accurate information from health insurers regarding patients' grace period status. The AMA is working at the federal and state levels to increase clarity about when and how physicians receive such notification. The AMA and other medical groups have [urged the Centers for Medicare & Medicaid Services to require this notification](#) (AMA login required) when responding to an eligibility verification request. Washington became the first state to enact legislation that requires health insurers to notify physicians when patients enrolled in exchanges under the ACA enter the grace period, and a similar bill was introduced in the Connecticut legislature. Both pieces of legislation were based on an [AMA model bill](#) (AMA login required). The AMA will continue to work with CMS and states on this issue.



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## **HUNTINGTON Professional liability carrier NEWS:**

**Coverys:** Premiums continue to be ultra-competitive with an additional 10% to Mahoning County Medical Society members! Risk management and real-life emails are a big help to many and Coverys has instituted a regularly mailed series of informative topics.

### **Pro Assurance:**

**The OB-GYN Risk Alliance Program** offers an exclusive member program to only obstetricians and gynecologists. Program advantages include:

- A 25% up-front premium credit -- based on the physician's agreement to participate in risk management programs.
- Enhanced policy terms -- such as separate limits for mother and child and an extended 60-day reporting period without an assertion of liability.
- A stake in the program's success -- including profit sharing and additional credits for favorable loss experience.
- Aggressive, unfettered defense -- marshaled by a panel of attorneys who specialize in OB-GYN defense.
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**The Doctors Company:** Successful continuation of The Tribute Program and dividend payment.

**Medical Protective:** Conversion to occurrence programs are highly successful and unlike anyone else in the marketplace. Immediate conversion to occurrence with no charge for tail coverage once requirements are met!

This highlights some of the carriers available to you with Huntington Insurance. For more information call or email:

**Edward J. Hassay, Jr.**  
330-301-0476 cell/ 330-742-5307 office  
ed.hassay@huntington.com

**Mahoning County Medical Society**  
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