



Bulletin

of the Mahoning County Medical Society
Fourth Quarter 2014

**The Mahoning County Medical Society
invites you to join us for a
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*Hollywood Gaming
at Mahoning Valley Race Course*

Friday, March 27, 2015

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Bulletin

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Calendar

February 27, 2015

*Alliance Fashion Show,
Avion on the Water*

March 27, 2015

*Doctors' Day Celebration,
Hollywood Gaming at
Mahoning Valley Racecourse*

April 13, 2015

*Estate Planning Seminar,
Michael Alberini's Restaurant*

April 22, 2015

*Practice Manager's Luncheon,
A La Carte Catering, Canfield*

May 5, 2015

*Annual Meeting,
The Lake Club*

May 12, 13, 14, 2015 *Resident Financial Planning Seminar
Locations to be announced*

June 18, 2015

*OSHA Workshop,
Hampton Inn & Suites, Canfield*

June 25, 2015

*Canfield Fair Exhibitors' Breakfast,
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You Can't Have Your Cake and Eat It Too!

As we continue down the road of "healthcare reform," I find myself dumbfounded by the plans of our government. People are, at the core, pretty simple beings. We will, when given a choice, most often act in our own best interest. We can teach our children to share, be nice, etc., but the reward we give them for doing this is the ultimate incentive. When it comes to healthcare, however, government has decided to abandon this basic tenet. Our government is trying to create incentives for "value based medicine," while simultaneously rewarding just the opposite. Sound familiar?

The federal and state governments have a long history of rewarding the very behaviors they are trying to stop. Welfare, as an example, "rewards" mothers who have additional children by increasing their monthly stipends. Unemployment benefits, "reward" workers for not re-entering the workforce by paying them to stay home. And Disability benefits "reward" applicants who have managed to degrade their health to the point of dis-ability. Now, that same government which managed to create a system in which they "reward" providers who drive up the cost of healthcare, claim to be doing the opposite.

CMS (Medicare) states they are trying to move towards a "value based medicine" model. In this model, providers are encouraged to provide high quality service for the lowest cost. This is certainly a goal we can all agree upon. However, payment continues to be driven by fee-for-service reimbursement. There are a few "bonuses" for providers who report and meet measurable metrics, but they pale in comparison to the overall charges for most doctors, hospitals, or other providers. According to the Harvard Business Review, "The challenge of becoming a value-based organization should not be underestimated, given the entrenched interests and practices of many decades. This transformation must come from within. Only physicians and provider organizations can put in place the set of interdependent steps needed to improve value, because ultimately value is determined by how medicine is practiced." I fully agree with this idea, but they miss the bigger point: providers are financially rewarded for increasing the cost of care, not the opposite.

Take, for example, care for patients with low back pain. This symptom is part of the "bread and butter" of my practice, and one of the most common and expensive causes of disability in our country. In the current approach, patients receive portions of their care from a variety of types of clinicians, usually in several different locations: Physicians, therapists, radiologists, etc. Contrast that with the approach taken by the IPU at Virginia Mason Medical Center, in Seattle. Patients with low back pain call one central phone number, and most can be seen the same day. The "spine team" pairs a physical therapist with a physician who is board-certified in physical medicine and rehabilitation, and patients usually see both on their first visit. Those with serious causes of back pain (such as a malignancy or an infection) are quickly identified and enter a process designed to address the specific diagnosis. Other patients will require surgery and will enter a process for that. For most patients, however, physical therapy is the most effective next intervention, and their treatment often begins the same day. Compared with regional averages, patients at Virginia Mason's Spine Clinic miss fewer days of work (4.3 versus 9 per episode) and need fewer physical therapy visits (4.4 versus 8.8). In addition, the use of MRI scans to evaluate low back pain has decreased by 23%¹

This is a great example of value-based care. However, consider that Virginia Mason Medical Center, as a "reward" for this care, was faced with a **50% decrease in Physical Therapy revenue and a 23% decrease in MRI revenue**. How can any provider, who is in business to make money, continue down this path? That's the rub! You can't have it both ways: Fee-for-service and Value-based care are incompatible. Providers are at the core humans: and we will act in our own best interests most of the time.

Reimbursement for value-based care is certainly a tricky subject, but a necessary one to address if we ever expect to truly solve our dilemma. You can't have your cake and eat it too!

This is my last editorial for the MCMS. It has been a fun and educational task that I enjoy. I want to thank all of you who have read my ramblings over the years. I very much appreciate those of you who have called, written, or spoken to me in person about the topics I've covered. It's not often that we all agree, but hopefully I've inspired at least a little thought, and maybe even some actions. I also have to thank Karyn Frederick, our Executive Director, for her tireless patience with my procrastination over the years. I look forward to reading Dr. McGrath's writings as he takes over as editor.

¹ Harvard Business Review, October 2013

A handwritten signature in black ink, appearing to be 'M. Engle', written in a cursive style.

CRIMINAL OR DOCTOR?



I just completed my first MOC recertification test. In six to eight weeks I will get my results but I am confident that I have passed with adequate knowledge to continue to practice as a board certified physician. I put in the time and effort and knew my "stuff" before entering that fateful room in Toledo to face that computer that was put there to try and slip me up! LOL, actually I thought the questions were quite general and appropriate for a ten-year knowledge check. Overall, I felt I handled myself and the test in a professional manner as far as preparation and execution. My feelings toward my board are quite the opposite.

As per the title, and for those of you who have taken your recertification, you know where I am going with this commentary. Prior to my arriving at the test center, I received two emails a week apart from my professional board. The following rules were contained therein:

Do not plan to bring personal items, such as watches, wallets, purses, hats, bags, coats, ***into the testing room***. It's not allowed. Do plan to store any personal items you bring in a locker at the testing center, but keep in mind that the test center is not responsible for lost, stolen, or misplaced personal items.

Do not bring electronic devices, including cellular phones and tablets, study guides, exam notes, textbooks, etc. These items ***are not permitted in the building***.

These are pretty standard rules for professional testing centers I know. But as a physician who completed medical school and written and oral boards, I think the professional testing center is a little too much. Too much in cost, too much in travel, and too much in accusing me of being a criminal. Now, the gentleman at the testing center said he is only doing what my board requests of the center and it has nothing to do with the center itself. I gave him no argument because he is correct.

A group of my peers at the board office feel that I am more likely to be a criminal than an honest physician just trying to perform my craft with the skills God entrusted to me. They make me show two I.D.s, complete bilateral biometric palm venous mapping, and raise my hand to go pee. I wanted to keep it simple so I left my phone, wallet, and coat in the car (below 20 degrees that morning). I took my driver's license and social security card in a binder clip in with me. He told me I had to lock the binder clip and social security card up in a locker and I could only take in the license. I refused since, as you see in the rules, they cannot guarantee my social security number's safety. I was being audio and video taped the entire time I was taking the test, but my social security card could walk. Hence, I took it back out to my vehicle and locked it up and was able to reenter because I had already done my venous mapping of my palm.

I think we should be taking board recertification either at home, in our office, or at a local hospital or library. How different would it be if they opened the test one or two days a year online and gave us the four or five hours before they turn it off? It would be more like real life with potential for some time for minimal open-book looks but not enough to do that for all answers. Sure, someone else can take the test with you, but you're still going to learn as you go through it together. And yes, maybe a miniscule minority will have someone else take the test for them, but they should never have made it through medical school and residency in the first place 'cause it is not likely the first time it's happened and they probably showed signs for concern at some point in training (most of us probably remember someone from the training years that fits the bill).

My last comment is related to what I think recertification is really about; a money-making scheme. As I stated, I have no problem with the ten-year test; it was fair and balanced in the content, and the preparation process was full of good memories of patients and colleagues of years past. Also, I gathered some new updates that led me to take some notes on current patients. Unfortunately, it meant a lot of time away from my family for two months as I studied at night so as to not affect my patient care schedule (the family always suffers). The concern is the MOC requirement to use the Academy's literature for 90% of my CME material and the recently ABIM-deemed inappropriate Practice Improvement Projects that "were not meaningful." When a group of my peers come together and tell me they know what's best for me and my patients without ever meeting or talking with either of us, it frightens me. It's like the government (politicians) trying to run medicine because they "know best." Then, for the board to create a monopoly of CME just seems blatantly, well, criminal.

So, who are the criminals? Who are the doctors? Does anybody care???

A handwritten signature in black ink, appearing to read "S. McGrath MD". The signature is stylized and cursive.

Mahoning County Nephrologist Graduated from Leading Integrative Medicine Fellowship

Tucson, Arizona, February 11, 2015 --- Kathleen S. Padgitt, MD, an area physician and partner in The Kidney Group, Inc., has graduated from the Fellowship in Integrative Medicine at the Arizona Center for Integrative Medicine, at the University of Arizona College of Medicine.



Padgitt, a board certified Nephrologist, specializes in diseases of the kidney and hypertension disorders. She is affiliated with Mercy Health in Youngstown and Warren, Ohio --- St. Elizabeth Medical Center and St. Joseph Health Center. Dr. Padgitt has been in practice serving the regional community for more than twenty-five years.

The area physician, with offices in Youngstown and Boardman, joins an elite group of practitioners to have initiated studies with this internationally recognized integrative medicine program. Launched in 1997 by integrative medicine pioneer Andrew Weil, MD, the Fellowship in Integrative Medicine is a rigorous one-thousand hour, two-year distance learning program.

Dr. Kathy Padgitt, also a principal in the Center for Lifestyle Change in Boardman, is an outspoken champion of the integration of traditional medicine with diet, nutrition and therapy. Her practice has focused upon disease prevention through diet and nutritional lifestyle change as the practical alternative to post-disease treatment and care.

Dr. Tieraona Low Dog, Director of the fellowship at the Arizona Center for Integrative Medicine stated "we're excited to have Dr. Padgitt as part of this highly competitive and intensive program of study...she showed a deep commitment to medicine and patient care." Dr. Low Dog indicated that she is fully confident these two years of additional training will give Dr. Padgitt the tools to excel in integrative medicine and become a leader in the field.

For additional information regarding the Fellowship in Integrative Medicine, please visit www.azcim.org/Fellowship.

The Arizona Center for Integrative Medicine leads the transformation of health care by creating, educating and actively supporting a community that embodies the philosophy and practice of healing-oriented medicine, addressing mind, body and spirit. Integrative medicine is healing-oriented and makes use of conventional and alternative therapies as appropriate, including all aspects of lifestyle. It emphasizes the therapeutic relationship between practitioner and patient and makes use of all appropriate therapies, both conventional and alternative. Since its inception, the Center has focused its efforts on three areas: Education, clinical care and research, with the primary emphasis on education. The Center was built on the premise that the best way to change a field is to educate the most professionals and place them in settings where they can, in turn, teach others.

Bits 'n' Pieces

MEMBERSHIP DUES:

There are still a few members who haven't paid 2015 membership dues. "Past Due" notices will be sent at the end of February. If you are participating in any of the MCMS benefit programs - AccuMedical Waste Service, Huntington Insurance, DocBookMD - please pay your dues so that your benefits won't be suspended. Any member with dues still unpaid by March 31, 2015, will lose MCMS benefits.

PRACTICE MANAGERS:

There will be a luncheon for all practice managers on Wednesday, April 22nd at A La Carte Catering in Canfield, sponsored by Massage Cafe. Please make sure your practice manager is on our mailing list to get an invitation! Call 330-533-4880, or email us at mahoningcountymed@zoominternet.net.

MEDICAL STUDENT LOANS:

The Mahoning County Medical Society Foundation will once again be offering low-interest loans to medical students who are permanent residents of Mahoning or Trumbull County. To be eligible, students must have completed at least one year of medical school or school of osteopathic medicine. Interest on the loans is one percent below the prime rate at the time the loan is granted. Interest is forgiven if the recipient returns to practice in Mahoning County and becomes a member of the MCMS. For more information, or an application, email the MCMS Foundation at mahoningcountymed@zoominternet.net.

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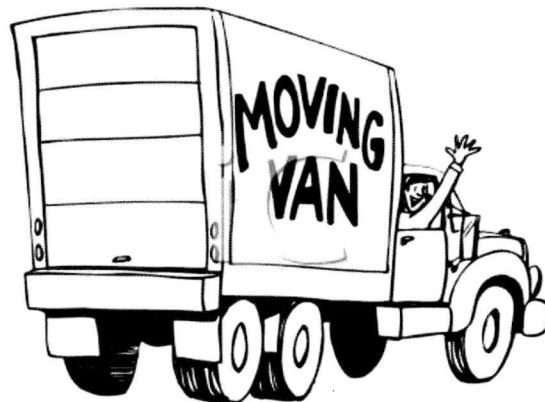
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Timothy Domer, DO

Orthopaedic Surgery

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16687 St. Clair Ave, Ste. 101
East Liverpool, OH 43920

Medical Education: Ohio University College of Osteopathic
Medicine

Internship: Grant Riverside Methodist Hospital,
Columbus, OH

Residency: Allegheny General Hospital, Pittsburgh

Residency: Ohio State University Hospital, Columbus

Robert G. Gurdak, MD

Anatomic and Clinical Pathology

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

Medical Education: St. Louis University School of Medicine, St.
Louis, MO

Internship: University of Virginia Medical Center,
Charlottesville, VA

Residency: University of Virginia Medical Center,
Charlottesville, VA

Fellowship: Medical College of Virginia, Richmond

Lawrence M. D'Amico, MD

General Surgery

D'Amico Patchen Surgery, Inc.
8601 E. Market Street
Warren, OH 44484

Medical Education: Wright State University, Dayton, OH

Internship: Mercy Hospital of Pittsburgh, Pittsburgh, PA

Residency: Mercy Hospital of Pittsburgh, Pittsburgh, PA

Ronald Justin Mistovich, MD

Pediatric Orthopaedic Surgery

Youngstown Orthopaedic Associates
6470 Tippecanoe Rd.
Canfield, OH 44406

Medical Education: Wright State University, Dayton, OH

Internship: Allegheny General Hospital, Pittsburgh, PA

Residency: Allegheny General Hospital, Pittsburgh, PA

Fellowship: The Children's Hospital of Philadelphia

Michael A. Lileas, DO

Internal Medicine/Sleep Medicine

Southwoods Physician Services, LLC
7629 Market St., Suite 200
Youngstown, OH 44512

Medical Education: Ohio University School of Osteopathic Medicine,
Athens, OH

Internship: Youngstown Osteopathic Hospital, Youngstown

Residency: Youngstown Osteopathic Hospital, Youngstown

Patrick N. Patchen, MD

General Surgery

D'Amico Patchen Surgery, Inc.
8601 E. Market Street
Warren, OH 44484

Medical Education: Jefferson Medical College, Philadelphia, PA

Internship: Mercy Hospital of Pittsburgh, Pittsburgh, PA

Residency: Mercy Hospital of Pittsburgh, Pittsburgh, PA

In Memoriam

Frank C. Tiberio, MD

March 29, 1926 ~ December 13, 2014

Clayton A. Hixson, MD

December 4, 1935 ~ December 23, 2014

John S. Conti, MD

August 30, 1935 ~ February 11, 2015

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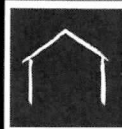
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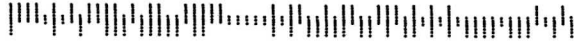
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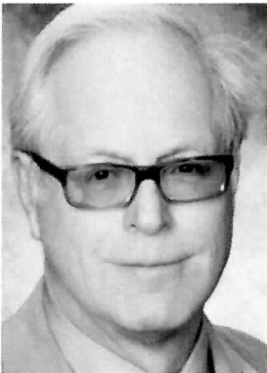
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