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THE BULLETIN

The Oklahoma County Medical Society

January, 2013 – Vol. 86, No 1

Six Annual Publications
Circulation 1500

Oklahoma City, OK 73105-1830
313 N.E. 50th Street, Suite 2
Phone (405) 702-0500

Ideas and opinions expressed in editorials and feature articles are those of their authors and do not necessarily express the official opinion of the Oklahoma County Medical Society.

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2013

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About the Cover

Pictured on the cover is Thomas H. Flesher, MD, the 113th President of the Oklahoma County Medical Society, and his family. Standing left to right in the photo are: Dr. Flesher, Joni Flesher, Bridget Thedorff, Thomas H. Flesher IV (Tommy), William (Bill) Flesher, Michael (Mike) Flesher, and Lindsay Suttle.

Dr. Flesher was born and raised in Nichols Hills and attended Casady School. He attended Duke University and graduated from the University of Central Oklahoma with a science degree.

He graduated from the OU School of Medicine in 1977. At Johns Hopkins Hospital, he completed a surgery internship and surgery and orthopaedic surgery residencies. He was Administrative Chief Resident at Johns Hopkins in 1981-1982. He is in private practice at Orthopedic Associates in Oklahoma City.

Dr. Flesher is a member of the American Academy of Orthopaedic Surgery, American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America, Oklahoma County Medical Society and the Oklahoma State Medical Association. He was President of the Oklahoma State Orthopaedic Society in 1991, 1992 and 1993.

He served as Chairman of the Orthopedic Department at Integris Baptist Medical Center from 1997-2007, Medical Staff President in 2003, and Operating Committee Chairman from 1995-2007. He is an orthopedic consultant at the Lazy E Arena for the Professional Rodeo Cowboy Association. At the Oklahoma County Medical Society, he has served as Chairman of the Quality Care Committee since 1995 and has been a member of the Board of Directors since 2007.

Joni Flesher, Dr. Flesher's wife, is from Centerville, South Dakota. She worked as a surgical nurse at Integris Baptist Hospital where they met. They have been married for 25 years and have four adult children. Bridget Thedorff is an attorney for Chesapeake Midstream and Marketing; Thomas H. Flesher IV (Tommy) is a surgical technician at Integris Southwest and is a junior at the OU School of Nursing; Bill Flesher; and Mike Flesher, a senior at OU. Tommy is engaged to Lindsay Suttle, a civil engineer, and they are planning a June 2013 wedding. □

OCMS/OCMS Alliance New Member Reception



Above: Kattie Webb and Dr. Tyler Webb

Below: Dr. David Neumann
and Natasha Neumann



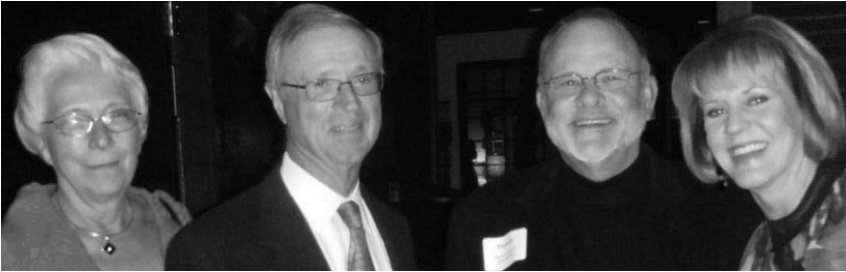
Above: Stacie Evans and
Dr. Mark Evans

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Above: Dr. Doug Folger, Dr. Robert McCaffree, Nita Folger,
and Dr. Gary Brown

OCMS/OCMS Alliance New Member Reception



Above: Barbara Jett, Dr. Dodge Hill, Dr. Tom Flesher, and Lori Hill.



Left: Kim Lee Do and Dr. Betty Tsai



Above: Suzanne Reynolds, 2013 Alliance President, and Dr. Robert Reynolds.



Above: Dr. Ken and Alice Whittington

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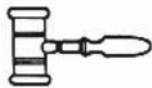
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SAVE THE DATE:

**17th Annual Primary Care Conference
May 13-17, 2014**

President's Page



Thomas H. Flesher III, MD



Perceived Value

I am writing this President's Page just a few days after the presidential election. The future of medical practice is in flux. There are drastic Medicare cuts scheduled for Jan. 1, Obamacare seems to be a reality, taxes are due to increase, and legislative control over medicine is a never-ending reality. Physicians today face challenges rarely seen in other professions. The old adage, "United we stand, divided we fall," is never more true than it is now.

Perhaps the most significant challenge facing the Oklahoma County Medical Society is membership. I am aware that membership in most medical societies is declining as the older members retire and younger physicians choose to do their own thing.

I contend that the concept of 'perceived value' takes hold of many physicians. They ask, "What bang do we get for our buck?" Take the Oklahoma City Thunder, for example. It's a good team and entertaining to watch in person. A family of four can get great lower-level seats then eat in Bricktown, and spend about the same amount of money as a one-year membership in the Oklahoma County Medical Society.

Here is where 'perceived value' comes in. Many physicians ask, "What can OCMS do for me?"

I believe the answer is, "A lot."

OCMS was responsible for assisting in the development of the Sylvan Goldman Blood Institute, Schools for Healthy Lifestyles, and the Health Alliance for the Uninsured. More recently, OCMS members were key in developing the trauma rotation,

decompressing our Level One trauma center and providing an invaluable service for our citizens.

Also, OCMS recently developed a scholarship for a deserving Oklahoma County medical student, and supports the development of the Independent Transportation Network (ITN) in Central Oklahoma, which will provide transportation for senior citizens who can no longer drive. OCMS also strongly supports OSMA advocacy efforts at the state and national levels.

To me, it does not matter what you do as a physician or where you work or how you make your living. Independent or employed, generalist or specialist, OCMS represents you. It is your decision whether OCMS membership is worth a night out at a Thunder game. I have made my decision. □

In Memoriam

Thomas E. Vogel, MD
1928 - 2012



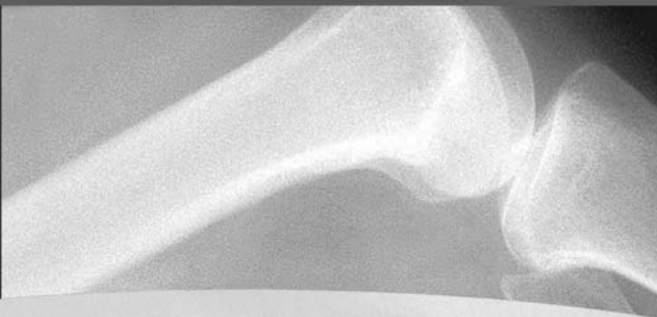
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Dean's Page

M. DEWAYNE ANDREWS, MD

Senior Vice President and Provost

Executive Dean, College of Medicine

University of Oklahoma Health Sciences Center

Frequently I am asked about the operating budget of the College of Medicine and the sources of funds for the College. It is not surprising that many misconceptions exist about the funding of U.S. medical schools in general and about our College of Medicine's funding in particular. Every few years in this column I have tried to provide a basic financial overview of the College of Medicine to promote better understanding.

The College of Medicine's fiscal year runs from July 1 to June 30, the same as the state's fiscal year. For fiscal year 2012 (ended June 30, 2012), the overall operating budget for the College was approximately \$645,500,000 (I'll be rounding off numbers for ease of presentation). That figure reflects both the main campus in Oklahoma City and the regional campus in Tulsa. The overall operating budget for the Oklahoma City campus only was approximately \$536,580,000. Medical schools are huge operations throughout the United States, especially with their clinical enterprises having grown rapidly out of necessity. Let's look at the components that make up the operating budget for the Oklahoma City campus.

<u>SOURCE</u>	<u>PERCENT</u>
State appropriations	7.2
Tuition and fees	3.2
Endowment income	1.6
Gift income	0.7
Residency programs pass through	6.1
Grants and Contracts	14.1
Affiliated Hospitals support	17.4
Clinical Practice generated revenue	49.0

State appropriations combined with tuition and fees make up only 10.4 percent of the operating budget – most people find this surprising. It’s been this way for years. Faculty work effort – reflected through clinical practice and/or research and professional grants and contracts – accounts for 63 percent of the operating budget. Despite rumors to the contrary, the costs of our faculty outpatient clinical operations (personnel, supplies, medications, equipment, clinic space rent, etc.) are borne as overhead by funds generated through faculty clinical practice just as they are in the private sector. Compensation for physicians is also generated in large measure through this mechanism. There is also a “dean’s tax” on clinical revenue that assists in providing funds throughout the medical school for essential operations. A significant number of the faculty also brings in federal and other research grants, and of course we have professional service contracts with many entities.

Across the United States, medical schools have become enormous enterprises in association with their affiliated hospital systems because of the ever-increasing societal demands and expectations on them that go far beyond the basic medical education programs that they conduct. Our medical school is no exception to this evolutionary pattern. □

New Members



Mark Aittaniemi, MD
(AN)
4200 W. Memorial Rd., #703
Univ. of the Caribbean
School of Medicine 2005



Christa Rylant, MD
(AN)
4200 W. Memorial Rd., #703
University of Oklahoma
2008

In Memoriam



J.V.D. Hough, MD
1920-2012

When Tom Brokaw wrote his book *The Greatest Generation*, he described men like Jack Hough, who grew up during the Great Depression, fought in World War II, and returned home to build a country we now enjoy. Coming from perhaps a simpler time, these heroes of the greatest generation were guided by principles and values such as courage, honor, duty, service, loyalty, love, commitment to family, country and God.

Jack Hough's grandparents were Oklahoma pioneer 'land run' settlers. His parents were small town Oklahoma teachers. Jack graduated from the Oklahoma College of Medicine at age 22. As a 24-year-old Marine Corps officer, he led a troop of medical corpsmen in the Battle of Iwo Jima. Returning home from World War II, Jack became an ENT surgeon and joined the Oklahoma City Clinic.

By the early 1960s, Dr. Hough had specialized in otology and built a clinic at the new Baptist Hospital on the outskirts of northwest Oklahoma City. He had begun using the newly developed otomicroscope to surgically correct the fixed stapes bone in the middle ear of otosclerotic patients. In an area when otosclerosis afflicted 10% of the general population and hearing aids were not yet practical, stapes surgery was a dramatic breakthrough that could miraculously correct the disabling hearing loss of otosclerosis. Stapes surgery was (and is) a



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technically demanding procedure that was evolving rapidly in the early 1960s and Jack Hough was by then widely recognized professionally as a master stapes surgeon. Despite a busy private practice, he published numerous articles and book chapters, was a popular guest lecturer, offered fellowship training, and eventually founded the Hough Ear Institute.

With a true pioneering spirit, Jack Hough continued to have a major impact on the field of otology throughout his long and prolific career. He made important contributions as tympanoplasty was perfected, and was one of the first cochlear implant surgeons in the country. He recognized the potential of magnetically driven implantable hearing devices and personally led teams that developed two different FDA-approved implantable hearing devices.

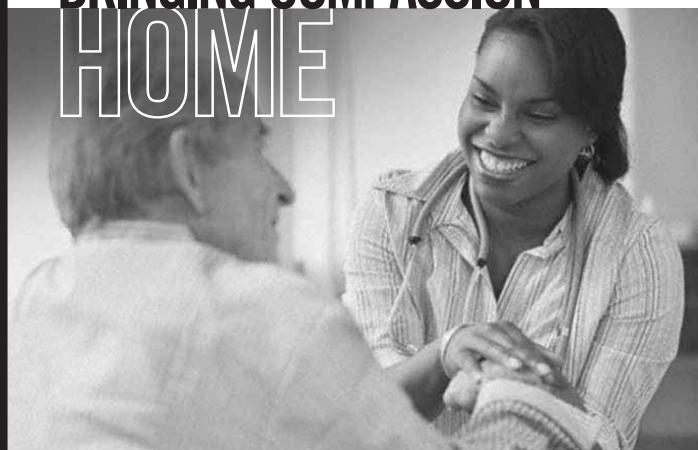
Awards, personal accolades, and professional recognition followed, but were not what Jack Hough sought. He was a man who truly lived his Christian faith and wanted to share it. Jack and Jodi (his wife of 69 years) were founders of their church in Yukon, were key leaders in the Billy Graham Oklahoma City Crusades of 1956 and 1983, and taught countless Bible studies in their home. Jack led many international medical mission trips, was a founding board member and chairman of Medical Assistance Program International and founded the Christian Society of Otolaryngology Head and Neck Surgeons. Jack Hough's 20-page treatise, "Science, Philosophy, and Religion," was first presented in 1959 and is still available in limited private distribution.

Even in his later years, Jack Hough had the innate ability to make people feel welcome and valued. He resisted the concept of retirement and continued to leverage his gifts of personal charm and charisma in promoting the cause that were close to his heart. Truly one of the leaders of the Greatest Generation, Jack Hough died in early November 2012 at age 92. □

R. Stanley Baker, MD

INTEGRIS Health

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INTEGRIS EXPERTISE EXPANDS AGAIN

INTEGRIS Health has acquired Odyssey HealthCare of Oklahoma City, which includes hospice home care and inpatient services. Hospice of Oklahoma County, Inc. (an affiliate of INTEGRIS Health) will provide the services previously offered by Odyssey HealthCare of Oklahoma City in an effort to strengthen services.

The inpatient facility opened in 2006 and is located in northwest Oklahoma City. Caring for approximately 800 patients, the twelve-bed facility will be known as INTEGRIS Hospice House. This is Oklahoma's first licensed inpatient hospice facility, and the newest addition to INTEGRIS Health.

We are excited about the new addition to our family of healthcare services — and look forward to caring for more Oklahoma families by bringing compassion home. Hospice of Oklahoma County is certified by Medicare, and is one of an elite group to be accredited by The Joint Commission.

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LAW AND MEDICINE

Official Disability Guidelines: Certification, Evidence Ranking and Exceptions

*S. Sandy Sanbar, M.D., Ph.D., J.D.,
and Blake Christensen, D.O., Oklahoma City*

In 2012, Oklahoma adopted the Official Disability Guidelines (ODG) in workers' compensation cases.¹ Published by the Work Loss Data Institute (WLDI), ODG is a nationally recognized, multi-disciplinary standard for evidence-based medicine for medical treatment and return-to-work. ODG is used in all 50 states and worldwide. Its medical treatment recommendations comprise conventional, complementary or alternative medicine, pain management, physical medicine and rehabilitation. Treatment options are integrated with reported return-to-work best practice pathways focusing on return-to-work and utilization of medical services following illness and injury.

Effective March 2012, providers, reviewers, case managers, adjusters, attorneys, and administrators may, upon subscription and examination, become ODG-certified. WLDI will maintain an ODG Certified Resource Center. Insurers, employers, third party administrators, provider networks, and others, can identify ODG Certified Agents for treatment, peer review, independent medical examiners, utilization review or case management needs. Certification demonstrates that the certified individual is up-to-date with the latest treatment options, committed to evidence-based medicine, and knowledgeable in the use of the best treatment and return-to-work data available. Certification can be re-obtained annually by renewing subscription to ODG and completion of the then-current quiz.

Medical evidence is ranked numerically by type and alphabetically by quality,² based on publication in a peer-reviewed journal included in Medline® by the National Library of Medicine.³

The rankings by type:

1. Systematic Review/Meta-Analysis (*Best Ranking*)
2. Controlled Trial – Randomized (RCT) or Controlled
3. Cohort Study - Prospective or Retrospective
4. Case Control Series
5. Unstructured Review
6. Nationally Recognized Treatment Guideline (from guidelines.gov)
7. State Treatment Guideline
8. Other Treatment Guideline
9. Textbook
10. Conference Proceedings/Presentation Slides
11. Case Reports and Descriptions (*Lowest Ranking*)

The quality of evidence may be: (a) High; (b) Medium; or (c) Low. ODG covers over 99% of patients seen in workers compensation. A minority of injured workers may require appropriate medical care guidelines outside of ODG, such as clinical practice guidelines that have met U.S. Agency for Healthcare Research and Quality criteria.⁴

Where medical care results in proven outcomes and adherence to evidence-based treatment guidelines, the insurance carrier may agree to defer, formally or informally, to the provider's recommendations. In the absence of such an agreement and where the ODG does not seem to support the treatment, the provider's recommendations may be reviewed by the ODG editors.

Where the medical care is an exception to ODG, the health care provider should document the:

1. extenuating circumstances that warrant the treatment and rationale for the procedures not addressed in ODG;
2. patient co-morbidities,
3. objective signs of functional improvement for treatment to date;

(continued on page 28)

Pearl of the Month



Johnny B. Roy, MD

The Magic of Touch

"O, that I were a glove upon that hand, that I might touch that cheek."

~Romeo and Juliet, Act 2, Scene 2

Our healing profession has undergone vast transformation in the recent past, mostly for the better to those entrusted to our care. However, one thing has not changed, and hopefully will not change: our dedication and concern for the infirm. In our contemporary, hurried, "mechanized" delivery of health care, the essence of the principle of medicine by Hippocrates to which we took an oath upon completion of our medical education seems to be a lost art.

The magic of the hand touch has diminished, if not disappeared.

I have witnessed instances in a clinic where the paramedical personnel assess the complaint, check the vital signs, draw blood and obtain the results, leaving the practitioner solely to recommend treatment, all with the click on the computer. No touch!

In some clinics, mostly governmental, a conspicuous sign in the waiting area declares only 15 minutes are allowable per visit. Welcome to the Brave New World of medicine, with apologies to Aldous Huxley (British author, 1894-1963).

The practitioner of yesteryear was held in high regard, despite his limited knowledge and equally limited medicinal

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armamentarium. His satchel had limited items: opioids, tincture of belladonna, antacids, and expectorants. However, he ministered and helped the sick. He did that by his demeanor, which conjured a sense of caring and compassion, but most notably, he conversed and touched the patient.

Touch has, since time immemorial, been an instrument of comfort, empathy and healing. No one can deny the soothing effect of a back stroking, the gentle rub to an aching joint. The benefits of touch aid both the giver and the receiver. This is best exemplified when coddling one's pet. The act itself has been shown to calm and lower the owners' blood pressure, as well as pacify the pet.

Scientifically, touch triggers the release of oxytocin through the hypothalamic-hypophyseal. This neurotransmitter staves off a number of psychological and physiological problems. It conveys warmth and promotes healing. Can one dismiss the romantic effect of touch and its role in enkindling the flame of love? It is purported that administering oxytocin increases trusting behavior. Oxytocin is purported to be the hormone of bonding, cuddling and love.

In summary, one should never forsake the role of the hand touch. It can unravel the magical mystery of the healing art. After all, isn't the practice of medicine an art? □



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Repetition

Hanna Saadah, MD

I would repeat my utterings
If I could find an ear

Don't we all repeat ourselves
For someone else to hear

My heart repeats its beats
And every song repeats

And all who pray or preach
And all who learn and teach

And all who stand in speech
And all who love and breach

And every smile or tear
That captures and entreats

And all the atmosphere
Repeats, repeats, repeats... □

Operation Santa Delivers

Four needy Oklahoma families, including eight children, received toys, clothes, educational items and much more for Christmas this year thanks to Operation Santa, which raised more than \$5,000 for Christmas 2012.

This was the 23rd year the Oklahoma County Medical Society Community Foundation has hosted Operation Santa, with donations always going to help those most in need during the Christmas season. This year's families were provided by the Homeless Alliance. Over the years, the OCMS Community Foundation has provided Christmas memories for numerous families and children.

"For many years, OCMS has participated in worthwhile community projects in Oklahoma County," said Jana Timberlake, OCMS Executive Director. "Operation Santa has become one of the Community Foundation's traditions, and we are proud to be able to help so many families during the holidays." □

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Director's

DIALOGUE

HAPPY NEW YEAR!!!

*"An optimist stays up until midnight to see the new year in.
A pessimist stays up to make sure the old year leaves."*

~Bill Vaughn

Now that December has passed, are we ready for the beginning of a new year? I look at each new year as an optimist ... filled with hope and determination that the new year will be better than the last. This year will bring its own challenges and triumphs. In this job, things are always changing, and that's what makes it so interesting! I know there must be a quote somewhere stating that "if you aren't changing, you're probably standing still." This is no time for an organization like OCMS to stand still with all the issues facing its physician members.

Ashley Merritt will be leaving the Society this month while awaiting the birth of her second child. I am shocked at how quickly the time has passed since she accepted the membership coordinator position. She has been a wonderful, dependable employee, and we wish for her the best life has to offer!

Our new membership coordinator is Eldona Wright, and I hope each of you will meet her soon. She began her career as a legal secretary in the 1970s at Pierce, Couch, Hendrickson, Gus and Short. Following the birth of her children, she worked for 10 years as the comptroller for Camp Fire Boys & Girls. She enjoys playing golf and traveling and has two adult daughters, Lindsey and Lacey. Eldona looks forward to working with both our members and the OCMS Alliance.

Welcome to our new OCMS board members - Drs. Joseph Broome, Louis Chambers, J. Samuel Little, Jr. and Don Murray. The addition of new physicians to the Board each year brings new ideas to the Society. I cannot thank our volunteer leaders too many times for the many hours they donate to ensure OCMS is addressing the needs of our members and ensuring medicine is "the best it can be" in Oklahoma County.

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So, whether your “new” year began with a rousing celebration or a quiet evening, be sure to keep all those resolutions you made at least for the first week of 2013. I choose to begin each new year by “looking at it through a new pair of glasses.” And ... some people say mine are rose colored, but that’s an optimist for you! ☐

Jana Timberlake, Executive Director

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MONDAY, FEBRUARY 25, 2013

OCMS MEMBERSHIP MEETING



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AMA Delegates Adopt Physician Employment Principles

By Kevin B. O'Reilly, American Medical News

The autonomy of the rising number of employed physicians ought to be respected, and patient care should come before the financial interests of employers, according to principles on physician employment adopted in November at the American Medical Association Interim Meeting.

The principles, contained in an AMA Board of Trustees report the House of Delegates adopted, cover potential flash points in physician-employer relationships such as conflicts of interest, contracting, payment agreements, peer reviews, performance evaluations and medical staff-hospital relations.

For example, if an employer requires or pressures physicians to send referrals within the health care organization, that practice ought to be disclosed to patients, the AMA policy states. Another principle at stake is physicians' freedom to advocate for their patients or act on matters of professional judgment, which the house said employers should not restrict.

Also, employers should make clear to doctors the factors on which their compensations are based and how their performances will be evaluated. Also, employed physicians should have the same rights to participate in medical staff self-governance as doctors in independent practices.

The house's move comes as the proportion of physicians with an ownership stake is falling. In 2000, 57% of the nation's 682,470 practicing physicians owned at least a part of their medical practices. In 2013, that figure is expected to be 36%, according to an analysis of data from the AMA and MGMA-ACMPE done by the consulting firm Accenture. The report, published Oct. 31, said physicians cite business expenses, health plan hassles, electronic health record requirements and high patient volumes as reasons why they are thinking about leaving independent practice. For more on this story, go to www.ama-assn.org/amednews. □

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Five AMA Principles Address Physician Employment Conflict of Interest

Five new AMA principles seek to help doctors manage the “divided loyalty” they may face as employed physicians:

- 1) A doctor’s paramount responsibility is to his or her patients. Additionally, given that an employed physician occupies a position of significant trust, he or she owes a duty of loyalty to his or her employer. This divided loyalty can create conflicts of interest, such as financial incentives to over- or under-treat patients, which employed physicians should strive to recognize and address.
- 2) Employed physicians should be free to exercise their personal and professional judgment in voting, speaking and advocating on any matter regarding patient care interests, the profession, health care in the community and the independent exercise of medical judgment. Employed doctors should not be deemed in breach of their employment agreements, nor be retaliated against by their employers, for asserting these interests.
- 3) In any situation where the economic or other interests of the employer are in conflict with patient welfare, patient welfare must take priority.
- 4) Doctors should always make treatment and referral decisions based on the best interests of their patients. Employers and the physicians they employ must ensure that agreements or understandings (explicit or implicit) restricting, discouraging or encouraging particular treatment or referral options are disclosed to patients.
- 5) Assuming a position such as medical director that may remove a doctor from direct patient-physician relationships does not override professional ethical obligations. ... Physicians who hold administrative leadership positions should use whatever administrative and governance mechanisms exist in the organization to foster policies that enhance the quality of patient care and the patient care experience. □

Source: AMA Principles for Physician Employment adopted by the House of Delegates, November 2012. Reprinted with permission from American Medical News, Copyright © (2012) American Medical Association. All rights reserved.

4. expected measurable goals and progress points from additional treatment; and
5. medical evidence supporting the health care provider's case.

The ODG may not support the provider's recommendation due to situations not addressed in the guidelines (such as diabetes, cancer, heart disease, cosmetic surgery) or treatments that are covered but not recommended. In the latter, the provider requesting the treatment should provide documentation specific to the patient to support the use of the treatment outside of the guidelines with medical evidence that outranks the guidelines.

In cases that fall outside of the ODG guidelines, the carriers should not deny treatment only because it is not mentioned or recommended in the guidelines. Guidelines have limits. They cannot take into account the unique circumstances of every patient and every provider and what treatments have worked for them. But, exceptions to ODG guidelines should be based on the specifics of each patient, and there should be a compelling medical rationale for departing from the guidelines. □

¹ <http://www.oklegislature.gov/BillInfo.aspx?Bill=SB878>

² <http://www.odg-twc.com/odgtwc/ExplanationofMedicalLiteratureRatings.htm>

³ www.nlm.nih.gov

Risk of Childhood Obesity Can Be Predicted at Birth

A simple formula can predict at birth a baby's likelihood of becoming obese in childhood, according to a study published recently in the open access journal *PLOS ONE* (www.plosone.org)

The formula, which is available as an online calculator, estimates the child's obesity risk based on its birth weight, the body mass index of the parents, the number of people in the household, the mother's professional status and whether she smoked during pregnancy. See the press release here: www.eurekalert.org/pub_releases/2012-11/icl-roc112712.php. □

CME Information

For information concerning CME offerings, please refer to the following list of organizations:

Deaconess Hospital

Contact: Emily McEwen
CME Coordinator
Medical Library
Telephone: 604-4523

Integris Baptist Medical Center

Contact: Marilyn Fick
Medical Education
Office
Telephone: 949-3284

Integris Southwest Medical Center

Contact: Marilyn Fick
CME Coordinator
Telephone: 949-3284

Mercy Hospital OKC

Contact: May Harshbarger
CME Coordinator
Telephone: 752-3390

Midwest Regional Medical Center

Contact: Carolyn Hill
Medical Staff Services
Coordinator
Telephone: 610-8011

Oklahoma Academy of Family Physicians Choice CME Program

Contact: Samantha Elliott
Director of
Membership
Telephone: 842-0484
E-Mail: elliott@okaftp.org
Website: www.okaftp.org

OUHSC-Irwin H. Brown Office of Continuing Professional Development

Contact: Susie Dealy or
Myrna Rae Page
Telephone: 271-2350
Check the homepage for the latest
CME offerings:
<http://cme.ouhsc.edu>

St. Anthony Hospital

Contact: Susan Moore
CME Coordinator
Telephone: 272-6748

Orthopaedic & Reconstruction Research Foundation

Contact: Kristi Kenney
CME Program Director
or Tiffany Sullivan
Executive Director
Telephone: 631-2601

Help Improve the Bulletin

Do you have an interesting hobby? Do you write poetry? Are you an amateur photographer? Are you an artist? Do you volunteer on medical mission trips? Are you a mountain climber? Share your works and stories with your colleagues! The editorial staff welcomes – invites – your articles, poetry, letters and artwork for inclusion in the Bulletin. You may email them to tsenat@o-c-m-s.org or mail them to Tracy Senat, OCMS, Suite 2, 313 NE 50th Street, Oklahoma City, OK 73105. We look forward to hearing from you! □

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