BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

JUNE 2011

John Osborne
Division President

Jesse Cowan
Sr. Vice President

OUR FOCUS IS ON HEALTHCARE

SNB

OKC: 6301 Waterford Blvd., Suite 101
8101 S. Walker Ave., Suite B
EDMOND: 1440 S. Bryant Ave.

Since 1894 • 405.427.4000 • www.banksnb.com
A Division of Stillwater National Bank • Member FDIC

THE BULLETIN
The Oklahoma County Medical Society

June, 2011 – Vol. 84, No 3

A Monthly Publication
Circulation 1500

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

Printed by Green's Graphix

TABLE OF CONTENTS

ABOUT THE COVER

The photgraph on the cover was taken by Natalie Kurkjian with her Nikon D60 in the Spring, 2010. Featured in the picture is an Eastern Tiger Swallowtail perched on a blue Lobelia bloom. We are grateful for the opportunity to reproduce it for our membership. Ms. Kurkjian is a second year medical student at the University of Oklahoma College of Medicine. Her father, H.T. Kurkjian MD, is the author of The Pearl of the Month in this issue, and her mother, Hilda, is a past president of the OCMS Alliance. ❑

Erratum

Our apologies to Craig Reitz, MD, FACP, whose name was inadvertently omitted from the memorial tribute to Dr. William Hughes, published in the March, 2011 issue of The Bulletin. We sincerely regret the error. ❑

Calling All Authors, Poets, Artists, and Photographers

Do you like to write, essays or poetry? Is photography your hobby or do you prefer working in oils or water colors? Are you a sculptor? Please share your talent with us. The Editorial Board would like to publish your work to share with fellow OCMS members. Submissions should be received by the Managing Editor at least six weeks prior to publication. They will be held until a later date if needed to manage the amount of copy per issue. Email is the preferred format for receiving submissions, but they may be sent by U. S. Mail: llarason@o-c-m-s.org or Suite 2, 313 NE 50th Street, Oklahoma City, OK 73105. ❑

Publication Schedule

The next issue of the Bulletin will be published in early September. Submissions for consideration to be included in that issue need to be in the OCMS office by July 25.

Enjoy the summer … have a great vacation … stay safe … try to keep cool … and hope for frequent rain! ❑

Leadership Academy Class 1

Leadership Academy Class 1 participants gathered for a group photo with the presenters at the last class of the session. Graduation plaques were presented at the OSMA Awards Luncheon in conjunction with the annual meeting. ❑

Julie Strebel Hager, MD, Tomás Owens, MD, Son Nguyen, MD, Kathie Musson (seated). Jana Timberlake, Brad Margo, MD, Jason Lees, MD, Arun Sachdev, MD, Mary Delafield, (front row). Ken King, Wes Glinsmann, Christopher Hayes, MD (back row).

Celebrating 50 Years

The Oklahoma County Medical Society recently honored members who are celebrating 50 years in medicine in 2011. They are (seated) James Berry Wise, MD, Charles D. Haunschild, MD, Carlos A. Garcia-Moral, MD, Reagan H. Bradford, MD and (standing) Leo E. Yates, MD, Lanny G. Anderson, MD, Frank F. Wilson, III, MD, and John B. Gilleran, MD. Be sure to congratulate these members when you see them. ❑

President's Page

Robert N. Cooke, MD

What We Have Done for You Lately

So, what have you done for me lately? We've heard this many times recently. When an athletic coach is fired, the media extols his past record quite a bit. Perhaps the last few years have not been quite so successful. Should one's past performance guarantee a job today? I think the same things can and should be asked of the societies that we belong to. In this "what have you done for me lately" world, we – as citizens and physicians – should be as progressive and productive as possible. You should expect that from the OCMS and OSMA, too. So, let's look and see. What have we done for you lately?

To start with, I need to explain the purpose of our Society. The OCMS is a not-for-profit organization that was created to advance the health and well being of the public in general and the physicians in the county. We ought to be the voice of medicine in the county and promote those ideals that help our patients and physicians.

So, let's go through what is happening now:

1.On the state level there has been a plethora of legislative activity. One of particular interest was the cap on non-economic damages. It's been a long time coming but a $350,000 cap is now in place, joint and several liability has been eliminated, and juries can now be instructed that awards are not taxable (thereby eliminating inflated awards to cover taxes). The OCMS does not have lobbyists and we rely a lot on the OSMA PAC for this. In addition, the Central Oklahoma Physicians for Tort Reform has been very active. These changes in legislation help protect patient's rights when harmed but also establish reasonable caps for non-economic damages. Many "scope of practice" issues have successfully been addressed at the legislative levels. This helps to protect the public and insures that only those qualified can offer the quality of health care that a physician does.

How did we help? Being active on committees and volunteering time to call our representatives and senators are important and many of you helped. I personally was surprised that those calls actually made a difference. Several of the legislators returned my calls and were interested in what the medical community had to say. Our ability to monitor events and get timely information to you via email and fax were critical when a call for action was necessary.

2. To promote collegiality, the Society has had several events to socialize. We recently honored the 50 year physicians and sponsored a family event at Harn Homestead. The Oklahoma County Alliance organized the Walk the Doc event at Lake Hefner which the OCMS helped sponsor. This gathering of the physicians and healthcare providers promoted health and wellness and encouraged others to do so as well. Other events are in the planning stages. Come and socialize with your colleagues! Who knows – you just might develop a new referral base!

3. Perhaps the most important of our functions is to develop ways to help the public and our patients in general. Physicians are some of the most caring citizens and it is incumbent on us to seek ways to help. The Health Alliance for the Uninsured is progressing and this will take care of a number of our uninsured citizens. The OCMS, along with the Butterfield Foundation, staffs and runs the Open Arms Clinic where the public who needs care and can't afford it can be seen and cared for. The Society is working on ways to get low cost lab work available to those who are uninsured or under-insured. Wouldn't it be nice if your patients could get necessary lab work done that otherwise they might forego because of the cost? It's not set in stone as of the writing of this article but we'll keep you informed. In addition, we are trying to establish a medical student scholarship that would help offset some of the overwhelming costs being accumulated by our soon-to-be colleagues. Did you realize that the debt for a University of Oklahoma medical student ***averages*** $137,500? Wouldn't you give a tax-deductible gift to help this worthy cause? I would.

So … what have we done for you lately? See above. Since all's fair in love and war, I'd ask: what have ***you*** done for your OCMS lately? Most of you have done a lot! We'd love to have you all volunteer as your busy schedule allows. Have a great and safe summer! ❑

E-CLAIM COMPLIANCE REQUIRED

Physicians' practice management systems must be compliant with HIPAA Version 5010 standards no later than January 1, 2012, the AMA reported recently in AmedNews online. The new standard requires more specific information that must be entered and transmitted in order to file claims. Examples include requiring a nine-digit, rather than a five-digit, ZIP code on all claims and a street address rather than a post office box. Physicians also must distinguish between principal diagnosis, admitting diagnosis, external cause of injury and patient reason for visit. The HIPAA 5010 standard is a precursor to adoption of ICD-10 codes which must be in place on October 1, 2013.

A March survey by the Medical Group Management Association revealed that 56 percent of practices have not scheduled any internal testing for 5010, and 61 percent have not scheduled any testing with their major health plans. Experts suggest that practices focus on early communication with practice management software vendors, claims submission clearinghouses and private insurers.

A compilation of resources regarding the transition to 5010 is online at www.GetReady5010.org, and the AMA offers a series of free physician-specific resources on the 5010 standards on its website www.ama-assn.org/go/5010. CMS also offers a checklist for physicians.

The AMA and MGMA have also developed an online directory of software vendors that helps physicians determine whether the vendors' practice management systems are compliant with the 5010 standard. The directory includes the price range for the product (excluding implementation costs), current installed customer base for the product, target market for the product, number of years the practice management software has been offered, and any affiliated electronic health record products. To review the directory or for more information, contact Robert Mills, AMA Media Relations, 312.464.5970 or email Robert.mills@ama-assn.org. ❑

Letter to the Editor

Dear Editor,

Just wanted to let everyone know what a great time my family and I had at the Harn Family Day! My husband, David, and I really enjoyed the music by the Red Dirt Rangers and the food catered by Big Truck Tacos. Probably the best part for the adults, though, was meeting and connecting with other medical families of various ages. It's so nice to see other families who have had and still are having the experience of building a family while either one or both parents is a physician.

As for my 7-year-old twin girls, I don't think I could name just one thing that was their favorite! It's tough to choose from face painting, egg decorating, easter egg hunting and jumping in the moonbounce! The brownies and cookies were a big hit, too.

Thank you to the County Medical Society staff for organizing such a fun and well-planned event! It's fun to have the opportunity to meet and chat with other physicians and their families in a purely recreational setting. We will see everyone again at Walk the Doc at Stars and Stripes park on May 7.

s/Camille Boggs

And in our email the next day was this note from Nancy Myers: THANK YOU. You ladies did a great job of making today's event so special. The grandchildren really enjoyed everything and the food and music were something to remember. ❑

Hoedown at the Harn

Well, it wasn't quite a hoedown but the Family Day at the Harn Homestead certainly was fun! "From a grandparent's standpoint, it was a wonderful day with my kids and grand kids," said Dr. Nick Knutson. "From my kids' standpoint, it was a wonderful day with their parents and kids. And from the grandchildren's standpoint, they had a great time. We will be there next year – I highly recommend it." We heard several variations of "it was really fun to get together just for fun rather than at a meeting – we all have too many meetings!" If you missed it, we're sorry! ❑

Dean's Page

M. DEWAYNE ANDREWS, MD
Executive Dean
University of Oklahoma College of Medicine

Accountable care organizations, health innovation zones, hospital value-based purchasing program, meaningful use – just a few of the many terms that have emerged in the ongoing dialogue about health care reform in this country. And a significant amount of the discussion has been more about health care insurance reform than about real health care reform, although the latter is now getting more attention. When I think about the recent health care reform debate within the two major political parties, I am reminded of the much-beloved former dean Dr. Robert Bird who once shared with me his definition of what he called *blue flame research*. "Blue flame research," Bird opined, "generates lots of heat but sheds damn little light." I think we could all agree that much of the rhetoric about health care reform has been blue flame in character. To listen to some in Washington, one would think that health care reform is mainly about finding ways to pay hospitals and doctors less while asking them to deliver more in a societal environment where expectations are high and payers are balking. If our elected representatives struggling to make health care policy want real health care reform they must go much deeper than doctor pay and hospital reimbursement and touch on a wide range of topics that are complex, difficult and not easily accomplished. They must also understand the implications of the looming severe shortages in the physician workforce and in some areas of the allied health workforce. And they must meaningfully engage physicians in careful planning and implementation. Space does not allow a fuller examination of health care reform issues in this column. I remain hopeful but skeptical about the progress that will be made before the 2012 election year.

Dr. Herman Jones, professor of neurology, took on the position of associate dean for student affairs June 1. Dr. Phebe Tucker, professor of psychiatry and behavioral sciences, who held this position during the past three years, has decided to return full time to education leadership and clinical care duties in the Department of Psychiatry. Dr. Jones has been on the faculty for many years and is an award-winning teacher highly lauded by students and faculty alike. He has been the recipient of the students' Aesculapian Award for teaching excellence on several occasions, and he was the 2009 recipient of the Stanton L. Young Master Teacher Award.

In July, Darrin Akins, PhD, will assume the position of associate dean for research. Akins is professor of microbiology and immunology with a highly successful career in NIH funded research. His area of expertise is Lyme disease. In addition to his successful work in microbiology, he also served as assistant dean of the Graduate College for several years. We look forward to Dr. Akins joining our executive team with his administrative duties and responsibilities focused on strengthening our research mission. ❑

Economic Fallout

With demands for services increasing because of the economy, budget reductions have forced local health departments to eliminate nearly 19 percent of their workforce – 29,000 workers – since 2008, according to a survey released by the National Association of County and City Health Officials (NACCHO). In addition to the layoffs, 18,000 employees have seen their hours reduced or have taken mandatory furloughs. Forty percent of local health departments reduced services in at least one program area between mid-2009 and mid-2010. Population-based primary prevention, environmental health programs, and clinical health services were among the most common targets for cuts. Hardest hit were maternal and child health programs, with one of every five local health departments (18 percent) reporting they had reduced or ended services to pregnant women, new mothers and children. Six percent of departments said they had cut food safety programs and five percent have curtailed epidemiology and surveillance. ❑

OCMS Nominees Sweep Awards

The Oklahoma County Medical Society nominated three individuals for recognition at the OSMA Awards Luncheon in April – and all three were selected to receive awards. OCMS member and past president John Bozalis, MD received the Gordon Deckert Community Service Award, shared with Tulsa County member Jerry Gustafson. Sue Hale, long time editor of the Daily Oklahoman, received the Don Blair Friend of Medicine Award. OCMS Affiliate Member John Sacra, MD received the Ed Calhoon Leadership in Medicine Award. ❑

OCMS President Robert N. Cooke, MD presents the Gordon Deckert Community Service Award to John Bozalis, MD

Sue Hale receives the Don Blair Friend of Medicine Award from Dr. Cooke

Dr. George Caldwell, OSMA President, presents the Ed Calhoon Leadership in Medicine Award to John Sacra, MD

Why Frontier?

We realize there is a lot of competition for your hospice referral. You, your patients and their families deserve the best care available. A service gap exists between competitors and we want you to know why Frontier is the choice of so many of Oklahoma's top medical professionals.

Key Metrics

- *24 hr a day 7 day a week referral/admit availability*
- *3 hr referral response time*
- *Exceptional patient and family satisfaction (98%)*
- *Over 93% of patients stay at home or in their residence*
- *Volunteer participation hours exceed Medicare requirements by over 200%*

Staff

- *Medical Directors with over 30 years end-of-life experience*
- *Hospice board certified Medical Director*
- *24/7 on-call PharmD*
- *Full time RN Case Managers*
- *Full time social workers*
- *Full time Bereavement Care*
- *Full time Spiritual Care*
- *Hospice certified Home Health Aides*

Corporate Support

- *American Hospice is one of the nation's oldest and largest hospice companies.*
- *Corporate resources enhance and enrich local programs*

Compliance

- *Full time quality compliance expert*

For Referrals Call
405 789-2913

The Promise of Comfort

Frontier Hospice
An American Hospice Company

3908 North Peniel
Suite 500
Bethany, OK 73008

www.americanhospice.com

Paid Advertising

Open letter to the OCMS Alliance:

I want to personally thank the Alliance, and in particular Mrs. Lori Hill, for their and her successful Walk-the-Doc event Saturday, May 7 at Stars and Stripes Park at Lake Hefner.

Schools for Healthy Lifestyles was the fortunate beneficiary of this appropriate function. Approximately 175 self-proclaimed health nuts showed up to walk either one or three miles to raise money for the SHL program, which was birthed by the OCMS back in 1997. I'm not convinced it takes a village to raise a child but for certain it takes at least one caring, concerned parent. What I enjoyed most about the event was the family orientation – dogs, children, grandchildren, parents, and grandparents all participated. Not until the entire family, particularly momma, buys into the concept of engaging in a healthier lifestyle will meaningful changes be made in Oklahoma's obesity rate.

SHL is very proud of its success over these past 14 years thanks in large part to the participation of the Oklahoma County Medical Society.

Physicians have led the way by example in the past in influencing/changing behavior regarding smoking. It is now time for us to repeat this leadership in changing our patients' attitudes/behavior regarding unhealthy lifestyles.

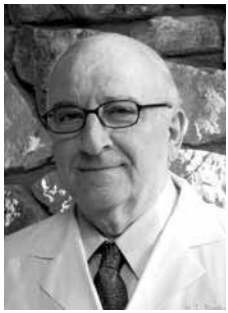
I look forward to an even grander event next year. ❑

John R. Bozalis, MD

Walk the Doc
A Great Success!

It's always risky to plan an outside event in Oklahoma springtime, but the gods were smiling on us May 7! Walk the Doc was great fun and a wonderful way for physicians, their family and employees to demonstrate they don't just "talk the talk" but also "walk the Walk" when it comes to healthy living. The Walk, co-sponsored by the OCMS Alliance and the OCMS and chaired by Lori Hill, benefited Schools for Healthy Lifestyles. Plans are in the works to make this an annual event and we know you'll want to join the fun next year. ❑

Pearl of the Month



H. T. Kurkjian, MD

Observations in Urology

Urinary Calculi

Non-obstructive Urinary Calculi rarely cause pain. It is the pressure and distention the renal pelvis and ureter proximal to the obstruction that causes colic. Pushing fluids usually makes the pain worse and may intensify the nausea, which is probably due to extravasation of urine.

Restricting fluids in a patient trying to pass a stone helps the symptoms. Alpha Blockers facilitate passage of stones by relaxing the distal ureter.

Nocturia

This is a cardinal sign of benign hyperplasia of the prostate. It is most often associated with daytime frequency. However, nocturia without daytime frequency may be due to edema of the lower extremities. As the patient lies supine at night, the edema fluid is reabsorbed into the circulation and is excreted by the kidneys into the bladder and causes nighttime urination.

These patients can be helped by support hoses worn during daytime, elevation of the lower extremities in the evenings or Bumetanide, a short acting diuretic, taken in late afternoon.

Suprapubic Cystostomy

Pyuria – Most patients with suprapubic cystostomy have white cells and bacteria in the urine. This is, most of the time, due to colonization of the bladder and the Foley catheter. This is not an infection and is clinically insignificant unless the patient has chills, fever or systemic signs and symptoms. Thus cultures and antibiotics may not be always necessary.

An enlarging stoma – Sometime the stoma around the Foley catheter in a patient with a suprapubic cystostomy starts enlarging, causing leakage around the catheter. A common solution for this is to place a larger catheter. Most of the time, this does not work as the stoma gets larger.

This condition may be due to poor nutrition. A high protein diet may help by enhancing skin growth around the stoma, thus closing the gap.

Acute Urinary retention

Most of the time, this is due to obstruction or bladder atony. Forcing fluids usually has an adverse effect and rarely works. Alpha blockers may be helpful in some cases.

Ideally, intermittent catheterization should be used. However, often this is impractical and labor-intensive. Keeping a Foley catheter indwelling for three days appears to work well. Catheter care TID will minimize infection.

In non-urologic post-op patients, there seems to be no need for Urology consultation that can delay discharge. One can simply request a catheter insertion and a leg bag. Patient can be dismissed and be followed up by a urologist in a few days.

Bladder irrigation

Three-way irrigation has been used for many years for gross hematuria with clots. However, it presents multiple problems.

Bladder spasms – This is most often due to cold fluid used for irrigation.

It is labor-intensive – Most of the time the irrigation fluid in the bag will run out and nurses will not be able to change the bag in time.

Bladder distention causing severe pain – This occurs when the output channel is blocked by a clot while the irrigation continues.

I have stopped using continuous irrigation. I request that the nurses manually irrigate the catheter with 10 cc of saline.

Using a 24 Foley catheter or a Hematuria catheter can be helpful.

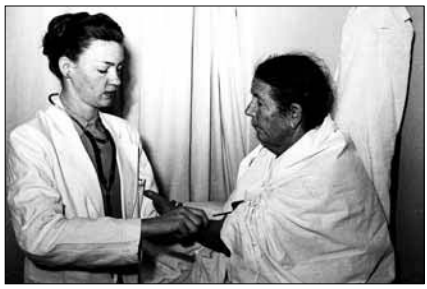
Broth

The salty Broth that post-op patients get in the clear liquid diet can be very nauseating. At times, it can result in ileus and prolonged hospitalization.

In spite of my orders (especially in hospitals with electronic rigid order sets), patients still get it. So I have learned to caution the patient pre-op and this has worked well for me.

The foregoing are neither recommendations nor guidelines. They are merely personal observations and how I deal with these situations in my practice. ❑

In Memoriam



Loretta Graham Engles, MD
1926 - 2011

Loretta Graham was born in Lebanon, Oklahoma. When she was 14, her family moved to Oklahoma City so she and her siblings would have an opportunity for higher education. After excelling at Capitol Hill High School and the University of Oklahoma, she set her sights on medical school. Loretta was denied admission to medical school on her first attempt because (male) soldiers returning home from the war were given priority. Refusing to give up, she was admitted the next year, 1947. Along with dedicating herself to her studies, Medical Student Loretta found time to fall in love with and marry fellow student, Charles Engles.

After graduation and internship, the Drs. Engles started their own clinic in south Oklahoma City. While maintaining a busy office and hospital practice, Dr. Loretta found time to have and raise four successful children, three of whom are physicians.

Dr. Loretta Graham Engles was a pioneer. There were few, if any, role models for the modern day "superwoman" in the 1950s, so she became the definition of one. Dr. Loretta proved it was possible to be a physician, wife and mother. She thus became the role model for future generations of female physicians.

She embraced her designation as role model, becoming a preceptor for fourth-year medical students – I was one of her first. For 10 weeks, I followed her in her office, in the hospital, and anywhere else she needed to go. She was respectful to everyone and it was easy to tell she was respected in return.

Families were Dr. Loretta's specialty – she had generations of them in her practice. She not only attended to their physical

ills but counseled them through their life stresses. Mom Loretta was able to use these skills in guiding her children to rewarding careers. Role Model Loretta was an example for many female medical students that we could "have it all."

But Dr. Engles was not all work – she had many hobbies. She enjoyed traveling, water and snow skiing, and designing clothes. She did have a sense of style. The first time I met Dr. Loretta, I couldn't help but notice that her purse and heels matched, and each time I saw her they were different. When did she find time to change out her purse so often?

Those of us who started medical school in the mid-1970s owe a debt of gratitude to the women of Dr. Loretta's generation. They broke the admission barrier and proved that women make excellent physicians. She was a founding member of the Oklahoma Medical Women's Association. In those early days, the advice of Dr. Engles and her peers was invaluable as we became the next generation of "superwomen." ❑

Teresa M. Shavney, MD

Ode to a Dying Friend

Hanna Saadah, MD

And when we are together, you and I, in the silent room
And it is time to speak
My hesitating phrases cannot find the exit
Bounce from cheek to cheek
Collapse exhausted, in my throat they lie
So utterless and dead
I slowly sit upon your bed
Squeeze your hand and stroke your head
And let the clumsy silence cry:
"Hello my friend I came to say good-bye"
And everything is said…

Why do I fear your weary setting eyes
Upon my pounding chest tattoo good-byes?
And angry visions pace my mind, I hear
Their drumming hoofs approaching and I rise.

These tired processes of life must come to rest
And it is time to go
Time to recollect the scattered years of memories and woe
Time to know that it is all the same
And ancient ceremonial game
A melancholy setting to the west
And you become a name
When they will fold your arms upon your breast.

And so we part
I, wondering is it wine or blood that beats within your heart?
For you lie deep in peaceful sleep, content resigned
While angry visions pace my mind
So I rebel, I hate, deny
Yet in this cold and lonesome place
So fearless and alone you lie
And I remain behind to face
The separation and the pain
The fear that I would die again
In yet another cold and lonesome place. ❑

In Memoriam

Donald D. Albers, MD
1918 – 2010

Dr. Donald D. Albers, a legendary figure in urology in and for Oklahoma, died in his sleep at age 92. He was born in and attended college in South Dakota, and received both his medical degree and a master's degree in physiology from Northwestern University in 1943, instilled with its mission to seek new knowledge. As a Naval Officer in World II, he did human studies on the effects of the atomic bomb. Following his medical service, he completed a residency at Mayo Clinic and earned a master's degree in urology in 1950. He continued investigative work during most of his career and published many articles on various problems of the specialty.

He joined the Oklahoma City Clinic, where he remained for 36 years, and became a member of the OCMS and OSMA in 1950. Ahead of his time, he often said multidisciplinary groups would prove to be a good approach to health reform in the long run. He was instrumental in developing the Department of Urology at the College of Medicine and volunteered to cover urology services at the University's Children's Hospital. As a Clinical Faculty member, he was active in maintaining Urology as a Department, and played a role in extending its residency programs to community hospitals. At his retirement from the University, he was honored as Clinical Professor Emeritus of Urology that, to date, has been accorded to only three individuals. In 2007 his son and daughter-in-law established an endowed chair in urology in his name.

Dr. Albers is renowned for his contributions of service and leadership to urological associations at the state, regional,

national and international levels. He earned the presidency of the Oklahoma State Urological Association; the presidency of the South Central Section of the American Urological Association, composed of eight states, Mexico, and Central America; and served four terms on the board of directors of the American Urological Association, the largest of the urological associations in the world.

His first retirement, in 1986, lasted only six months - although he enjoyed not having to get up at dawn to attend any more 7:00 a.m. meetings, of which he could count 4,000 plus - before becoming the natural leader for the new Oklahoma Lithotripsy Center. During Dr. Albers' ten-year leadership, this Center became the beginning focus that moved Deaconess Hospital into a Medical Complex.

In later life Don became fascinated with astronomy, joining a club to learn about it and visiting major observatories in travels with his wife Mignon.

Fortunately, although limited by age, Don was able to maintain his personality and his close and loving relationship with Migon right to the end. In their eulogies, his four children and their families beautifully portrayed his personal life. They re-emphasized the characteristics so many of us remember professionally about Don – his conscientiousness, his kind nature, his sense of humor and sharp wit, his intellectual curiosity, and his example of commitment to things and matters beyond himself. ❑

Infant Crisis Services

Becky Stevenson

Somewhere in the night a baby cries - a welcome sound
to a new mother and father.
A bottle is warmed and soon the baby is lulled back to sleep.
Not far away another baby awakes,
but here the cry is not welcome, for there is no bottle to warm.
And the baby cries on and on into the night.

It is hard to imagine anything more stressful than sending your baby to bed hungry, yet it happens every day in central Oklahoma. Infant Crisis Services strives to make a difference in the life of a hungry baby. We provide formula, food, diapers, clothing and other essential items to babies during a very critical stage in a baby's development. Infant Crisis Services also serves as a link to connect families with other helping agencies and programs, leading to self-sufficiency.

One in five children in Oklahoma suffers from food insecurity. Could you help refer a client to Infant Crisis Services? It's simple. Referrals consist of the caregiver's and child's name and date of birth, along with the referring office's contact information. A referral can be made by phone (405-528-3663), fax (405-525-1290) or email (referrals@infantcrisis.org). After a referral is made, a client may call to set up an appointment to bring the baby in to receive services.

Office hours are 8:00 a.m. until 5:00 p.m. Monday through Friday. Clients are served by appointment from 9:00 a.m. to 4:00 p.m. Monday through Friday and 9:00 a.m. to Noon on Saturday.

If you have questions or would like to find out about other ways your office can become involved with Infant Crisis Services, please contact Judith Cope, Outreach Coordinator at 405-778-7614 or judithcope@infantcrisis.org.

Thank you for helping Infant Crisis Services reach the tiniest of the poor and hungry in central Oklahoma.

Infant Crisis Services provides life-sustaining formula, food and diapers to babies and toddlers in times of crisis... because no baby should go hungry. ❑

Ms. Stevenson is the Development Coordinator for Infant Crisis Services, Inc.

Disregarding Medical Advice

The New York Times recently reported that 370,000 patients checked themselves out of the hospital against medical advice in 2008; the number in 1997 was 264,000. That is a 40 percent increase over the past 12 years, according to the report by the Agency for Healthcare Research and Quality. The senior research scientist for the agency suggests it could be because the patients are financially responsible for their care and are concerned about the cost, or that personal obligations require them to return to their families. The data are from a national database that includes about 95 percent of total hospital discharges. The average hospital stay in 2008 was four days, with daily hospital bills averaging just under $7,000. ❑

Burdens of Alzheimer's Disease

Alzheimer's, the sixth-leading cause of death in the country, is the only cause of death among the top 10 in the United States that cannot be prevented, cured or even slowed, according to Facts and Figures, a report released annually by the Alzheimer's Association. Based on mortality data from 2000-2008, death rates have declined for most major diseases while deaths from Alzheimer's disease have risen 66 percent during the same period. Nearly 15 million caregivers provide 17 billion hours of unpaid care valued at $202 billion, with the toll of caregiving contributing to their $7.9 billion in additional health care costs in 2010. More than 60 percent of family caregivers report high levels of stress because of the prolonged duration of caregiving and 33 percent report symptoms of depression. ❑

HIPAA Enforcement Crackdown

Cignet Health and Massachusetts General Hospital were fined $4.3 million and $1 million, respectively, for HIPAA privacy and security violations. Cignet's infraction was failing to provide medical records to 41 patients who had requested them, while Massachusetts General was sanctioned because an employee left medical documents on the subway. HHS' Office of Civil Rights, which imposed the fines, warned the healthcare industry to "recognize the OCR is serious about HIPAA enforcement. It is a covered entity's responsibility to protect its patients' health information." ❑

Director's

DIALOGUE

Spring is when you feel like whistling
even with a shoe full of slush.
Doug Larson

Spring 2011 has been a very busy time for the Oklahoma County Medical Society. It began with Class I of the OCMS Leadership Academy graduates being recognized at the Oklahoma State Medical Association annual meeting in Tulsa. These individuals – Mary Delafield, OCMS Alliance; Julie Strebel Hager, MD; Christopher Hayes, MD; Jason Lees, MD; Brad Margo, MD; Son Nguyen, MD; Tomás P. Owens, MD; and Arun Sachdev, MD – all demonstrated their commitment by attending Saturday morning sessions beginning November 2010 and ending the first Saturday of April 2011. These are leaders of the future so be sure to congratulate them for their accomplishment.

The family event at the Harn Homestead on April 17 was great! Who could go wrong with food by Big Truck Tacos and music by the Red Dirt Rangers? All we needed for a perfect day was a little cooperation from Mother Nature...and she didn't disappoint us! We received great comments about the event with hopes that there would be another one next year. This was an opportunity for the Society to say "thank you" to its members and provide an opportunity for medical families to "play" together. While the adults enjoyed the music and comaraderie, the children busied themselves with crafts and face painting. They then hunted Easter eggs with the baskets they each designed and used up a lot of excess energy jumping in the giant inflatable. Their day at the Harn ended with an Easter egg roll and a certificate for a one-dip ice cream cone at Braums. Thanks again to the OCMS staff and all of our volunteers who helped make this event a success...and we hope to see you at next year's family event.

OCMS partnered with the OCMS Alliance in hosting the first "Walk the Doc" in Oklahoma City. On May 7, physicians and

Choose your health coverage from people who share your idea of what it means to truly, passionately want to make a difference.

OSMA Health is a health benefits program built and governed **by physicians, for physicians —** and available exclusively to members of the Oklahoma State Medical Association, their employees and their families.

OSMA HEALTH

people you know, coverage you can trust.℠

Contact us today for more details. Oklahoma City **405.290.5646** Toll-Free **866.304.5628**

Paid Advertising

their families, along with medical students, residents and friends of medicine, participated in a 1-mile or 3-mile walk at Stars and Stripes Park at Lake Hefner. This was a great opportunity for medical families to demonstrate the importance of a healthy lifestyle and to interact with one another. A big "thank you" to Lori Hill, event chair, for her inspiration and hard work putting this event together...and to each Alliance member who played a role. The Society and Alliance will be collaborating on additional events in the coming year. Please encourage your spouse to join the Alliance and be involved in many of their wonderful activities.

Hope your spring was filled with days when you wanted to whistle and enjoy the Earth's awakening from the winter. With the drought we've been experiencing, a little "slush" in the shoes probably wouldn't bother any of us either...we need the rain! ❑

JanaTimberlake, Executive Director

Private Practice? No Thanks!

The number of doctors seeking hospital employment is increasing fast, with many also refusing to take call. The primary reason cited? Quality of life. Another reason is that they don't want to deal with the hassle of private insurance and government billing requirements as well as the administration of an office. Merritt Hawkins, a physician recruiting firm in Dallas, reports that hospital positions represent more than 50 percent of their placements in 2010, compared to 43 percent in 2006 – up from only 14 percent in 2003. The New England Journal of Medicine reports that employed physicians increased from 20 percent in 2002 to over 50 percent in 2008, the last year for which the study had data. The New York Times recently featured an article comparing the practices of three generations of physicians. The grandfather was a family physician in the 1940s who worked over 80 hours per week; his granddaughter is a hospital-based ER physician who works 36 hours per week so she can be with her young twins. Her father is conflicted: he regrets that she's following a different path but admits he is also somewhat jealous. ❑

Preventing Opioid Abuse

Between 1991 and 2009, prescriptions for opioid analgesics increased nearly threefold to more than 200 million, according to a National Institute on Drug Abuse study reported in JAMA. Emergency room visits related to nonmedical use of pharmaceutical opioids doubled between 2005 and 2009. Review of a nationwide database that tracks patient prescriptions and usage reveals that approximately 56 percent of painkiller prescriptions were given to patients who had filled another prescription for pain from the same or different providers within the past month. Nearly 12 percent of the prescriptions were to young people aged 10-29. Most were hydrocodone- and oxycodone-containing products, such as Vicodin and Oxycontin. Nearly 46 percent of the prescriptions were to patients between ages 40 and 59, with most coming from primary care providers. Prescription opioid overdose is now the second leading cause of accidental death in the U.S., killing more people than heroin and cocaine combined. ❑

Unprofessional Conduct in Oklahoma

S. Sandy Sanbar, MD, PhD, JD

The Oklahoma Medical Board was established to protect the health, safety, and well-being of the citizens of Oklahoma by investigating complaints and disciplining physicians for ***unprofessional conduct***.

Physicians rendering care to patients in Oklahoma must be licensed in Oklahoma and must abide by the Medical Practice Act.[1] Physicians are prohibited from prescribing to a patient without sufficient examination or establishing physician/patient relationship.[2] A physician who prescribes to patients without prior examination or establishing physician-patient relationship may be found guilty of physician misconduct.[3]

Sufficient examination and establishment of a valid physician/patient relationship can NOT take place without an initial face-to-face encounter with the patient. This requires at a minimum:

1. Verifying that the person requesting the medication is who he claims to be;
2. Establishing a diagnosis through the use of accepted medical practices such as a patient history, mental status exam, physical examination and appropriate diagnostic and laboratory testing by the prescribing physician;
3. Discussing with the patient the diagnosis and the evidence for it, the risks and benefits of various treatment options; and
4. Insuring availability of the physician or coverage for the patient for appropriate follow-up care. Appropriate follow-up care includes a face-to-face encounter at least once a year and as often as it is necessary to insure safe continuation of medication.

For example, the complete management of a patient by Internet, e-mail, or other forms of electronic communications is inappropriate. However, a physician-to-physician consultation

---

[1] The Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act (Title 59 O.S. 480 –518)

[2] Okla. Stat. tit. 59 §§ 509(12), 637

[3] *State v. Litchfield*, 103 P.3d 111 (Okla. Civ. App. 2004); *State v. Ray*, 848 P.2d 46 (Okla. Civ. App. 1992)

on an occasional basis, in state or out of state, would not have to meet the above four requirements.

Another example is the use of electronic health records (EHR) to determine physician competence. EHR will clearly be of value as doctors fulfill their professional obligation and demonstrate ongoing clinical competence, which is a key element in Maintenance of Licensure (MOL), as recommended by the Federation of State Medical Boards (FSMB).

The FSMB recommends that physicians, as a condition of license renewal, should provide evidence of participation in a program of professional development and lifelong learning. According to the MOL framework, physicians should continually engage in three types of activities: (1) Reflective self-assessment; (2) Assessment of knowledge and skills, and (3) Demonstration of performance in practice. These activities should be (a) practice-relevant; (b) informed by objective data sources, such as practice data; and (c) required of all licensed physicians.

The first (reflective self-assessment) and third (demonstration of performance in practice) components of MOL would be most affected by physicians' adoption of EHRs. Many sectors of the health care system will be required to collaborate and cooperate for the purpose of exchanging data and information, which is exactly the kind of infrastructure that has been envisioned by proponents of electronic health records. The performance-in-practice component is closely tied to the adoption of EHRs.

On August 5, 2010, Dr. Freda Bush, Chair of the FSMB Board of Directors, stated that, "By utilizing health information technology, physicians under MOL could continually improve the care that patients receive from them, could better understand the impact of their care on patient outcomes and bring their practices in line with the latest medical research…. It would also enable physicians to use real-time comparative practice data to guide ongoing practice improvement efforts."[4] Failure to satisfy the MOL components may represent ***unprofessional conduct*** and may result in restriction or loss of medical license.

Unprofessional conduct[5] under the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act may be summarized as follows:

[4] http://www.fsmb.org/pdf/nr-e-records.pdf

[5] Okla. Stat. tit. 59 §§ 509 (1-20)

(1) Procuring, aiding or abetting a criminal operation; (2) assuring or promising that a manifestly incurable disease can or will be cured; (3) willfully betraying a professional secret to the detriment of the patient; (4) habitual intemperance or the habitual use of habit-forming drugs; (5) conviction of a felony or of any offense involving moral turpitude; (6) grossly untrue or improbable advertising and calculated to mislead the public; (6) conviction or confession of a crime; (8) dishonorable or immoral conduct which is likely to deceive, defraud, or harm the public; (9) commission of any act which is a violation of the criminal laws of any state; (10) failure to keep complete and accurate records of purchase and disposal of controlled drugs or of narcotic drugs; (11) writing of false or fictitious prescriptions for controlled or narcotic drugs; (12) prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician-patient relationship; (13) violation of any of the provisions of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, either as a principal, accessory or accomplice; (14) aiding or abetting, directly or indirectly, the practice of medicine by any person not duly authorized under the laws of this state; (15) inability to practice medicine with reasonable skill and safety to patients; (16) prescribing, dispensing or administering of controlled substances or narcotic drugs in excess of the amount considered good medical practice, or prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with published standards; (17) engaging in physical conduct with a patient which is sexual in nature; (18) failure to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient; (19) failure to provide necessary ongoing medical treatment when a doctor-patient relationship has been established, which relationship can be severed by either party, provided a reasonable period of time is granted; or (20) failure to provide a proper and safe medical facility setting and qualified assistive personnel for a recognized medical act. Adequate medical records to support diagnosis, procedure, treatment or prescribed medications must be produced and maintained. ❑

Planning for Retirement

William Truels, MD

I was sitting in the doctor's lounge, munching on a diabetic donut and sipping decaf coffee, waiting for my lap gallbladder case to start, when Herb walked in with a concerned look on his face.

"What's up, Herb?" I asked. "You look worried."

"Good morning, Dr. Truewater," Herb began. "You're right. I'm concerned. I've been trying to figure out if I've got enough money saved up in my pension plan to retire."

"Money? Who needs money? Retirement is a state of mind – I look upon my career as a source of enjoyment and pleasure. I don't plan to retire until I'm unable to physically do the work!" I replied gleefully.

"Well, I've had enough enjoyment and pleasure being a plastic surgeon, making noses smaller and lips and breasts bigger," Herb responded. "I'm ready to retire. I just need to figure out if I can do it financially. I've got an appointment with my financial counselor."

"Financial counselor?" I quipped. "Herb, you don't need a financial counselor. You just need a simple equation that will tell you if you can retire."

"A simple equation, Truewater? I find that hard to believe."

"It's simple, Herb," I continued. "Let's say you plan to live on $30,000 a year plus your social security income."

"O.K.," Herb answered. "Then what?"

"You just take the $30,000 and multiply it by the number of years you're going to live."

"What?" Herb asked.

"Let's say you're going to live 10 more years. You just multiply $30,000 times 10 years—that's $300,000 dollars you'll need in your pension plan before you can retire. It's just that simple," I explained.

"There's just one problem with your calculations, Dr. Truewater. How do you know how long you're going to live?"

"They've got tables for that," I answered. "'Acturarial tables' is what they call them. You just look up your life expectancy and go from there."

"What?" Herb asked again.

The Picture of Health.

OKLAHOMA CITY CLINIC

Central | Edmond | Midwest City | Northwest | South

Physician Hotline: 405-280-5362 or 800-573-5362 | www.okcclinic.com

Paid Advertising

"Well, let's see," I continued. "I'll do the calculations for you. You're 67 years old and the average male life expectancy is 76, so I figure you've got nine years left. Women live five years longer than men—it's been speculated that male mice sacrifice longevity for bigger bodies and greater energy output required for breeding."

"Very funny. But those actuarial tables are just averages, Dr. Truewater," Herb answered angrily. "You can't use them to plan your retirement. Why, for all I know, I might be an outlier and make it to 90—then I'd be a penniless pauper living on social security alone, if it hasn't gone bankrupt!"

"True enough, Herb," I replied. "You probably are an outlier. But you can fine-tune my equation by calculating your biologic age."

"My biologic age? Now I'm a biology specimen?" Herb queried.

"We're all biology specimens," I answered. "You should know that from medical school. We're living, breathing organisms—built of carbon, hydrogen, and oxygen. We need to eat healthy, exercise, and live a robust life style."

"Robust?" Herb asked.

"Yes," I answered. "Are you living a robust lifestyle, Herb?"

"Not exactly," Herb answered. "I mean, I smoked two packs a day for 30 years, but I'm down to a half pack a day. I'm about 30 pounds overweight. And I'm not up for eating healthy—I like a good T-bone steak at least three times a week, and I love French fries and barbecue ribs at tailgate parties.

"Anything else, Herb?"

"Well, I gave my treadmill away to my daughter when she married and moved into her own house. Now, the most exercise I get is driving to the hospital and making rounds. It's not exactly what the cardiologists would call aerobic exercise."

"My advice to you, Herb, is to adopt a healthier lifestyle. Eat more vegetables, avoid fried foods, lose 30 pounds, avoid fats and sugar, stop drinking alcohol, stop smoking, take multivitamins, and walk a mile a day. That would improve your life expectancy and your biologic age. You'd be one lean fighting machine!"

"I see two problems with that approach, Dr. Truewater," Herb smiled.

"What's that?" I asked.

"First of all, I'm happy with my present life style—it's worked for 67 years."

"Secondly," he continued, "if I change my lifestyle, I would improve my biologic age, right?"

"That's right, Herb."

"And if I improve my biologic age, Dr. Truewater, I'll live longer according to the actuarial tables, by decreasing my risk factors and living a robust life style."

"Exactly, Herb," I replied. "Now you're getting it."

"But that creates a new problem, Dr. Truewater."

"What new problem?" I asked.

"Well, according to your retirement equation, if I live longer I'll need to have more money in my pension plan before I can retire. If I add another ten years to my biologic age, I'll need another $300,000 in my pension plan before I can retire!"

"True enough," I replied.

"Thanks for the financial advice, Dr. Truewater."

"No problem, Herb," I answered, as I slipped on my mask and headed back to surgery.

As I walked back, I wondered if my advice was all that helpful. Was Herb going to adopt a life of hedonism and debauchery?

Maybe, I thought, it's not wise to take financial advice from a surgeon. ❑

2012 OCMS Board Nominees

The Nominating Committee has presented candidates for election to the 2012 OCMS Board of Directors. Ballots will be mailed to members early in September; they must be returned to the Society Office by U.S. Mail, postmarked no later than September 30 to be counted. Nominees are Todd M. Kliewer, MD and Don L. Wilber, MD, Position 1–Midwest Regional; James A. Totoro, MD and Paul J. Kanaly, MD, Position 2–Edmond/Mercy; David C. Teague, MD and second nominee to be announced, Position 3–OU Medical Center; and Anureet K. Bajaj, MD and Gary D. Riggs, MD, Position 4–St. Anthony. The Nominating Committee included Larry A. Bookman, MD, Chair; Teresa M. Shavney, MD, Vice Chair; J. Stephen Archer, MD; C. Douglas Folger MD; and Elizabeth A. Wickersham, MD. ❑

Interprofessional Education

The Association of American Medical Colleges recently reported that two new reports by six national health profession associations and three private foundations recommend new competencies for interprofessional education in the health professions, and action strategies to implement them in institutions across the country. By establishing these competencies, the proponents believe our health care system can be transformed to provide collaborative, high-quality, and cost-effective care to better serve every patient. They recommend that future health professionals be able to:

- Assert values and ethics of interprofessional practice by placing the interests, dignity, and respect of patients at the center of health care delivery, and embracing the cultural diversity and differences of health care teams.
- Leverage the unique roles and responsibilities of interprofessional partners to appropriately assess and address the health care needs of patients and populations served.
- Communicate with patients, families, communities, and other health professionals in support of a team approach to preventing disease and disability, maintaining health, and treating disease.
- Perform effectively in various team roles to deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.

The second report includes action strategies to "transform health professional education and health care delivery in the United States." ❑

Generics Keep Costs Down

According to a study published in the March issue of American Journal of Medicine, writing "dispense as written," could be causing patients not to follow the regimen. The study examined 5.6 million prescriptions filled at CVS Caremark pharmacies during one month. Eight percent were not filled, but 12 percent of those with a "dispense as written" order were never picked up. Extrapolating these findings to a national level, the study concluded that consumers could save $1.2 billion a year by not having to purchase brand-name drugs, and the healthcare system could save $7.7 billion in unnecessary care. The study was reported by Reuters Health. ❑

CME Information

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

Community-based Primary Health Care CME Program
Sponsored by Central Oklahoma Integrated Network System, Inc. (COINS)
Contact: Deborah Ferguson
Telephone: (405) 524-8100 ext. 103

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 Health Center
Contact: Debbie Stanila
CME Coordinator
Telephone: 752-3806

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

Oklahoma Academy of Family Physicians Choice CME Program
Contact: Sue Hinrichs
Director of Communications
Telephone: 842-0484
E-Mail: hinrichs@okafp.org
Website: www.okafp.org

OUHSC-Irwin H. Brown Office of Continuing Medical Education
Contact: Letricia Harris or Kathleen Shumate
Telephone: 271-2350
Check the homepage for the latest CME offerings:
http://cme.ouhsc.edu

St. Anthony Hospital
Contact: Lisa Hutts
CME Coordinator
Telephone: 272-6358

Orthopaedic & Reconstruction Research Foundation
Contact: Kristi Kenney
CME Program Director
or Tiffany Sullivan
Executive Director
Telephone: 631-2601

Oklahoma City-County Health Department
Epidemiology Program
Communicable Disease Surveillance

COMMONLY REPORTED DISEASES	*Monthly*			*YTD Totals ^*	
	Apr'11	Apr''10	Mar'11	Apr'11	Apr''10
Campylobacter infection	6	4	6	16	15
Chlamydial infection	N/A	N/A	N/A	N/A	N/A
Cryptosporidiosis	3	2	0	5	3
E. coli 0157:H7	0	0	1	1	0
Ehrlichiosis	0	0	0	0	0
Giardiasis	0	2	0	1	8
Gonorrhea	N/A	N/A	N/A	N/A	N/A
Haemophilus influenzae Type B	0	0	0	0	0
Haemophilus influenzae Invasive	0	2	2	6	13
Hepatitis A	0	0	1	1	1
Hepatitis B*	9	18	4	32	60
Hepatitis C *	9	29	11	52	73
HIV Infection	N/A	N/A	N/A	N/A	N/A
Lyme disease	0	1	0	0	2
Malaria	0	0	0	0	1
Measles	0	0	0	0	0
Mumps	0	0	0	1	0
Neisseria Meningitis	0	0	0	1	1
Pertussis	3	0	4	11	5
Pneumococcal infection Invasive	0	4	1	1	7
Rocky Mtn. Spotted Fever (RMSF)	7	2	7	14	2
Salmonellosis	4	3	4	21	22
Syphilis (primary/secondary	N/A	N/A	N/A	N/A	N/A
Shigellosis	5	8	2	16	40
Tuberculosis ATS Class II (+PPD only)	36	53	43	165	209
Tuberculosis ATS Class III (new active cases)	1	1	3	10	7
Tularemia	0	0	0	0	0
Typhoid fever	0	0	0	1	0
RARELY REPORTED DISEASES/Conditions:					
West Nile Virus Disease	0	0	0	0	0
Pediatric Influenza Death	0	0	0	0	0
Influenza, Hospitalization or Death	1	1	15	237	12
Influenza, Novel Virus	0	0	0	0	0
Strep A Invasive	1	3	0	1	14
Legionella	0	0	0	0	1
Rubella	0	1	0	1	2
Listeriosis	0	0	0	0	0
Yersinia (not plague)	0	0	0	0	0
Dengue fever	0	0	0	0	0

*** - *Over reported* (includes acute and chronic)**

^ *YTD - Year To Date Totals*

STDs/HIV - *Not available from the OSDH, HIV/STD Division*

PROFESSIONAL REGISTRY

Physicians interested in advertising in the Professional Registry should contact the Executive Office at 702-0500.

ALLERGY

OKLAHOMA ALLERGY

& ASTHMA CLINIC, INC.

John R. Bozalis, M.D.*

Warren V. Filley, M.D.*

James R. Claflin, M.D.*

Patricia I. Overhulser, M.D.*

Dean A. Atkinson, M.D.*

Richard T. Hatch, M.D.*

Shahan A. Stutes, M.D.*

Gregory M. Metz, M.D.*

**Diplomate, American Board of Allergy and Immunology™*

750 N.E. 13th St.

Oklahoma City, OK 73104

235-0040

OKLAHOMA INSTITUTE OF

ALLERGY & ASTHMA

EVIDENCE-BASED

ALLERGY & ASTHMA CARE

Amy L. Darter, M.D.

Diplomate American Board of Allergy & Immunology™

1810 E. Memorial Rd.

Oklahoma City, OK 73131

(405) 607-4333

BREAST MRI

BREAST MRI OF OKLAHOMA, LLC

AT MERCY WOMEN'S CENTER

Rebecca G. Stough, M.D.

Clinical Director

Alan B. Hollingsworth, M.D.

Medical Director

4300 McAuley Blvd.

Oklahoma City, OK 73120

(405) 749-7077

ENDOCRINOLOGY-METABOLISM-DIABETES

MODHI GUDE, MD, MRCP (UK), FACP, FACE

Diplomate, American Boards of

Internal Medicine and Endocrinology,

Diabetes & Metabolism

South Office: 1552 S. W. 44th

Oklahoma City, OK 73119

Phone: (405) 681-1100

North Office: 6001 N.W. 120th Ct., #6

Oklahoma City, OK 73162

Phone: (405) 728-7329

Practice limited to Endocrinology, Diabetes and Thyroid only

Special procedures:

Bone densitometry for osteoporosis detection and management. Diagnostic thyroid fine needle aspiration biopsy. Diagnostic endocrine and metabolic protocols.

ENDOCRINOLOGY-METABOLISM-DIABETES

THE ENDOCRINE GROUP
Comprehensive Endocrinology
Nuclear Thyroidology
Cheryl S. Black, M.D.
James L. Males, M.D.
Ronald R. Painton, M.D.
Diplomates of the American College of Internal Medicine
Endocrinology and Metabolism

Deaconess Professional Building South
5401 N. Portland, Suite 310
Oklahoma City, OK 73112
(405) 951-4160
Fax (405) 951-4162

GYNECOLOGIC ONCOLOGY & PELVIC SURGERY

Jeffrey Smith, M.D., F.A.C.O.G., F.A.C.S.
Senior Gynecologic
Oncologist in OKC
Board Certified in
Gynecologic Oncology
Female Cancer Surgery
General & Gynecologic Surgery
Advanced Laparoscopy & Hysteroscopy
Laproscopic Radical Hysterectomy & Trachelectomy
Laser Surgery
Surgery for Urinary Incontinence
Vaginal Reconstructive Surgery
Outpatient/Same Day Surgery
Office Surgery & Chemotherapy
Genetic Counseling

13128 N. MacArthur Blvd.
Oklahoma City, OK 73142

Phone: (405) 470-6767
Fax: (405) 470-6768
e-mail address: jjjsmd@aol.com
website: www.drjjsmith.com

Serving Oklahoma City & Edmond

MEDICAL ONCOLOGY

JAMES W. HAMPTON, M.D.
FACP
Medical Oncology
Hematology
MERCY ONCOLOGY
Lake Hefner Cancer Center
11100 Hefner Pointe Drive 73120
(405) 749-0415

NEUROSURGERY

Neurosurgery

The University of Oklahoma
Health Science Center
DEPARTMENT OF NEUROSURGERY
Timothy B. Mapstone, M.D.
Mary Kay Gumerlock, M.D.
Craig H. Rabb, M.D.
Naina L. Gross, M.D.
Michael D. Martin, M.D.
Gamma Knife Radiosurgery
Cerebrovascular Surgery
Pediatric Neurosurgery
Spine Surgery
Skull Base Surgery
Neurosurgical Chemotherapy
Carotid Artery Surgery
Tethered Spinal Cord-Repair
Chiari Malformation-Surgery

To schedule an appointment
call (405) 271-4912
Harold Hamm Oklahoma Diabetes Center
Suite 400
1000 N. Lincoln Blvd.
Oklahoma City, OK 73104

ORTHOPEDICS

HOUSHANG SERADGE, M.D.
Diplomate American Board
of Orthopaedic Surgery
Hand and Reconstructive Microsurgery
1044 S.W. 44th, 6th Floor
Oklahoma City, OK 73109
631-4263

PAIN MANAGEMENT

AVANI P. SHETH, M.D.
Diplomate of American Board
of Anesthesiology
Diplomate of American Academy
of Pain Management
4200 W. Memorial Road, Suite 305
Oklahoma City, OK 73120
(405) 841-7899
All plans accepted.

PEDIATRIC SURGERY

***DAVID W. TUGGLE, M.D.**
***P. CAMERON MANTOR, M.D.**
***NIKOLA PUFFINBARGER, M.D.**
***ROBERT W. LETTON, JR., M.D.**
The Children's Hospital at
OU MEDICAL CENTER
1200 Everett Drive, 2NP Suite 2320,
Oklahoma City, OK 73104
271-4356
*American Board of Surgery
*American Board of Pediatric Surgery

PSYCHIATRY

OKLAHOMA INSTITUTE OF PSYCHIATRIC MEDICINE
AMAR N. BHANDARY, M.D.
Board Certified: Psychiatry/Neurology
Fellowship: Consultation-Liaison Psychiatry
Treatment/Medico-Legal Consultation
for Professional Patients
Addiction/Dual Diagnosis
Adult ADHD/ADD • Anxiety Disorders
Brain Trauma Survivors
Chronic Pain Management
Competence Assessment • Geriatric Patients
Medically Ill Patients • Mood Disorders
Neruopsychiatry • Obsessive Compulsive Disorder
Psychopharmacology
Schizophrenia Violent Behaviors
COOPER CENTER #106
7100 North Classen Boulevard
Oklahoma City, OK 73116
Ph. 405-841-3337 • Fax 405-841-3338

RADIOLOGY

JOANN D. HABERMAN, M.D.
Breast Cancer Screening Center of Oklahoma
Mammography – Screen/Film
Breast and Total Body Thermology
Ultrasound
6307 Waterford Blvd.,Suite 100
Oklahoma City, OK 73118
607-6359
Fax 235-8639

THORACIC SURGERY

OU College of Medicine
Marvin D. Peyton, M.D.
Timothy H. Trotter, M.D.
Marco Paliotta, M.D.
Diplomates American Board of Thoracic Surgery
Adult and Pediatric Thoracic and Cardiovascular Surgery -- Cardiac, Aortic, Pulmonary, Esophageal and Congenital defects
920 Stanton L. Young Boulevard
Williams Pavilion Room 2230
Oklahoma City, Oklahoma 73104
405-271-5789

VASCULAR

Vascular Center
405-271-VEIN (8346)
Fax 405-271-7034

Vascular Internists

THOMAS L. WHITSETT, M.D.
Professor of Medicine

SUMAN RATHBUN, M.D.
Associate Professor of Medicine

ANGELIA KIRKPATRICK, M.D.
Assistant Professor of Medicine

Cardiovascular Interventionalists

JORGE SAUCEDO, M.D.
Associate Professor of Medicine

THOMAS A. HENNEBRY, M.D.
Assistant Professor of Medicine

EMILIO EXAIRE, M.D.
Assistant Professor of Medicine

MAZEN ABU-FADEL, M.D.
Assistant Professor of Medicine

Cardiothoracic & Vascular Surgeon

MARVIN PEYTON, M.D.
Professor of Surgery

Please Support your

Oklahoma County Medical Society

COMMUNITY FOUNDATION

with your gifts and memorial contributions

—please mail check to—

313 N.E. 50TH ST., SUITE 2

OKLAHOMA CITY, OK 73105-1830

• • • •

Contributions Tax Deductible

Oklahoma Tobacco Helpline

1-800 QUIT-NOW • 1-800 784-8669

- ***free information on quitting tobacco***
- ***one-to-one proactive telephone counseling***
- ***referrals to local cessation programs and services (dependent on availability)***

OKLAHOMA COUNTY MEDICAL SOCIETY
313 N.E. 50TH ST., SUITE 2
OKLAHOMA CITY, OK 73105-1830

ADDRESS SERVICE REQUESTED

PRESORTED STANDARD
U.S. POSTAGE
PAID
OKLAHOMA CITY, OK
PERMIT NO. 381