

BULLETIN



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THE BULLETIN The Oklahoma County Medical Society

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About the Cover

By Michaela Webb

The cover photo is of John E. Kirkpatrick, an Oklahoma philanthropist.

Among his many contributions to the community was the founding of the Lyric Theatre in 1963, which is celebrating its 50th anniversary.

Lyric Theatre is the state's only professional, year-round theatre company. It was originally housed at Oklahoma City University in the Kirkpatrick Fine Arts Auditorium.

Beginning in 2002, Lyric moved its summer season to the Thelma Gaylord Performing Arts Theatre in the newly renovated Civic Center Music Hall in downtown Oklahoma City. Renovations to the historic Plaza Theatre were completed in 2007.

In 2011, Lyric, the Civic Center and the Plaza combined and together are Oklahoma's leading professional theatre, producing Broadway-caliber productions for Oklahoma audiences.

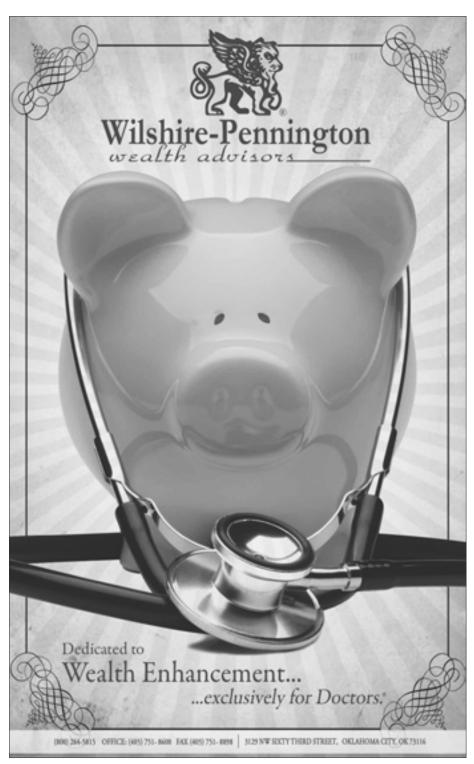
In Memoriam

Jack A. Barney, MD 1931-2013

Howard Mauldin, MD 1926- 2013



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President's Page



Julie Strebel Hager, MD



One of the distinct pleasures included in being the President of the Oklahoma County Medical Society is becoming involved with other organizations around the city, namely organizations the Oklahoma County Medical Society helped to create.

So far this year, I have been able to participate on the board for the Oklahoma Blood Institute and Hospice of Oklahoma County. I look forward to the first board meeting for the Health Alliance for the Uninsured. Exciting things are happening in these organizations and I'd like to share some of them with you.

This January, the Oklahoma Blood Institute was proud to announce the opening of Oklahoma's only public umbilical cord blood center, one of only 25 centers worldwide! As an honorary board member, I was given a tour of this state-of-the-art facility, just prior to its public debut.

Prior to its opening, parents were able to bank their child's cord stem cells to be used for their own families at other facilities around the US. This was generally at a significant personal expense of \$2,000 and beyond. Now, they will be able to donate this resource for FREE to potentially provide a match for stem cell transplantation to someone in Oklahoma or around the world.

Especially exciting is the possibility that minority populations represented in Oklahoma may provide a match that may have been lacking in other registries. The entire process from collection to distribution will be managed from OBI's main campus in Oklahoma City, with an endorsement and license from the FDA to do so. They will initially work with the OU Medical Center for collections, eventually extending to other hospitals as well.

As the future of healthcare unfolds, there may be an expanding role (continued on page 8)

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Get Comfortable, Come to Class!

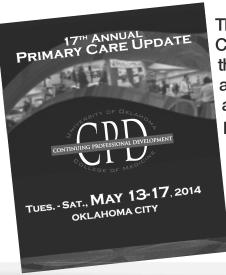




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SAVE THE DATE: 18th Annual Primary Care Conference May 5-9, 2015



Dean's Page

M. DEWAYNE ANDREWS, MD

Senior Vice President and Provost Executive Dean, College of Medicine University of Oklahoma Health Sciences Center

It's time for some updates about department chairs in the College of Medicine. In late October, Anthony Alleman, MD, MPH, was named as Chairman of the Department of Radiological Sciences. Dr. Alleman, a neuroradiologist, is a member of the radiology faculty who served as interim chairman of the department from August 2012 to late fall 2013, being named as chairman following a national search. Dr. Alleman has successfully recruited several new faculty members and is implementing a plan for some reorganization of the department.

I am also pleased to inform you that we have appointed a new Chair of the Department of Psychiatry and Behavioral Sciences. Britta Ostermeyer, MD, MBA, will begin as Professor and Chair of the department on March 1, 2014. Dr. Ostermeyer, formerly with the Baylor College of Medicine faculty in Houston, will succeed Dr. Betty Pfefferbaum, who served as department chair for over 17 years establishing a national research prominence and expertise in post-traumatic stress disorders in children. Dr. Ostermeyer's areas of expertise are in forensic psychiatry and behavioral disorders associated with certain disease states. She was the PI on a \$27 million federal grant in Houston establishing community-based mental health services linked to her academic center and hospital. Under her leadership, the OU residency program in psychiatry will be expanded, and plans exist for establishing new fellowship programs.

A national search is underway for a new Chair of the Department of Obstetrics and Gynecology, and initial candidate visits should begin soon. Dr. Karl Hansen is serving as interim chairman of the department.

We are very pleased that the Stephenson Cancer Center has been selected as a tissue source site for the Cancer Genome Atlas, a landmark research initiative supported by the National Institutes of

(continued on page 8)
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(Dean's Page continued from page 7)

Health. The goal of the Cancer Genome Atlas project is to understand why cells in 20 specific types of cancer grow out of control and lead to tumor formation and to metastasis. This is an international research initiative. The project promises to revolutionize our understanding of cancer biology and lead to more effective, less toxic treatments.

It's March – that means "Match" time as senior medical students and teaching hospitals await the outcome of their applications and rankings for residency training positions in the National Resident Matching Program. Some students participating in the "early match" held for a few specialties already know their residency training match, but most students are involved in the general match. Match Day results will be known to them during the week of March 17 this year.

This month we break ground for a new signature, academic office building for the College of Medicine. It will be located at the southeast corner of the intersection of N.E. Philips Avenue and Stanton Young Boulevard. An adjacent parking garage will also be constructed. We are in desperate need of additional space to accommodate the continuing development and growth of the College of Medicine.

The building will be developed by the University Hospitals Trust for the use of the medical school. Several clinical departments' academic offices, the dean's office complex, the office of continuing professional development, and several other functions, including multi-purpose conference rooms, will be located in the building when it opens in early 2016. □

(President's Page continued from page 5)

for these stem cells to be used to treat other chronic medical illnesses, such as diabetes, stroke, and Parkinson's Disease, to name a few.

Oklahoma Blood Institute is a treasure situated in the heart of our county, created to meet a desperate need for a clean blood supply by forward thinking members of the county's medical community. Today, the directors, administrators, innovators, and scientists the Institute houses are continuing to provide cutting edge resources for Oklahoma and the world.

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WELCOME NEW MEMBERS!



Timothy David Trojan, MD, is board-certified in Allergy, Asthma and Immunology. He completed medical school at the University of Texas Southwestern at Dallas, and completed an internship in Internal Medicine at Parkland Memorial Hospital/UT Southwestern/North Texas Veterans Hospital in Dallas. He completed sub-specialty training in Allergy and Immunology at Parkland Memorial Hospital/UT Southwestern/Children's Medical Center in Dallas.



Cuyler E. Caldwell, MD, is board-certified in Family Medicine. He completed medical school at the University of Oklahoma College of Medicine, and an internship and residency in Family Medicine at Great Plains Family Medicine Residency Program.



Hetlevia Rosa Vilar-Jensen, MD, is boardeligible in Family Medicine. She completed medical school at the University of Panama School of Medicine, and an internship and residency at Cook County Hospital in Chicago.

Look for your monthly OCMS eNEWS in your email!

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2014 Presidential Inaugural Dinner

Julie Strebel Hager, MD, was installed as the 114th President of the Oklahoma County Medical Society at the annual Inaugural Dinner in January. The Rhinehart Medical Service Award was presented to James W. Hampton, MD, for his tireless efforts in providing emotional and spiritual support to dying patients and their families.



Julie Strebel Hager, MD, the 114th President of the Oklahoma County Medical Society



2014 Leadership (left to right): C. Douglas Folger, MD, President-Elect; Don Wilber, MD, Vice-President; Julie Strebel Hager, MD, President; David Holden, MD, Secretary-Treasurer; and Thomas H. Flesher, III, MD, Past President.

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2014 Inaugural Dinner Photos



James W. Hampton, MD, (right) was presented the Don F. Rhinehart Medical Service Award by Outgoing President Thomas H. Flesher, III, MD.



Tomás Owens, MD, presents Thomas H. Flesher, III, MD, with his plaque as outgoing President.



Outgoing President Thomas H. Flesher, III, MD, passes the gavel to President Julie Strebel Hager, MD.

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2014 Inaugural Dinner Photos



2014 Board Members

Bottom row, left to right: C. Doug Folger, MD; David C. Teague, MD; Sam S. Dahr, MD; Anureet K. Bajaj, MD; Julie Strebel Hager, MD; Lisa J. Wasemiller-Smith, MD; Don P. Murray, MD.; Duc M. Tu, MD; Thomas H. Flesher, III, MD; and Louis M. Chambers, MD.

Top row, left to right: David L. Holden, MD; Don L. Wilber, MD; and J. Samuel Little, Jr., MD.

Not pictured: Joseph B. Broome, MD; and Paul J. Kanaly, MD.

SAVE THE DATE!

2015 Inaugural Dinner Friday, Jan. 23, 2015

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2014 Inaugural Dinner Photos



Class IV Leadership Academy members: Bottom row, left to right: Savannah Stumph, DO; Elizabeth Jett, MD; Betty Tsai, MD; Ashley Weedn, MD; Steven Brantley, MD; and Amy Bankhead. Top row, left to right: Larry Bookman, MD, program founder; Winston Fong, MD; Lenny Henderson, MD; and Sheleatha Taylor-Bristow, MD.



Left to right: Outgoing President Thomas H. Flesher, III, MD; President Julie Strebel Hager, MD; and President-Elect C. Douglas Folger, MD.

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Pearl of the Month



Johnny B. Roy, MD

The Quandary of To Screen or Not To Screen for Breast and Prostate Cancer

In May 2012, the U.S. Preventative Services Task Force (USPSTF) rocked the boat by recommending against prostate cancer screening with PSA (prostate specific antigen). Additionally, it advised against routine mammography in asymptomatic women between 40-49 years of age.

USPSTF is an independent panel of primary care and preventative medicine experts that reviews evidence of effectiveness and makes recommendations for clinical preventative services. The task force is funded, staffed, and appointed by the U.S. Department of Health and Human Services.

The task force assigns letter grades (A, B, C, D and I) to each of its recommendations:

Grade A & B: Full recommendation

Grade C: No recommendation; left to discretion of the clinician

Grade D: Not recommended (harms outweigh benefits)

Grade I: Insufficient evidence to assess benefits

While I don't feel qualified to comment on their assigning a C grade to mammography (I will leave it to experts in that field), I would (continued on page 16)

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(Pearl continued from page 15)

like to take issue with their letter D grade condemning the screening for prostate cancer with PSA.

The prostate and breast have different physiological functions, but their commonality is that both organs require gonadal steroids for their growth, the lack of in their suppression.

	Breast Cancer	Prostate Cancer
Incidence	232,340/yr	238,590/yr
Mortality	39,620/yr	29,720/yr
Prevalence	12% of women	15% of men

Cancer of the prostate is one of the most common cancer in men; nearly 30,000 men suffer a painful death from this cancer annually in the United States. Despite its prevalence, it is a relatively silent disease in its early stages. Until we find a reliable, concrete test for this cancer, PSA remains the only screening at our disposal. One can't undervalue its significance because, since it became available in 1990, there has been a 40% decrease in age-adjusted mortality. Additionally, prior to the PSA era, a large percentage of cancer patients were discovered in advanced stages.

Recent research has shown a biomarker that can distinguish between indolent cancer and an aggressive one. This test is more reliable than the current (Gleason) histological score. This may alleviate the bad rap PSA screening has gotten (with some justification) due to over-aggressive management of this cancer. PSA screening and the resultant procedures cost this country about \$3 billion a year.

Finally, the decision to screen ultimately should be a shared one involving the patient and his physician after all the facts are presented.

Should every 60-year-old be subjected to PSA screening, which is currently routine? The answer lies in how an individual values his health, his lifestyle and his outlook on life in general. It is too personal and may veer and not conform to the dictates of a distant, impersonal task force. After all, isn't a man supposed to be the master of his own destiny?

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More Physicians Should Consider Political Service

By Ervin Yen, MD

For a variety of reasons, over the last 8 years, I have gotten to know a significant number of legislators, both here in Oklahoma and in Washington, D.C. I have come to believe that the vast majority of them are similar to the vast majority of physicians that I know. They, and we, are good people who are trying to do the right thing.

However, our legislators cannot know everything about everything. Part of our job as physicians is to educate them whenever healthcare issues arise at the Capitol. If you have ever been to D.C. and talked with Sen. Jim Inhofe regarding healthcare issues, you have probably heard him say, "Why don't you talk with Sen. Coburn about that? He knows much more about that and I will probably vote however he votes on that issue."

I believe that to be totally appropriate. Frequently, our legislators will go to a specific colleague who has intimate knowledge regarding a specific subject when there is pending legislation involving that subject. Now with the Affordable Care Act, it is imperative we have more people in government who know healthcare.

Obviously, the ACA is on a federal level, but there will be farreaching consequences on a state level that our legislature will have to deal with. In Washington D.C., we are going to sorely miss Sen. Tom Coburn and the ramifications of his resignation will be felt far and wide.

As my wife and I get older, I wonder if we will be able to get the healthcare we need as we get older. Will my five children be able to get the surgeries, procedures, and medications they need in the future? Who knows?

My wife and I actually have a fantastic personal physician, but he will retire in less than 5 years. I have been searching for a replacement without success and so has he. I will most likely retire from medicine myself within 10 years, so I am actually significantly more worried about this healthcare reform as a consumer much more so than a provider.

(continued on page 25)

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We can help you get the healthy rest you've been missing.

If you've tried everything and still find yourself tossing and turning at night, you may be suffering from a sleep disorder – a serious health issue that could be linked to diabetes, heart disease or obesity. The good news is, help is available. If you're experiencing difficulty falling or staying asleep, excessive daytime sleepiness or chronic snoring, we can help you get the rest you need. **Ask your physician if you would benefit from a sleep study or call the Deaconess Sleep Lab at 405-604-4237.**



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LAW AND MEDICINE

TELEMEDICINE: Duty to Consult and Standard of Care for Rural Physicians

S. Sandy Sanbar, MD, PhD, JD

Telemedicine has impacted the rural physician's standard of care, the duty to consult with an urban specialist in a timely manner, and the provision of "specialized" collaborative medical treatment with an urban specialist. In the event negligent treatment is rendered, the rural physician bears the primary responsibility, although both the rural and urban physicians may be liable for malpractice.

The Patient Protection and Affordable Care Act (ACA) is expected to boost telemedicine usage. In 2013, the federal Office for the Advancement of Telehealth (OAT) reported that more than 200 telemedicine networks are operating, and that the number of U.S. telemedicine service sites topped 3,500. Advanced electronic communications to transmit medical information from one site to another in the delivery of clinical services, coupled with health information technology (HIT) advances, are rapidly altering the practice of rural and urban medicine. Reimbursement for telemedicine services has been gradually improving both by Medicare and commercial insurers, and may be mandated by some states.

More than half of U.S. hospitals are using telemedicine. Rural practice isolation has been significantly diminished. Rural hospitals are now able to manage a broader range of acutely ill or complex patients than they could in the past. Patients, particularly those in crises, are being treated at the local hospital rather than being transported to a tertiary center. Telemedicine allows rural physicians to expand their scope of practice by obtaining specialty consults in real time. Novel practice opportunities are proving beneficial for both rural- and urban-based physicians. Thus, telemedicine fosters collaboration between rural and urban physicians that reduces the feelings of isolation that physicians may experience when they go to practice in a small town.

Telemedicine is alleviating barriers to care in underserved urban regions, especially in rural emergency critical care, trauma, dermatology, endocrinology, cardiology, psychiatry, audiology,

(continued on page 24)

Jane C.K. Fitch, MD, Named 2014 President of American Society of Anesthesiologists

Jane C.K. Fitch, MD, a member of the Oklahoma County Medical Society, has been installed as the new president of the American Society of Anesthesiologists (ASA).

She is only the second female to be elected president in the history of the society.

Dr. Fitch has served ASA in numerous positions, including two years on the Executive Committee. She was the director from Oklahoma and chair of the Board Review Committee on Professional Affairs. Dr. Fitch is a professor and chair of the Department of Anesthesiology at



the OU Health Sciences Center. She holds several leadership positions within the OU School of Medicine, OU Physicians Faculty Practice Plan and OU Medical System.



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Jeff

By John Blaschke, MD

Jeff died last night. He was 28 years of age. That he lived that long is a testament to well-documented advances in medical care and the ability to apply that care in a university hospital setting.

Jeff's remarkably long survival can also be attributed to a fine young woman who adopted him; a foster mother who cared for him in the first six years of his life; and many of the physicians at OUHSC Children's Hospital who never failed in their valiant efforts to care for him. Jeff was also helped by dozens of social workers, hospital nurses, volunteers, and a state welfare system that accepted financial responsibility for him a month after his birth. These aspects of Jeff's life represent some of the best features of our country. The circumstances of how Jeff came to be so burdened and handicapped in a life filled with pain and suffering reflects many of the worst.

Along the way of his life Jeff captured the hearts of many and his death saddened many, even though we recognized that in some ways death was a relief for him. I grieved for Jeff many times during his life as I observed the constant struggle to survive. It is as a memorial to him that I want to tell you about him.

Jeff was born in Children's Hospital of OUHSC. Early recognition of a congenital single ventricle of his heart led to open heart surgery the second day of his life. I have no details of the procedure but understand that some sort of temporary hook-up with pulmonary circulation was performed. Later and more effective surgeries were planned. Respiratory difficulties, hypoxemia with deep cyanosis, difficulties in feeding and wound care were paramount in the first 30 days. After that month Jeff was discharged to parental care and appointments for follow-up arranged.

Five days later, Jeff's mother carried him into the emergency room of Children's Hospital. He was in shock, bleeding and evidence of blunt trauma to the left parietal area of his skull was obvious. Emergency surgical procedures were carried out shortly after admission. Large depressed skull fractures with multiple small fragments of bone were noted. Jeff was unconscious. Debridement, control of bleeding, life support superimposed on critical cardiac

(continued on pages 22-23)

(Jeff continued from page 21)

problems posed many problems but somehow through it all, Jeff survived.

Who struck Jeff? Why? Strangely this issue was never determined. Jeff's father and his mother were living with parents of the father. Over the past 28 years I have been irate as I saw Jeff, cyanotic, dyspneic and struggling, that no apparent effort by civil authorities to apprehend the perpetrator was accomplished.

The blow to Jeff's head did not kill him, but it did destroy *Brocca's area*, that vital region for speech and language recognition in the human brain. He would never be able to speak normally following that injury. He had a large defect in his skull and had to wear a helmet. Later he developed hydrocephalus and a shunt was placed in his head to drain into the chest. Later the shunt would become obstructed and require replacement. Once when we were headed for weekend at the lake, Jeff became febrile and a generalized rash appeared. We reversed course, took him to the ER of Children's hospital, where he was admitted with a diagnosis of meningococcal meningitis. But I'm getting ahead of myself.

During the next three months in Children's Hospital Jeff's parents lost parental rights and Jeff became a ward of the State of Oklahoma. The Department of Human Services became responsible for Jeff's care.

The problems of abuse, neglect, sexual abuse and simple cruelty to children in our society are appalling. A small population like Oklahoma's three million requires 1,358 social workers to care for the 11,525 children who are wards of the state and in out-of-home care.

This is a nationwide problem and comparable numbers exist everywhere. These unsung social workers are the front line agents who are confronted daily with horrific examples of children abused, injured, murdered or sexually molested. Occasionally one worker will make an error of judgment and the media seems to delight in calling attention to this event. The social workers are well educated, diligent and compassionate but the public seems unaware of these talents and the difficult task of dealing with tragedies in the lives of our children. Most people shudder at the thought of cruelty or neglect of children, yet it continues.

A social worker called my wife and told her about Jeff. They wanted her to become a foster mother to Jeff. We had cared for about a

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(*Jeff continued from page 22*)

dozen children or so for varying periods prior to that time. It was an enriching experience to participate in the lives of those children. I suspect we were better foster parents than we were as actual parents. With the foster kids we were more objective in our care, trying to understand the child's perspective in their behavior, rather than trying to mold them into perfection as we had strived as parents. By any standard of comparison Jeff was the most challenging, the most time consuming and the most heart-rending.

He lived with us six years. On the first night with us, one of our sons, also a physician, said after observing Jeff, "Dad, that kid won't live through the night." This is not the place for all the details but to give some perspective my wife developed a first-name basis with many nurses at Children's Hospital, became acquainted with dozens of residents and fellows in Pediatrics, and was given indoor parking privileges because of her numerous visits to the clinics and hospital during that six years.

Jeff never could eat solid food during his time with us. Something was wrong with his swallowing mechanism. He was the only child I ever saw who would not pick up a cookie or sweet and eat it. His liquid diet required much resourceful planning. Episodes of choking even with liquids were frequent. Jeff was cyanotic his entire life and developed the most clubbing of his fingers I had ever seen. My wife was never able to achieve toilet control with him although she spent much effort.

At age 5, with help of one of the social workers, arrangements were made for Jeff to attend a school for handicapped children. One of the teachers at that school became interested in Jeff and shared time with us during one of Jeff's many hospital stays. She is a talented and compassionate person and has never married. She adopted Jeff and after six years with us he went home with her. Coralee loved Jeff and Jeff grew to love her, the only 'Mommy' of his life

During the next 22 years Jeff made remarkable progress. His new mother was able to achieve toilet training, teach him to write, to draw, to read, and most amazing, to speak. His speech and words were different and garbled but after a while one could understand him. In the past three years Jeff learned how to speed dial on a cell phone.

(continued on page 25)

(Law & Medicine continued from page 19)

high-risk obstetrics, gynecology, ophthalmology, hepatology, gastroenterology, radiology, pathology, nursing home and home health care and other subspecialties. The list is rapidly growing. Consequently, rural physicians can provide better care for complex patients and treat challenging conditions more effectively at local hospitals.

The following are some examples of rural telemedicine:

Telepsychiatry is one of the earliest and fastest growing applications of telemedicine. "Specialists on Call" is a Virginia-based provider of telemedicine services that specializes in neurology and psychiatry, and operates in more than 300 U.S. hospitals. It also provides a "tele-intensivist" service line, which expands on traditional e-ICU capabilities.

Telestroke services are proving invaluable to rural-practicing physicians who must manage stroke patients when they present to the emergency department, where "time is brain."

Similarly, **telecardiology** is used in acute coronary syndromes where "time is myocardium."

Telegynecology allows the provision of remote colposcopy interpretation in real time to rural-practicing primary care clinicians.

Physicians must follow all appropriate state requirements and regulations for telemedicine practice, and should also be conversant with and adhere to the Joint Commission standards for telemedicine for credentialing and privileging. The Centers for Medicare & Medicaid Services has allowed for hospital credentialing and privileging by proxy for certain telemedicine services. Some states are considering special reciprocal licensing agreements, or compacts, for physicians who are based in one state but want to offer telemedicine services in an adjoining or other state. The American Telemedicine Association provides frequently updated information on telemedicine-related licensure and regulatory matters, as well as guidelines for different specialties. About a dozen physician specialty societies have developed telemedicine practice guidelines so far.

When the rural physician teams up with and in essence takes on

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(Jeff continued from page 23)

Every day at 11 am Jeff would call us. I had difficulty understanding him but my wife and Jeff would have long conversations about Zac his dog, the weather, his lawn mower, and his most recent train ride to Gainesville, Texas. Every Christmas Jeff would bring us his gift of a handmade calendar. Jeff had an unusual memory for dates, birthdays and holidays. He sent me emails on Father's Day and my birthday and when he and his mother were taking a trip.

For the past 30 days Jeff has been ill, with a respiratory infection and some type of left inguinal pain, possibly torsion of testicle. He was hospitalized, and then improved, went home and then developed cardiac arrhythmia and heart failure. At the end his incomplete physical heart failed. His spiritual heart was undaunted. Near the end, in his 'Mommy's' arms, he told her he loved her and was going to heaven. His mother called me early this morning to tell me about his death. And so it ends. "May flights of angels carry thee to thy rest."

(Physicians in Political Service continued from page 17)

We currently have two physicians in the Oklahoma House and none in the Senate. However, one is Doug Cox, who will be term-limited after 2016 so we will be losing him. This is all VERY frightening. Please consider throwing YOUR hat into the ring, if not now, perhaps in the near future. With Dr. Coburn's resignation and its domino effect, there may be several legislative seats open up...so perhaps now. Do it for yourself...do it for your spouse...do it for your children...do it for the people of Oklahoma.

Dr. Yen is an anesthesiologist who has been practicing in Oklahoma City for nearly 30 years. He is running for office in District 40 of the Oklahoma Senate.

OKC OB/GYN Society Meetings

The Oklahoma City Obstetrical and Gynecological Society meets on the second Monday of the month January through May and September through November at Junior's Restaurant, 2601 Northwest Expressway in Oklahoma City. Meetings cover various clinical topics presented by leading experts. For more information, please contact Dr. Joe Merritt at joemerritt@me.com.

March/April, 2014 Page Twenty-Five

INTEGRIS Health



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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Editorial

By Johnny B. Roy, MD

On one balmy Sunday afternoon, I made time to go over the January 2014 issue of the Bulletin and took the liberty as a member of the Editorial Board to pen these comments.

- a) The front cover was attractively adorned with three photogenic individuals (2014 president Dr. Julie Hager, her father and her sister); some credit is due to the photographer.
- b) The cogent commentary by our newly installed president, no doubt, reflected the sentiment of each and every member of our society. Well done!
- c) The Dean's Page, as always, keeps us informed on what's transpiring at the OU College of Medicine. We thank the Dean for his indefatigable task of interacting with faculty, students, administrators and hospitals in light of ever-diminishing funding.
- d) I would like to roll out the welcome mat to the five new members joining our society.
- e) Dr. Sanbar's column further accentuates my beef toward EMR, a concept crafted in a hurried pace by non-medical, legally unaccountable technicians, forced on physicians under a penalty for non-compliance.

We were promised that by converting to electronic records, costs would come down (no more paper, files, cabinets, etc.) and our lives would be made easier. Guess what? Costs have gone up and more than 30% of doctors have already replaced their original EMR (extra expense) and more will do so. Our life has been made more complicated. A physician has to concentrate on strict violation measures to prevent data breaches or else pay a hefty fine. This is time taken away from patient care (a la carte menu approach).

Additionally, the large metadata generated with the click of a mouse may go unnoticed by a practitioner, however, it could come to haunt the doctor in a malpractice case. I can go on and on.

f) Kudos to our Dr. Beidas relative to his critique of the ACGMC duty hour changes. Are these folks dealing with pre-K children to dictate rest and sleep hours? Are the members of ACGMC and the IOM incognizant of the fact that before and without their

(continued on page 29)



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BY APPOINTMENT ONLY

(Editorial continued from page 27)

mandate, the graduate medical education produced unrivaled giant clinicians, the likes of Osler, Halstead, DeBakey, Cooley, Tom Starzel, Ed Pellegrino and McGhee Harvey, to name a few? Even in our own background, luminaries like Drs. Rainey Williams, Ron Elkins, James Merrill, James Hammersten and William Parry trained a large cadre of professionals by example, undeterred by the ticks of the clock. They emphasized total dedicated participation until the task was complete.

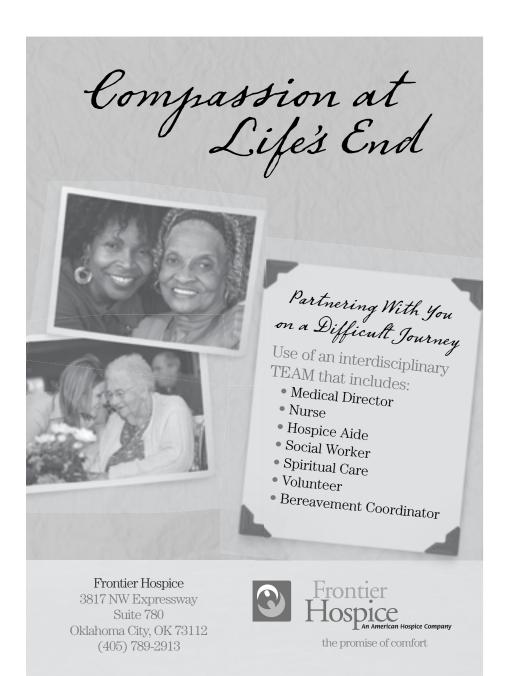
g) Our own Jana Timberlake's philosophical question of "What was I put on Earth to do?" begs for an equally composed response. Her eloquent narrative of a sad ending of her good friend allowed me to ponder and pause to recall a few lines of my favorite poet, Emily Dickinson (1883-1931):

"If I can stop one heart from breaking, I shall not live in vain.

Or help one fainting robin unto his nest again, I shall not live in vain."

- h) Dr. Foerster's column further augments the quandary of restricted duty hours and its deleterious effect on training.
- i) I always cherish Dr. Saadah's prose and poetry ... a treat for my daily travail!! □





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(Law & Medicine continued from page 24)

"specialized" care in collaboration with the specialist, the rural physician is primarily responsible for the care of the patient. In the event of malpractice, both the rural and the urban physicians will be named as co-defendants. In telemedicine, the standard of care of the rural physician may be that of the specialist rather than that of the family physician, depending on the type of "specialized" treatment rendered. Thus, when a rural physician renders "specialized" telemedicine treatment in real time to a patient in consultation with a specialist, the standard of care that is applied to the rural physician may be that of the specialist and not the primary care physician.

New Email Address? Let Us Know!

If you have a new email address or one you would prefer we use for OCMS communications in the future, please send it to Eldona Wright at ewright@o-c-m-s.org or call (405) 702-0500. Thank you!



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Director's

DIALOGUE

"To say that obesity is caused by merely consuming too many calories is like saying that the only cause of the American Revolution was the Boston Tea Party." ~Adelle Davis

Is Childhood Obesity A Public Health Issue?

The answer is "yes!" As a board member of Schools for Healthy Lifestyles, a program developed in 1997 by the Oklahoma County Medical Society to introduce "health education" back into the school system, it is my opinion that anyone who has any knowledge about the health of children cannot deny that childhood obesity and the increasing incidence of childhood onset of diabetes is a public health issue.

While preparing to write this issue's Director's Dialogue, I "googled" the subject of childhood obesity and the first article that popped up was published in the International Journal of Preventive Medicine in January 2012. The title was "Childhod Obesity: A Global Public Health Crisis." The introduction stated that one or more of the factors that contribute to obesity – genetic, behavioral, environmental – lead to physical, psychological and social health problems in children.

In the study conducted between 1999-2011, some of the interventions used were "family based, school based, community based, play based and hospital based. The effective school-based interventions were seen targeting physical activity along with healthy diet education."

The Oklahoma County Medical Society created Schools for Healthy Lifestyles in 1997 in an effort to positively impact children's health. The program's mission statement is "to promote and maintain healthy lifestyle choices in Oklahoma through preventive, community-based school health education programs for students, their families and faculty."

(continued on page 35)

Making Roses

Hanna Saadah, MD

Somehow, I know
That you and I
Will not make roses
Even when the sun
Begins to green
The tips of April.

Nor will we hear
With hands entwined
The odes of love
Yellowed with years
Burst long green stems
From the deep voices
Of memory.

Alas
Time has a way
Like little fish
Nibbles on our eyes and dims
Until the only lights one sees
Are memories.

Will you not come again
If only for a moment
Sing the years with me?
They row behind us
Golden ripe
Ready for harvest.

Somehow, I know
That you and I
Will not make roses
Though if we could
They would
Be beautiful
Yellow, red, and pink.

Oh, how it pains to think

That you and I

Because of certain thorny causes

Could not make roses.

Page Thirty-Four The Bulletin

(Director's Dialogue continued from page 33)

This is accomplished by addressing five key areas: (1) promoting physical activity and fitness, (2) nutrition education and awareness, (3) tobacco use prevention, (4) safety and injury prevention, and (5) oral health education.

When created, Schools for Healthy Lifestyles was the only program of its kind in Oklahoma. As others became interested in addressing children's health issues, additional programs were created. What sets SHL apart from the others is the data collection and analysis with statistics that prove this model works!

How can physicians help maintain this vital program currently implemented in 61 elementary schools in Oklahoma? There are two ways – become an "Adopt-A-Doc" for one of the SHL schools, and financially support the Children's Wellness Award Reception on April 29, 2014, at the Oklahoma City Golf and Country Club.

Former Oklahoma First Lady Donna Nigh will receive this year's John R. Bozalis Children's Wellness Award for her efforts to help make Oklahoma's children the healthiest in the nation; she is also a founding SHL board member. The award is named after Dr. John R. Bozalis, who has been the program's "champion" since 1997 by serving as the first Board president, fundraising and sharing the program's success to anyone who will listen.

Because SHL was created by physicians, I am asking OCMS members to continue providing their financial support. Sponsorships for the reception range from \$5,000 to \$500, and individual tickets are \$150 each. To purchase a sponsorship or tickets for this event, contact Schools for Healthy Lifestyles at (405) 606-8435. SHL is a 501(c)3 organization and your contribution will be tax deductible.

"Childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years," according to an article published by the Centers for Disease Control. For the statistics and the immediate and long-term health effects of childhood obesity, you can read the entire article at:

http://www.cdc.gov/HealthyYouth/obesity/facts.htm.

Be a champion for children! Contribute to Schools for Healthy Lifestyles so it can continue to help Oklahoma's children develop healthier minds by building healthier bodies!

Jana Timberlake, Executive Director

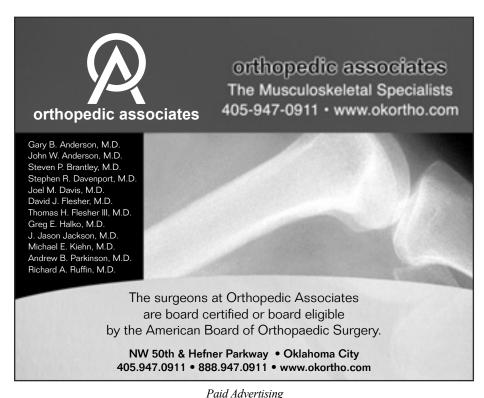
Sign Up For April Doctor of the Day at Capitol

Each year the Oklahoma State Medical Association provides a physician for each day of the legislative session at the state Capitol. This program is called Doctor of the Day, where the physician for that day handles minor medical situations (think aspirin and Band-Aids).

This year, the Oklahoma County Medical Society is responsible for providing physicians during the month of April.

As Doctor of the Day, you will have the opportunity to serve as the face of OSMA and OCMS, and talk to elected officials about the impact their votes have on the medical community. This is a great and easy way for you to meet and influence our state legislators.

If you are interested in serving one day during the month of April, please contact Eldona Wright at OCMS at 702-0500, or email her at ewright@o-c-m-s.org.



Oklahoma City-County Health Department Epidemiology Program Communicable Disease Surveillance

COMMONIA DEPORTED DISEASES	Monthly			YTD Totals	
COMMONLY REPORTED DISEASES	Jan '14	Jan '13	Dec '13	Jan '14	Jan '13
E. coli (STEC, EHEC)	2	1	1	2	1
Ehrlichiosis	0	0	0	0	0
Haemophilus influenzae Type B	0	0	0	0	0
Haemophilus influenzae Invasive	1	1	3	1	1
Hepatitis A	0	0	0	0	0
Hepatitis B*	1	9	1	1	9
Hepatitis C *	4	24	6	4	24
Lyme disease	0	0	0	0	0
Malaria	0	0	0	0	0
Measles	0	0	0	0	0
Mumps	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0
Pertussis	0	1	0	0	1
Strep pneumo invasive, children <5yr	0	0	1	0	0
Rocky Mtn. Spotted Fever (RMSF)	0	0	0	0	0
Salmonellosis	9	6	7	9	6
Shigellosis	3	9	1	3	9
Tuberculosis ATS Class II (+PPD only)	***	***	***	***	***
Tuberculosis ATS Class III (new active	***	1	***	***	1
Tularemia	0	0	0	0	0
Typhoid fever	0	0	0	0	0
RARELY REPORTED DISEASES/Condi	tions:				
West Nile Virus Disease	0	0	0	0	0
Pediatric Influenza Death		0	0	0	0
Influenza, Hospitalization or Death	85	89	17	85	89
Influenza, Novel Virus	0	0	0	0	0
Strep A Invasive	0	0	0	0	0
Legionella	0	1	0	0	1
Rubella	0	0	0	0	0
Listeriosis	0	0	0	0	0
Yersinia (not plague)	0	0	0	0	0
Dengue fever	0	0	0	0	0

YTD totals are updated quarterly to reflect cases that have a reporting delay due to laboratory

confirmation or symptom assessment.

Data for newly identified infections is not available at this time. OSDH is being consulted on obtaining data.

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^{*} Over reported (includes acute and chronic)

^{***}Beginning in June 2012, medical health record was transitioned to the electronic format PHIDDO.

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CME Coordinator Medical Library

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Integris Baptist Medical Center

Contact: Marilyn Fick

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Integris Southwest Medical Center

Contact: Marilyn Fick

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Telephone: 610-8011

Oklahoma Academy of Family Physicians Choice CME Program

Contact: Samantha Elliott

Director of Membership

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Contact: Susie Dealy or

Myrna Rae Page 271-2350

Telephone: 271-2350
Check the homepage for the latest

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http://cme.ouhsc.edu

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Telephone: 272-6748

Orthopaedic & Reconstruction Research Foundation

Contact: Kristi Kennev

CME Program Director or Tiffany Sullivan Executive Director

Telephone: 631-2601

Wanted: Bulletin Authors

Every issue of the Bulletin runs articles and columns from a diverse group of our physician members because it's important that our members discuss new ideas and issues with each other.

If you would like to be a Bulletin author, for one article or more, please let us know! You can share information on new clinical findings, business practices, or other topics you feel are important.

If you are interested, please contact Tracy Senat, Bulletin Managing Editor, at tsenat@o-c-m-s.org or call 702-0500. We look forward to hearing from you! □

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