THE BULLETIN
The Oklahoma County Medical Society

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OUHSC Department of Pediatrics Presents:

Advances in General Pediatric Medicine:
"What Every Practitioner Should Know"

April 23-24, 2010
OU Children's Physicians Building
(Newly Remodeled Meeting Space!)
Oklahoma City, Oklahoma

The OUHSC Department of Pediatrics will host a 2 day CME conference that provides an educational opportunity for all health care professionals in the state of Oklahoma. The theme of this year's conference is *Advances in General Pediatric Medicine: "What Every Practitioner Should Know"*. Speakers from the Oklahoma City metro area as well as from around the state and out of state will address the attendees and share their expertise in various aspects of pediatric medicine. This conference will be the most comprehensive pediatric medicine conference offered in the state. This conference is designed to give the knowledge, tools, and skills that will help healthcare workers across the state meet the challenges of providing excellent care to the children of Oklahoma.

Some of the Conference Topics:

- Sudden Cardiac Death in the Young
- Gastrointestinal Motility Disorders in Children
- Pediatric Critical Care
- Migraines & Seizures
- Vaccinations
- Obesity
- Electronic Medical Records
- 4th Annual Pediatric Research Day
- OKAAP Chapter Meeting

Registration forms, conference schedule and detailed information are available on the web at http://pediatrics.ouhsc.edu

Conference Contact:
Wendy Mounger
1200 N. Philips Ave, Ste 14000
Oklahoma City, OK 73104
(405) 271-4401
wendy-mounger@ouhsc.edu

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About The Cover

Pictured on the cover of the Bulletin this month is a bird in flight, symbol of the Robert Montgomery Bird Society which raised the funds to have the Health Sciences Center Library named for the former Dean of the Medical School. The first meeting of the Society was in 1974 when Dr. Bird left the Health Sciences Center to become the Director of the Lister Hill National Center for Biomedical Communications at the National Library of Medicine in Washington, D.C. He had served on the Board of Directors of the Oklahoma County Medical Society from 1963-1965 and was vice-president in 1964. In April, 1977, the Bird Society proposed that the Health Sciences Center Library be named for Dean Bird since he had been so instrumental in the planning and development of the entire Health Sciences Center. They also expressed a desire to have a portrait painted of him to be displayed in the foyer of the library. The painting was done by Carol Castor of Dr. Bird as professor in his long white coat with a microscope, his favorite teaching device in the foreground. At the time of his departure in 1974, he was given a painting by Bert Seabourn which now hangs in the room with the history of medicine collection. Under the leadership of Patrick A. McKee, MD as chairman of the Department of Medicine, the dream became a reality and the endowment of the library recognized the contribution of this outstanding physician to the University of Oklahoma Health Sciences Center campus. An article by Dr. Jerry Vannatta, a former dean of the medical school and current President of the Bird Society, is published in this issue. ❑

The Editor

In Memoriam

Charles D. Bodine, MD
1919 - 2009

Bradley Haskell, MD
1958 – 2009

Ira O. Pollock, MD
1920 - 2010

President's Page

Larry A. Bookman, MD

As I sit in my home, imprisoned by massive snow drifts, I realize this President's Page will not be published until flowers are blooming, and warm spring showers are the rule of the day (we hope). Health care reform is the topic of the day, expected to be law by March. The year will be a quarter gone and "things are a changing." Unfortunately, I am not sure all the changes are for the better. Since the government entered the health care arena with the initiation of Medicare, many good and noble ideas have been poorly monitored with disappointing results. Is there any wonder why there is so much trepidation with the largest changes in health care staring us in the face?

Some of those changes would take place immediately. The creation of a national high-risk insurance plan to help those with preexisting conditions and an attempt to close the Medicare Part D hole that forces enrollees to assume the full cost of some prescriptions, would be beneficial changes. Allowing young people to stay on a family insurance plan until age 26 would reduce the uninsured by up to 10 million, without increased costs. Also, new fees on medical device makers, pharmaceutical companies and health insurers would help reduce the cost of the plan. The highest profile element of the bill, the new insurance exchanges, would not take effect until 2013 or 2014.

How to pay for this endeavor is still under debate at this time. It appears the emphasis is still on providing "Cadillac" care with no limitations on utilization. Yet, without lawsuit reform and an emphasis on patient responsibility, the only way to afford this endeavor is to reduce reimbursement to providers. In December, 2009, the American College of Cardiology filed a lawsuit against Health and Human Services Secretary, Kathleen Sebelius, to try to block new fee cuts to office-based cardiac services. Other lawsuits may be forthcoming. With the possibility of further deep cuts in reimbursement, increases in taxation and rising costs to practice, the landscape for physicians is changing --unfortunately, possibly irreversibly. ❑

New Members

Ilysa R. Diamond, DO
(IM GE)
8100 S. Walker Ave., #230
Lake Erie College
of Osteopathic Medicine 2001

Sameer R. Keole, MD
(RO)
5901 W. Memorial Rd.
Ross University,
School of Medicine,
Roseau, Dominica 1999

Vivek Kohli, MD
(GS)
3330 NW 56th St.
India Inst of Med Sci,
New Delhi, India 1987

Paul L. Preslar, DO
(FM)
1212 S. Douglas Blvd.
Okla. State Univ. 1994

Dean L. Ross, MD
(FM)
3330 NW 56th St., #500
Univ. of Okla. 1996

Arun K. Sachdev, MD
(GE)
4200 W. Memorial Rd., #612
Univ. of Okla. 1998

Kevin E. Schoenhals. MD
(R)
4401 S. Western
Univ. of Okla. 2003

L. Brent Scott, DO
(OTO)
535 NW 9th, #300
Okla. State Univ. 1998

Angela Selmon, MD
(EM)
700 NE 13th - ER
University of Oklahoma 1988

Sadiq A. Shakir, MD
(IM)
1714 S. Midwest Blvd.
Stanley Medical College,
Madras, India 1980

Take the first step in faith.
You don't have to see the whole staircase, just take the first step

Martin Luther King Jr.

Dean's Page

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

Medical schools, like other complex organizations, are dynamic places that are renewed and refreshed periodically by changes in leadership positions as a result of retirements or new opportunities. Here is a summary of some recent leadership changes in the College of Medicine.

In December Gregory L. Skuta, MD, was appointed professor and chairman of the Department of Ophthalmology and CEO of the Dean McGee Eye Institute following an extensive national search. He also holds the Gaylord Chair in Ophthalmology. He received his MD from the University of Illinois College of Medicine and took his ophthalmology residency at the University of Wisconsin. This was followed by a fellowship in glaucoma at the Bascom-Palmer Eye Institute in Miami, Florida. Prior to coming to OU he was on the faculty of the University of Michigan W. K. Kellogg Eye Center. Since coming to the Dean McGee Eye Institute in 1992, he has played an important role in the education of glaucoma fellows, has contributed to more than 100 publications, book chapters and educational products and has particular research and clinical interest in wound healing and its modulation in glaucoma filtering surgery.

Recently, Robert Foreman, PhD stepped down from the position of chairman of the Department of Physiology after serving in that position from 1986-2010. Dr. Foreman is well known for his work in visceral pain pathways and mechanisms. I am pleased to inform you of the appointment of Jay Ma, MD, PhD as the new professor and chairman of the Department of Physiology. Dr. Ma will hold an additional appointment as Professor of Medicine and hold the Laureate Chair in Molecular Medicine. Dr. Ma received a medical degree from the Jiangxi Medical College, China. In

1993, he received his Doctor of Philosophy in Biochemistry from the Medical University of South Carolina, and subsequently completed his post-doctoral fellowship at the City of Hope Beckman Research Institute in California. An internationally recognized scientist, Dr. Ma has contributed to over 100 peer-reviewed publications and multiple book chapters and is currently the principal investigator on three NIH RO1 grants. His primary research interests are centered on pathogenesis and treatment of diabetic retinopathy and nephropathy; the Wnt pathway in age-related macular degeneration, and the molecular mechanism of retinal generation and neuroprotection.

Dr. Howard Ozer, former chief of the Hematology-Oncology Section in the Department of Medicine, has taken a position at the University of Illinois Chicago medical school. We have initiated a national search for a new chief of hematology-oncology who will also serve as a deputy director of the OU Cancer Institute.

We have started a search for a new chairman of the Department of Microbiology & Immunology following Dr. John Iandolo's move to the position of Vice President for Research at the OU Health Sciences Center.

In another arena, "Match Day" is March 18. This is the day our fourth year students, along with all the others in the US, learn where they will be for residency training beginning in July. We all remember the anxiety and excitement of that day. I will share information about the results of this year's match in a column later this year. ❑

OSMA ANNUAL MEETING

The OSMA Annual House of Delegates Meeting will be Saturday, April 17, 2010, at the Reed Center in Midwest City. One important issue to be considered by Delegates is whether to, once again, become a "unified" state which would mandate membership in the American Medical Association in order to be a member of the OSMA and the OCMS. To remain de-unified, a bylaws amendment must be approved by a two-thirds vote at the Annual Meeting. Call Linda Larason at 702-0500 if you would like to serve as a Delegate representing Oklahoma County Medical Society. ❑

Pearl of the Month

Johnny B. Roy, MD, FACS

Prostate Cancer
To screen or not to screen

Controversy is currently swirling around the usefulness of screening for prostate cancer. This controversy came in response to the report of the US Preventive Service Task Force (USPSTF) questioning the appropriateness of mammography in screening for breast cancer, and the use of PSA in screening for prostate cancer. The task force implicitly states that evidence is lacking for making a recommendation for or against screening.

Facts: Prostate cancer is the most common, non-cutaneous, cancer in men over 50 years. The incidence of newly diagnosed cancer is approximately 190,000 annually with 28,668 deaths in 2008. While breast cancer has similar annual incidence, the estimated annual death is 41,000.

With the advent of prostate specific antigen (PSA) some 20 years ago as a tool for screening, the incidence of early detection of prostate cancer has doubled from 1:11 to 1:6. In the last two decades, the paradigm at diagnosis has shifted to more organ-confined lesion (tumor) rather than advanced and metastatic disease.

The controversy: At what age should screening begin and at what age should it end? According to the American Cancer Society, we over screen and over treat prostate cancer even though some tumors are indolent and not deadly. Recently the New England Journal of Medicine published two articles, one showing that screening didn't

decrease death. The other showed that for every death averted, 50 men suffer from over diagnosis and its sequel.

The recent prostate, lung, colon, and ovary trial failed to show a mortality benefit associated with prostate cancer screening at 7-10 years. The conundrum is prostate cancer is generally slow growing. Statistically, only three percent of men die of prostate cancer.

Earlier reports of decreased prostate cancer-specific mortality with screening could be attributed to over treating of non-aggressive life threatening disease.

The American Urologic Association strongly recommends PSA screening beginning at age 40, while the American Cancer Society supports early screening at age 50. These recommendations are not shared by other specialties.

Efforts should be expended to refine our detection tools to help us differentiate the indolent from the aggressive disease to integrate that with better preventive as well as treatment strategies. Incidentally, screening for breast and prostate cancer costs us $20 billion annually. Only through research can we realize the benefits of these efforts.

The incidence of cancer of the breast and prostate is just about the same, yet research funding for breast cancer is approximately double that of prostate ($585 million vs. $290 million). Why is that? Perhaps one has a better advocacy group than the other? Or could it be that one organ is more apparent and admired, while the other is hidden and despised!

There's a saying for that: out of sight is out of mind. ❑

On Professionalism

Commentary

Chris Codding, MD

Physician fatigue – intellectual and emotional – is widespread. This is influenced by the medical climate we have and delayed gratification, which is part and parcel of each of our training.

We are suspended by issues of government regulation, litigation risk, declining reimbursement, electronic medical records. Even our commitment to be collectively associated (Oklahoma County Medical Society, Oklahoma State Medical Association, and the American Medical Association) may waiver.

There is pervading unrest, no rest for a weary physician. If you are a young physician, these factors influence you differently than do me. It is no understatement – individually and collectively we are in limbo. Dr. Bookman's comments in the Bulletin underscore such things.

(Cont'd on page 37)

Bird Society Update

Jerry B. Vannatta, MD
President, Bird Society
Former Dean, OU College of Medicine

The Robert Montgomery Bird Society was revived in the 1980's for the purpose of endowing and naming the OU Health Sciences Center Library. Robert Bird, MD was a beloved department of medicine professor of hematology and former executive dean of the OU College of Medicine. The initial members of the society were primarily a faithful group of physicians who had known Dr. Bird personally – many of whom had been his students and residents. The endowment grew over about twenty years to nearly $2 million.

In 2004 President Boren invested in the Bird library to refurbish lounges, study areas and improve technology. He also committed a $5 million endowment (to be paid over 10 years) from the OU foundation revenue to permanently support the library and its mission.

At about this same time the Bird Society board, headed by the late Dick Dotter, MD announced a new membership campaign. The intent was to invite and recruit new members into the society from within the College of Medicine and from the other six colleges on the OU Health Sciences Center Campus. The Library serves all six colleges on the campus, and it was thought that if the society was expanded to include members from all colleges, it could raise the endowment and better serve the Health Sciences Center community as a whole. This campaign resulted in sixty-six new members and raised $308,000 dollars. This money was added to the endowment of the Bird Society.

In 2008 the board of the Bird Society recruited members from the colleges of Nursing and Allied Health. This has helped recruit members from these colleges into the society. The board also decided as a method of raising awareness of the society on campus to fund a "Bird Society Lecture" in each of the Colleges on an annual basis. The dean of the colleges chooses the speaker and topic. The membership of the Bird Society, as well as the faculty and students on the Health Sciences Center Campus, are invited to attend. This project has resulted in the following lecturers visiting our campus.

Bird Society Lectures

- "Nutrition for the Busy Professional: The Cooper Clinic Solution;" Meridan Zerner, M.S., R.D., C.S.S.D., L.D.; November 4, 2009; College of Allied Health.
- College of Medicine Lecture cancelled; October 30, 2009; The Innovator's Prescription – Disruptive Solution for Health Care; Clayton M. Christensen.
- "Beyond the Moment: The Team of Tomorrow;" Patricia Yoder-Wise, Ph.D.; October 7, 2009; College of Nursing.
- "From Caregivers to Killers;" Susan C. Benedict, D.S.N., R.N., C.R.N.A., F.A.A.N.; April 28, 2009; Bird Society in Conjunction with the Deadly Medicine Project Committee.
- "Of Love and Values: Six Simple Steps for Success;" Margaret Wylde, Ph.D.; November 3, 2008; College of Allied Health.
- "The Public Health Implications of Corporate Poultry Production;" Drew Edmondson; September 9, 2008; College of Public Health.

The Bird Society, through a grant from the Presbyterian Health Foundation, helped the library fund the development of the History of Medicine Collection. In 2009 the Bird Society has funded the scanning of content of the history collection into an electronic database that will be accessible via the Internet through the Bird Library. In the fist wave of scanning we are adding the *Leroy Long Collection,* the *Martha Primo Collection,* and the *Price Collection*. Dr. Long was an early and long time dean of the college of medicine, Martha Primo was a College of Nursing faculty member and founder of the Native American Nursing Association. Dr. Price was an Oklahoma City surgeon who provided his personal collection to the library.

The Bird Society Board welcomes input from the medical community and from its society members. We are committed to improving the Health sciences Center Library in honor of its namesake, Dr. Robert Bird. ❑

When you know a thing, to hold that you know it;
and when you do not know a thing, to allow that you do not know it - this is knowledge.

Confucius (551 BC - 479 BC),
The Confucian Analects

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What Do Patients *Really* (?) Want

Tomás P. Owens, MD

Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.

EPSTEIN AND HUNDERT[1]

Since I can remember, it was "apparent" to my young inexperienced mind that academic distinction *had to be* the aspect of our professional development that would most enthrall our patients. No doubt, the cornerstone of their evaluation of our worth! I just *knew* that patients would pursue, respect, be more deferential to and truly trust that physician who attained the highest scholastic achievement. That they would *discern* the doctors' credentials, their "scores," Cumulative GPA or class standing (and if they did not happen to be aware, I could kindly share that information with them ☺); and decide, on that basis, to listen to us, heed our advice, follow our lead, give us the respect and charitable acquiescence that we rightfully deserve and show us the proper reverence that should go hand-in-hand with our sacrifice-based position of excellence. Not adept in the art of appreciating analogy, I had not been insightful as to how I, myself, a proponent of the aforementioned thesis, had selected both professional and trade members of the service sector over the years. Come to find out, I had done that just like everyone else. I had no clue whether the electronics repair shop keeper (when those things existed) had excelled in his trade school or whether he was a drop-out. Was he a convicted felon? I did not even know if he was licensed! I do not know whether my car mechanic was in the top or near the bottom of his class or whether he has a "good record" of fixing vehicle troubles (he does have a top-tier track-record on billing, mind you). Same applies to my family lawyer. I didn't even know where or when she went to school or what her undergrad degree was (I just inquired and found out she was an engineer, of all things, prior to going to Law school).

Now that the internet has taken over the world, patients are looking more into these tallies and deciding on that basis, I thought. Surely actual test grades would not be up there on the

Web, but there are all sorts of "score cards" on our "performance" available. Patients are certainly relying on those infection rates and in-hospital mortality numbers to make their determination, I surmised.

Data suggests otherwise. When choosing a primary care physician, 50 percent of new patients in the US relied on recommendations from friends and relatives. A full 25 percent used the acquaintance's advice as the *exclusive* criterion. Thirty eight percent depended on another physician's opinion and 35 percent saw a clinician suggested by their health plan (some patients used multiple criteria). Ten percent used the internet and 9 percent relied on television or magazine ads, but neither group used those criteria exclusively.[2] Cost considerations were low on the decision-making tree, except for the uninsured. For subspecialists' choice, all medical consumers relied very heavily on their primary care physician (70 percent) and their medical plan. Trust is an interesting animal. It could well be that the limited availability of primary care physicians *accepting* new patients thwarts any need to pursue complicated research or that many patients do not yet *see* this exploration as an option. It is also very likely, in matters of such nature, we confide in those close to us to elucidate our course. As a matter of fact, don't we see the restaurant commercial but ask our neighbor first if they have been there before we actually go? A choice of physician would be even more textured by those interactions, you would think.

How about keeping your physician? What makes patients decide to keep that clinician that their friend thinks is so stellar, after they have met her/him? Why would they complain? Data suggests that only 17 percent of patient complaints in primary care are related to perceived professional skills whereas almost 30 percent related to attitude/conduct, 16 percent dealt with expectations, 10 percent with waiting time and 8 percent with communication. Patients want a doctor that is "confident, empathetic, humane, personal, forthright, respectful and thorough"[4]. Nowhere did patients refer to "superbly trained," "highly intelligent," "top of her class." Granted, many patients assume that all doctors have to be intelligent and accomplished, so, those being a "given," they are going for those other traits that maximize their confidence and sense of well-being. Why wouldn't they insist on technical prowess? "What would you rather have:

a doctor that 'cares' or one that cuts straight?" said fictional Dr. McKee.[5] Well, they *are* adamant for mastery in the craft, but they need more. And, it is a fallacy to say that you are either technically superior *or* caring. You definitely should strive for both as they are not mutually exclusive. In the end patients are resolute about the need for procedural and decision-making meticulousness but they seek us for our essence: "**It is the patient who carries the burden of illness, but the compassionate physician shares that burden, lifting it when possible and lightening it when that is all that can be done. This sharing of the burden has always been the hallmark of the medical profession**." Richard S. Hollis, MD[6] ❑

1) Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA*. 2002;287(2):226–235.

2) Ha T. Tu, Johanna Lauer. Research Brief, Center for Studying Health System Change, Robert Wood Johnson Foundation, December 2008 http://www.hschange.com/CONTENT/1028/#note4

3) Lim HC, Tam CB et al. Why do patients complain? A primary healthcare study http://www.ncbi.nlm.nih.gov/pubmed/9885716

4) Bendapudi NM, Berry LL et al. Patients' Perspectives on Ideal Physician Behaviors. Mayo Clinic Proceedings March 2006 vol 81 no. 3 338-44. http://www.mayoclinicproceedings.com/content/81/3/338.full

5) "The Doctor" 1991, Screenplay by Robert Caswell, from the book "A Taste of My Own Medicine" by Ed Rosenbaum, MD, 1988

6) Hollis RS. Caring: A privilege and our responsibility. *Obstet Gynecol* 1994; 83:1-4

Dr. Owens, Chair of Family Medicine at INTEGRIS Baptist Medical Center (IBMC), is a Clinical Professor, Department of Internal Medicine, Adj. Department of Geriatric Medicine, Adj. and Department of Family and Preventive Medicine, OUHSC and is the Associate Director of the Great Plains Family Medicine Residency Program (IBMC and Deaconess Hospital Affiliated).

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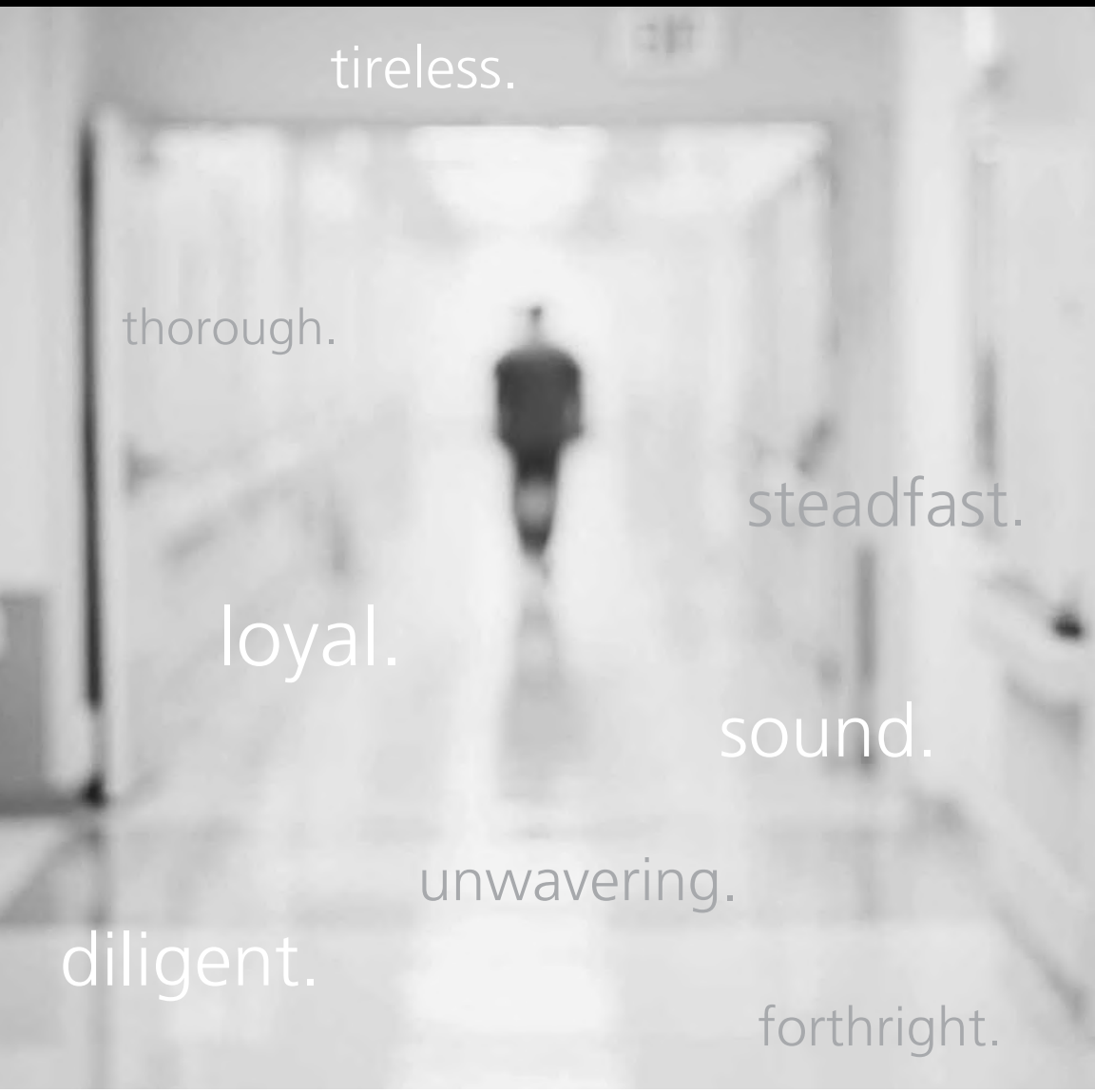

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Electronic Medical Records

Planning the Selection Process – Part 2

Joe Denney, RN

In the previous issue, I began discussing how to plan your selection process. I can't stress enough how time and money invested in the planning process will pay big dividends for your practice as your select, implement and live with your EMR selection. I offered suggestions on focusing on usability, and planning for data import and acquisition as you go through your selection process. In this issue, I'll focus on how to ask questions about some potentially hidden costs in your EMR and how to set up a selection matrix. By the time this issue goes to press, I'll have a sample selection matrix up on the OCMS Website.

"Hidden" costs of implementing and living with your EMR system can add up to at least as much as the purchase price, if not more. These costs come from three different areas. The first is hardware and networking. Assuming you have completed the pre-planning activities discussed several issues ago, you should know exactly what hardware and networking components you have. Be very explicit with any potential vendors about your existing hardware/networking environment, and get them to commit in writing, if possible, that your systems meet or exceed their requirements. If your systems don't meet those requirements, then you need to budget for upgrades as necessary. Don't forget to include setup/installation costs and new non-EMR software requirements in your upgrade. If you want to use voice recognition software to do data input, that software may run several thousand dollars, for example. Networking and security expertise isn't cheap, and you have a legal responsibility to be sure your network is secure. HIPAA and the enhanced penalties under ARRA for data breaches should make you take your backup/data security and training seriously.

The second area where costs can add up is data acquisition. I wrote at length last time about some ideas on getting data into your system. Hold potential vendors' feet to the fire on this issue, or they can nibble you to death with "data conversion" fees. As you are planning your selection process, get explicit about exactly what information you'd like to import and what format that information is in. Most clinical information systems can export data into some fairly standard formats, and you should be asking

vendors during the selection process what imports cost using those standards. HL7, XML, even text files typically are able to be imported, and the vendors should be able to give you a good idea what it would cost to do the import. If you can tell them you want to import 3,000 patient records from your PM system, containing demographics and icd9 and cpt data from the last two years using an XML file generated from the PM system, they should be able to give you more than, "It just depends on a lot of factors, we really can't give you an estimate now…" If they won't give you at least a ballpark number, be wary, as they certainly won't have a problem giving you a (non-negotiable) price once they have you locked in to their product. As you consider all the places your start-up data set may come from, getting at least a ballpark on the cost to import it into your EMR can really save you some sticker shock later in the process.

The final area to watch for is support and maintenance. It is not uncommon to get a quote for an EMR system which doesn't reflect your needs. Some EMR software is very modular, and if you don't ask the vendor about a module, they aren't going to do anything to raise the price. Depending on the software, e-prescribing, for example, may be a stand-alone module. Always ask about drug formularies (and updates to them), modules to allow you to communicate electronically with your PM system and any modules that may be specific to your specialty. In the same vein, make the vendor be specific about support contracts. What does 'support' mean? Is it unlimited 24x7 access to a call center in the US, staffed by people who actually use and understand the product? Are there limits on the number of issues you can ask for help on? What exactly does implementation mean? Will you have access to your implementation specialist once you have gone live and the specialist has left your site? Are version upgrades included in the maintenance plan? If there are different support plans, what are the differences? Some vendors will get your attention with a good upfront price, but then nibble you to death on the support and maintenance. As you begin to calculate pricing among vendors, try to look at 3 or 5 year costs, not just the upfront expense. As part of your planning process, it may be a good idea to include an area in your selection document for an explanation of what happens if the product just doesn't work. What is the process for getting your data out of the vendor's

(Cont'd on page 25)

2010 Inaugural

The Oklahoma City Golf & Country Club has never looked so lovely as when Larry A. Bookman, MD was inaugurated as the 110th President of the Oklahoma County Medical Society on January 16, 2010. Dr. John Bozalis received the Don F. Rhinehart, MD Medical Service Award for his many years of volunteer service in our community. He was nominated by Schools for Healthy Lifestyles. The Wise Guys suppied lively music and the crowd danced late into the night. If you were not there, you missed a great party! ❑

Dr. Larry Bookman delivers his acceptance speech at the 2010 Inaugural Dinner

2010 Officers (l-r)
Robert N. Cooke, MD
Larry A. Bookman, MD
Tomás P. Owens, MD

Retiring President Teresa Shavney presents the gavel to Dr. Bookman.

President Bookman with Retiring President Teresa Shavney and President-Elect Cooke

Emcee D. Robert McCaffree, MD presents the President's plaque to Dr. Shavney

In her last official act as President, Dr. Shavney Presents the Don F. Rhinehart, MD Medical Service Award to Dr. John Bozalis

Dr. Shavney presents a bound copy of the 2009 Bulletins to longtime Editor-in-Chief, James W. Hampton, MD

Dr. McCaffree presents the spouse's gift to Rick Knapp

OCMS Board of Directors (front row, l-r) Drs. Robert N. Cooke, Ruth Oneson, Sherri Baker, Larry Bookman, Teresa Shavney, Julie Strebel Hager, Tomás Owens (back row) C. Douglas Folger, D. Randel Allen, David Hunter, Jerry Brindley and Dan Donnell. Not pictured are Drs. Thomas H. Flesher, III, Donald C. Brown, Diana Hampton, William J. Miller and Richard Hal O'Dell.

Some of the people who made the evening a success – Christina Nihira, Publicity Chair, and Diane Brown, Co-Chair. Co-chair Joni Flesher was not able to attend.

Dr. Bookman's office staff turned out in force to help him celebrate.

(Cont'd from page 20)

system? Is there a cost associated with this? What are the contact termination provisions and how difficult are they to invoke?

Obviously, consulting an attorney isn't a bad idea, especially once you have narrowed down the field to one or two serious contenders. While you may not have much negotiating room with the EMR vendor on the provisions of the contract, having an attorney look at the contract will at least give you an idea of your options if things just don't work out. ❑

Fewer DTC Ads?

Perhaps in the "we'll believe it when we see it" news, a market researcher recently said "it may become counterproductive to advertise to consumers." According to Bloomberg News, the FDA issued 41 warning letters to pharmaceutical companies in 2009, twice the number sent the previous year. As a result, Pfizer now includes more than a minute of safety warnings in ads for its stop-smoking drug Chantix. Those ads previously contained 14 seconds of warnings. Bristol-Myers Squibb revised ads for Plavix to now use half the air time to talk about side effects, twice the time previously allotted. ❑

Update on Back Door Roth IRAs for Physicians

R. Todd Owens, CFA

In 2007, I wrote an article for the OCMS Bulletin titled "Back Door Roth." It discussed the opportunity for physicians to own Roth IRAs by converting IRAs to Roth IRAs in 2010. It seems only appropriate to review the concept now that we are in 2010. The big news between 2007 and 2010 is the dramatic decline of the stock market. The market decline can serve as a benefit when converting an IRA to a Roth IRA. The reason is that the government will tax the *earnings* of the IRA at the time of conversion to the Roth IRA. After the approximate 20 percent decline in the S&P 500 since the beginning of 2007 through the end of this past year, your potential tax bill could be much lower.

If you are under 70½, you can contribute to an IRA no matter your income. If you file a joint return and make above $166,000 or are covered by a retirement plan from your employer, you can still make the contribution, but you can't take a tax deduction (nondeductible IRA contribution). One of the big differences between a nondeductible IRA and a Roth IRA is the tax. For example, you have money left over from your paycheck. If you put the money into an IRA you probably can't claim a tax deduction and therefore you are making a nondeductible IRA contribution. When you take retirement distributions from the nondeductible IRA you will pay taxes at your ordinary income rate. I believe that tax rates will probably be going up and I would rather pay taxes at the current tax rate. When you take retirement distributions from a Roth IRA, you will not pay any taxes because all earnings from a Roth IRA grow tax free (if you meet certain requirements). Another advantage is that Roths don't have a mandatory distribution age. You must take required minimum distributions from a nondeductible IRA. You don't have required minimum distributions from a Roth IRA. As a result, your heirs can inherit a Roth IRA tax free which is good news and a very attractive estate planning strategy! What is the catch? Currently, if you file a joint tax return and have income in excess of $160,000 you can't contribute to a Roth IRA. In addition, if you have income in excess of $100,000 you can't convert a traditional IRA to a Roth IRA. However, a law enacted in 2006 that became effective this

year eliminates the income limit for converting a regular IRA to a Roth IRA. If you contribute to a nondeductible IRA and convert to a Roth in 2010 you will owe taxes only on the *earnings* at the time of the conversion. Congress will let individuals who convert in 2010 spread the tax bill over their 2011 and 2012 tax returns.

Another reason for doing a Roth conversion is that it can be undone. You are able to recharacterize the conversion anytime up until October 15, 2011. Currently, you can contribute to a nondeductible IRA and convert the IRA to a Roth IRA regardless of the previous income limitations. Contributions are still limited to $5,000 unless you are age 50 or older and then limited to $6,000. Then convert your nondeductible IRA account to a Roth IRA and spread the tax bill over the next two years.

Then keep that account growing tax free and allow your heirs to inherit the account. An important issue can arise if you already have other IRAs. For example, if you have an existing IRA that was rolled over from a previous employer's retirement plan. The amount converted into the Roth IRA that escapes taxes will be based on the ratio of nondeductible contributions to the total balance in all of your IRAs. How to avoid this? You may have a large IRA rollover, but your spouse may not. Have your spouse contribute to the nondeductible IRA and convert his or her account this year.

There have been several articles written on the subject in the Wall Street Journal and there are many details to discuss with your investment advisor. ❑

R. Todd Owens, CFA is president of Baker Asset Management and has been a preferred vendor for the OSMA for investment services since 1999. For more information contact Todd at (405) 415-7270 or todd@bakerassetman.com.

When I was young I thought that money was the most important thing in life;
now that I am old I know that it is.

Oscar Wilde

Director's

DIALOGUE

They always say time changes things,
but you actually have to change them yourself.
Andy Warhol, Artist

The Oklahoma County Medical Society Delegates' Caucus is scheduled on Thursday, March 11, 2010, at the Oklahoma State Medical Association. There will be the requisite review of candidates running for office and resolutions. This year, the Society will be allotted 74 delegates at the Oklahoma State Medical Association House of Delegates meeting on Saturday, April 17, 2010. To date, the Oklahoma County Medical Society has 68 elected delegates, six (6) short of its allotment, and there are always delegates who cannot attend due to conflicts. What I am alluding to is, "***We Need More Delegates***!"

This is the final year that the physician's option to choose membership in the American Medical Association is in place. This option passed at the 2007 annual meeting to allow physicians the choice of membership in the AMA during the 2008, 2009 and 2010 dues cycles, with the promise of studying the issue in the interim. The OSMA has distributed a one-question survey asking its physician members, "Do you support continuing to offer American Medical Association and American Osteopathic Association membership as an option for the 2011 billing cycle and beyond?" If you did not receive this survey, please contact the OSMA headquarters at 601-9571.

Membership trends and information, along with results of the OSMA survey, will be provided to all delegates prior to the April 17, 2010, House of Delegates meeting. As of January 25, 2010, 46 percent of Society members chose the option of paying AMA dues, with over 80 percent of its dues collected. Additionally, the Tulsa County Medical Society reported 40 percent, and

42 percent of physicians in the rural counties chose the AMA membership option. Perhaps there are multiple reasons for the AMA membership decrease, such as the country's economic conditions, physicians demonstrating their anger with the AMA for its support of the health care initiative, or a combination of both.

If a resolution is not introduced, and subsequently passed, to permanently change the membership option, it will revert to unification with the AMA during the 2011 dues cycle. The Society needs two things from you: (1) attend the OCMS Delegates' caucus on Thursday, March 11, and (2) sign up to be a Delegate for one Saturday morning in April. Who knows? You might "bring about a change that you changed yourself." Get involved – it's ***YOUR*** organization!

Call Linda Larason, 702-0500, for details about how to become a Delegate. ❑

Jana Timberlake, Executive Director

Deaconess Hospital

John A. Blaschke, MD
OCMS President, 1972

When I'm running errands and driving about town, frequently I find myself visiting the back corners of my life as my memory circuits are triggered by streets, scenes and buildings. Usually I find myself amazed at the changes in my perspective brought about by the remarkable growth of our city. In 1949 I thought Northwest 39th Street was the edge of town. True, there were some developments but in my view, then, the city ended at Northwest 39th and May Avenues.

As I head north on Portland and pass the Deaconess Hospital complex, another cascade of memories break through and I smile and shake my head in wry amusement at my vision of the neighborhood in 1949.

Today as I drove by I looked for the small home-like structure that 59 years ago was called Holmes Home of Redeeming Love. I am told that portions of its walls are part of a storage area but are no longer visible amidst the towers, multiple buildings, parking garages, office buildings and paramedical institutions that compose the present campus of Deaconess Hospital.

In 1949 Deaconess Hospital was a small 18 bed general hospital whose chief function was to serve unwed mothers at the time of delivery. Next door was Holmes Home, where the pregnant girls lived. Women of the Methodist Church in Oklahoma had created the home as an outreach program in the early years of the 20th century. Holmes Home, on the outskirts of Oklahoma City then (now it seems inner city), had its own cows, chickens, and truck garden and was financed by the Methodist Church of Oklahoma. Probably 99 percent of the children born there were put up for adoption.

To understand the impact of this home and hospital, one must remember the social, cultural, and legal aspects of unwed pregnancies in that era. Abortions were illegal, shunned by most physicians and considered reprehensible by the general public. Contraception was closeted and unknown to many young women. If a young female was unmarried and found to be pregnant, there was virtually no place she could receive adequate care. Particularly impacted were pregnant young women from rural areas, impoverished and literally cast into the street by unforgiving parents. In many communities volunteer organizations arose to care for those unfortunate young women. You may remember the movie Blossoms in the Dust. In this film, Greer Garson's unforgettable portrayal of Edna Gladney, who pioneered this type of home in Ft. Worth, Texas, won many awards and captured my heart. The Edna Gladney Home still functions today.

In 1949, during my senior year, medical students on Obstetrical clerkship held clinic once weekly at the Home and checked all of the patients. Blood pressures, fetal heart tones, urinalysis and blood counts were performed. We gave prenatal advice and instructions. Deliveries were performed by the Obstetrical Residents and Interns from the University hospital fifteen miles distant. One senior medical student also assisted at delivery, at least once, while on clerkship on a rotational basis.

Late in the day, Christmas 1949, my rotation sent me to Deaconess. The nurse in charge greeted me, told me that the resident on call at University had been notified and I was to carry out normal medical student activities. The patient, a young lady from distant Southeastern Oklahoma, had been brought there by her brother, who then promptly vanished. She never was in the Home prior to admission. Although I was wearing a white jacket, she embarrassed me by continually addressing me as "Doctor" or simply, "Doc."

As the night wore on, her parturition sequences were normal and she made steady progress. At 6:00 A.M., I called the Resident at University Hospital (Jack Coyle) and told him, "The cervix is dilated six centimeters and pains are close together." His response staggered me. "Son, I cannot get out there. I'm scheduled to go into surgery and no one else is here. You will have to deliver her." My response – "Dr. Coyle, I'm just a medical student!" – was brushed off and I was assured he would he would be available on the phone if advice was necessary. The delivery room nurse was reassuring and predicted that "we will be just fine" and "you'd better scrub up!"

An hour or so later, I did deliver that wiggling little boy. I was anxious, trying to remember all we had been taught, and trying to be supportive to the patient who acted as though she had supreme confidence in me. When that baby cried, a big load was lifted from my shoulders, and I had time to think that the birth event was evidence of God's plan to keep the world going.

I left the hospital, after finishing my report and checking the patient in her room. Her smile and grateful "Thank you, Doctor" was a rich reward. I never saw her again or ever knew what happened to the boy. That was 60 years ago and even today as I remember that night, I wonder; I'm grateful, and still awed by the miracle and majesty of a new life.

This morning I head for the Hefner Parkway and home. My mind is filled with many images and memories. In retrospect, Oklahoma City has undergone incredible growth in those sixty years since I delivered that boy. The next time you visit Deaconess Hospital, stop in the lobby and look at the picture of the hospital in 1936. Portland Avenue is

paved but the driveways to the Home and hospital are gravel. The rural character of the area is impressive. It was little changed in 1949. Deaconess Hospital and all of our medical institutions have also experienced remarkable progress and reflect the enormous scientific changes in our world since then. In many ways it has been a golden age of medical progress. Unwed mothers are more often a matter of choice than circumstances. Thanks to Edna Gladney's pioneering efforts, the birth certificates of babies born out of wedlock are no longer marked "illegitimate."

As I turn into my driveway, I am prayerfully thankful to have been a part of this wonderful medical scene, vibrant community and exciting era. ❑

Nostalgia is a file that removes the rough edges from the good old days.

Doug Larson

END OF THE CRUISE YEAR

Nina Massad
President

The fun filled, busy Cruise Year of 2009-2010 ended faster than a blink of an eye. My sincere appreciation goes to all the participants and the wonderful group of volunteers who allowed me to guide the ship on a long journey of adventures without ever leaving the solid ground of Oklahoma.

I am happy to announce the Alliance is a strong organization that is shining in the middle of our community like a star in the sky.

The Alliance has a multitude of interests that are touching people of all ages, near and far. The most successful one, our Kitchen Tour, involves a lot of people in a wonderful city wide project. The hectic preparations and worry about the weather and attendance faded away as soon as the doors opened for the tour. The many wonderful ladies who make up our membership worked together flawlessly as they greeted everyone at the door, sold tickets, and baked goods among many other important jobs that together made up the Kitchen Tour. This community outreach made me think of that shining star in the sky.

The proceeds of more than $30,000 from this year's Kitchen Tour were equally divided and presented to Schools for Healthy Lifestyles and Health Alliance for the Uninsured.

The Mediterranean Voyage in October offered many fabulous International foods. We sampled the best recipes from all over the world in one afternoon. The entertainment was a French Cabaret group of dancers as well as Master Kim, a black belt in the art of Tae Kwon Do. His demonstration of self-defense moves kept reminding all of us about the importance of the elbows, knees, keys and heels. Prizes were also given for the best and the funniest hats of the group.

November brought good luck to everyone at the Casino on the High Seas. Fake money and casino chips would not deter the energetic gamblers and Bingo was enjoyed by all. Sen. Susan Paddack, our dynamic speaker, discussed her past endeavors and her future projects.

The Holiday Auction in December was a great success with a surprise visit from Santa. All the beautiful gift items were auctioned by Mrs. Santa and her two Elves.

Finally, a group of us attended the SMAA Annual gathering at the Gaylord Convention center to celebrate Barbara Jett's election as its President. What a happy ending for 2009.

The Mexican Fiesta in January was for the Rejuvenation on Board. Our friend Juvi demonstrated her Pilates moves to help us conquer the winter blues and the few extra pounds that stuck with us after the holidays.

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The Inaugural Ball to honor Dr. Larry Bookman as the new OCMS President was a big success with music played by the Wise Guys and a good ambiance enjoyed by everyone.

The general meeting in February took us on a field trip to the Early Wheels Museum. The Shake Rattle and Roll theme was in a private museum where husbands and sons were all invited to enjoy this hidden treasure. There we found a collection of antique cars, hats, bicycles, portraits, toys and tools that can be useful even today.

After all the different Ports of Call from the past year, a Farewell Gala concluded our trip in March with music, dancing and a photo with the Captain of the ship. We can never capture all the memories, but a picture will remind us of our fun year together.

Now that the voyage has ended, this year proved to me that inside each one of us there is a part that we cannot ignore and push aside. This is the part that wants us to help others, play, and have a little fun.

I am very happy to inform all the medical spouses out there that the Alliance is a strong organization. I encourage you to participate, to reach out and to make a difference for someone near and far. In the spirit of our year of cruising, the words of my dear husband's favorite saying fit well: *don't miss the boat, folks*.

My final words as your president, that I hope you carry with you into the future as the Alliance moves forward into a new decade: ***together we can make a difference***! ❑

(Cont'd from page 11)

I do want the following. I want the Reader to stay the course, amid the unrest in the medical climate.

For twenty years I have committed my professional life to caring for arthritic patients. You, the Reader, have *your own* story to tell. The Bulletin's informal text speaks specifically to the County physician. For years, the Bulletin's remarks have been a source of solace.

Let us reflect on the art of medicine, the profession we passionately sought and obtained, and the good works that, as physicians, we perform. Affirm your colleagues as well. As beneficiaries of affirmation, we will find strength as we minister to our fellow man.

We have a great calling, to heal the sick, comfort and treat the infirm, this is our professionalism.

Let us remember. ❑

Dr. Codding is a Rheumatologist practicing at INTEGRIS since 1991. She is a former member of the OCMS Board of Directors and is volunteer faculty at the OUHSC College of Medicine, where she also serves on the Admissions Board and the Institutional Review Committee. She is Assistant Editor-On Professionalism for the Bulletin.

Oklahoma City-County Health Department
Epidemiology Program
Communicable Disease Surveillance

COMMONLY REPORTED DISEASES	*Monthly*			*YTD Totals ^*	
	Jan'10	**Jan'09**	**Dec'09**	**Jan'10**	**Jan'09**
Campylobacter infection	2	5	2	2	5
Chlamydial infection	N/A	N/A	N/A	N/A	N/A
Cryptosporidiosis	0	2	1	0	2
E. coli 0157:H7	0	0	1	0	0
Ehrlichiosis	0	0	0	0	0
Giardiasis	4	2	3	4	2
Gonorrhea	N/A	N/A	N/A	N/A	N/A
Haemophilus influenzae Type B	0	0	0	0	0
Haemophilus influenzae Invasive	3	2	18	3	2
Hepatitis A	1	1	1	1	1
Hepatitis B*	11	18	15	11	18
Hepatitis C *	17	24	8	17	24
HIV Infection	N/A	N/A	N/A	N/A	N/A
Legionellosis	0	0	0	0	0
Lyme disease	0	1	0	0	1
Malaria	1	0	0	1	0
Measles	0	0	0	0	0
Mumps	0	0	0	0	0
Neisseria Meningitis	1	1	1	1	1
Pertussis	0	4	1	0	4
Pneumococcal infection	0	2	0	0	2
Rabies (Animal)	0	0	0	0	0
Rocky Mtn. Spotted Fever (RMSF)	0	1	0	0	1
Rubella	0	0	0	0	0
Salmonellosis	6	4	2	6	4
Syphilis (primary/secondary	N/A	N/A	N/A	N/A	N/A
Shigellosis	3	10	18	3	10
Tuberculosis ATS Class II (+PPD only)	45	61	42	45	61
Tuberculosis ATS Class III (new active cases)	3	0	9	3	0
Tularemia	0	0	0	0	0
Typhoid fever	0	0	0	0	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	0	13	1	0
Influenza, Novel Virus	0	0	0	0	0
Strep A Invasive	5	8	3	5	8
Listeriosis	0	0	0	0	0
Yersinia (not plague)	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***

Subject to Change: House calls

Louisa McCune-Elmore

She stood in our kitchen with her husband nearby, leaned over our baby with a smile from here to Texas, and gently studied him as he looked into her big blue-green eyes. No, this wasn't either of Edward's adoring grandmothers. This experienced wizard of making babies well was Mary Anne McCaffree, MD, one of Oklahoma's most reputed pediatricians, who stopped by on Saturday after seeing a movie in Bricktown. I'd texted her earlier with a summons, "Would you be willing to look at my baby?"

Admittedly, Dr. McCaffree doesn't do house calls for a grand parade of wheezing and sneezing infants. I had the good fortune of being from the same hometown: Mary Anne baby-sat my older siblings decades ago, and our fathers were surgical partners in Enid.

Her dad, Avery Wight, MD, was the first person I ever fished with, in the cold summer waters of the Eagle River in Colorado in the early 1980s. I remember her parents and mine discussing Mary Anne, who even then was garnering the respect of her medical peers near and far. At the time she was a figment in my imagination, the oldest girl of Teresa and Avery's eight children. In the years since, she has mastered sisterhood, motherhood, marriage, career, and friendship. She is the type to never show up empty-handed, and she has become Oklahoma's respected ambassador to the nation's medical community.

Last week, the *New York Times* reported on a recent study examining the standards by which medical colleges test candidates for admission. The results of the longitudinal study reveal that mere cognitive skill is a limited predictor for overall success and that Medical College Admission Test-type exams don't fully measure the applied ability of a student. Ultimately, the Belgian study suggests that three factors – conscientiousness, extroversion, and openness – can be equal predictors of medical school achievement. This study seems to echo Dr. McCaffree's entire career.

A neonatal-perinatal specialist at the OU Medical Center, McCaffree is a professor of pediatrics for the University of Oklahoma Health Sciences Center and a practicing clinician there for the sickest and smallest babies. In 2006, she was given the most esteemed honor for pediatricians nationally, the Abraham Jacobi, MD, Award. In 2008, after 16 years of serving as a delegate, she was named to the board of the American Medical Association Board of Trustees; 10 years before that, she began her term as the first woman president of

the Oklahoma State Medical Association.

Not least among her achievements is snagging Dr. Robert McCaffree, MD, a pulmonary physician who many know as the former medical director and chief of staff for the VA Medical Center in Oklahoma City. Last year, along with friends and family and their two children, they celebrated their 40th wedding anniversary.

Daughter Sara McCaffree, executive assistant to the CEO and co-founder of YouTube in San Francisco, summarizes Mary Anne's achievements best.

"My mother is an inspiration to me as a pioneer and an independent woman," she wrote to me in an e-mail on Wednesday. "She has made bold choices in her life and didn't let people dissuade her from following her dreams of what she thought was right. One of the lessons I've learned from my mother is that it's never too late to change course – and that change is good! She's gone from being a NICU doctor to teaching ethics to being the first female president of the Oklahoma State Medical Association (even before my dad was elected president) to being at the forefront with my father of the fight against tobacco. It's been good for me to watch my mother change and grow."

Despite these demands of national leadership, Mary Anne's bedside manner is both folksy and sophisticated. Friends admire her; colleagues love her.

"I worked with Dr. McCaffree in neonate from 1975 to 1980," says nurse Pat Nedbalek, an RN at the Children's Hospital. "She is adorable."

After I brewed a pot of coffee, undertook a thorough perusal with Bob of their son Matthew's wedding photos (to Lilia Gerberg, daughter of New Yorker cartoonist Mort Gerberg, no less), and completed my note-taking of Ed's symptoms, the Drs. McCaffree donned their coats and headed for the door. Little biggin'? After a respiratory virus, he's snuggly, happy, and almost fully back to normal. ❑

Louisa McCune-Elmore is editor in chief of Oklahoma Today magazine. This column originally appeared in The Journal Record's January 22, 2010 edition and is republished with their permission.

CME Information

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

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Telephone: (405) 524-8100 ext 103

Deaconess Hospital
Contact: Yvonne Curtright
CME Coordinator
Telephone: 604-4979

Deaconess Hospital
Tuesday CME Program
Contact: Denise Menefee
Medical Library
Telephone: 604-4524

Integris Baptist Medical Center
Contact: Marilyn Fick
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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
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Brain Trauma Survivors
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Psychopharmacology
Schizophrenia Violent Behaviors
COOPER CENTER #106
7100 North Classen Boulevard
Oklahoma City, OK 73116
Ph. 405-841-3337 • Fax 405-841-3338

RADIOLOGY

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Breast Cancer Screening Center of Oklahoma
Mammography – Screen/Film
Breast and Total Body Thermology
Ultrasound
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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.
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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