THE BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

MARCH/APRIL 2016

2016 FESTIVAL OF THE ARTS

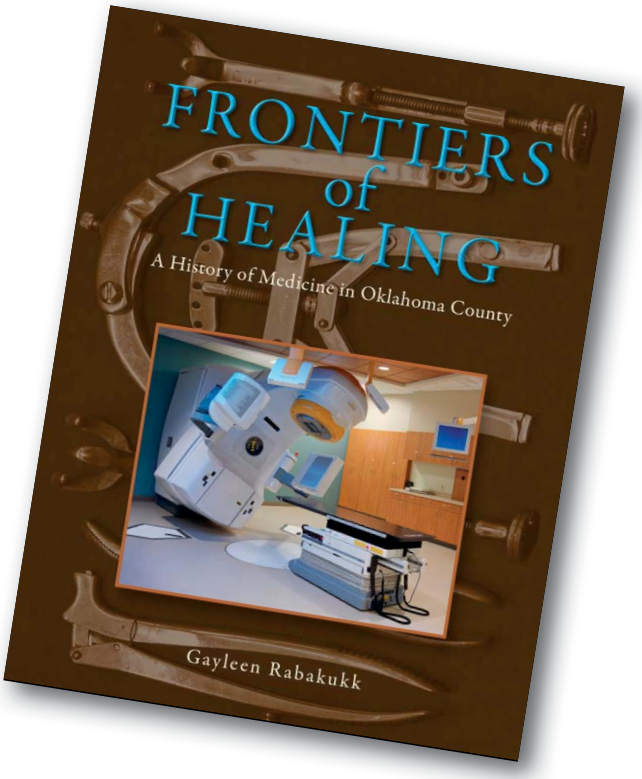
OKLAHOMA COUNTY MEDICAL SOCIETY

Membership Meeting
March 21, 2016

6:00 – Reception

Frontiers of Healing: A History of Medicine in Oklahoma County author Gayleen Rabakukk will be available to sign books.

Copies available on-site via check or cash for $54.13; or, bring your copy for the author to sign.



6:45 – Business Session

- Honoring of 50 Year Physicians

7:00 – Presentation

- Senator Tom Coburn, MD *(invited)*
- Gayleen Rabakukk

RSVP to Eldona Wright
ewright@o-c-m-s.org • 405-702-0500

David B. Brinker, MD
Charles M. Geinar, MD
James D. Gormley, MD
A. Dodge Hill, MD
H. Clark Hyde, MD
Jay C. Johnston, MD
Donald L. Landstrom, MD
Ronal D. Legako, MD

CELEBRATING 50 YEARS OF EXCELLENCE

Norman S. Levine, MD
James Lowell Males, MD
J. Dan Metcalf, MD
Ram A. Singh, MD
Richard V. Smith, MD
Kenneth G. Thompson, MD
Shree S. Vinekar, MD
C. Joseph Wine, MD

OKLAHOMA COUNTY MEDICAL SOCIETY

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THE BULLETIN

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A Day with The Judges – S. S. Sanbar, MD, PhD
Wilshire-Pennington
Variety Care

ABOUT THE COVER

THE BULLETIN

Festival of the Arts is produced by Arts Council Oklahoma City and presented by Devon Energy Corporation and MidFirst Bank. The 2016 Festival of the Arts will take place April 19-24 in a new location, Bicentennial Park. The event runs 11 a.m. to 9 p.m. Tuesday through Saturday and 11 a.m. to 6 p.m. Sunday. Admission is free. For their safety and yours, pets are not allowed.

Every year Festival of the Arts attracts up to 750,000 people over six days. Free admission, amazing art, fantastic food, exciting entertainment and fun activities are all in store for visitors to enjoy at this year's Festival.

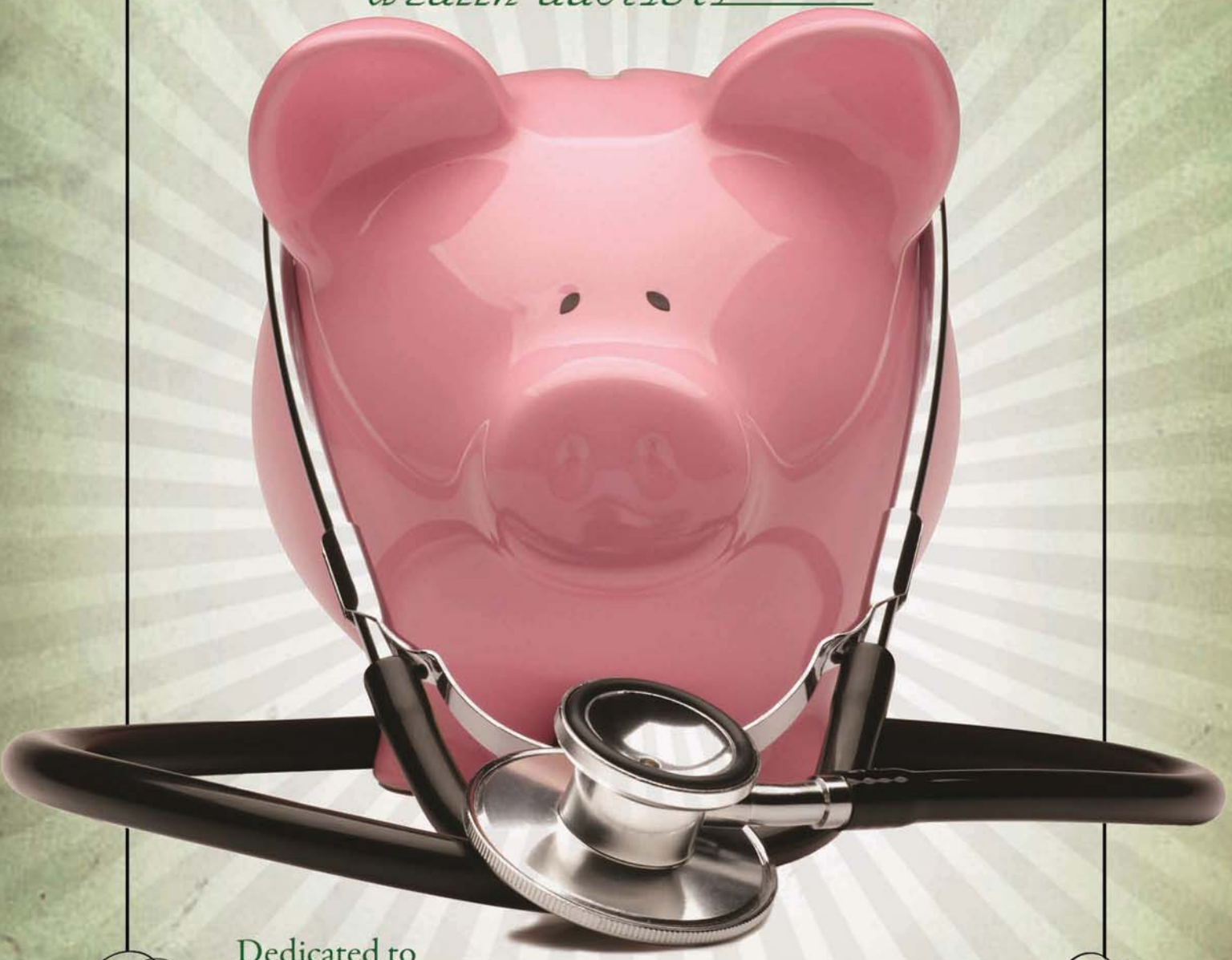
The festival features 200 artists from all over the United States. This year's theme is "First of Spring." In addition to the visual arts, Festival of the Arts has three stages of non-stop performing arts entertainment. Take a break from the visual and performing arts to enjoy all the fine food that Festival of the Arts has to offer. Each food vendor is partnered with a local arts-related nonprofit agency, so each bite goes to support the arts in central Oklahoma. The festival will include many great activities for children and families. Children can create their own unique work of art in the Children's Art Field. Face painting for $1 will be available.

Festival of the Arts is more than an engaging arts extravaganza, all proceeds support Arts Council Oklahoma City's year-round, free and low-cost programming.

Arts Council Oklahoma City is a non-profit 501 ©(3) organization dedicated to bringing the arts and the community together through free or low-cost cultural events and a variety of arts outreach activities that impact underserved populations. Each year, Arts Council events, programs and services reach nearly one million Oklahoma City residents and visitors. For more information, call 405-270-4848 or visit www.ArtsCouncilOKC.com.

Wilshire-Pennington

wealth advisors



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OCMS
OKLAHOMA COUNTY MEDICAL SOCIETY

PRESIDENT'S PAGE

By Don L. Wilber, MD

It is February and time for the Legislature to begin session. Everyone buckle in and prepare for the ride. One can never be certain what bills might show up although grandstanding with bills against abortion and in favor of guns can be expected. With the expected budget shortfall over $1 billion, extreme funding measures will be front and center. We must remain vigilant on issues that protect the delivery and payment of health care services as well as issues about scope of practice and any infringement on tort reform that we have previously accomplished.

You will be reading this page a month after I have written it so some of the information will be old news. Nevertheless, legislative oversight will always be important for our profession. When our legislature is in session we must consider ourselves at some risk. We are fortunate to have OSMA lobbyists Wes Glinsmann, Pat Hall and Jim Dunlap with their many years of experience representing our interest at the Capitol.

It appears the overriding issue this session is the projected budget shortfall. Because of this the usual 2100+ bills are down to approximately 1700. The next issue of importance to the legislature is the oil and gas industry collapse and its effect on the State's economy. Third in importance is how to increase teacher's salaries. Health issues are not in the top three – thank goodness.

The budget shortfall has already resulted in a three percent rate reduction to providers issued by the Oklahoma Health Care Authority. The reimbursement to providers through the Medicaid program is down to eighty-three percent of the Medicare rate. We must continue to advocate for this program. We know from experience that as reimbursement decreases the participation by physicians decreases as well. This is not only bad for the patients but is a significant burden on emergency rooms and hospitals. The ER once again becomes the primary provider of care for members of this population. Also of consequence there are fifteen hospitals in this state that are at risk of failing. Any additional funding loss from programs such as this may deliver the final blow.

Our state medical association has been successful in getting tort reform enacted in Oklahoma. The final bill to complete this process is in play. It will legislate what is called statute of repose. This limits the amount of time allowed to bring suit against the physician. For example, currently an obstetrician is at risk to be sued for nineteen years. This law will serve to decrease the risk period to a more reasonable time frame.

There are a number of bills designed to expand the scope of practice for physician extenders. There is a bill to allow nurse practitioners to be fully independent requiring no physician supervision. There is another bill that would expand prescriptive authority. Never

Continues on page 6 …

doubt that this is always about reimbursement. I will once again opine on how instrumental the OSMA has been in killing four hundred "scope of practice" bills like these over the past ten years.

One of our OSMA members, Dr. Doug Cox, has a resolution to increase the tax on cigarettes $1.50 per pack. We can only hope that e-cigarettes are somehow included. The popularity of "vape" products for our youth is a significant health issue. As such, I am pleased that legislation has been filed to increase the age to purchase both tobacco and vapor products to 21.

Dr. Ervin Yen, another OSMA member who is in the State Senate, is proposing SB 830 that will eliminate personal preference exemptions from vaccine requirements. It is ironic that because vaccines have been so effective in saving millions of lives and eliminating disease that a subsequent generation who because of those very vaccines has not witnessed any of these illnesses and therefore is unable to appreciate the enormous value of vaccines. Instead, they only see vaccines as a risk.

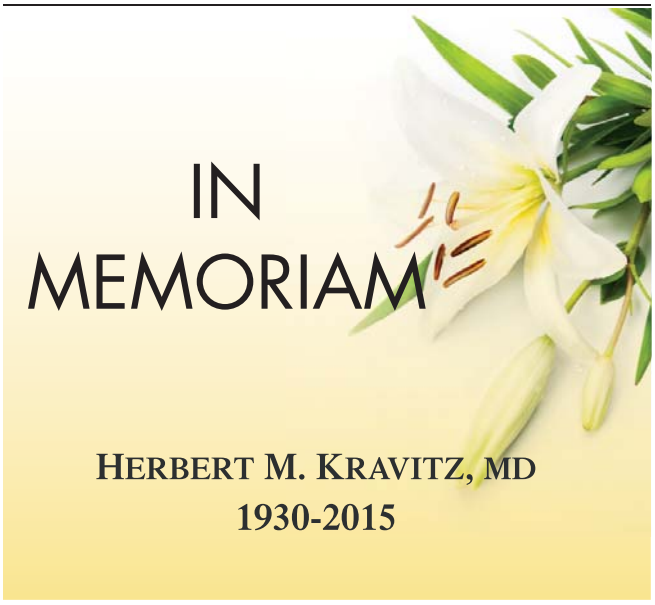
The OSMA is supporting SB 1148 which prohibits Maintenance of Certification (MOC) as a requirement for licensure, reimbursement or hospital privileges. The MOC requirements have not been shown to promulgate good medicine but rather have proven to be an oppressive financial and time commitment. Though Thomas Jefferson was probably not referring to the practice of medicine when he said "The price of freedom is eternal vigilance" it is certainly true that we must be vigilant to avoid the burden of unreasonable mandates.

Senator Standridge is working to pull back legislation from last session about which we were misled. We understood there was to be a small pilot program of managed Medicaid. Instead, what came about was a full capitated program of managed Medicaid for the Aged, Blind and Disabled. Through our past experience with managed Medicaid we feel this should be stopped.

The Tobacco Settlement Fund has become a possible target for funding a number of projects. There are bills that propose the fund's earnings be used to finance teacher's health benefits, pediatric cancer research, Medicaid and more. All of these may be deserving programs but we shouldn't allow the fund to be used outside of its present guidelines otherwise a perilous precedent is set.

There is some noise from the Governor's office that the Oklahoma Board of Medical Licensure and Supervision might be combined with a group of other oversight boards. This might put the Board at risk of losing autonomy and effectiveness. We must preserve the integrity of the medical licensure board.

I have only covered some of the legislative issues. It is so important that all of us remain involved in this process so please contact your legislator when asked by our lobbyists. Our message is much more effective when it comes from their constituents. I would also ask that you consider supporting OMPAC, the political action committee of the OSMA. This is a method for you to support the legislators that work with us and represent our position.



THE POET'S SPOT

ANXIETY

Anne Schneider

(As expressed by my son, Geoffrey Schneider, beginning on the 15th day after his bicycle accident and "serious head injury".)

I don't know what I am doing here.
My prior life. I woke up and everything has changed.
What is next for me?
Not sure it is possible I will heal.
Got to decide if this TV is good for me.
I think I'll just lie down and do nothing.
A whole day has passed.
My work now is my health.
Need to know what is next.
Don't know what to do.
How do I get out of here?
What do I need to do to pass these tests?
Need to decide.
What is it going to be like?
I don't know what to do.
What's next?
Don't know what to hope for?
Not sure this will work out.
Is there a plan?
Who will take care of me?

DEAN'S PAGE

By M. Dewayne Andrews, MD, MACP
Vice President for Health Affairs
Executive Dean, University of
Oklahoma College of Medicine

For the past 60 years the College of Medicine has required all fourth year medical students to take a "rural preceptorship" in Oklahoma. This experience consisted of the student being assigned for one month to a small Oklahoma town and to a designated volunteer faculty physician preceptor who lived and worked in that town. For the students, the rural preceptorship was intended to expose them to small town medical practice, to let them experience the close-knit "family" experience of a small town and its medical services, to acquire more confidence and security in dealing with patients, and possibly to get some students interested in locating in a rural or small town practice area. For the rural and small towns, it provided an opportunity to let students learn about their hospital, the community, the local physicians, and possibly stimulate student interest in seeking such a practice opportunity. It was mutually beneficial.

During the month long rotation, the student usually had a small living quarter in the hospital or an adjacent facility or apartment, and he/she was expected to be an active participant with the preceptor's practice and in the local hospital's daily activities and patient care programs. While many if not most students were reluctant and anxious about this experience before going, it's also equally true that after the preceptorship rotation almost all students were enthusiastic about what they had learned and experienced. Many of our graduates still talk about their fond memories of those meaningful days. Unfortunately, that's all changing.

In the last five years, we have struggled to keep enough of such sites alive to meet the needs of ensuring each student had such an experience. A few years ago we changed the name of this rotation from rural preceptorship to "community preceptorship," because we had to include experiences in much larger community settings as insufficient small town experiences could be made available. For the coming year, it appears we can't secure experiences for at least 35-40 of our students. Why has this happened?

Among other factors, with the corporatization of American health care, consolidation of hospitals into larger systems, and increasing concerns (unnecessary in my opinion) about liability risks with medical students present, we have witnessed a dramatic change in attitude during the past ten years. We have been told by hospitals that it's too much trouble to have students, that they are too expensive, that it increases their liability risk, etc. In addition, many of the sites are now charging students $1,000 to $3,000 for a living quarter for the month with little or no advance notice. Some physicians who in the past would serve eagerly as preceptors have become more reluctant to have a medical student tagging along with them citing added costs to them in time and finances. We understand and sympathize with the pressures both hospitals and physicians feel and must respect them. With the millions of dollars in cuts in state appropriations being handed to the College of Medicine, we certainly can't afford to pay them.

I regret the inevitable trends we are seeing with the rural/community preceptorship experience. Those trends are not likely to change. Therefore, it is also inevitable that the preceptorship experience in the senior year will have to become an elective rotation because we simply can't secure enough experiences to assign all students. Excuse me for this lamentation, but I for one will be sad to see this valuable experience disappear as a requirement for all our students.

WELCOME NEW MEMBERS!


Bendure


Bhavsar


Cates


Cobb


Haley


Henderson


John


Juengel


Lamprich


Maidt


Malony


Prabhu


Redwine


Saleemi


Taylor

William Blaine Bendure, MD, is a neurologist in Oklahoma City. He completed medical school and residency at the University of Oklahoma College of Medicine.

Shripal K. Bhavsar, MD, is a board-certified radiation oncologist with INTEGRIS. He completed medical school and internship at the University of Illinois College of Medicine, and residency at the State University of New York.

Kathryne K. Cates, MD, is a board-certified anesthesiologist in Oklahoma City. She completed medical school and residency at the University of Oklahoma College of Medicine, and an internship at INTEGRIS Baptist Medical Center.

Ester Elaine Cobb, MD, is a board-certified family medicine physician with Oklahoma City Clinic. She completed medical school at the University of Oklahoma College of Medicine, and an internship and residency at OU.

Brian S. Haley, MD, is a board-certified interventional radiologist with Radiology Consultants in Oklahoma City. He completed medical school at the University of Texas – San Antonio, an internship with the University of Maryland Medical Center, residency with Baylor College of Medicine, and fellowship with the University of Rochester Medical Center.

C. Lenny Henderson, MD, is a board-certified dermatologist in Oklahoma City. He completed medical school at the University of Oklahoma College of Medicine, and internship and residency with OU.

Andrew R. John, MD, is a board-certified dermatologist with Edmond Dermatology Clinic. He completed medical school and residency at the University of Oklahoma College of Medicine.

Randal C. Juengel, MD, is a board-certified pathologist in Oklahoma City. He attended medical school at Oral Roberts University School of Medicine, and a residency with St. Vincent Medical Center, and a fellowship with OU.

Bradley K. Lamprich, MD, is a board-certified radiologist in Oklahoma City. He completed medical school at the University of Oklahoma College of Medicine, and residency and an internship at OU.

Michael L. Maidt, MD, is a board-certified family medicine physician with Oklahoma City Clinic. He completed medical school at the University of Oklahoma College of Medicine, and an internship and residency at the OU.

Matthew D. Malony, MD, is a board-certified pediatrician with Oklahoma City Clinic. He completed medical school at the University of Arkansas for Medical Sciences, and an internship and fellowship with Children's Hospital.

Kiran Prabhu, MD, is a board-certified radiation oncologist in Oklahoma City. She completed medical school at the University of Bombay and the University of Oklahoma College of Medicine.

Susan T. Redwine, MD, is a board-certified pediatrician in Oklahoma City. She completed medical school at the University of Texas Health Sciences Center, and an internship and residency with Children's Hospital.

Muzaffar M. Saleemi, MD, is a board-certified family medicine physician with Oklahoma City Clinic. He completed medical school at Allama Iqbal Medical College in Lahore, Pakistan, and internship and residency with St. Elizabeth Family Medicine in Utica, New York.

Jimmie M. Taylor, MD, is a board-certified radiologist with Radiology Consultants in Oklahoma City. He completed medical school at the University of Texas Southwestern, an internship at the University of Oklahoma, residency at INTEGRIS Baptist Medical Center, and a fellowship at the University of Iowa.

THE BULLETIN

OCMS

OKLAHOMA COUNTY MEDICAL SOCIETY

OCMS EXECUTIVE DIRECTOR HONORED

The OU College of Medicine Alumni Association will honor three individuals who have contributed in significant ways to the profession of medicine at the 2016 Alumni Awards Dinner April 29. Jana Timberlake, executive director of the Oklahoma County Medical Society, will be honored with the Amicus Medicinae "Friend of Medicine" Award for her tireless efforts on behalf of physicians and improved health care in Oklahoma County.

Jana began her career at the Oklahoma County Medical Society in 1985, as a part-time employee, and accepted a full-time position in 1989, holding positions of Membership Secretary and Associate Director before being named Executive Director in January 2003. Her community involvement includes serving as an officer and Board member of Schools for Healthy Lifestyles, a successful, community-based health education program for Oklahoma elementary students that has been recognized as a best-practice school health model for the state of Oklahoma. SHL was developed in 1997 by the Oklahoma County Medical Society to promote and maintain healthy lifestyle choices among children, families and school faculty. Along with the Society, founding partners include the Oklahoma City Public School District and the Oklahoma State Department of Health.

She is an advocate for palliative and hospice care and the need to address end-of-life issues long before a patient is in need of having this conversation with family members and health care providers. Timberlake serves as Board President of INTEGRIS Hospice, formerly named Hospice of Oklahoma County, a non-profit hospice organized and funded by OCMS physician members in 1990, and is a board member of Hospice Foundation of Oklahoma, whose mission is to train persons providing physical, emotional, social and spiritual care to meet the needs of terminally ill persons and their loved ones, and to educate the public, patients and families concerning the death process.

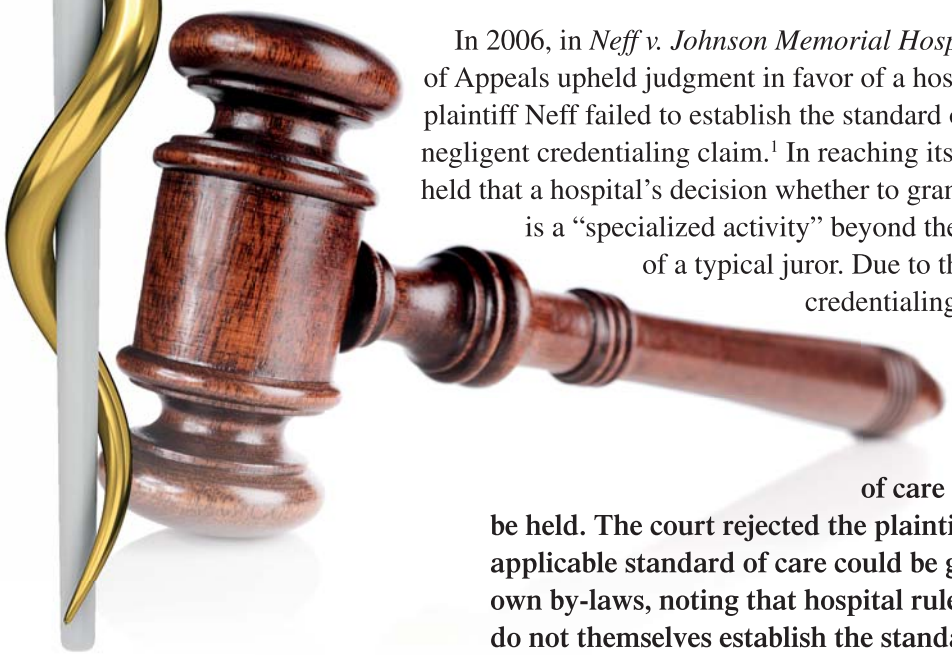
Other honorees include: Dr. Charles Gelnar, a surgeon in Oklahoma City and a 1966 graduate of the OU College of Medicine, will be honored for his work in private practice. Dr. M. Bruce Shields, also a 1966 graduate, will be recognized for his work in academic medicine. His career includes appointments at Duke University and Yale University, both in ophthalmology.

A variety of activities, including CME presentations, campus tours and a luncheon, will be offered during the OU College of Medicine Alumni Reunion Day, which begins at 8:30am on campus. That evening, the Alumni Awards Dinner will be held at 7pm at the Oklahoma History Center. For additional information, or to purchase tickets to the awards dinner, please contact Lindsey Manning at 271-2353 or Lindsey-Manning@ouhsc.edu.

PART 2: NEGLIGENT CREDENTIALING AND PRIVILEGES

COMPILED BY
S. SANDY SANBAR, MD, PHD, JD, FCLM, DABLM, DABFM

Credentialing is the process of verifying the qualifications of the professional physician or nurse is to ensure current competence by assessing their educational and training background, work history, current licensure, references, and ability to perform the services and privileges requested. ***Privileges*** are the specific patient care diagnostic or therapeutic procedures a physician or non-physician practitioner is permitted to perform in a specific facility. Based on evaluation of the individual, the medical staff prepares recommendations to grant, deny, continue, revise, discontinue, limit, or revoke privileges, to the governing body. Only the Governing Body has the authority to grant clinical privileges, after reviewing medical staff recommendations and/or medical Staff membership.



In 2006, in *Neff v. Johnson Memorial Hospital,* the Connecticut Court of Appeals upheld judgment in favor of a hospital on the ground that the plaintiff Neff failed to establish the standard of care applicable to his negligent credentialing claim.[1] In reaching its decision, the appellate court held that a hospital's decision whether to grant staff privileges to a physician is a "specialized activity" beyond the experience and understanding of a typical juror. Due to the complex nature of the credentialing process, the court held that a plaintiff asserting a negligent credentialing claim must introduce **expert testimony to establish the standard of care by which the hospital must be held. The court rejected the plaintiff's argument that the applicable standard of care could be gleaned from the hospital's own by-laws, noting that hospital rules, regulations, and policies do not themselves establish the standard of care.**

In 2007, in *Frigg v. Silver Cross Hospital and Medical Center*[2], a jury awarded $7.7 million to a patient whose foot was amputated as a result of a negligent surgery performed by a podiatrist. The evidence showed that the hospital granted category II surgical credentials to the podiatrist even though he never completed a 12-month podiatric surgical residency and was not board certified as required by the hospital's bylaws and hospital accreditation standards.

The hospital mistakenly believed that the podiatrist qualified for category II surgical privileges based on a "grandfather clause" in certain of its rules. In support of her negligence claim, plaintiff alleged that the hospital breached its duty of care in the management and operation of the hospital by granting the podiatrist privileges without verifying that he satisfied the hospital's own credentialing requirements.

In affirming the jury's verdict against the hospital, the court adopted the doctrine of negligent credentialing for the first time in Illinois. After surveying case law from other jurisdictions, the court set forth the elements necessary to prevail on a negligent credentialing claim.

1. The plaintiff must prove that the hospital failed to exercise reasonable care in granting staff privileges to the physician whose treatment gave rise to the underlying malpractice claim.
2. The plaintiff must prove that the physician breached the applicable standard of care while rendering medical care pursuant to the negligently granted staff privileges.
3. The plaintiff must prove that the hospital's negligence in granting privileges was a proximate cause of the plaintiff's injuries.

In 2007, in *Brandon Regional Hospital v. Maria Murray,*[3] the court found that hospital lists delineating physician privileges are fair game in medical liability lawsuits and that peer review statutes do not prevent plaintiffs from accessing them. The patient in the underlying case had complications during an obstetric procedure and sued the doctor for negligence. She alleged that the hospital did not properly credential the physician who performed the surgery. The doctor and hospital argued that revealing a hospital's decision about physician privileges would compromise the confidentiality of the peer review process. Ultimately, they said, it could hurt the quality of care.

In a unanimous court decision, the justices reaffirmed that existing peer review statutes protect internal documents generated within confidential peer review proceedings from discovery in lawsuits. But the court found hospital credentialing lists to be a separate hospital record and said that nothing in peer review laws shield hospital records that might contain information provided by, or partially based upon, peer review committee actions. The court stated that, "The availability of such information would appear fundamental and essential to any patient's decision to consent to a medical procedure to be performed by a physician in the hospital."

In 2007, in *Florida Hospital Waterman, Inc. v. Buster,* the justices addressed the scope of a constitutional amendment that voters passed in 2004 to let patients review hospital records associated with "adverse" medical incidents. Two appeals courts had ruled that Amendment 7 overrides existing statutes protecting peer review, credentialing and risk management documents. The Supreme Court of Florida upheld the amendment to the Florida Constitution, entitled the Patients' Right to Know About Adverse Medical Incidents, which provides patients with the right to access any records made or received in the course of business by a health care facility or provider relating to any adverse medical incident. The court held that the right of access is retroactive and therefore applies to adverse medical incident records existing prior to its effective date of November 2, 2004. Thus, despite the medical providers' expectation, relying on other Florida statutes restricting access to this information, previously made incident reports and peer review records will not be protected.

In 2008, in *Longnecker v. Loyola,*[4] the plaintiff sued the hospital after her husband died following a heart transplant, alleging that the surgeon who acted as the "harvesting" surgeon for the donor heart committed professional negligence by failing to properly test and inspect the donor heart. Plaintiff further alleged that the hospital committed institutional negligence by failing to ensure that the harvesting physician

Continues on page 14 …

understood that his duties as part of the transplant team included evaluating the heart for transplantation, not simply harvesting the donor heart. At trial, the jury found in favor of the surgeon on the professional negligence claim, but found against the defendant hospital on the claim of **institutional negligence and awarded the plaintiff $2.7 million. On appeal, the court held that the defendant hospital could be liable for institutional negligence even where the defendant surgeon was found not negligent.**

In 2008, in *Columbia/JFK Medical Center Limited*[5], the Plaintiffs recovered a large verdict against the appellant hospital on the theory that the hospital negligently credentialed a neurosurgeon who should not have been allowed by the hospital to perform an operation that went terribly wrong. It was alleged in this lawsuit that the hospital had negligently credentialed Dr. Farkas, and following a trial the jury found against the hospital, awarding the plaintiff $8,511,582, and his wife $2,925,000.

In 2014, in *Klaine v. Southern Illinois Hospital Services,*[6] the plaintiffs sued the defendant doctor for medical malpractice, and the defendant hospital for being negligent in giving the doctor hospital credentials. The plaintiffs demanded that the hospital produce various applications for staff privileges. When the defendants refused, the plaintiffs moved to compel. After examining the documents in camera, the Circuit Court ordered production of three specific groups of documents. In order to facilitate an immediate appeal, the defendants declined to comply and requested entry of a "friendly contempt." The Fifth District affirmed the order requiring production in most respects.

In Klaine, the appellate court of the fifth district held that a number of documents related to physician credentialing should be produced, despite the hospital's claim of various privileges. Klaine highlights the import of comprehending what privilege is asserted, claiming the right privilege, and referencing sufficient detailed facts to support the claim. Importantly, the trial court has broad latitude in determining admissibility and relevance of evidence.

Confidential does not necessarily equal privileged. When the legislature creates "a privilege," it does so explicitly. The court found the standard application for privileges was discoverable as "[t]here is no general privilege under Illinois law that provides that information otherwise discoverable is privileged because it is confidential."

The Klaine court stated that "[w]hile the question of whether the Act's privilege applies is a question of law[…] the question of whether the specific materials[…] are part of an internal quality control is 'a factual question' on which the defendant bears the burden." The court ordered the documents to be produced with the appropriate HIPAA precautions considered.

Finally, the privilege may apply to one part of a document and not another. In Klaine, the Court allowed discovery of exchanged documents and other information on the application for privileges which related to revocation, or restriction of the doctor's privileges and the physician's own "characterization of the reasons therefore."

To view the oral arguments at the Illinois Supreme Court, see the following video: https://www.youtube.com/watch?feature=player_detailpage&v=2levnvFNirA The Courts decision is pending as of November 29, 2015.

[1]*Neff v. Johnson Memorial Hospital,* 93 Conn. App. 534, 889 A. 2d 921 - Conn: Appellate Court, 2006

[2]*Frigo v. Silver Cross Hospital and Medical Center,* 876 N.E.2d 697 (1st Dist. 2007)

[3]*Brandon Regional Hospital v. Maria Murray,* 910 So.2d 880 (2005), Certiorary denied in 2007.

[4]*Longnecker v. Loyola,* 891 N.E.2d 954 (Ill. App. 1st Dist. 2008)

[5]*Columbia/JFK Medical Center Limited, Etc. v. Sam and and Matilda Sangounchitte,* DISTRICT COURT OF APPEAL OF THE STATE OF FLORIDA FOURTH DISTRICT, Nos. 4D07-1068 & 4D07-2034 [February 13, 2008]

[6]*Klaine v. Southern Illinois Hospital Services,* 2014 IL App (5th) 130356

A DAY WITH THE JUDGES

Credentialing; Privileging; Peer Review; Confidentiality; Discoverability; Admissibility; Privileged Communications; Corporate (Hospital or Institutional) Responsibility and Liability; Negligent Credentialing; Professional Medical Malpractice; Hospital Risk Management; Updates – Pain Management, Telemedicine and End-of-Life Issues.

Friday, May 6, 2016, 8:45 A.M. – 4:15 P.M.

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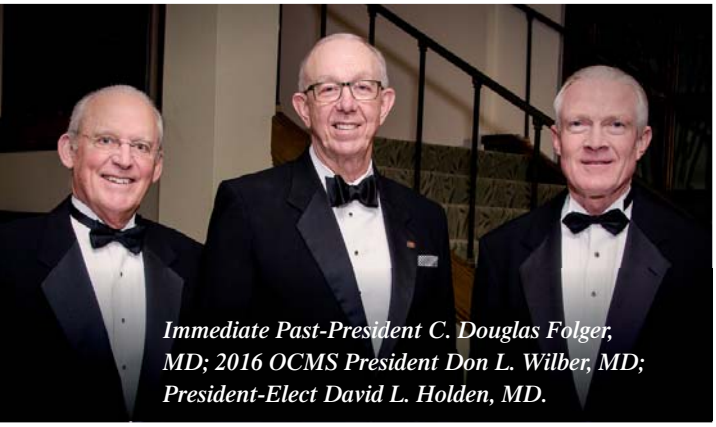
2016 OCMS INAUGURAL

The 2016 OCMS Inaugural was held Friday, January 22, 2016 at the Oklahoma City Golf and Country Club, honoring President Don L. Wilber, MD.

Immediate Past-President C. Douglas Folger, MD (right) presents the President's Gavel to 2016 President Don L. Wilber, MD.

2016 OCMS President Don L. Wilber, MD



Immediate Past-President C. Douglas Folger, MD; 2016 OCMS President Don L. Wilber, MD; President-Elect David L. Holden, MD.

Above: C. Douglas Folger, MD (right) presents the 2016 Don F. Rhinehart, MD award to Mukesh T. Parekh, MD.

Left: Emcee Julie Strebel-Hager, MD presents OCMS President's Plaque to Immediate Past-President C. Douglas Folger, MD.

Emcee Julie Strebel-Hager, MD presents Nita Folger with gift.

OCMS 2016 Executive Committee. From left to right: Secretary-Treasurer R. Kevin Moore, MD; Immediate Past-President C. Douglas Folger, MD; 2016 OCMS President Don L. Wilber, MD; President-Elect David L. Holden, MD. Not pictured: Sam S. Dahr, MD, Vice-President

Save the date for the 2017 Inaugural – Friday, January 20, 2017!

Left: OCMS 2016 Board of Directors in attendance, from left to right: R. Kevin Moore, MD; Lisa J. Wasemiller-Smith, MD; Don L. Wilber, MD; Christopher D. Carey, MD; Renée H. Grau, MD; David L. Holden, MD; Elizabeth Jett, MD; C. Douglas Folger, MD.

Above: 2016 OCMS President Don L. Wilber, MD and 2016 OSMA President Woody Jenkins, MD.

Members of Leadership Academy Class VI in attendance, from left to right: Soni Zacharias, MD; Lauren Cooper King, MD; Cara Falcon; Serena S. Anderson, MD; Shawn Ellis, DO; Joel Thomas, MD; Betsy M. Nolan, MD; Bradley K. Lamprich, MD; Johnny D. Hickson, MD; Sumit Ahluwalia, MD; Basel S. Hassoun, MD.

The Fly

from *Tales of a Doctor's Lounge*

Bill Truels, MD

You wouldn't think that a harmless little housefly could cause so much trouble at a hospital the size of Holy Christian Sinai. But such is not the case. Turf Hopper, the general surgeon, was prepping a patient for gallbladder surgery when out of the corner of his eye, he noticed a fly in the operating room. A futile attempt was made to kill the little bugger, but, alas, he disappeared under one of the instrument tables. Turf finished the case without incident, but would not let the matter of the fly go unnoticed.

At the Operating Room Subcommittee the next day, Turf decided to speak his mind.

I would like to bring up a very serious matter that until this day has never been discussed," Turf began in a deep, somber tone. "You see, Holy Christian Sinai Hospital has a fly in the operating room."

The room became so quiet you could have heard a pin drop. Flies carry millions of bacteria on their body, the very thing that an operating room abhors.

"I was getting ready to start my gallbladder case, when I saw the little monster out of the corner of my eye," Turf continued. "Now I want to tell you I've been operating at Holy Trinity Christian Sinai for ten years, and I've never before seen a fly in the operating room."

"That's because we've never had a fly in the operating room," Jim Atmoth replied. Jim was the chairman of the operating room subcommittee, and was visibly upset at the prospects of a contaminated insect ruining the sterility of Holy Christian Sinai, which boasted the cleanest operating rooms in town.

"We've got to keep a lid on this thing," Sandy Monarch, the infections disease nurse responded. "This isn't the kind of thing we want our competition to hear."

"How do you think the little bugger got in?" Turf asked.

"It could have slipped in with the patient," Jim answered.

"Let's be logical," Mo Quito, the urologist replied. Urologists were fixated on ducts and tubes and secret channels.

"They're renovating the medical records room across from operating room one. There's a ventilation duct between the two rooms, and, while the duct may be closed, it needs to be sealed to prevent dust and small insects from entering."

Needless to say, it didn't take long after the meeting ended for the news of the insect to fly throughout Holy Christian Sinai Hospital. When the Quality Assurance Committee met two days later, the fly had already been given a name, Alvin, after the chipmunk that always caused trouble.

"As chairman of the Quality Assurance Committee," Rolyn Poly began, "I'm alarmed that a simple housefly could have so easily slipped past our defenses. We've got contracts with ten HMO's and the last thing we need is to lose our 'Triple A' rating. This could cost us millions of dollars."

Continues on page 20 …

"Alvin must be exterminated before things get out of hand," Dan Raid, the infection control coordinator replied. A special subdivision of the Safety Control committee was formed. It was decided to look for Alvin on Sunday morning, when the operating rooms were empty that day, as most people were in church and this would cause the least commotion.

It was quite a motley crew that assembled that morning to hunt down Alvin the fly. Armed with "Mr. Terminator" flyswatters were two urologists, a general surgeon, a scrub tech working overtime, and an infectious disease coordinator.

Alvin never had a chance. He was spotting sitting on the "A" of the Argon laser control panel when a flyswatter terminated his existence. Just which member of the infection control committee performed the dastardly deed is a mystery to this day.

By the next week, Alvin had become a legend, much to the embarrassment of those involved. The Peer Review Committee even reviewed the case, and determined that the physicians involved had rendered their care in an appropriate and timely fashion.

Poor Alvin underwent an autopsy. You see, Holy Christian Sinai Hospital has a rule that anyone dying in an operating room within twenty-four hours after admission is a medical examiner's case. The final report stated "Cardiac arrest secondary to massive blunt trauma," as the cause of death.

As I drove home that night, I couldn't help but think about Alvin the Fly. By the time the incident was over, four committees involving seventeen physicians, three nurses, one infectious disease coordinator, and one scrub tech spent at total of twelve man-hours to kill one fly. In the process, they generated thirty-six pages of paperwork and instituted a procedural policy on "The Treatment of Flying Insects in the Operating Room Environment."

The total cost for exterminating Alvin, including lab fees, was $1,050. Now, who ever said hospitals weren't efficient?

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Societies advance across time's deserts, from primitive to civilized, by climbing over the jagged cliffs of oppression in pursuit of the pastoral valleys of freedom. Their bloody march, which transpires over centuries, and their fierce battles for enlightenment and emancipation from the intransigent forces of ignorance and superstition, vouchsafe them, at enormous cost, the liberties, which we have and take for granted today.

Constitutions, which are promulgated by free societies in order to uphold their achievements and guard them against the slippery slopes of decay and dictatorship, represent their hard-earned, collective values. Nevertheless, history has shown us that when laws are abrogated by war, societies fall back into primitive anachronism, and that in all societies, regardless of how advanced they might be, linger individuals and groups who hold on to their primitivism as if it were a glowing torch of enlightenment.

Hanna Saddah, MD

Our story, which derives its pathos from such historic phenomena, begins at the medical school of the American University of Beirut, when Lebanon was at peace and social harmony was playing beautiful tunes. The three decades after the Second World War had ushered in a renaissance era, when enlightenment was a collective goal and poor families sold dear land to educate their children. But, it was also an era when family warlords levied demands on educational and civil institutions, and nepotism was the accepted *modus operandi*.

During our first medical year, it did not take us long to realize that one of our older classmates, Jazir, languished in a much lower epistemic orbit. Tall, handsome, powerful, charming, rich, elegant, but arrogant and ignorant, he demanded respect with force rather than worth. With awe we watched this primitive student plough with inimitable ease the vast fields of knowledge that stretched before us, and we all pretended not to notice when his preposterously faked grades placed him at the top rather than at the bottom of the class.

Year after year, while we negotiated the massive tides of information that ebbed and flowed in and out of our brains, Jazir, expending meager effort, was duly promoted, landed a surgical internship, and became the favored topic of operating room whispers. Stories of his incompetence, antics, and faux pas circulated among the hospital staff like viruses, causing wide concern and consternation. Nevertheless, all this transpired without formal protest or reprimand because Dr. Jazir, as if by some pontifical fiat, was ordained infallible.

At the end of internship, Dr. Jazir wanted to go abroad for residency, but no program would accept him because the recommendation letters, which accompanied his applications, were muffled and guarded. Nonetheless, a non-teaching, private hospital in Beirut was coerced into accepting him as a surgical resident. After spending two years under the informal tutelage of myriad local surgeons, he joined the staff of his little hometown hospital and began his surgical career.

*****

Meanwhile, Riad, my best friend and soul brother, left for Germany to do a residency in Obstetrics and Gynecology and I came to the US for my postgraduate training in Internal Medicine and Infectious Diseases. While he and I continued to communicate across the Atlantic by telephones and letters, a savage, internecine civil war broke out in our homeland and raged, like forest fire, for the next twenty years.

One day, Riad called to tell me that, in spite of the war, he was going back home to start his practice in Tripoli.

"Are you mad?" I screamed.

"I think I am," he giggled.

"And what else are you planning to do?" I muttered.

"I'm going to get married."

"To a German Fräulein, perhaps?"

"No, to a lady from Tripoli. She's waiting for me and has already found us a flat in a nice building near the port, which is sheltered by other, taller buildings from bombardment."

"Bombardment?" I gulped.

"It's the safest place she could find. She said that most surrounding buildings have received direct hits, but not that one, which is why it rents much higher."

"And, how about casualties?"

"People we don't know die every day and, every now and then, someone we know dies and that always squeezes our hearts. I received some bad news the other day."

"Anyone I know?"

"Poor Dr. Samir was sitting on his balcony, having a drink, when he received a direct hit."

"Dr. Samir, the ENT specialist?"

"Yes, he lost both legs, but did survive."

Continues on page 24 …

MURDER *Continued from page 23 …*

*****

Several years passed before I could visit Lebanon again, and communications between Lebanon and the US became precarious due to infrastructural damage. I lost contact with Dr. Riad, but he never left my mind. Often, I would think about him and wonder how he was faring. Distance, like death, devours time, but keeps us tethered to our past.

One year, during a lull in the war, I ventured back home, more out of yearning than out of need. It was the kind of yearning that grew and swelled inside my chest, in spite of time and distance, until I could bear it no more.

*****

The Beirut airport was a beehive, teeming with chaos. By the time I arrived at my Tripoli home, I was a flat candle, flickering with its last flame. But, the salutary powers of family love resuscitated me and I found myself reborn by the next morning.

"What would you like us to do today?" asked my mother.

"I would love to visit my aunts and uncles in the village."

"You can't. The road to the mountains is not safe and many people are being kidnapped at the various checkpoints."

"Is Tripoli any safer?"

"Not if you venture alone."

"So, you mean to say that we are homebound."

"No. Taxis are safe because they pay tribute to all the militias. Their cars are the only ones that are allowed to pass through checkpoints without inspection."

I called Dr. Riad. His wife said that he was at the hospital, delivering a baby. I waited two hours and called again. He was still at the hospital but about to head back home.

"Come have lunch with us," invited Abla. "He always talks about you, and would love to see you."

*****

When Riad opened the door, our eyes glimmered with disbelief. Our youthful black heads had become peppered with gray, our lean waistlines had gathered

inches, and our young faces had furrowed with concerns. The words, you've aged, escaped in muffled whispers from each of us as we hugged. But, soon, all the time and distance that had separated us vanished with a sigh. We were back in medical school, a couple of sleep-deprived, laboring students, worried about exams.

During lunch, among the kibbi, stuffed grape leaves, and fattouch, we liaised where we had left ten years before and cautiously filled in the blanks between our fissiparous destinies. Deaths, births, marriages, divorces, and lives were mapped onto our global memories until we were back in the moment's shade, as if time had not elapsed.

When we retired to the living room, I asked, "How's your work?"

"I should have stayed in Germany," he sighed.

I sipped from my demitasse of Arabic coffee and waited.

"As you must know, we live in a little hell here," he continued. "Our tap water is polluted, pedestrians have no walking room because the pavements are jammed with parked cars, electricity comes only 4-8 hours per day, diesel generators roar on every balcony, and nothing is safe or sacred."

"But, how about your work?" I asked again.

"It's dangerous because when something goes wrong, the doctor is always the one to blame."

"And how about payments?"

He sighed again. "I get paid sometimes, but sometimes, when the outcome is not good, I'm afraid to ask for my fee. If a woman begets a deformed child, or if she has to have a caesarian section, or if I have to perform a hysterectomy to stop a hemorrhage, I have to be careful in how to phrase my request for payment."

"Surely, you have many grateful patients."

"I do, but it's the bad ones that break my spirit. Last week they called me at 2 a.m. to deliver a child. I had to do a caesarian section in dim light with only a nurse anesthetist assisting me. It was a healthy boy and the father was happy. But, when I told him that my fee for an emergency caesarian was $200, he rejoindered with, 'you charge $200 for 20 minutes of work? Why, that's $10 a minute. That's outrageous.'

Continues on page 26 …

MURDER *Continued from page 25 …*

"I lost my temper, told him that he forgot to add the ten years of postgraduate study to the 20 minutes of work, and then asked him, since he seemed to be good at mathematics, to divide $200 by ten years plus twenty minutes. He threw the money in my face and marched away."

At the end of his little story, Riad's face beaded with sweat and his skin turned ashen. We remained silent awhile and then talked about his children, growing up in a war zone. He was worried not only about their future but also about their worldviews.

"It cannot be good," he sighed. "We are trapped in a violent situation, which appears to have no end."

*****

Attempting to change the topic, I asked, "and how is Dr. Jazir doing?"

"Dr. Jazir?" he fired back. "Well, heaven forgive him and forgive us all; some rise by sin, and some by virtue fall."

"That's from Measure for Measure; isn't it?"

"Shakespeare would have included a Dr. Jazir character in one of his plays had he been writing today. The great bard missed a good chance at exploring the most tenebrous dungeon of human nature."

A sardonic smile surfaced on Riad's face, but was soon replaced by a bitter frown. Twice, he attempted to talk and twice he changed his mind, as if to begin telling was tantamount to breaking a woman's waters and suffering, vicariously, the travails of her parturition.

I did not probe, nor could I remain taciturn. Instead, I quoted to the air, "Character is destiny."

"Who said that?" he asked, rejuvenated.

"Heraclitus of Ephesus, circa 500 B.C."

"Indeed, character is destiny," he reiterated, nodding his head. "How we have been wired determines what happens to us."

"And who determines how we are wired?" I quizzed.

"Nature, nurture, and circumstance," he replied without a hint of hesitation.

"And how about God?" I quizzed again.

"Nature, nurture, and circumstance are God's trinity upon this earth," he emphasized with a closed fist.

"In that case, then, no one should be blamed for what one is."

"Perhaps not," he agreed. "Perhaps we are the ones who should be blamed for empowering the unworthy and allowing them to take charge. Dr. Jazir should have been expelled from medical school. Instead, he was promoted and unleashed on an unsuspecting public, shaming our profession and defaming our calling."

At this point in the conversation, Abla joined us.

"Are you talking about the infamous Dr. Jazir?" she asked with a smirk.

"Yes, dear," sighed Riad.

A flash of anger burst through Abla's cheeks as she tried to compose herself, but couldn't.

"If you don't tell your friend what he did to you, I will," she sparred.

Riad shifted in his seat, cleared his throat, scratched the back of his head as if to excavate memories that he had long laid to rest, and began:

"Dr. Jazir has done well overall. He worked hard, was dedicated to his patients, and earned a fair reputation as a general surgeon. He operated mainly in his little hometown hospital but, occasionally, he operated here in Tripoli, at the same hospital I work at.

"The incident happened last year when, by coincidence, we met in the locker room. I had just finished delivering a baby and he had just finished operating on a woman who had a pelvic tumor, which he presumed was cancerous. While dissecting the tumor, which was ramified and attached, he accidentally severed both ureters.

"So, what did you do? I asked Dr. Jazir with alarm, seeing how nonchalant he was about the whole matter.

" 'Nothing,' he replied with a smirk.

"You didn't call in the urologist to re-anastomose the ureters?" I asked with a sharp, shocked voice.

" 'What for?' he smirked again. 'She's going to die anyway and with severed ureters she will die quickly, which would be better for everybody.'

"How can you be sure of that? I screamed. The tumor may not be malignant. She may respond to chemotherapy. She may live a long time if she had the right kind of care. You have no right to play mighty God on a poor, unsuspecting woman who has trusted you with her life.

" 'Listen, Riad,' he replied with fuming ire. 'If word gets out that I have severed her ureters, it would ruin my reputation. I'm going to let her die and you are going to keep your mouth shut.'

"I'm not going to keep my mouth shut, I shouted back. I'm going to report you to the authorities.

"Dr. Jazir pulled a revolver from his locker, cocked the trigger, grabbed me by the neck, forced the barrel into my mouth, and said, 'If you say one more word about this, I will make your beautiful wife a widow and render your two, innocent children fatherless.'

"I was so shaken that I began to tremble, but he did not remove the barrel out of my mouth until I nodded a yes."

Here Riad stopped talking, lowered his eyes, and gazed at his feet. Abla, infuriated, took over telling the rest of the story:

"When he arrived home," began Abla, pointing her eyes at Riad, "he was a gray ghost. And when he told me what had happened, I turned red with rage, raised my voice to him, and told him that he should return to the hospital to tell the woman's family what had happened.

Continues on page 28 …

MURDER *Continued from page 25 …*

" 'But, I don't know the woman nor her family,' he shouted back, 'and you know that the ruthless Dr. Jazir will keep his word and will kill me.'

"I don't care, I screamed back twice as loud. Better dead than an accomplice to an operating room murder."

Here, Riad picked up the thread and finished the story:

"I went back to the hospital, found the family, told them what had happened, and called Dr. Amin, a urologist friend of mine who had trained with me in Germany. He was aghast and only asked one question.

'How long ago was her surgery?'

"About an hour or so, I ventured, not knowing why he asked.

" 'Good. I can only save her if the wound is still fresh. Otherwise, it's a deadly mess. Have the O.R. get ready. I'll be there in 20 minutes.'

"Dr. Amin took her back to the operating room and I assisted. To the lady's great fortune, we found the ureters only nicked, not severed, which still would have killed her, but which made our job much easier. I watched in awe as Dr. Amin's dexterous fingers repaired the defects with fast, confident facility. When it was all over, my legs faltered and I sank to the floor.

"But, oh, you should have seen Abla's face when I walked in. It was a sunrise, glowing with pride.

"Two days later, the tumor was declared benign. Dr. Jazir never returned to make rounds on the woman. He had spies at the hospital."

"Have you seen him since?" I asked.

"No, but every time I attend a wedding or a funeral, I worry about running into him. He is a man of his word, you know, and more so since the woman and her family told their story to his whole hometown. Dr. Jazir, of course, said that he was the one who had called in the urologist, and was also the one who had saved the woman's life by removing the big tumor out of her pelvis."

"Perhaps, had you stayed in Germany, your medical life would have been easier," I reflected, "but then, that woman's life would not have been saved."

"Indeed, character is destiny," he murmured. "I guess I am where I was meant to be."

COMPLEX REGIONAL PAIN SYNDROME (CRPS): A NEED FOR EARLY RECOGNITION AND TREATMENT

Jack E. Marshall, MD, and Blake D. Christensen, DO[1]

Complex regional pain syndrome (CRPS) is a debilitating, painful condition in a limb that consistently proves to be one of the most difficult patient disorders to treat. It is divided into two types to reflect the absence or presence of a nerve injury. It is associated with sensory, autonomic, trophic, and motor changes with pain patterns consistent with regional spread.

As with many other complex conditions, the mechanisms involved in CRPS are multifactorial and include the peripheral and central nervous systems. Factors such as altered sympathetic and catecholaminergic function, peripheral and central sensitization, peripheral and central neurogenic inflammation, altered somatosensory representation in the brain, genetics, and psychology all come into play to varying degrees during patient treatment.

CRPS is a diagnosis of exclusion and needs to have symptoms and signs consistent with time-dependent effect of CRPS (atrophy, dystrophy, contractions, and secondary pain). The majority of symptoms of CRPS type 1 can resolve within a 12-month period. However, during that time an integrated interdisciplinary patient tailored approach should be implemented as early as possible to prevent CRPS chronicity. Patients must be informed and educated to support self-management. Patients can benefit from cognitive behavioral therapy (CBT) by learning coping skills and positive thought patterns. Pain relief should be sought via a wide range of pharmacologic treatment and titrated to effective doses.

Interventional procedures are goal directed to enable proper physical or occupational therapy and break the cycle of peripheral and/or central pain. If left untreated or in a minority of patients, CRPS leads to a chronic lifelong neuropathic pain requiring advanced pain management therapies. This would include medication management and implanted devices.

Through early recognition and implementation of treatment regimens and goal directed therapy, CRPS can hopefully become a time limited disorder that doesn't prevent patients from completing routine daily tasks and enjoying life's common activities.

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DIRECTOR'S DIALOGUE

By Jana Timberlake, Executive Director

"Gratitude can transform common days into thanksgivings,
turn routine jobs into joy, and
change ordinary opportunities into blessings."
~William Arthur Ward

On Saturday, April 16, 2016, Dr. Sherri Baker will be inaugurated as President of the Oklahoma State Medical Association. My first memory of Dr. Baker was when she was an OU medical student, and the OCMS office staff "adopted" her. During her post-graduate training in Hawaii, I often wondered if she would return to Oklahoma. And lucky for us, she did! Our friendship started up where it left off, and it has been a joy to watch her succeed while practicing the art of medicine. She is busy but always finds time to touch base with me. In addition to her pediatric cardiology practice, Dr. Baker is also the Associate Dean of Admissions at the OU College of Medicine. She is truly an Oklahoma treasure and wonderful friend!

Dr. Baker currently serves as President of the OU College of Medicine Alumni Association and will be introducing me as the recipient of the Friend of Medicine Award at the Alumni Reunion Day Dinner on April 29th. When Dr. Hager gave me the news last fall, it took a while for it to sink in. Now that I've had time to reflect on the award, I almost feel like this needs to be turned around – instead of me being a "friend of medicine," medicine has actually been a very good friend to me.

My physicians keep me healthy, OCMS members often accept difficult referrals from me that would otherwise be hard to place, I have access to the best medical advice available at my fingertips and love working on behalf of physicians! All this being said, the opportunity to develop relationships with physicians gives me the greatest joy. I am thrilled when a member stops in, pulls up a chair in my office and we chat about what is happening in medicine or catch up with each other's lives. Many apologize for "taking too much time," but each of these encounters are blessings in my life and I'm often not ready for them to end.

I am grateful to Dee Hampton, former OCMS Executive Director, who gave me my first job at the Oklahoma County Medical Society. It was a part-time position, and I billed and collected dues. This was before the age of computers so there were big ledger books and nothing was automated. Little did I know that the "small job" would lead to my being hired as Executive Director decades later. It's funny what life has in store for us, and it usually happens when we aren't paying attention.

As I accept the Friend of Medicine Award on April 29th, I will be thinking of the Oklahoma County Medical Society and its many members who turned this "routine" job into one of my greatest joys. May each of you have ordinary opportunities that bloom into blessings ... I certainly did!

Jana Timberlake, Executive Director

The retirement of master physician and Bulletin editor Dr. James Hampton is everyone's loss. After a tireless, selfless life as scientist, humanist, healer, mentor, editor, and patient advocate he leaves us with a smile that will never wither.

ODE TO DR. JAMES HAMPTON

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With gratitude,
Hanna Saadah

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