BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

MAY/JUNE 2013

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THE BULLETIN
The Oklahoma County Medical Society

May/June, 2013 – Vol. 86, No 3

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WELCOME NEW MEMBERS!

Lance M. Garber, MD, is a board-certified Radiologist practicing at Mercy Health Center. He completed medical school at OU, an internship at Spartanburg Regional Hospital in South Carolina, and a residency at Baptist Medical Center in OKC.

Christopher O. Hampson, MD, is a Radiologist practicing at Mercy Health Center. He completed medical school at Columbia-College of Physicians & Surgeons in NYC, an internship at St. Luke's-Roosevelt Hospital in NYC, and a residency and fellowship at University of Vermont.

Chad G. Thompson, MD, is a Radiologist at Mercy Health Center. He completed medical school at Texas Tech Health Sciences Center, an internship at Northwest Texas Hospital in Amarillo, a residency at Integris Baptist, and a fellowship at Rhode Island Hospital.

Gin Ru Wang, MD, is a Radiologist at Mercy Health Center. She completed medical school at Duke University, an internship and residency at University of Texas at Houston, and a fellowship at the University of Texas-MD Anderson in Houston.

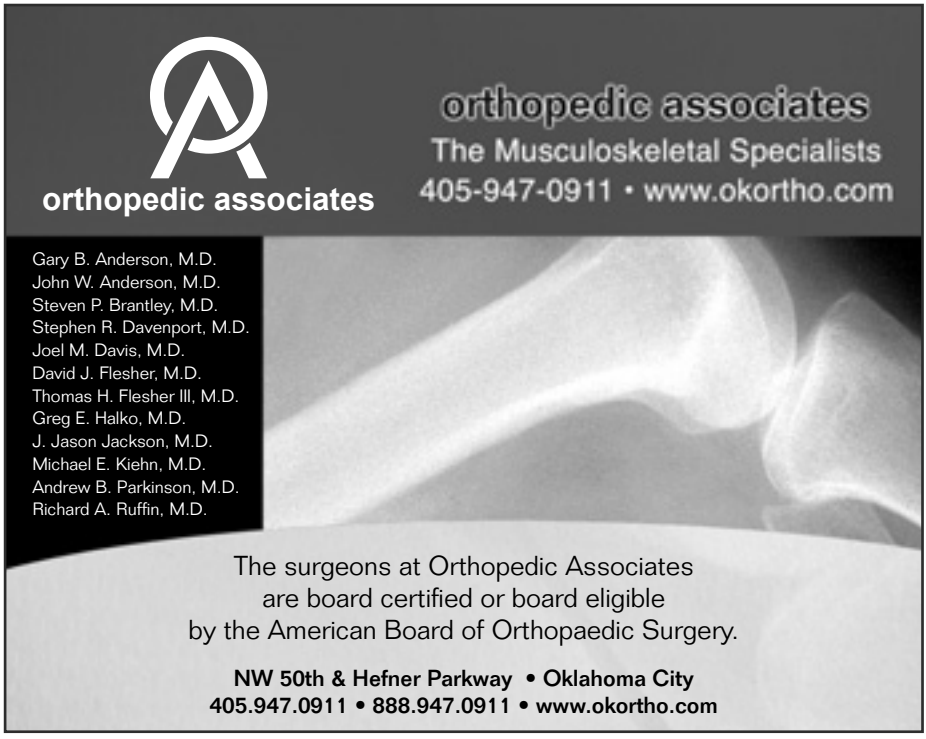
About the Cover

This is the season for commencement exercises – undergraduate, graduate and medical students. The excitement of the graduate's enthusiasm is contagious and exhilarating for their families. One can feel the electricity of the moment. This youthful vibrancy is needed for the Oklahoma County Medical Society. Recruitment of new members should begin in medical school. The new members will have a forum with the Bulletin to submit articles for publication. Mentoring these young new members is a pleasure that the older members appreciate and offer graciously to them. ❑

-The Editor

One Small Change ...

The Bulletin is adjusting its publication schedule to better meet the needs of readers, contributors and advertisers. The Bulletin now will be published once every other month. This one is the May/June 2013 issue, and the rest for 2013 will be July/August, September/October, and November/December. Please call us at 702-0500 if you have any questions. ❑



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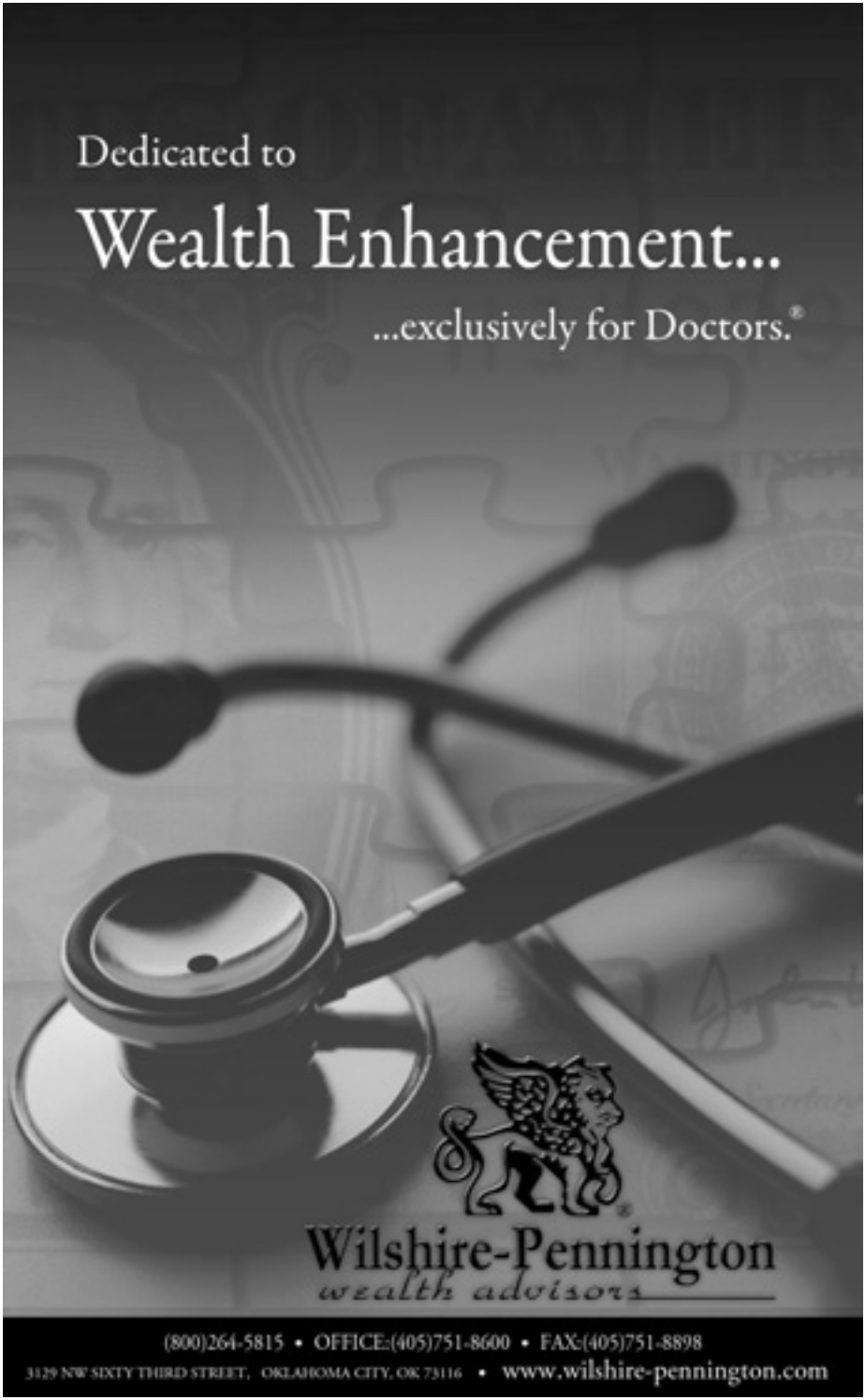

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President's Page

Thomas H. Flesher III, MD

Unintended Consequences

All physicians are well aware of the doctrine of unintended consequences. We just do not call them that. Surgeons call them complications, other physicians call them adverse reactions and many other varied names, but they represent the same thing. These adverse events are a consequence of well-intended medical intervention in hopes of making someone's life better.

I recently became involved in a firestorm of unintended consequences known as Senate Bill 36. This well-intentioned bill would allow local communities or municipalities to enact stricter regulations against smoking than currently allowed by the Oklahoma Statutes.

To me this was a no-brainer. All physicians know the evils of smoking and second-hand smoke. We have all seen the cancers, heart and vascular disease, and pulmonary disease associated with smoking, not to mention the poor tissue healing, delayed or non-union of fractures and fusions, the effects on unborn children, and even the increased skin wrinkling.

I thought this was a great bill, increasing local community control over the health of our citizens and then I was blindsided. I expected opposition from the smoking lobby with their very deep pockets. I could even imagine a libertarian view against creating more restrictions on our lives in general.

But opposition from restaurants? I never saw their opposition coming. What do restaurants have to do with local control of smoking and the health of our citizens? The answer is: unintended consequences.

(continued on page 16)

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

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Dean's Page

M. DEWAYNE ANDREWS, MD
Senior Vice President and Provost
Executive Dean, College of Medicine
University of Oklahoma Health Sciences Center

The medical students of today continue to impress me with their commitment both to understanding the plight of the medically underserved in our communities and to doing something about it. On Saturday, March 9, more than 300 health professions students (medicine, nursing, pharmacy, allied health, and public health) gathered at the Health Sciences Center for their annual Bridges to Access conference. This conference is principally sponsored by the OU Community Health Alliance, the College of Medicine, and the College of Public Health.

The OU Community Health Alliance was initially formed by medical students in 2007, and later joined by students of the other health professions. This year's conference focused on the changing environment for healthcare and how to care for millions of Americans who are not presently insured. Students learned about relevant issues, shared ideas, and focused on determining what role they could play now and in the future in addressing these issues. Guest speakers assisted the students in their understanding.

I thought it might be of interest to you if I gave you my summary of major themes and issues that surfaced in this year's conference.

- No one who is thoughtful, logical and cost-conscious would intentionally design a system of healthcare like the one we have in the U.S.; in fact, it is not a "system."
- Too much of our current healthcare is operated in a provider-centric framework; it needs to be in a patient-centric framework.

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• Americans seem to have an insatiable desire for the newest and most advanced (and usually most costly) things in healthcare. Unless they feel some increase in their share of that cost, will they change that insatiable desire?

• In the past we were rewarded for volume, and now it seems we are moving to being rewarded for outcomes and value. That's a big change! However, we don't know if what we measure now is necessarily what we ought to measure.

• Change is coming; change produces uncertainty, anxiety, and fear of the loss of income in the face of high costs of getting to be a healthcare professional.

• No one really knows how much all of this healthcare reform change will cost or how much it might save. There is much hope and promise, but no certainty.

• What we do know: we must work as teams, we must have a culture of patient safety and quality, and we must figure out how to do what we do at lower cost.

• As millions of Americans, now uninsured, come into the ranks of the insured there will be enormous pressures on the healthcare workforce. Americans are probably going to have to accept some change in their access and the types of providers that they see.

The students and their advisors had lots of challenges to discuss – the same challenges that all of us must face. I am encouraged that this new generation of physicians will play an important role in helping us solve the dilemmas. They are young and energetic, their world of medical practice will be different than ours has been, and they will be cushioned by not longing for the way it used to be.

In closing the conference, I told the students that these things at times seem so enormous in scope and so complex that it's easy to get discouraged. I urged them not to let discouragement set in. I told them that sometimes it's a little scary in the dark before the dawn breaks. Change is the scary part – the dawn breaking is when we find our way.

Good luck to them and to us. ❑

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

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

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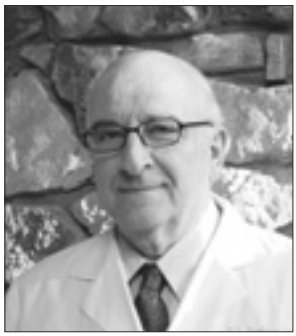
Pearl of the Month



H.T. Kurkjian, MD

The $5 Doxycycline

At the end of a long Monday, we were going over the messages in my office when we came to one from an elderly patient. She could not afford her medicine any more.

She was a patient who has had recurrent urinary tract infections. The workup was negative and suppressive antibiotics were the only solution.

I had successfully used Doxycycline before for this purpose. I have also used it for treatment of acute urinary tract infections. As a matter of fact, I have been purchasing the drug from the supplier for about 6 cents a tablet and dispensing it to the uninsured patients as samples.

I had not seen this patient for a while. About a week before she called, we got a form faxed from her friendly caring pharmacist asking me to refill the medication. This had happened so many times before that I had to do some basic research.

Apparently there is a program at the pharmacy that automatically will fax us a form to sign. Once I sign it and return it to them, then they call the patient to tell them that the doctor has renewed the prescription. In my office I refuse to sign the refill forms unless the patient calls and initiates the request. This is more cumbersome for me but it has averted many bad outcomes.

I thought my patient must have been mistaken. I called a pharmacist and asked him what would be the cost of 14 tablets of Doxycycline. He told me it would be $89. He also did not fail to mention that Tetracycline, a possible alternative, was not even available because the manufacturer was not making it any more.

I talked about this at lunch with my fellow commiserating complainers. One physician did not believe me. He got up and called his pharmacist. He conceded defeat. It was true. The pharmacist told him it cost him $1 a tablet, but there was a charge for filling the prescription. The total for 20 tablets would be $99.

Reluctantly, I switched the patient to another medication.

One ponders. There are many reasons for the dwindle in our income as physicians. We have always been in good relationships with our pharmacists.

Things have changed. Most of our pharmacist friends have retired or gone. Big business is here. They openly challenge us by operating clinics in their stores directly competing with us. Last week, one of the big chains announced it was forming an Accountable Care Organization. This is an HMO owned by the pharmacy chain that will be competing with us by employing their own providers.

What can we do about these challenges?

We could start dispensing medications in our offices and enhance our income. That could be up to $3,000 a month. Last I checked we, as licensed physicians, do have the right to dispense. We have had the right in the past. We just did not want to upset the pharmacists.

We should check on the cost of medications before we prescribe, even though the patient may state, “Doctor, don’t worry, my insurance will pay for it.”

We could start our own ACOs.

We have lunch almost daily with our fellow physicians discussing our plight.

We need to stop these complaining sessions. It doeth no good to our gentle hearts.

Time to rise and confront our tormentors. ❑

Chronic Pain Management: Legal and Medical Aspects

Blake Christensen, DO, Adam W. Christensen, JD, MBA, S. Sandy Sanbar, MD, PhD, JD, D. Wade Christensen, JD, J. Clay Christensen, JD, L. Nazette Zuhdi, JD, LLM, Oklahoma City

Controlled substances prescription abuse has been reported to be the fastest growing drug problem in the United States. Since 2003, more overdose deaths have involved opioid analgesics than heroin and cocaine combined.[1] And, for every unintentional overdose death related to an opioid analgesic, nine persons are admitted for substance abuse treatment.

In 1914, the Harrison Narcotic Tax Act was the first narcotics law that prohibited doctors from prescribing opioids to addicts. In 1970, the Controlled Substances Act replaced the Harrison Act as the federal U.S. drug policy under which manufacture, importation, possession, use and distribution of certain substances is regulated. In 2005, President George Bush promoted quality pain relief with accountability by signing NASPER (National All Schedules Prescription Electronic Reporting) into law. NASPER was designed to improve patient access and prevent "doctor shopping" and drug diversion.[2]

In 2007, the Food and Drug Administration Amendments of 2007 gave the FDA the authority to require a Risk Evaluation and Mitigation Strategy (REMS) from manufacturers to ensure the benefits of a drug outweighed its risks through education of providers and the public. In 2009, the FDA announced a "Safe Use Initiative," a program aimed at decreasing the likelihood of preventable harm from medication use. Finally, in 2011, President Barack Obama's administration unveiled a Prescription Drug Abuse Prevention Plan, which focuses on four major areas: education, monitoring, enforcement, and disposal. There are also state laws, rules, policies and guidelines that address proper pain management.

The means of narcotic control is found within the federal and state laws currently in place, together with a three step-wise methodological approach to treatment from providers according to their trained skill set.[3]

1. The first modality is via prevention, patient education and screening. Primary care physicians and other interdisciplinary care providers play a vital role in effective treatment of chronic pain. The chronic-pain patients receiving treatment in this modality are typically the least physically and psychologically impaired. The physician should follow all existing regulations and evidence-based guidelines while having an individualized treatment plan for each patient. This level is typically the most cost-effective modality of treatment for the patient. It is also the modality where most of the laws governing controlled substances apply.

2. The second modality involves physicians who are board-certified in interventional pain management. The patients in this category are complex and display little or no progress using more conservative treatment. Interventional pain procedures can involve high-risk procedures and should only be provided by designated board-certified specialists when stringent objective medical criteria are met. These patients will often require an interdisciplinary care team and manager. They may need the help of a board-certified surgical specialist.

3. The third modality of treatment involves patients with the most physical and psychological impairment. It requires an interdisciplinary team. Psychiatric counseling may be beneficial. The patient should understand all facets of the ailment, have the support of family and friends, and have an established care team manager and interdisciplinary care team. Families need to be good reporters about the patient.

Treatment should focus on ways to manage the disease. The practice of medicine and pain management is based on patient care within the confines of the law. The law protects society from the dangers of narcotic abuse. Public policy exists to protect the public. The crux of the patient, physician, lawmaker,

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In Memoriam

Reflections of Dr. Lanny Anderson

1935 - 2013

By Dr. Billy Stout

These are some of my reflections on the life of Dr. Lanny Anderson covering a period of 60 years. My first reflection was that of a high school tennis player who became a champion by focusing on hitting one more ball back than his opponent. This was a good decision. Next came his long surgical career characterized by surgical skill and quick decisions resulting in positive outcomes. Sometimes he realized that a good decision was no decision, as many problems resolved naturally over time.

In 1990 Lanny's life changed as he became involved in recovery and addiction medicine. He always had strong mentoring qualities, but he became passionate about helping others through availability and telling his story. He fretted about the frustrating resistance of others to change, but learned the important concept of allowing others, at times, to be wrong.

A common theme in his life was having the innate ability to make decisions that resulted in positive, practical results. He was loving, honest, gentle, accountable, empathetic, humorous, and supportive but firm. He will be greatly missed.

Dr. Anderson was born Nov. 11, 1935, in Wewoka. He attended Wewoka High School, where he was a state champion tennis player. He graduated from OU and the OU School of Medicine and was a thoracic and vascular surgeon. He was a member of the American Society of Addiction Medicine and served as medical director for the Health Professional Program until 2012. He loved playing tennis and working on his land and sharing this with family and friends. One of his greatest passions was helping others in recovery.

He is survived by his wife, Marcia Nilsen Anderson; and his children -- Bennett Anderson and wife Jill; Ava Anderson

Nesbitt, husband Douglas, and their children Christopher and Patrick; John Anderson, wife Maria, and their children Maren and Annika; Amy Anderson Sergent, husband Dean, and their children David, Jonathan and Jack; Murray Anderson, wife Chelle, and their children Thatcher and Ali; Laurie Anderson and her children Cooper and Emersen. He is also survived by his sister Anita Anderson Currin and his large extended family.

The Oklahoma Health Professionals Program (OHPP) has set up the Dr. Lanny Anderson Memorial Treatment Fund in honor of Dr. Anderson's years of service to OHPP. Please make your donation payable to OHPP, noting the Dr. Anderson Fund, and mail it to 313 N. E. 50th, Oklahoma City, OK, 73105. ❑

(Law and Medicine-continued from page 14)

and public interests lies in the efficacy of information exchange. By having a well informed society, effective pain management may be achieved and laws may be understood and followed. Through information exchange of all modalities and the public, a balance may be found between drug control and drug availability. ❑

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[1] http://www.cdc.gov/nchs/nvss.htm

[2] http://www.asipp.org/NASPER.htm

[3] http://www.healthleadersmedia.com/HOM-75466-4625/Tiered-approach-to-chronic-pain-targets-suffering

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(President's Page-continued from page 5)

Restaurants have invested heavily in separate smoking areas following current Oklahoma laws.

Restaurants fear a local municipality may ban smoking altogether and extrapolate that to a drop in business and also nullifying the investment in smoking areas. I just saw what I thought was a fine effort to improve the health of Oklahomans die in a puff of smoke.

I will keep learning the political ways and move forward. There will be other conquests, I am sure. ❑

Young Physicians

Courtney Gray, MD

Each One, Teach One

"Each one, teach one" is an old American proverb whereby literate members of a community share their reading skills with one another in order to educate each other, thus building a more knowledgeable population. In the old proverbial "each one, teach one" system, it was their duty to teach one another how to read.

Expanding on that precept, physicians from the Oklahoma County Medical Society (OCMS) and Oklahoma State Medical Society (OSMA) are partnering with a local school in a new program called "Each One Teach One" (EOTO).

The program is designed to enhance the school's curriculum by educating youth about issues pertinent to adolescent health in a collaborative effort to build a healthier Oklahoma community.

The program, now in its pilot year, was established in spring 2013. The vision of the program is to provide physician role models in local schools and to encourage students to adopt healthier lifestyles. Students will learn about basic medical science through a series of lectures led by our physicians.

The program will launch during the 2013-2014 school year. EOTO will include a series of six extended learning modules given in hour-long sessions held every other month over a 12-week period.

The topics to be covered will include substance abuse, reproductive health, trauma, chronic diseases, mental illness, and obesity.

We need OCMS and OSMA volunteers to make this program a success.

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March 2013 OCMS Membership Meeting

50 Year Physicians - Left to right: Roy W. Dowdell, MD; J. A. Montero, MD; William J. Fors, Jr., MD; A. S. Dahr, MD; Richard J. Hess, MD; Ronald O. Gilcher, MD; Richard E. Doner, MD; and Russsell F. Allen, MD

Brad Margo, MD (left) and Jason Lees, MD (right) spoke with David Kendrick, MD, MPH, at the OCMS March Membership Meeting. Dr. Kendrick was the keynote speaker: his topic was "Healthcare IT for Communities: the MyHealth Project."

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EXPLORE: Oklahoma Healthcare Summit 2013

PLICO's second annual *EXPLORE: Oklahoma Healthcare Summit* will be Aug. 9-10, 2013, in downtown Oklahoma City.

In 2012, PLICO hosted its first *EXPLORE: Oklahoma Healthcare Summit* in its quest for new and innovative ways to provide valuable information and education to healthcare professionals. The successful summit was a comprehensive, cutting-edge healthcare conference for physicians, practice managers, healthcare administrators and providers across the state.

About 400 attendees and 60 exhibitors gathered to discuss and EXPLORE the future of medicine and best delivery practices. Current and future technology was showcased, along with a stellar group of keynote speakers including Frank Abagnale; Dr. Lowell Catlett, Futurist; Gov. Mary Fallin; Commissioner John Doak;, and Speaker of the Oklahoma House, T.W. Shannon.

This year's *EXPLORE: Oklahoma Healthcare Summit* will be held Aug. 9-10, 2013, in downtown Oklahoma City. This year's agenda includes presentations by acclaimed Apollo 13 astronaut Captain James "Jim" Lovell, Jr.; Empathy Expert Colleen Sweeney; and Team Captain of the First American Women's Everest Expedition, Alison Levine.

In addition, Speaker of the House T.W. Shannon has been invited to discuss the State of Oklahoma Healthcare. Eide Bailly will host the EXPO opening reception and BancFirst will sponsor the evening party at VAST, at the top of the Devon Tower. We again gratefully acknowledge the sponsorship of St. Anthony Hospital, BancFirst, Verizon and Eide Bailly as sponsors of *EXPLORE 2013*. For more information on EXPLORE, please visit the website at www.oklahomahealthcaresummit.com.

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It is, and always will be, "the undiscovered country from whose bourn no traveler returns" and within whose bosom all souls hope to discover peaceful refuge.

Death is the savior of mankind, the great cleanser of the planet, the guardian of nature's beauty, the silencer of all noise, and the merciful bell of heaven that "tolls for thee" so that you do "go gentle into that good night."

Joining the Sunset

Hanna Saadah, MD

How sweet the morning creeps on little feet
In silence, like a child who leaves his bed
When everyone is still in sound retreat
And reaches eagerly with curious head

To gaze upon the footsteps of the sun.
These mornings of our lives will slowly noon
And ripen-up our blossoms one by one
Then softly tread into the afternoon

When we begin to step more cautiously
And hesitate, with little time on hand
Before we join the sunset, gracefully
To sleep beneath the whispers of the sand.

At setting time, I shall not fear nor fight
The peaceful beauty of the last good night.

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Thanks to the efforts of the Oklahoma County Medical Society and others in the community, ITN*Central Oklahoma* soon will debut its arm-through-arm, door-through-door dignified personal transportation service for Oklahoma County's seniors and the visually impaired.

Transportation (or lack thereof) is a critical issue for seniors who can no longer drive and the visually impaired. Who can get off work to take Dad to his doctor appointments? Who can Mom call for a ride without feeling like a burden? Family and friends may not be able to get off work or live far away, so many seniors continue to drive, creating unsafe streets for all, because they have few if any alternatives.

Having access to affordable transportation is the key that determines whether a senior can remain independent, age in place, maintain physical and mental health, and remain active in their community. It helps families 'take away the keys' when the time comes.

ITN*Central Oklahoma* is the first Oklahoma affiliate of ITN*America*, a national non-profit founded in 1995 in Portland, Maine, after a senior driver who shouldn't have been driving hit and injured a young boy. That boy's mother, Katherine Freund, is the founder of ITN*America*. ITN stands for 'Independent Transportation Network.' To date, 27 ITN affiliates are operating nationwide in cities varying in size from Los Angeles to St. Charles, Missouri. For more information on the national program, please go to www.itnamerica.org.

(Each One, Teach One-continued from page 17)

You can contribute to this new program in one of two ways:

1) Sign up to lecture at one of the six EOTO one-hour learning modules, or
2) Sign up to join the EOTO program planning committee, which will meet twice in brief meetings.

Please contact the EOTO program coordinator, Courtney Gray, MD, for further details. If you are interested in volunteering in this new program either as a speaker for one of the six modules or by participating in two brief program planning committee meetings, you may reach Dr. Gray at CGrayMD@Outlook.com. ❑

How the ITN Program Works

The goal of ITN*Central Oklahoma* is to provide safe, personalized, affordable transportation for our seniors and those with visual impairments, 24 hours a day, seven days a week, in private vehicles driven mainly by volunteers.

While many rides are for medical needs, riders are not restricted and may choose to go shopping, visiting, volunteering, to class, or anywhere else they choose to go. It is truly 'dignified transportation for seniors.'

With ITN*Central Oklahoma*, volunteer drivers use their own vehicles. Our riders do not ride in shuttles, buses or vans, and trips are generally one rider per trip unless the rider chooses otherwise. Riders are encouraged to sit in the front seat and talk with the driver, much like a friend helping out a friend.

The cost of rides average about half of what a taxi would cost. Rides are paid for by members, their family members and donations so no public funding is needed. Members have pre-paid accounts and no money changes hands in the vehicle. Volunteer drivers can 'bank' their mileage for their own future use or can donate them back to others.

If you are interested in helping ITN*Central Oklahoma* open for business, donations are being accepted. Make your check payable to OCMS Community Foundation, with 'ITNCentral Oklahoma' in the memo line, and mail it to: 313 N.E. 50th St., Suite 2, Oklahoma City, OK 73105. If you have questions, please call (405) 702-0500, email info@itncentraloklahoma.org or visit our website at: www.itncentraloklahoma.org. ❑

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Director's

DIALOGUE

"Be soft. Do not let the world make you hard. Do not let the pain make you hate. Do not let the bitterness steal your sweetness. Take pride that even though the rest of the world may disagree, you still believe it to be a beautiful place."

~Kurt Vonnegut

Lessons Learned in Life

"Lessons Learned in Life" is a Facebook community page that I enjoy visiting on occasion for a "pick-me-up" or to be reminded just how wonderful life really is regardless of the challenges. Several people come to mind when I think about facing life's challenges with courage and grace. One is Dr. Lanny Anderson, whose funeral I attended in late February. Not only was he an excellent surgeon, but he helped hundreds of people return to productive lives through his work as the medical director of the Oklahoma Health Professionals Program. Kind, but firm, Dr. Anderson guided individuals through this successful program – constantly reminding them that "the program works."

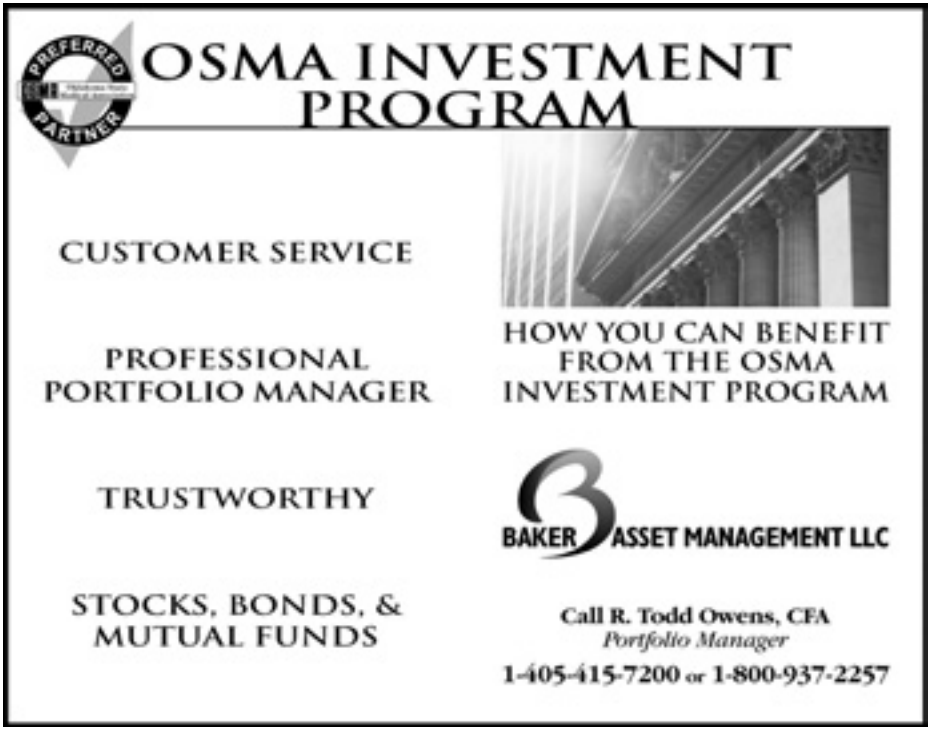
I am always amazed at how our lives intersect with each other. When Dr. Anderson began his work with OHPP, I saw him quite often. Prior to that, I first knew him as Jim Timberlake's fraternity brother. Each time they saw each other, there was a lot of reminiscing about college days at the University of Oklahoma and the pep rallies held in the SAE bathroom each Friday during football season. The stories were told in such detail that I could almost see and hear Jim playing the drums on the towel dispenser while singing Boomer Sooner!

I also had experience with Dr. Anderson as a surgeon. Jim was a diabetic who suffered from end stage renal disease and underwent hemodialysis treatments several times each week.

After learning his AV fistula would no longer withstand the blood flow required during the treatment, Jim's nephrologist, Dr. Rusty King, referred us to Dr. Anderson to surgically place a graft in his upper arm. Afterward, each time I started the process of performing home hemodialysis, I would silently "thank" Dr. Anderson for his surgical skills before making the two arm sticks. Adequate blood flow was never a problem again!

Dr. Anderson was a person who never quit "giving back" to his fellow man or his community. I will miss him, as will the countless others whose lives he positively impacted. When thinking of Dr. Anderson, I believe the world continued to be a beautiful place for him regardless of life's challenges. Thank you to his wife, Marcia, and the rest of his family for allowing us to share that part of his life that made our lives better. ❑

Jana Timberlake, Executive Director



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CME Information

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

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

Integris Baptist Medical Center
Contact: Marilyn Fick
Medical Education
Office
Telephone: 949-3284

Integris Southwest Medical Center
Contact: Marilyn Fick
CME Coordinator
Telephone: 949-3284

Mercy Hospital OKC
Contact: May Harshbarger
CME Coordinator
Telephone: 752-3390

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

Oklahoma Academy of Family Physicians Choice CME Program
Contact: Samantha Elliott
Director of
Membership
Telephone: 842-0484
E-Mail: elliott@okafp.org
Website: www.okafp.org

OUHSC-Irwin H. Brown Office of Continuing Professional Development
Contact: Susie Dealy or
Myrna Rae Page
Telephone: 271-2350
Check the homepage for the latest CME offerings:
http://cme.ouhsc.edu

St. Anthony Hospital
Contact: Susan Moore
CME Coordinator
Telephone: 272-6748

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

Help Improve the Bulletin

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

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