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# THE BULLETIN

March/April Volume 89 Number 3
Six Annual Publications • Circulation 1500

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## THANK YOU TO OUR 2016 SPONSORS!

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# OUR CITY, OUR COLLECTION:
## BUILDING THE MUSEUM'S LASTING LEGACY

In celebration of the many extraordinary acquisitions that have made the Oklahoma City Museum of Art the premier collecting institution in central Oklahoma, the exhibition *Our City, Our Collection: Building the Museum's Lasting Legacy* tells the story of the Museum's history as a series of transformative gifts, bequests, and acquisitions. Beginning with the Works Projects Administration's donation of twenty-eight works of art to Oklahoma City in 1942, *Our City, Our Collection* explores the Museum's rich permanent collection as one of our community's most important cultural assets. Included in the exhibition are some of the world's most significant artists: Georgia O'Keeffe, Rembrandt van Rijn, Gustave Courbet, Marcel Duchamp, Pierre-Auguste Renoir, Alexander Calder, John Singleton Copley, Andrew Wyeth, Roy Lichtenstein, Dale Chihuly, and many, many more. This is the Museum's legacy to our city.

FEATURED:

Gustave Courbet (French, 1819–1877). *Gorge in a Forest (The Black Well),* ca. 1865. Oil on canvas. Oklahoma City Museum of Art. Gift of Mr. and Mrs. Sylvan N. Goldman, 1981.173

This exhibition is on view at OKCMOA until August 28, 2016. Call 405-236-3100 for more information or visit www.okcmoa.com.

ABOUT THE COVER

THE BULLETIN

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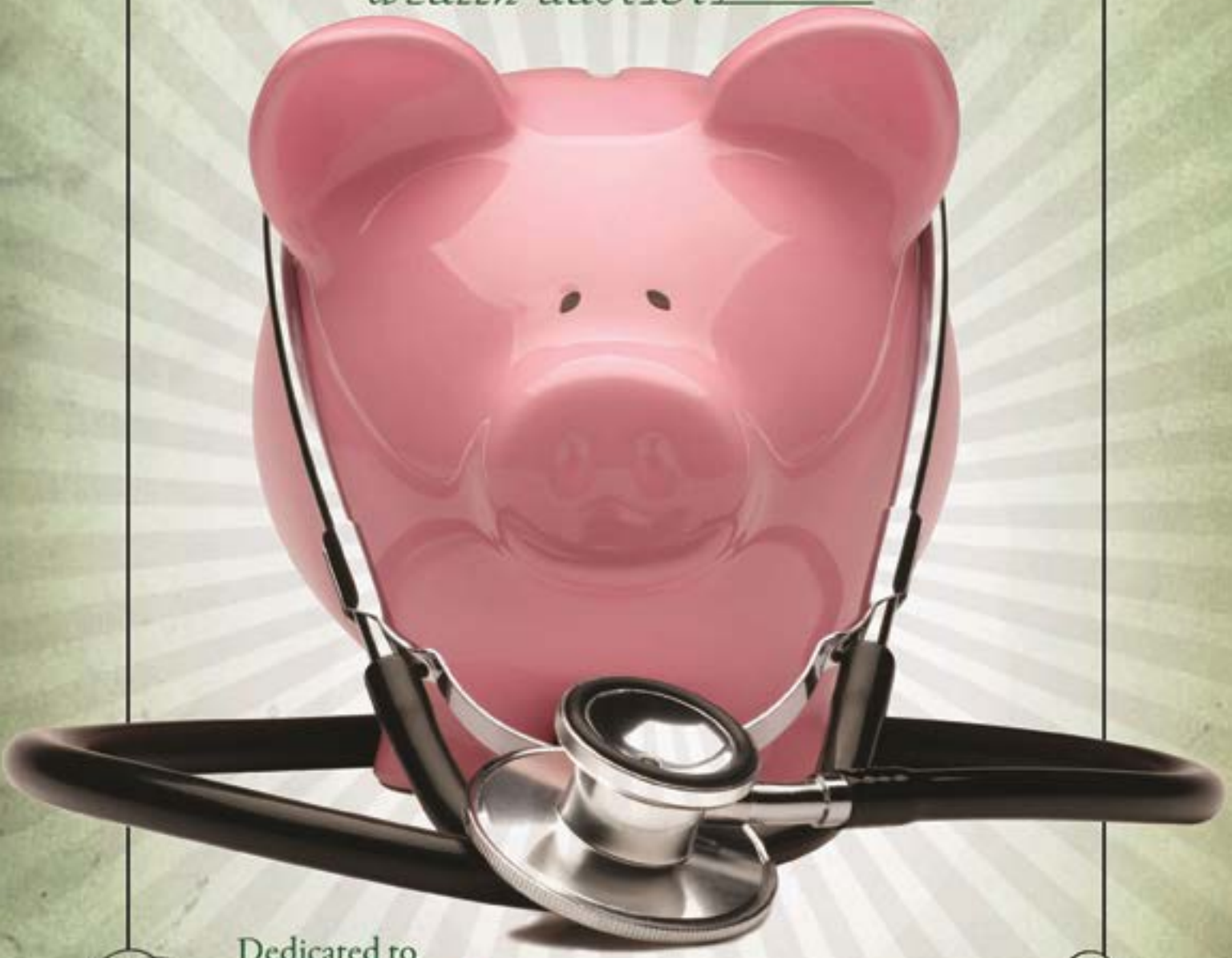

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OCMS
OKLAHOMA COUNTY MEDICAL SOCIETY

# PRESIDENT'S PAGE

By Don L. Wilber, MD

I attended this year's AMA National Advocacy Conference in Washington, DC. There were many excellent speakers both entertaining and insightful. They understood the issues and the process which is very specific to our government. I wish to address several topics from that meeting but will start with Will Rogers' comment "The more you observe politics the more you've got to admit each party is worse than the other."

## The Environment in DC

This is an election year for all of the House and some of the Senate. The stakes are high. There is the distraction of Justice Scalia's death and the appointment issues for his replacement. The incumbent Republican House and Senate members seeking reelection are embroiled in the wild campaign surrounding Donald Trump. There is concern what effect the Republican campaign will have on voter turnout no matter who the presidential candidate is.

The Senate in particular is concerned that any votes on controversial bills may be used against incumbents so they want to do as little as possible. Both chambers will want to go back home for campaigning so don't expect much to get done.

## Sustainable Growth Rate

The Medicare Sustainable Growth Rate (SGR) was a method used by the Centers for Medicare and Medicaid Services (CMS) to limit spending by Medicare on physician services. When the overall expenditures of the program increased the physician fee schedule was adjusted downward to achieve the target SGR. The Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) ended the use of the SGR formula for determining Medicare payments. The AMA with the help of physician participation across the country deserves credit for the repeal of SGR.

With this monumental victory behind us we must now turn our attention to the implementation of MACRA. This is the framework that will be used to determine how physicians will be reimbursed. MACRA's payment reform programs include Alternative Payment Models and Merit-Based Incentive Payment System. We must be involved in developing these or we will regret the mandates we will certainly receive.

## Meaningful Use

More than 80% of US physicians have adopted electronic health records yet only 22% met the unreasonable Stage 2 Meaningful Use (MU) requirements in 2014. The program has become administratively burdensome and is neither improving patient care nor ensuring the exchange of vital information.

Andy Slavitt, CMS Acting Administrator, speaking at the meeting stated that MU will be changed.

*Continues on page 6 …*

 *Continued from page 5 …*

He went on to say "if you (AMA) will commit to continual input, we (CMS) will commit to continual improvement." Organized medicine - whether the AMA, medical specialty societies or state and local organizations – is vital to shaping the new program requirements and regulatory approach.

## Opioid Misuse

The epidemic of opioid misuse with over 160,000 deaths in the last ten years surpasses the death toll of the first decade of the AIDS epidemic. For some the prescription opioid is the initial addictive drug but when it becomes harder to get they move on to the cheaper and more accessible heroin. This is a complex problem that requires a multi-directional approach to include:

1) Funding of a national prescription drug monitoring program that allows physicians to have patient specific information about the drugs prescribed to them.
2) Increased access for this addicted population to treatment for this chronic disease with use of medications in combination with counseling, behavioral therapy and other services that provide a comprehensive approach to treatment.
3) Increased access to Naloxone (Narcan). Naloxone has no abuse potential and needs to be put in the hands of family, friends and first responders in order to reverse a life threatening opioid overdose. Legislation is needed for Good Samaritan laws to protect first responders, bystanders, family and friends from liability when using Naloxone to save a life.
4) Elimination of reimbursement criteria based on consumer assessment of pain control. Physicians and hospitals are evaluated and reimbursed by Medicare based on patient satisfaction surveys with one of the queried topics being pain. The unintended consequence is the promotion of prescription use of opioids to meet patient expectations. Thus the design contributes to opioid overuse.

## Telemedicine

The AMA is supporting proposed bipartisan legislation that will increase Medicare coverage for the use of telemedicine and remote patient monitoring. This allows physician to utilize technology that removes barriers to timely, high quality care. The ability to identify and diagnose strokes will be expanded. It will increase telehealth and remote patient monitoring in community health centers and rural health clinics. Potentially this will save $1.8 billion over ten years.

The responsibility of the licensure required for the physicians involved would remain with the individual states.

## Recovery Audit Contractor Audits

Medicare pays Recovery Audit Contractors (RAC) to find potential overpayments to hospitals and physicians. Nearly half of all findings are overturned upon appeal. RAC auditors are like bounty hunters who are paid for all they allege without reasonable recourse from the physician. This contentious program needs to be corrected. Congress should prohibit RACs from recouping payments until the appeals process is final. The contractors should be held accountable for their process and penalties imposed for inaccurate findings. There should be incentives for contractors to educate physicians about incorrect billing to avoid future errors.

I hope to have provided a sense of what is happening at the federal level on some of the important issues. Some change has probably occurred since the writing of this article nevertheless, I once again implore all physician to be vigilant and willing to participate in the process.

I will end as I began with Will Rogers who said, "It's a good thing we don't get as much government as we pay for."

# IN MEMORIAM

**JAMES D. GORMLEY, MD**
**1937-2016**

**HARRIET W. COUSSONS, MD**
**1939-2016**

**PAUL EDWARD DONAT, MD**
**1936-2016**

**FELIX R. KAY, MD**
**1927-2016**

**LINDBERGH JOHN "LINDY" RAHHAL, MD**
**1928-2016**



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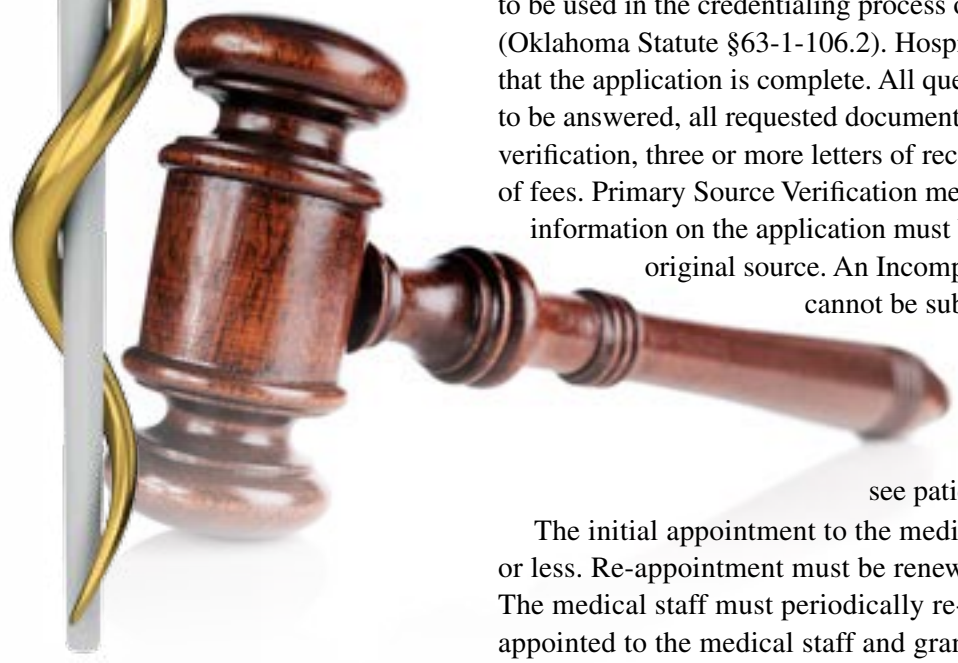
# PART 3: PROCESS OF CREDENTIALING AND PRIVILEGING

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

When a Physician or other Health Care Provider applies for Medical Staff Membership, Credentialing and Privileging, the Hospital or Institution must follow a three-step process:



In 1999, the State Board of Health developed a uniform application to be used in the credentialing process of health care providers (Oklahoma Statute §63-1-106.2). Hospitals have a duty to make sure that the application is complete. All questions on the application have to be answered, all requested documents are provided, primary source verification, three or more letters of recommendation and payment of fees. Primary Source Verification means that the verification of information on the application must be obtained directly from the original source. An Incomplete Application for privileges cannot be submitted for consideration by the peer review committee, and temporary privileges may not be granted. The applicant may not begin to see patients.

The initial appointment to the medical staff may be up to 2 years or less. Re-appointment must be renewed every 2 years or less. The medical staff must periodically re-appraise all professionals appointed to the medical staff and granted medical staff privileges

to determine current competence and suitability of continuing the medical staff membership or privileges. Reappraisal should be conducted at least every 2 years. Without a renewal, the practitioner would be practicing without privileges.

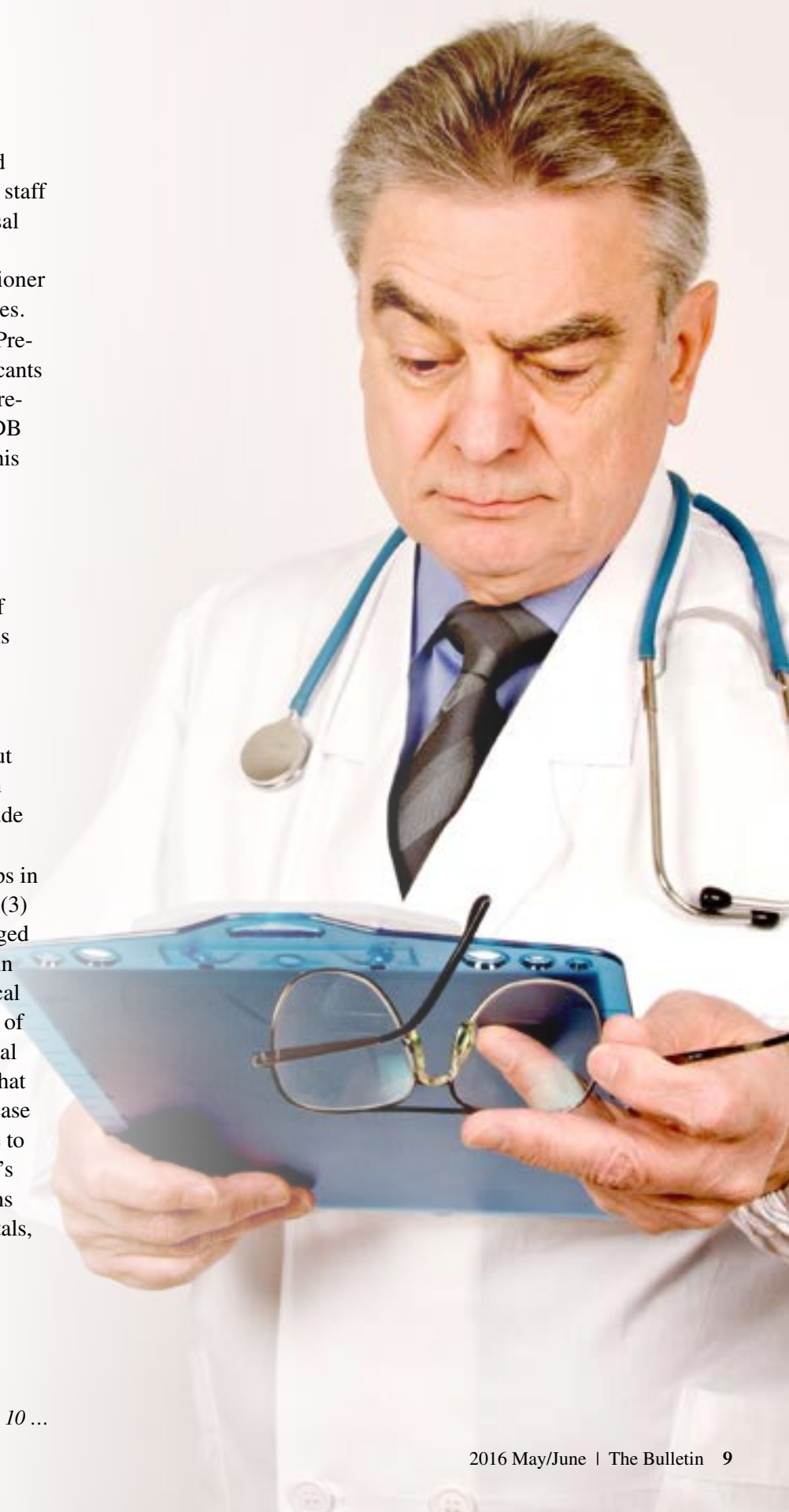
Some hospitals have a process of Pre-Application aimed at screening applicants for basic eligibility. The denial of a pre-application is NOT reportable to NPDB (National Practitioner Data Bank). This task is ministerial.

Upon receipt of a signed Absolute Waiver and photo, processing the application and data collection and verification begins. The Medical Staff Office opens an individual Credentials File and an Application Checklist.

A search is made for Red flags. They do not automatically preclude a practitioner from the medical staff, but they trigger the need for investigation of the circumstances. Red Flags include among others:

(1) incomplete application; (2) gaps in education, training and employment; (3) licensed in 3 or more states; (4) changed practice locations more than 3 times in 10 years; (5)resignation from a medical staff at any time in career; (6) reports of problems in an applicant's professional practice; (7) one or more references that raise concerns or questions, e.g., "Please call for information"; (8) no response to a reference inquiry from an applicant's past affiliation; (9) disciplinary actions by medical staff organizations, hospitals, state medical boards, or professional societies; (10) any past or pending state licensing board, medical staff organization, or professional society investigative proceedings;

*Continues on page 10 …*



 *Continued from page 9 ...*

(11) any claims or investigations of fraud, abuse and/or misconduct from professional review organizations, third-party payers, or government entities; (12) little or no verified coverage from a professional liability insurance policy, jury verdicts and settlements for professional liability claims; (13) any discrepancies identified between the application, primary source verification information and references including State Licensing Boards, FSMB, DEA controlled-substance registration actions; (14) query the NPDB for Medical malpractice payments, OIG Exclusions from Medicare and Medicaid and adverse licensure actions related to professional competence or conduct; (15) query National Student Clearinghouse, AMA, AOA, ECFMG, and applicable professional schools or residency training programs, (16) Medical Malpractice Insurance History of prior five years; (17) Specialty Board Certification Status for initial appointment, reappointment, and Maintenance of Certification (MOC); (18) Criminal History: (19) Professional Peer References; (20) Clinical Activity for past 2 years and submit Procedure Logs; and (21) there are requirements to query the NPDB at the initial appointment, re-appointments and upon requests for new privileges by physicians.

The administration summarizes the Red Flags and determines if the application is consistent with Hospital Policy and completed in a timely fashion. Incomplete applications may not be forwarded from Administration to the Credentialing Committee for Peer Review.

STEP 2 involves the review of complete application by peers. It is the only Step that is privileged and confidential. The Credentials Committee of Peers reviews the completed application under closed doors, then prepares recommendations for privileges and submits them to the Medical Executive Committee.

STEP 3 is administrative and not privileged. The Medical Executive Committee receives the recommendations by the Credentials Committee and prepares its recommendations for applicant's privileges and submits them to the Hospital Governing Board. The Governing Body grants / denies / revises privileges, and the applicant is notified of the Governing Body's decision.



# WELCOME NEW MEMBERS!

OCMS
OKLAHOMA COUNTY MEDICAL SOCIETY


*Anderson*


*Douglas*


*Haymore*


*Reinersman*


*Rubin*

**Serena A. Anderson, MD,** is a board-certified family medicine physician with INTEGRIS. She completed medical school at the University of Oklahoma, and residency with Great Plains Family Medicine.

**Chad A. Douglas, MD,** is a board-certified family medicine physician in Oklahoma City. He attended medical school at the University of Oklahoma College of Medicine, and completed his internship in internal medicine and residency in family medicine with OUHSC.

**Bret R. Haymore, MD,** is a board-certified internal medicine physician, and board-certified in allergy and immunology, with Oklahoma Allergy and Asthma Clinic. He completed medical school at the Pennsylvania State University College of Medicine, completed an internship and fellowship at William Beaumont Army Medical Center, and a residency at Walter Reed Army Medical Center.

**James Matthew Reinersman, MD,** is a thoracic surgeon, and board-certified in general surgery, with OU Physicians. He completed medical school at the Southern Illinois University School of Medicine, general surgery internship and residency at Georgetown University Hospital, and a fellowship at Mayo Clinic in thoracic surgery.

**Erin Rubin, MD,** is board-certified in anatomic and clinical pathology, and practices in Oklahoma City. She completed medical school at Emory University, and residency and fellowship at Massachusetts General Hospital, Boston.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# OCMS MEMBERSHIP MEETING HONORS 50 YEAR PHYSICIANS

*On March 21, OCMS held a Membership Meeting with Keynote Speaker U.S. Senator Tom Coburn, MD (ret), and honored 50 Year Physicians. OCMS is privileged to honor these physicians.*
*50 Year Physicians in attendance from left to right: Kenneth Thompson, MD; H. Clark Hyde, MD; A. Dodge Hill, MD; Jay C. Johnston, MD; Richard V. Smith, MD; Norman S. Levine, MD; C. Joseph Wine, MD; JoAnn Gross Wine, MD. Not pictured: David B. Brinker, MD; Charles M. Gelnar, MD; Donald L. Landstrom, MD; Ronal D. Legako, MD; James L. Males, MD; J. Dan Metcalf, MD; Edwin C. Nalagan, MD; Ram A. Singh, MD; Shree S. Vinekar, MD. James D. Gormley, MD, passed shortly before the meeting (see In Memoriam, this issue).*


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# 2016 OCMS MEDICAL STUDENT SCHOLARSHIP WINNER

## ANDRÉ RUHLMANN


The Oklahoma County Medical Society is pleased to announce the recipient of the 2016 OCMS Medical Student Scholarship. André Ruhlmann, a third year student at the OU College of Medicine will receive a $10,000 scholarship toward fourth-year tuition.

André was born and raised in Oklahoma City, but most of his childhood vacations and two semesters in college were spent in his father's native France, as he is fluent in French and has a love for travel. He completed his undergraduate degree at Oklahoma State University.

Before starting medical school, he was already leaning toward a career in pediatrics, having worked with kids and adolescents in many different capacities, including as a youth leader, a Child Life volunteer at OU Children's during college, a camp counselor and numerous other volunteer activities.

As part of his scholarship, he will serve as an ex-officio member of the OCMS Board of Directors for one year.

OCMS accepts applications in January from third-year medical students who reside in Oklahoma County and must have been a resident for at least five years.


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# THE POET'S SPOT

## TO THOSE WHO CAME BEFORE ME

RACHEL ELIZABETH ZETTL

To those who came before me
Thank you for believing in who we are
Changing the lives of others
Wounds reduced to a scar

To the women who came before me
Thank you, to you I owe so much
Breaking boundaries and ceilings of glass
A dream you fought to clutch

To the poverty stricken who came before me
Thank you for giving me hope
Although I'm a stranger among them
Our shared experiences a binding rope

To the teachers who came before me
Thank you for sharing your wisdom
You've taught me that medicine is beautiful
And to never lose faith in our mission

One day I hope to do for others
To light the flame so they see
Then they can also learn the lessons
Of those who came before me

*Rachel was a co-recipient of the 2015 Medical Student Scholarship from the OCMS Community Foundation.*

To remain new to one another, to reinvent ourselves and each other, to venture beyond the senses, to explore the vast universe of emotions, to rise and never set, is to live in love's crimson dawn.

## NEW SKY

HANNA SAADAH, MD

I wish for us to retain our newness
We can't be ordinary and sustain
This vibrant tension and delicious pain
This daily rediscovery of us.
Be new to me each time we talk or touch
Be ever changing, seasonal, like skies
Be different every time we kiss or clutch
I want to find the seasons in your eyes.
Surprise me daily with what you create
Secure my imperfections with your trust
Consume me, force me to regenerate
I wish to shine with you and never rust.
My ever dawning love, crimson my sky
And love will keep us new until we die.

# SENIOR PHYSICIAN ACTIVITIES

## *Are You Interested in Joining?*

MARK H. MELLOW, MD

A few years ago, the Senior Physicians Committee was formed, with Dr. Ramgopal and me as co-chairs. While a senior physician was defined as anyone 60 years of age or older, in reality, our aim was to attract partially or fully retired physicians, since the average sixty-year-old physician in practice has little or no time for extracurricular activities. Why should you, as a partial or full retiree, involve yourself in our activities? Numerous studies have shown that continued physical and mental stimulation and social interaction after retirement is the best antidote against premature depression, senility or death. In addition, you may have a lot of fun!

Jana Timberlake has helped us organize activities which have included evenings at the Museum (Thursday evenings at OCAM - rooftop snacks, wine, museum tour, dinner at the Museum Cafe); group buffet and tickets to a Thunder game; a few members got involved in a gardening club. Our longest standing ongoing activity is our book club. An average of 6 to 8 of us attend every session, held approximately every six weeks. The host (a title rotated amongst us) chooses the location, supplies food and some wine, and circulates a short list, from which the book will be chosen. We all love the book club; great learning experience and excellent conversation.

Some of my favorites include: Microbe Hunters, from discovery of the microscope, through discoveries that helped cure malaria and tuberculosis; sometimes brilliant persistent research, sometimes blind luck; Zoobiquity – a fascinating discussion of similarities between human and animal diseases and why

veterinarians and physicians need to collaborate more to improve the health of our human and veterinary patients. The most fascinating veterinary disease - capture myopathy - birds actually "scared to death!" The book covers this and its corollary in humans. Also, 1776, which covers great detail of events in the critical year of the American Revolution, and Outliers - what makes a person or group of people stand out from the crowd. We can always add a few more members to our book club, but if you would like to start your own, we'd be happy to help. If any of you have ideas for other group activities (trips to museums in nearby Tulsa or Dallas, nature walks, anything) let OCMS know. Via e-mails, we can facilitate the start-up of a new activity that, hopefully, may enrich your life.

Last but definitely not least, the Oklahoma County Medical Society has designated the non-profit Independent Transportation Network of Central Oklahoma (ITN Central Oklahoma) as its current community service project, succeeding such worthy projects as establishing the blood bank, Oklahoma County hospice, and most recently, the health alliance for the uninsured. I serve as president of the board of ITN Central Oklahoma and Tracy Senat, who many of you remember for her excellent work as Associate Director of Oklahoma County Medical Society, is our Executive Director. We are proud to say that our Auxiliary has chosen ITN as a recipient of funds derived from their always successful Kitchen Tour this year! ITN Central Oklahoma's mission is to provide personalized, affordable transportation for seniors and visually impaired adults, in private vehicles driven by volunteers, to their destination of choice. We are not a medical van; rides can be for medical purposes but our goal is to help seniors remain socially engaged and we encourage socialization. The senior sits in the front seat for easy conversation with the driver. Our average member is an 80-year-old, perhaps not seeing well enough to drive safely, is reasonably mobile (can walk alone or with a cane or walker) wants to still participate in life. Grocery shopping, visits to the mall, bridge game, theater, you name it! Our members now do so without inconveniencing family or friends. You become a member, pay a $50 annual fee, establish a debit account; no money changes hands in the vehicle, no tipping, And our charge, on average, approximately 60% of a taxi fare. You are driven by a friend, not a stranger!

Have a little time on your hands and want to do a good deed? Remember, social engagement and connectivity to the community helps prevent depression, dementia, and premature death! Become a driver for ITN Central Oklahoma. Very flexible hours, minimal commitment of only four hours a month, although we'd love more. You can be a blessing to someone in your community, as you were as a practicing physician! Volunteer drivers are the lifeblood of our organization.

Please call Tracy at 405-602-1558
or visit www.itncentraloklahoma.org.

Have a great year and hope to hear from you for any of the above activities!

# The Curly Black Hair

HANNA SAADAH, MD

*Mysteries become mysterious only when we don't know enough. Magic becomes magical only when we cannot see enough. And secrets become clandestine only if we are not privy to them. But, in the end, all is revealed because human nature abhors gaps, vacuums, and unknowns.*

Such is the tale of our curly black hair, which traveled the planet, passed through the most secure of checks, tormented the brilliant minds of seasoned physicians, made fortunes for exploitative charlatans, and maintained invisibility under the microscopic eyes of circumspect inspectors.

Mr. Red Truffitt, our protagonist, was larger than the Acropolis, richer than Rome, more magnificent than Taj Mahal, more determined than Caesar, and more stable than the Pyramids. He squeezed life with

a gentle grip, elaborating potent potions hitherto unknown to humanity. As a born entrepreneur and natural leader, he felt minusculed when life, all of a sudden, diminished him to a meek follower and despairing seeker.

All was going well in Mr. Truffitt's expansive life when the cough visited him at church, one glorious Sunday morning. Like a furtive cat, it snuck into his throat, disappeared inside its crannies, and began irritating its diaphanous membranes with the nimbleness of a barefoot tap dancer.

Holding his handkerchief to his mouth while sitting bent over in his pew may have made his incessant whoops and hacks less audible, but not less noticeable. He considered leaving in the middle of the sermon but, fearing that with his colossal figure and red head he might arouse more attention, he stayed and prayed.

Prayers unanswered, his cough persisted in spite of the many throat lozenges that found their way to him across the aisles and pews. His wife, Martha, feeling shamed, nudged him and whispered, "Let's leave. You're disrupting the whole church with your coughing."

The Pastor nodded and with fatherly forbearance held his sermon. Embarrassed, Mr. and Mrs. Truffitt got up and scurried out, escorted by the curious gazes of countless, sympathetic eyes.

"What's happening to you?" asked his alarmed Martha as soon as they were out.

"I wish I knew, honey, but it began right after I scratched my ear, and it got worse the more I fought it."

"And what on earth moved you to scratch your ear?" asked Martha while Red coughed his way to the car.

"Because it itched, dear," he gasped between coughs.

"Should we go to the emergency room, then?" she asked.

"Don't be silly," snapped Red with unrestrained exacerbation. "Just take me home and make me some tea."

Mr. Truffitt coughed all the way home, and then spilled the tea twice when coughing disrupted his cautious sipping. His wife made him swallow a

*Continues on page 20 …*

 *Continued from page 19 …*

spoonful of honey, which helped. Exhausted, he reclined in his Lazyboy and fell asleep.

The following week was clear of cough but, when Sunday arrived, he felt overcome with dread.

"Honey. I don't think I'm going to church," he told his wife as he watched her get ready.

Martha stopped dressing, gave Red a discombobulated look, walked up to him, placed her hand onto his forehead and inquired, "Are you feeling ill?"

"No. I just don't feel like going to church."

"But, that's so unlike you, darling. What caused you to change your mind?"

"I'm afraid the cough may come again during the sermon."

"Oh, don't be silly. Sermons don't cause coughs."

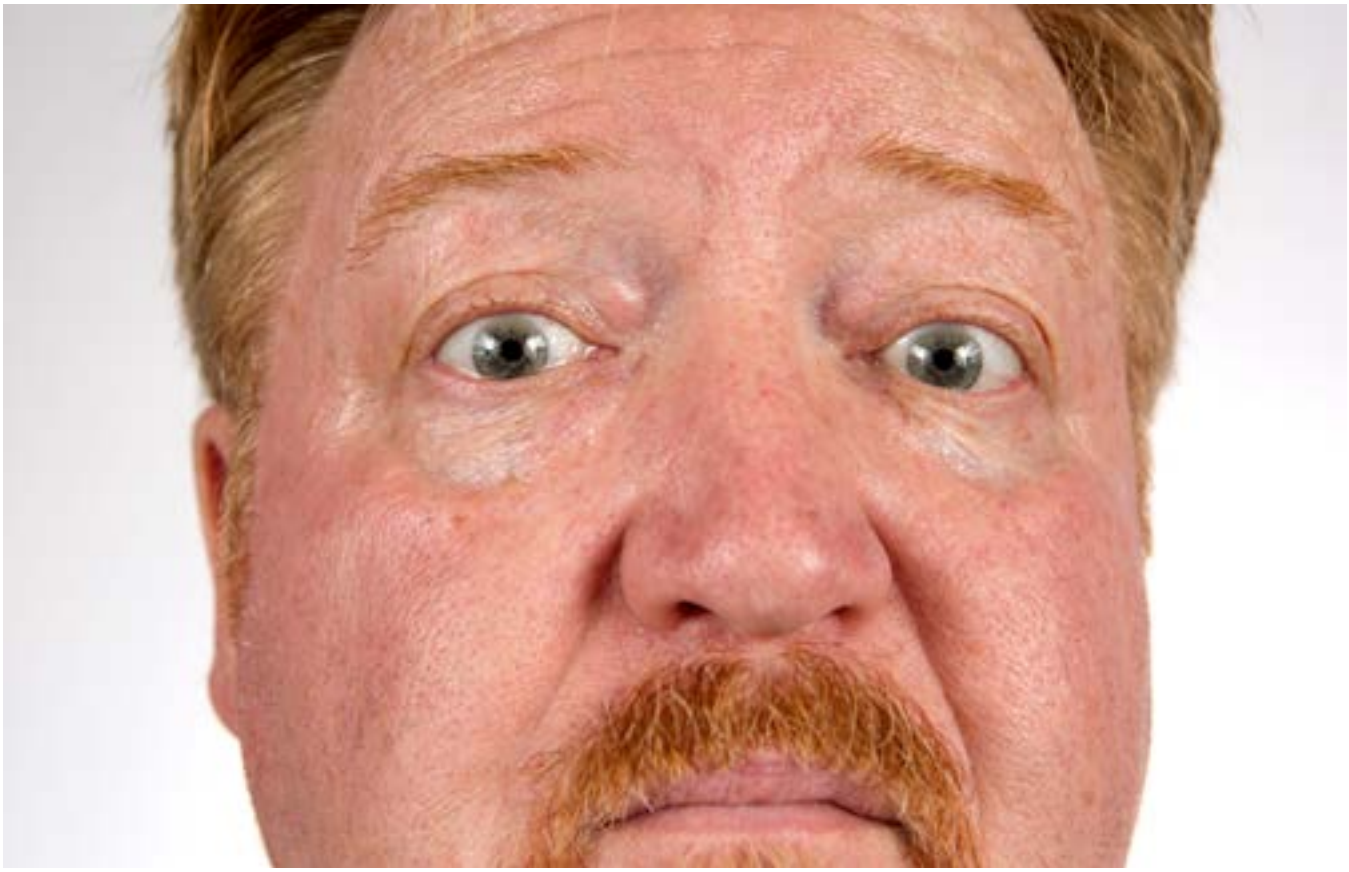
"It's not the sermon I'm worried about, dear. It's just that whatever happened last Sunday, may happen again."

"You're being superstitious. Instead of letting a cough, which is no longer there, keep you at home, let's go to church and pray for your continued good health."

It took much convincing plus a spoonful of honey before Red was able to overcome his fear. But, the closer they got to church, the more he became aware that his fear was returning. Several times, he cleared his already clear throat and almost turned back but, not wanting to disappoint Martha, he made it to the church's parking lot.

Hand in hand, he and Martha walked in, but instead of going to their usual pew, Red pointed towards the back. Martha understood and led Red to an aisle seat on the furthest pew. Martha also understood when Red's hand started to sweat as it clutched hers. They have always held hands during the service, but sweat had never lubricated their closeness before. Hoping to soften Red's angst, Martha squeezed his sweating palm, smiled, and whispered, "And don't scratch your ear, dear."

The sermon was apropos that Sunday because Father Stephan talked about the healing powers



of faith. He discoursed on physical and emotional healing, quoted multiple examples from the New King James Version and ended with Luke 22:50-52:

"And one of them struck the servant of the high priest and cut off his right ear. But Jesus answered and said, 'Permit even this.' And He touched his ear and healed him."

As soon as he said that, the incessant cough returned. The pastor pretended not to notice and went on with his sermon. Red and Martha hastily got up and left.

"I'm taking you to the emergency room, declared Martha as she took the driver's seat. Unable to respond due to his relentless coughing, Red got in beside her and nodded, "Okay."

In the emergency room, the doctor, after examining Red, acted worried. He ordered a CAT scan, blood tests, inhalation therapy, and then declared, "I suspect asthma, but it could be other things. We are seeing some adult whooping cough and I'm going to treat you for that without waiting for lab confirmation, which may take up to ten days."

After a long, anguished wait, the doctor reappeared, wearing a worried face, and told Martha and Red, "I'm puzzled. His CAT scan shows no masses, or infiltrates, or pulmonary emboli. His blood tests are normal. He did not respond to two inhalation treatments. I can find nothing on his physical examination. But, regardless of cause, this kind of persistent cough can have serious health consequences and must be stopped."

Red spent four hours in the emergency room before his cough was stopped. Martha kept asking the doctor to give him a spoonful of honey but he gave him morphine instead, sent him home on a narcotic cough syrup, 10 days of erythromycin, and referred him to a pulmonologist.

While awaiting the pulmonologist's appointment, the cough continued, came in protracted spells several times a day, woke him up at night, and reduced him to a retching wreck of his former self. Martha tried organic honey, essential oils, herbal teas, had his spine

*Continues on page 22 …*

 *Continued from page 21 …*

manipulated, and even took him to an acupuncturist. By the time they saw the pulmonologist, Martha had become an accomplished Internet researcher. Based on her research, she had a long list of questions for his lung doctor and certain suggestions pertaining to treatments that she had not yet tried.

Dr. Bruce was seasoned. He answered her list of questions, discussed the lack of science behind her treatment suggestions, and embarked on a complex course of investigations and therapeutic trials.

He started with a sinus CAT scan then followed it by a neck MRI, bronchoscopy, ENT and cardiac consultations, and when he couldn't make a diagnosis, he even gave Red a course of cortisone.

At their last visit, Dr. Bruce told Martha and Red that he had done all he could and advised them to go to the Mayo Clinic if they wished to pursue further diagnostic efforts.

When Red and Martha arrived at the Mayo Clinic, Red had become dependent on narcotics and was no longer able to work. Another thorough investigation yielded no definitive results and none of the treatments tried succeeded in controlling the cough. Defeated, Red and Martha returned home with new appeals to their prayer group. "If it started in church, then it must be healed in church," declared Martha.

After a year of no improvement, Martha and Red traveled to France, then England, then China, then India, on tips they had received from friends and church members. They returned exhausted and, on the advice of their pastor, Father Stephan, they decided to accept reality and search no more. Working part time and seeing his family physician for narcotic refills was all that Red was going to do from that point on. But, within a few months after that relative stability, his family physician, Dr. James, retired.

Trying to find another doctor who would give Red his monthly narcotics proved most vexing. Exacerbated and frustrated, they turned to Father Stephan for suggestions.

"A fine, young doctor has just joined our church," he informed them with hopeful eyes. "He comes to us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from Egypt. His family is under persecution as are most members of the Coptic Church over there. He's trying to bring them here and we hope to be able to help him."

"I'm a close friend of Senator Willington," declared Red. "He's on the presidential refugee committee and wields great influence in Washington."

"May the Lord bless you and heal you," replied Father Stephan. "We are collectively appalled by the persecution of Christians and it is our duty to do all that is in our power to help them."

When Red and Martha first saw young Dr. Suleiman, he listened to their story and agreed to provide Red with the needed narcotics.

"Narcotics are addicting and I hate to give them long-term," he declared, "but, they do allow you to work part-time, and that's a worthy goal."

Dr. Suleiman did not share his Egyptian family's predicament with the Truffitts nor did Red inform him that he had an influential friend in Washington. It seemed inappropriate and premature to delve into politics that early in their acquaintance. Besides, Father Stephan knew that he could count on Red's help when the time was right.

After taking Red's detailed history, Dr. Suleiman declared that he wouldn't attempt to find the cause of Mr. Truffitt's cough.

"I'm not half as good as all the other doctors you've seen. Let's just call your cough idiopathic and go from there.

"What does idiopathic mean?" asked Red with some hope in his voice because it was the first time that his cough had been given a name.

"Idiopathic means of unknown cause," replied Dr. Suleiman with downcast eyes.

Red sighed as he took off his shirt and got on the examination table. Dr. Suleiman started his exam by taking Red's blood pressure.

"This is such an important measurement," he instructed. "That's why I don't trust anyone else to do it."

*Continues on page 24 …*

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## THE CURLY BLACK HAIR *Continued from page 23 ...*

He then inspected Red's skin for moles and said, "Always wear sunscreen when out in the sun. Being fair-skinned makes you much more vulnerable than me."

Martha observed how Dr. Suleiman began his detailed physical examination. Using a bright light, he first inspected Red's mouth and throat. Then, with an otoscope, he looked inside Red's ears, stopped, looked again, and asked, "Which ear did you scratch?"

Seeing that Red did not understand what he meant by the question, he rephrased it.

"When your cough first began, you were at church, right?"

"Oh, yes, Martha and I were sitting together when it first started."

"You told me that it began right after you scratched your ear."

"Yes, yes, that's exactly how it started."

"Which ear did you scratch?"

"Oh. I'm not really sure, doc. But, Martha always sits on my right, though, and we always hold hands. It must have been my left ear, then, because we were still holding hands when the cough began."

Martha nodded in agreement and then asked, "Is that an important fact, doctor?"

"I think it could be," replied Dr. Suleiman with a pensive face.

"Of all the doctors we visited, not one ever asked me which ear I scratched," added Red, half intrigued and half smiling.

"Well, probing ears to remove wax often triggers a reflex cough," explained Dr. Suleiman. "In your left ear, there's a curly, black hair, burrowing into your eardrum. May I pluck it?"

"You think it has something to do with my cough?" asked Red with incredulous tone.

"I don't know, but it's a suspect."

"By all means, doc, let's get rid of this curly suspect."

Dr. Suleiman opened a sterile kit, took out a pair of long-nosed tweezers, and then told Martha, "I need you to hold this light for me, please."

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As Martha's unsteady hand shone the otoscope light into Red's ear, Dr. Suleiman pulled the external ear upward and backward to bring the ear canal into full view. Then, after redirecting Martha's hand, he introduced the tweezers deep into the ear canal, seized the curly hair firmly and, with one deft motion, plucked the suspect out.

Mr. Red Truffitt's eyes bulged as he commenced a most violent and uncontrollable coughing spell that lasted several minutes, leaving him tearful, flushed, panting, and exhausted.

With grateful eyes, Dr. Suleiman and Martha watched the cough slowly die down. When, at last, Mr. Truffitt stopped convulsing, the first words he uttered were, "Praise the Lord. I think I've been saved."

As the news stormed the congregation, Red's story rolled over tongues at lightning speed, the church paper featured the story, and his prayer group rejoiced at hearing the good news:

Mr. Red Truffitt is healed. He's gotten off narcotics. He's back to fulltime work. He's helped bring in Dr. Suleiman's family from Egypt. Father Stephan has arranged for a special reception to welcome Dr. Suleiman's family into the church.

Father Stephan's homily at the reception was as brief as it was potent.

"We are blind to the myriad miracles that surround us and seem to notice only the exceptional ones, like Mr. Red Truffitt's miraculous healing by the plucking of a hair. But, Mr. Truffitt's healing is no greater than every one of you who lives, loves, works, and serves. Nor is his miracle greater than any flower, or green blade of grass, or tree, or animal, or insect, or the innumerable stars that bedeck our heavens."

"What I have learned from Mr. Truffitt's painful journey, and what I hope you too have learned, is that we need not wait for miracles to witness God's bounty. God's great miracles surround us and come into us with every breath, smell, taste, sight, sound, touch, feeling, and thought. Nothing mundane is ordinary. Every thing in this creation is miraculous. Let us keep our hearts and eyes open to our vast, majestic universe."


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Dr. Hood is 55 years of age with dreams of retiring when he is 65 and switching from practicing medicine to enjoying golf full-time. Will he be able to fulfill his dream? What issues must Dr. Hood consider now to be able to retire in ten years?

Nearly half of practicing physicians are older than 50 and approaching retirement. Unlike most other professionals, physicians should consider additional factors when planning for retirement. These five main factors are:

1. **Retirement Number.** Has the physician accumulated sufficient liquid savings to reach his or her proverbial retirement "number"? The "number" is the amount of savings a physician needs to maintain a desired standard of living in retirement. The proper time to set up a plan is as early as possible to capture the benefits of compounding in tax deferred accounts. If Dr. Hood does not already have a plan in place, now is the time to set up a comprehensive investment plan to reach that retirement number.
2. **Succession planning.** Physicians must consider their practice exit strategy and plan their transition into retirement with the best chance of success for their patients and themselves. Strategies will differ between physicians based upon personal preferences and whether a physician is a solo practitioner or a member of a group of physicians.
3. **Asset Protection.** Physicians are subject to claims of malpractice and ensuing lawsuits. Asset protection is critically important. Physicians should seek advice from a licensed attorney regarding the proper use of LLCs, PLLCs, family limited partnerships, irrevocable trusts, offshore trusts, etc. These business vehicles are also useful when transferring ownership of a professional practice.
4. **Accident planning.** This begins with sufficient malpractice insurance. There are two major types of malpractice coverage: occurrence-based and claims-made. Occurrence-based policies protect a physician while the policy is in effect, no matter when the claim is made. Claims-made policies cover only claims made during the term of the policy and require tail coverage when the policy ends. Other insurance considerations include life and disability insurance and an adequate umbrella policy.
5. **Tax considerations.** This over-arching factor should be considered concurrently with the previous four factors and requires the advice of a tax savvy CPA and/or attorney.

Successful financial planning for life events and retirement requires not only the accumulation of assets, but also the protection of assets earned during the course of a physician's career.

It is never too early to examine and implement the five factors presented in this article. The physician's team should consist of a financial advisor for factors one, two, and possibly three and four; an attorney for factors two and three; a licensed insurance broker for factor four; and, a CPA or tax attorney for factor five. It is important for the advisor, attorney and CPA to work together to ensure all recommendations are consistent with the physician's personal goals and objectives.

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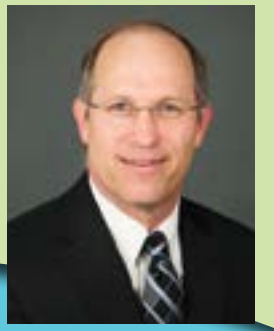
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# DIRECTOR'S DIALOGUE

BY JANA TIMBERLAKE, EXECUTIVE DIRECTOR

*"To leave the world a little better than you found it. That's the best a man can do."*

~Paul Auster, author of Timbuktu

How many of us know someone whose actions demonstrate this quote? I can think of many, and you probably can, too. For the purpose of this article, my focus will be on my cousin by marriage, Steve Newell, and a group at my church that provides food and clothing to the less fortunate every other week.

Steve coordinates a program at Mayflower Congregational UCC Church that feeds lunch to the hungry and homeless at the Homeless Alliance every other Saturday – the group calls itself 363. We got our name from our founders who wanted to demonstrate that the less fortunate need food every day, not just at Thanksgiving and Christmas.

Steve's organizational skills keep the program running smoothly, and multiple email reminders make certain everyone fulfills his or her responsibility for something they signed up to do. The Thursday or Friday before a meal, Steve makes a trip to the Homeless Alliance to check on supplies such as plates, napkins, cups, eating utensils, etc. He's at the church early on the day of a meal, has his lists of who is responsible for what, is the first to arrive at the Homeless Alliance and, you guessed it, the last to leave. Yes, he pours his heart and soul into a project that demonstrates to our clients that they are important to us.

A 363 member recently nominated Steve for Channel 4's "Pay it Forward" award. When hearing the news of his selection to receive $400 to "Pay it Forward," we agreed that no one deserved this award more than Steve for his tireless efforts to serve. However, it was a bit challenging to get the appropriate people there because of the need for secrecy. Once you tell someone a secret, it is no longer a secret...and news like this travels like wildfire through a church! So we were asked not to utter a word in the halls of the church building for fear Steve would be walking by and catch wind of it.

The day to receive the award arrived, and Steve had no clue that his meeting with Dan Straughan, Executive Director of the Homeless Alliance, was a ruse to get him to the location. Steve's wife, Deborah, told a "white lie" or two about why she wanted to go along for the ride and purposely delayed their arrival so Steve would not walk into the dock area to check supplies before his meeting with Dan. Yes, that is where our two ministers, several 363 members, friends and some of Steve's family members had gathered until his award was to be presented. And, believe me, when the Channel 4 reporter approached him, with a cameraman in tow, one could tell he was sizing up the situation and wondering why the reporter was introducing herself to him. We pulled it off – Steve was surprised!

I was reading through some quotes recently and came across one by Robert Baden-Powell. He said, "The most worthwhile thing is to try to put happiness into the lives of others." This is what Steve Newell and the 363 volunteers do for approximately 350 men, women and children every other Saturday at the Homeless Alliance. Handing out a piece of fresh fruit, dishing out an extra spoonful of casserole, placing a shot of whipped cream on a piece of pumpkin pie, handing out a new pair of socks or just saying a few kind words to someone makes their day a little brighter. And if you really want to know the truth, the 363 volunteers benefit more from their giving than our clients do from receiving our gifts! Nothing is asked of our clients in return other than the "pass on" to someone else the kind deed that was done for them that day.

So the next time you encounter a stranger, think about "leaving the world a little better than you found it" with a kind smile, word or deed...and the only cost to you is your time. The stranger probably won't remember what you said or did, but he or she will remember how you made them feel. Happy Spring!!!

*- Jana Timberlake, Executive Director*

# COMMONLY REPORTED DISEASES IN 2015

| MONTH | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E. coli 0157:H7 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 6 | 0 | 0 | 7 |
| Ehrlichiosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Haemophilus influenzae Type B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Haemophilus influenzae Invasive | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 3 |
| Hepatitis A | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 6 |
| Hepatitis B | 1 | 0 | 1 | 2 | 3 | 0 | 2 | 2 | 1 | 0 | 0 | 1 | 13 |
| Hepatitis C | 1 | 0 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 6 |
| Lyme disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Malaria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Mumps | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Neisseria meningitidis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pertussis | 1 | 2 | 3 | 1 | 1 | 1 | 2 | 6 | 3 | 3 | 4 | 6 | 33 |
| Strep pneumo invasive, children <5yr | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rocky Mtn. Spotted Fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Salmonellosis | 6 | 1 | 5 | 11 | 6 | 14 | 24 | 29 | 22 | 22 | 9 | 10 | 159 |
| Shigellosis | 18 | 15 | 13 | 13 | 17 | 15 | 26 | 33 | 18 | 26 | 27 | 10 | 231 |
| Tuberculosis ATS Class II (+PPD only) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tuberculosis ATS Class III (new active cases) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tularemia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Typhoid Fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

# RARELY REPORTED DISEASES/CONDITIONS IN 2015

| MONTH | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| West Nile Virus Fever | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 3 | 0 | 0 | 0 | 7 |
| Pediatric influenza Death | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Influenza, Hospitalized or Death | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Influenza, Novel virus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Strep A Invasive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Legionella | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rubella | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Listeriosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Yersinia (not plague) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dengue fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

** Over reported (includes acute and chronic) YTD totals are updated quarterly to reflect cases that have a reporting delay due to laboratory confirmation or symptom assessment.*

**** Beginning in June 2012 medical health record was transitioned to the electronic format PHIDDO. Data for newly identified infections is not available at this time. OSDH is being consulted on obtaining data.*

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*Practice limited to Endocrinology, Diabetes and Thyroid only.*

**Special Procedures:**

Bone densitometry for osteoporosis detection and management.
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## NEUROSURGERY

### OU NEUROSURGERY

The University of Oklahoma Health Sciences Center
Department of Neurosurgery

| | |
|---|---|
| Timothy B. Mapstone, M.D. | Gamma Knife Radiosurgery |
| Mary Kay Gumerlock, M.D. | Cerebrovascular Surgery |
| Craig H. Rabb, M.D. | Pediatric Neurosurgery |
| Naina L. Gross, M.D. | Spine Surgery |
| Michael D. Martin, M.D. | Skull Base Surgery |
| Michael Sughrue, M.D. | Neurosurgical Chemotherapy |
| Amanda Yaun, M.D. | Carotid Artery Surgery |
| Bradley N. Bohnstedt, M.D. | Tethered Spinal Cord-Repair |
| | Chiari Malformation-Surgery |

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

## PAIN MANAGEMENT

### AVANI P. SHETH, M.D.

Diplomate of American Board of Anesthesiology
Diplomate of American Academy of Pain Management

**4200 W. Memorial Road, Suite 305**
**Oklahoma City, OK 73120**
**405-841-7899**

*All Plans Accepted.*

## LOOK FOR THE OCMS ENEWS IN YOUR EMAIL!

It's a monthly email newsletter that we send to all of our members with news and information. It's short and easy to read, just right for our busy members. It is distributed in the middle of the month, so if you don't remember seeing it, please check in your spam email folder!

## PLASTIC SURGERY

### OU PHYSICIANS PLASTIC SURGERY

Kamal T. Sawan, M.D.
Christian El Amm, M.D.
Suhair Maqusi, M.D.

**Adult Clinic Location**
**OU Physicians Building**
**825 N.E. 10th St., Suite 1700**
**Oklahoma City, OK 73104**
*To schedule an appointment for Adult Services call*
**405-271-4864**

**Adult Services**

Facelifts
Endoscopic Brow Lifts
Nose Reshaping
Eyelid Surgery
Liposuction
Breast Augmentation
Breast Reconstruction
Breast Reduction
TummyTuck
Skin Rejuvenation
Laser Hair Removal
Botox & Fillers
Body Contouring
After Weight Loss
Birth Defects
Hand Surgery - Dr. Maqusi
Microsurgery
Burn Reconstruction
Skin Cancer Excision
MOHs Reconstruction

**Pediatric Clinic Location**
**OU Children's Physicians Building**
**1200 N. Phillips Ave., 2nd Floor Suite 2700**
**Oklahoma City, OK 73104**
*To schedule an appointment for Pediatric Services call*
**405-271-4357**

**Pediatric Services**

Secondary Burn Reconstruction
Cleft Lip & Palate
Congenital Nevi
Craniosynostosis
Craniofacial Syndromes
Hemangiomas
Traumatic Defects
Vascular Lesions

## RADIOLOGY

### JOANN D. HABERMAN, M.D.

Breast Cancer Screening Center of Oklahoma
Mammography - Screen/Film
Breast Ultrasound

**6307 Waterford Blvd., Suite 100**
**Oklahoma City, OK 73118**
**405-607-6359 Fax 405-607-8256**

## UROLOGY

**Urologists**
at
OU Medicine

### Adult Urology

Michael S. Cookson, MD, Chairman
Urology Department, Urologic Oncology/Robotics

Ash Bowen, MD, General/Oncology/Robotics

Brian Cross, MD, Urologic Oncology/Robotics

Daniel Culkin, MD, Men's Health/Stones/Oncology

Jonathan Heinlen, MD, Urologic Oncology/Robotics

Charles McWilliams, MD, General Urology/Male & Female

Sanjay Patel, MD, Urologic Oncology/Robotics

Kelly Stratton, MD, Urologic Oncology/Robotics

Gennady Slobodov, MD, Male/Female/Reconstructive/
Incontinence/Neurogenic Bladder

Puneet Sindhwani, MD, Male Infertility/Transplantation

**OU Physicians:**
**Adult Urology 405-271-6452**
**Edmond 405-340-1279**
**Stephenson Cancer Center 405-271-4088**

### Pediatric Urology

Brad Kropp, MD, Pediatric Urology

Dominic Frimberger, MD
Pediatric Urology/Reconstructive Surgery/Spina Bifida

Blake Palmer, MD
Pediatric Urology/Robotics

William Reiner, MD, Child/Adolescent Psychiatry

**OU Children's Physicians:**
**Urology 405-271-2006**
**Edmond 405-340-1279**

THE BULLETIN
OCMS
OKLAHOMA COUNTY MEDICAL SOCIETY

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