



BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

NOVEMBER/DECEMBER 2013



Laura Nunnery
Vice President

**Concierge-style
Business
Services for
Medical and
Professional
Clients
from Quail
Creek Bank**

QuailCreek
PRIVATE BANK

a Division of Quail Creek Bank

122nd & N. May • 405.755.1000

www.quailcreekbank.com

Member FDIC • NMLS #474197

THE BULLETIN

The Oklahoma County Medical Society

November/December, 2013–Vol. 86, No 6

Six Annual Publications
Circulation 1500

Oklahoma City, OK 73105-1830
313 N.E. 50th Street, Suite 2
Phone (405) 702-0500

Ideas and opinions expressed in editorials and feature articles are those of their authors and do not necessarily express the official opinion of the Oklahoma County Medical Society.

OFFICERS

President	Thomas H. Flesher, III, MD
President-Elect	Julie Strebel Hager, MD
Vice-President	C. Douglas Folger, MD
Secretary-Treasurer	Don L. Wilber, MD

BOARD OF DIRECTORS

Joseph C. Broome, MD
Louis M. Chambers, MD
Timothy J. Hill, MD
David L. Holden, MD
Paul J. Kanaly, MD
Wynter W. Kipgen, MD
J. Samuel Little, MD
Don P. Murray, MD
Tomás P. Owens, MD
Gary D. Riggs, MD
Ralph O. Shadid, MD
David C. Teague, MD

BOARD OF CENSORS

Larry A. Bookman, MD
Robert N. Cooke, MD
Tomás P. Owens, MD

EXECUTIVE OFFICE

313 N.E. 50th Street, Suite 2
Phone 405-702-0500 FAX 405-702-0501
Oklahoma City, OK 73105-1830
E-mail: ocms@o-c-m-s.org
Web Site: o-c-m-s.org
Jana Timberlake, Executive Director
Tracy Senat, Associate Director
Managing Editor, The Bulletin
Eldona Wright, Membership Coordinator

EDITORIAL

James W. Hampton, MD
Editor-in-Chief
William P. Truels, MD
Associate Editor
Johnny B. Roy, MD
Assistant Editor
S. Sandy Sanbar, MD, PhD, JD, FCLM
Assistant Editor-Law and Medicine

Printed by Green's Graphix



TABLE OF CONTENTS

About the cover	3
In Memoriam	3
President's Page	5
Dean's Page.	7
Welcome New Members.	9
Health Alliance for the Uninsured	9
Pearl of the Month	11
Inaugural Dinner	11
New Mentorship Program.	13
Young Physicians:	
Expectation Management.	17
The White Coat: How It Began.	19
New Board Members/Officers	20
New Summer Members	20
Delirium Strikes	21
Law and Medicine:	
Take Home Messages: Oklahoma	
Health Care Summit	25
Reinventing the EMR Wheel	29
Operation Santa.	30
Director's Dialogue.	33
Poetry	35
Alliance.	36
CME Information	37
Professional Registry	38

THANK YOU TO OUR ADVERTISERS!

Baker Asset Management LLC
Deaconess Sleep Lab
Frontier Hospice
Hospice of Oklahoma County
Laser Partners
OK Allergy & Asthma Clinic
Orthopedic Associates
OSMA Health
PLICO
Quail Creek Bank
Stillwater National Bank
Universal Home Health
Wilshire-Pennington



NEW! OCMS 2014 Sponsorship Program

OCMS now offers organizations greater recognition, guaranteed for an entire year. The sponsorship levels and benefits are below. Please contact Tracy Senat, Associate Director, at 702-0500 or tsenat@o-c-m-s.org.

GOLD SPONSOR: \$10,000

- OCMS website front-page recognition as Gold Sponsor
- Full-page Bulletin ad with special placement
- 1 table at the Presidential Inaugural (8-10 people)
- Your logo link on website sponsor page
- Recognition in physician directory
- 10 free copies of physician directory
- Automatic sponsor of membership receptions
- Invite to membership meetings
- Invites to educational events/webinars
- Recognized in online newsletter
- Recognized in other materials
- 3 sets of mailing labels

SILVER SPONSOR: \$7,000

- 1 table at the Presidential Inaugural (8-10 people)
- Full-page Bulletin ad with regular placement
- Logo link on web sponsor page
- Recognition in physician directory
- 5 free copies of directory
- Recognized in online newsletter
- Recognized in other materials
- 2 sets of mailing labels

BRONZE SPONSOR: \$4,000

- 1 table at the Presidential Inaugural (8-10 people)
- ½ page ad in Bulletin with regular placement
- Logo link on web sponsor page
- Recognition in physician directory
- 2 free copies of directory
- Recognized in online newsletter
- Recognized in other materials
- 1 set of mailing labels

About the Cover

The Mercy labyrinth prayer garden is patterned after the 800-year-old Chartres Cathedral labyrinth in France. This labyrinth provides an opportunity to pray, meditate, seek silence or experience joy. Pieced together with 13,000 red sandstone and white limestone tiles, all naturally tumbled stones, the 40-foot-diameter labyrinth is located between Mercy Hospital's patient and visitor entrances. With only a handful of permanent labyrinths in Oklahoma, Mercy provides a place to quiet your mind and open your heart. Surrounded by native Oklahoma oaks, pines and redbuds, as well as five decorative concrete benches, the garden also includes one of the original concrete crosses that topped the old Mercy Hospital downtown. Unlike a maze, a labyrinth's single path leads to its center and back out again. There are no dead ends, no false turns. For thousands of years, labyrinths have symbolized life's journey with all its turns and twists. May life's journey bring you peace. □

In Memoriam

Boyd Lester, MD
1926-2013

A.C. Lisle, Jr., MD
1919-2013

Rex R. Matthews, MD
1938-2013

W. Stanley Muenzler, MD
1932-2013

Clifton C. Murphy, MD
1959- 2013

Dedicated to

Wealth Enhancement...

...exclusively for Doctors.®



Wilshire-Pennington
wealth advisors

(800)264-5815 • OFFICE:(405)751-8600 • FAX:(405)751-8898

3129 NW SIXTY THIRD STREET, OKLAHOMA CITY, OK 73116 • www.wilshire-pennington.com

Paid Advertising

President's Page



Thomas H. Flesher III, MD



Tort Reform and Sponsorships

This has been an interesting summer for the physicians of Oklahoma. Earlier this summer, the Oklahoma Supreme Court overturned the Tort Reform Bill enacted in 2009 and signed by then-Gov. Brad Henry.

Most of the bill was unconstitutional by violating the Oklahoma Constitution provision prohibiting multiple-topic legislation.

One portion of that bill, the Certificate of Merit, was singled out as unconstitutional on the grounds that it was an illegal barrier to access the courts, and it was also deemed to be special legislation. The Certificate of Merit required an affidavit from an expert stating the lawsuit was legitimate before the lawsuit could be filed.

Gov. Mary Fallin called a special legislative session in early September to deal with making the previous bill legal. It required the Legislature rewriting the single bill into 23 separate bills. This was accomplished by support of the business and medical community. We held a "white coat" rally at the Capitol in early September with over 100 doctors participating. Well done!

The Certificate of Merit was rewritten and revised in a manner that retains the expert affidavit, but still allows all citizens access to the courts. The revision is still being debated by legal scholars and will undoubtedly be challenged again in the courts but, as of now, it becomes law in December 2013. All Oklahoma physicians should thank Gov. Fallin, the Legislature, and our OSMA legislative team for making this possible.

(continued on page 10)



CENTRAL OFFICE
750 N.E. 13th Street
(2 Blocks East of Lincoln Blvd.)
Oklahoma City, Oklahoma

MAILING ADDRESS
Oklahoma Allergy & Asthma Clinic
750 N.E. 13th Street
Oklahoma City, OK 73104

NORMAN OFFICE
950 N. Porter
Suite 102
Norman, Oklahoma

EDMOND OFFICE
3650 S. Boulevard
Edmond, Oklahoma

NORTHWEST OFFICE
Meridian Medical Tower
13321 N. Meridian
Suite 100
Oklahoma City, Oklahoma

PHONE NUMBER
(405) 235-0040

www.oklahomaallergy.com

The leader in allergy treatment since 1925.

Warren V. Filley, M.D.*

James R. Claflin, M.D.*

Patricia I. Overhulser, M.D.*

Dean A. Atkinson, M.D.*

Richard T. Hatch, M.D.*

Shahan A. Stutes, M.D.*

Gregory M. Metz, M.D.*

Laura K. Chong, M.D.*

**Diplomate American Board of Allergy and Immunology^(TM)*

BY APPOINTMENT ONLY



Dean's Page

M. DEWAYNE ANDREWS, MD

Senior Vice President and Provost

Executive Dean, College of Medicine

University of Oklahoma Health Sciences Center

On Sept. 23, the University of Oklahoma Health Sciences Center (OUHSC) and the College of Medicine, represented by OU President David Boren and myself, were joined by Gov. Mary Fallin in a news conference at the center where we announced a major, important grant for the medical school and the state.

The NIH awarded OUHSC \$20.3 million over five years to establish the Oklahoma Shared Clinical and Translational Resources (OSCTR) program. This establishes our medical center, with the Oklahoma Clinical and Translational Science Institute, as one of the centers nationwide participating in building a network of institutions that will focus on clinical and translational research and developing the infrastructure to better support these aspects of research and application of findings to human disease and health.

We were joined in this announcement by Judith James, MD, Ph.D, Professor of Medicine, who is the principal investigator for this grant, and by Stephen Prescott, MD, president of the Oklahoma Medical Research Foundation. Dr. James is one of the outstanding physician-scientists at our medical center who works across both OUHSC and OMRF where her laboratory is based. She led a team of over 100 individuals in developing the massive grant application (1,200 pages). Dr. Prescott and Dr. James have been instrumental in ensuring that OMRF is one of the key partners for this grant. In fact, one of the requirements for being awarded such a grant is that the primary institution, in this case OUHSC, will have a broad network of partners in this program.

(continued on page 8)

(Dean's Page continued from page 7)

The OSCTR program forges partnerships among 10 Oklahoma institutions (including OMRP, OU-Norman, OU-Tulsa, OSU, and others), diverse Oklahoma medical practices (through the Oklahoma Physicians Resource/Research Network coordinated by Dr. James Mold at our medical school), American Indian tribes throughout Oklahoma and Kansas, three tribal nations (Cherokee, Chickasaw, and Choctaw), and institutions in Arkansas and South Carolina.

The overall OSCTR mission is to serve as a catalyst for clinical research which improves health for underserved and under-represented populations living in rural areas, to improve patient outcomes of these individuals, and to provide resources to launch new, independent investigator careers.

The OSCTR will provide coordination and assistance to investigators in every aspect of clinical and translational research including: biostatistics, epidemiology and research design; education, mentoring, and career development; seed funding for translational and clinical research projects; clinical data repositories and registries; special population studies unit; community engagement with a practice-based research consortium; a partnership with the Oklahoma State Health Department to help launch a healthcare cooperation extension approach to implement best practices; and several other areas.

The award of this NIH grant, the largest single NIH award in the history of OUHSC and the state, is a signal event for your state's academic medical center and is a cause for celebration. I look forward to reporting on some of our progress with this grant in the future. □

New Email Address? Let Us Know!

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

WELCOME NEW MEMBERS!



David W. Smith, MD, is board-certified in Emergency Medicine. He completed medical school at the University of Oklahoma, and completed an internship and residency at Vanderbilt University in Nashville, TN.

Jeremy M. Boucher, MD, is a board-certified Anesthesiologist. He completed medical school at the University of Oklahoma Health Sciences Center, and an internship and residency at OUHSC-Integris Baptist Medical Center.

Physicians are Key To Coordinating Care for the Uninsured

The Health Alliance for the Uninsured (HAU), a collaborative community effort housed at OCMS for four years, continues to expand due to the ongoing participation of our dedicated physicians in Oklahoma County.

Most recently, HAU hired Tim Hill, MD, as medical director. Dr. Hill is overseeing the expansion of specialty care services for patients whose medical homes are within free/charitable clinics or community health centers.

By working with volunteer and staff providers at primary care sites to maximize lower-cost diagnostic tools and validate referral requests, Dr. Hill and HAU staff ensure that patients are appropriate for referral to specialists.

Please consider making a commitment to accept an occasional referral from HAU. Each physician determines the number of referrals, and HAU makes it easy by coordinating any diagnostic tests needed before the visit and after the visit, and arranging details for surgery if that is the treatment plan.

Please contact Dr. Hill at tim.hill@hauonline.org or call 286-3343. ❑

(President's Page continued from page 5)

Also this summer, OCMS developed a new sponsorship program that will allow organizations to sponsor OCMS for an entire year and receive more ongoing recognition on our website and in other new materials.

Sponsorships have been used successfully by other medical societies and others to offer additional benefits to our supporters. It also allows these businesses to better budget their support at several different levels. I think it is time for OCMS to offer these additional benefits and encourage our sponsors to take advantage of them if they desire. Please see Page 2 of this Bulletin for the different sponsor levels that are available. Our staff at OCMS can better describe this sponsorship program if anyone would like more information. □



Don't trust just any home care agency with your patients.
Discover why most physicians agree Universal Home Health is
OUT OF THIS WORLD!

All Home Health Agencies
are not the same.

Reasons many physicians prefer
"A World of Difference"
with Universal Home Health:

- Clinician owned & operated
- We accept most insurances
- Zero deficiencies over 8 years
- Low staff turnover
- We communicate how YOU wish
- Skilled and Psychiatric Nursing
- PT, OT, ST and Social Services



405.272.0700 Phone

405.272.0701 Fax

Pearl of the Month



Anu Bajaj, MD

Smoking and Plastic Surgery

We all know that smoking is bad. As physicians, most of us routinely counsel our patients to stop smoking. However, I have found that many patients referred to me don't understand why I will refuse to perform a surgical procedure unless they have quit smoking – before and after surgery. Occasionally, a patient may become angry because she feels that she has wasted her time and money only to be told that she is not a surgical candidate – after all, her GYN still performed the hysterectomy and she healed without complications. I would like to take this opportunity to emphasize why many plastic surgeons will not operate on smokers.

(continued on pages 14-15)

OCMS Inaugural Dinner Jan. 24

The OCMS Inaugural Dinner will be Friday, Jan. 24, 2014, at the Oklahoma City Golf & Country Club. Dr. Julie Strebel Hager will be installed as the 114th President of the Society. The zero2sixty band will provide lively entertainment. Mark your calendar, save the date, and watch your home mail for the invitation with details. They will be mailed immediately after Christmas. □



WHY DO MORE OKLAHOMA PHYSICIANS SELECT **PLICO** THAN ANY OTHER MPLI COMPANY?

Let us provide you with the highest standard of professional liability insurance on the market.

- PLICO has earned a Financial Stability Rating® of A, *Exceptional*
- Directed by physicians who understand you and your practice
- No rate increase in 8 years
- Supports tort reform and legislation that impacts physicians
- Local claims department
- Local risk management department
- Everyone, from the most senior executive down, is available to our clients
- 34 years of serving healthcare professionals

As a company committed to enhancing the financial well-being of healthcare professionals, PLICO can also help you with property and casualty insurance, health insurance, employee benefits and life, disability and retirement plans.

CONTACT PLICO OR YOUR PLICO AGENT TODAY.



beischeid@plico-ok.com | 405 815 4880 | plico-ok.com

Paid Advertising

Mentors Needed for Young Physicians!

Many of our younger physicians have told us that a mentorship program would be very helpful to them, and many of our more experienced physicians have said they would look forward to providing assistance and advice to physicians just starting out.

OCMS has listened! Our newest member benefit is an informal mentorship program that will be easy to participate in, and that will help bring our physician members of all ages together.

If you are interested in becoming an OCMS physician mentor, please visit www.o-c-m-s.org/members/mentorship-program and fill out the quick form provided at the bottom of the page. Or you may email Tracy Senat at tsenat@o-c-m-s.org with the following information:

- mentor name
- mentor specialty
- years in practice
- type of practice (private practice, employed, etc.)
- size of practice
- specific topics of interest to you
- best day and time to reach you
- email and/or phone number

We will keep this information on file (it will not be published anywhere) and will release it only to young physicians whose request matches your information.

This program is designed specifically to be an informal way for our physician members to interact with each other in ways that are beneficial for all involved. OCMS will not schedule calls or meetings; we will leave it up to the participants to determine how it best works for them.

If you are a younger physician who would like to have access to a physician mentor, please send your request to [Tracy Senat](#) or call 702-0500. ☐

Plastic surgical procedures are unique – most procedures are elective and are performed to improve a patient's quality of life. In other words, reconstructing a breast after cancer will help with the patient's self-esteem, or a breast reduction surgery will help improve a patient's symptoms of back pain or neck pain; but neither of these procedures will prolong or save a patient's life like many general surgical procedures will. Because of this difference, patients and physicians have high expectations with little tolerance for complications. Furthermore, as plastic surgeons, we can elect not to operate on patients who are high risk – any surgical complication will ultimately be a detriment to a patient's quality of life rather than an improvement.

Additionally, most plastic surgical procedures involve undermining of tissue or leaving just the right amount of tissue behind to ensure an adequate blood supply.

For example, in a breast reduction, the nipple/areola complex is left attached to a pedicle of breast tissue to ensure its blood supply, the surrounding skin flaps are undermined, and the remaining breast tissue is removed. Similarly, in a mastectomy with immediate reconstruction, skin flaps are undermined to allow the breast tissue to be removed and then an implant is placed to reconstruct the breast. These types of procedures usually stress the tissues to their limits with regards to blood supply and oxygen delivery as it is.

While most patients expect me to discuss the risks of lung cancer, I'm not so much concerned about those risks as the effects of nicotine and tobacco on wound healing after surgery.

Nicotine causes vasoconstriction, a decreased rate of wound epithelialization, and a decreased rate of collagen deposition – all of which are necessary for wound healing. Furthermore, nicotine is also associated with increased platelet adhesiveness – this could complicate any type of microvascular procedure. Carbon monoxide is also a byproduct of tobacco smoke, which results in decreased oxygen-carrying capacity, thereby reducing tissue delivery of oxygen. In summary, tobacco smoke and nicotine contribute to decreased blood flow, impaired wound healing and reduced skin flap survival.

The literature says smokers have significant complication rates after many plastic surgical procedures. Studies have

shown that smokers are 12.5 times more likely to have skin necrosis following facelifts; similarly, there is 27.5% incidence of abdominoplasty flap and umbilical necrosis in smokers. Studies have also reported up to a 33% incidence of implant loss in patients who smoke who have had immediate breast reconstruction with implants. When autologous tissue – such as the TRAM flap or DIEP flap - is used for the reconstruction, smokers still have a higher risk of mastectomy flap necrosis, abdominal flap necrosis, and hernias.

How does this manifest clinically in our patients? In breast reconstruction patients, I have seen skin necrosis of mastectomy flaps resulting in a return to the operating room or ultimate loss of the implant.

For breast reduction patients who smoke, I have seen skin necrosis requiring skin grafts or loss of the nipple. For abdominoplasty patients, I have also seen skin necrosis with delayed healing. All of these complications are difficult for both the patient and the surgeon, which is why most plastic surgeons will require a patient to quit smoking prior to surgery.

The next question my patients will ask is, “How long do I have to quit smoking before surgery?” Unfortunately, there is no good answer. Most plastic surgeons will demand a minimum of a four - week tobacco and nicotine-free period before AND after surgery. Some data suggests that this interval is not enough to counteract the adverse effects of these products – particularly in long-term and heavy smokers.

As I said earlier, as physicians many of us will counsel our patients on smoking cessation. The purpose of this article is to reiterate the surgical consequences of smoking and nicotine use.

Options are available for smoking cessation including pharmacological and behavioral therapies. It may take the combined efforts of the plastic surgeon and the primary care physician to achieve this goal. Nevertheless, men and women considering plastic surgery – whether it be cosmetic or reconstructive – should consider and stop smoking prior to surgery. □

Choose your health coverage from people who share your idea of what it means to truly, passionately want to make a difference.

tireless.

thorough.

steadfast.

loyal.

sound.

unwavering.

diligent.

forthright.

OSMA Health is a health benefits program built and governed **by physicians, for physicians** — and available exclusively to members of the Oklahoma State Medical Association, their employees and their families.



people you know, coverage you can trust.™

Contact us today for more details. Oklahoma City **405.290.5646** Toll-Free **866.304.5628**

Young Physicians



Alex Raines, MD

Expectation Management

William Halsted did not have a record free of complications. Neither did William Harvey. Even William Osler couldn't avoid the undesirable word 'complication.' Medicine can be practiced with the highest levels of commitment and talent, yet morbidity and mortality are eventualities that cannot be escaped. Physicians can dedicate their lives to their craft and do everything in their power to be certain in making the correct diagnoses, treatment plans, and medical decisions. But, the only certainty is that no physician is immune from plans going awry.

If complications are inevitable, how are patients, families, and physicians supposed to deal with them? In a medical sense, you deal with the complication by providing the patient with the standard of care. However, that's often the easier part. Complications don't only cause physical damage, but can also affect the emotions and spirit of all involved. Many times the physical and emotional damage is reparable, but sometimes is not. This is often the most difficult aspect of care. Outcomes can be as unpredictable as the complication itself. So again, how does a surgeon deal with that? The answer lies in honesty. More specifically, the answer is 'expectation management'; you deal with the complication before it happens.

Patients and their families want their physician to be up front with them. They want honesty. They want to know what to expect to the best degree of predictability. This includes both good and bad eventualities. No, they don't enjoy hearing the gloom and doom list of complications "that won't happen to them." However, the alternative is a patient who is surprised that even their 'simple operation' resulted in an unwanted outcome.

(continued on page 27)

Sleep.

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

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

 **Deaconess**
Sleep Lab
DeaconessOKC.com



Deaconess Hospital is directly or indirectly owned by a partnership that proudly includes physician owners, including certain members of the hospital's medical staff.

Paid Advertising

The White Coat: How It Began

David W. Foerster, MD

In the mid-1950s, medical students in their clinical years at the OU Medical School wore a collarless white 'frock' jacket-shirt (much like a barber's shirt) while in the hospitals and clinics. They stood out like turkeys in a peacock flock and consequently neither the attending staff nor the patients had much respect for the student 'doctors' in their clownish outfits.

Being a recipient of this humiliation during our brief clinical exposure as sophomores, it occurred to me that there must be a better alternative to this demeaning appearance. As an undergraduate, it was required that one put on a coat and tie for the evening meal. This was done to give a more dignified look to us students as we often had female friends or family members as our guests. It, therefore, occurred to me that this concept might just work for us as we began our junior year in the hospitals.

Consequently, Bill Hoffmeister ('58) and I went to see Dean Everett shortly before the start of our school term wearing a white shirt, tie and a short white jacket, and asked for his blessing and permission to be similarly attired for the clinics and hospitals. His response was a heartfelt 'by all means' and it was obvious that he was almost as excited as we were!!!

Bill and I spread the word and within a week about a dozen of our classmates had followed suit (pun intended). By the end of the academic year, nearly all of our classmates had become coat and tie enthusiasts! The rewards were quite perceptible: we felt more like we were truly part of the medical team and we prepared for our sessions with more enthusiasm and confidence; our attendings treated us with much more respect and talked to us more like equals than neophytes; and our patients called us 'doctor' and were much more confident in our abilities in treating and caring for them. It was a win-win situation. In our senior year, we were all in the white jackets and ties. The junior class behind us followed our example.

Nearly 60 years have passed and it is my understanding that the white coat is now a right-of-passage ceremony. This may or may not be an outflow of what we, the class of 1958, started but it is pleasing to know that the white coat is still an active part of the medical student's life. □

OCMS 2014 Board Members and Election of Officers

Election of 2014 OCMS Officers will occur at the Annual Membership Meeting on Monday, Nov.11, 2013. Nominees are: C. Douglas Folger, MD - President-Elect; Don L. Wilber, MD - Vice President; and David Holden, MD and Ralph Shadid, MD - Secretary-Treasurer.

The OCMS Nominating Committee met recently and certified the election of Board Members and Delegates. The 2014 new Board members are: Sam Dahr, MD; Lisa Wasemiller-Smith, MD; David Chansolme, MD; and Duc Tu, MD. □

WELCOME NEW SUMMER MEMBERS!

Our 2013 Summer Membership Drive was quite successful
as we welcome 39 new members to OCMS !

Mohammad Naveed Ahmed, MD
Nabhan Alnabhan, MD
James L. Brand, MD
Arthur H. Conley, MD
Drew Kevin Cooper, MD
Cathryn S. Crittenden-Byers, MD
Paul M. Darden, II, MD
Charlyce Davis, MD
Edward N. 'Scooter' Digges, MD
Marianne E. Dunlap, MD
Roy M. Greenway, MD
William S. Havron, III, MD
Jonathan E. Heinlen, MD
Linda Hershey, MD
Eugen B. Hug, MD
Victoria L. Johnson, MD
Heather D. Jones, MD
Bradley P. Kropp, MD
Lisa M. Landrum, MD
Theresa A. Larson, MD

Shelley M. Lawrence, MD
Kathleen N. Moore, MD
Katherine M. Moxley, MD
Kerry C. Owens, MD
Mark I. Pogemiller, MD
Edward C. Poole, MD
Margaret A. Porembski, MD
Steve Ramirez, MD
Janet E. Rodgers, MD
Claudia Del Pilar Rossavik, MD
James A. Royall, MD
Dennis E. Sandler, MD
Steven Robert Sarkisian, MD
Seyed A. Shobeiri, MD
Sheryl McNiven Smith, MD
Donald U. Stone, MD
Dan Neal Waters, MD
William J. Wells, MD
Patricia K. Williams, MD

Delirium Strikes

By William Truels, MD

"I know I'm growing old, Herb," I said, as I put my feet up on the coffee table in the doctor's lounge, waiting for my hernia case to start.

"We're all getting old, Dr. Truewater," Herb replied. "It's just that we don't realize it. Why, just this morning I spent 15 minutes looking for my car keys until I found them in my pocket!"

"We all do that, Herb," I answered. "Those brain supplements and brain exercises I do every morning don't seem to help."

"Brain exercises, Dr. Truewater?" Herb asked.

"Yup. I do them every morning, Herb—just like push-ups, but less strenuous. And those brain supplements are expensive, but they claim to promote dendrite branching and increase my neuron firepower at the action potential."

"That's all you need is more neuron firepower at the action potential," Herb quipped. "Sounds like a military solution to old age."

"But, I'm afraid my old age is more serious than that, Herb. You see, I'm suffering from delirium."

"I could have told you that," Herb said. "You act like you're the greatest surgeon on the face of the earth. Now, that's delirium!"

"Well, now you've got proof, Herb," I answered. "I had a colonoscopy yesterday, and the nurse gave me an ASE score less than eight."

"You mean an ASS score?" Herb asked.

"No, Herb. An ASE score stands for the Attention Screening Exam, which is given to evaluate a patient's neurologic status. You're supposed to squeeze the nurse's hand whenever you hear the letter "A," as she goes through a series of letters, SAVEAHAART."

"You sure that's not supposed to be SAVE A HEART?" Herb asked.

"No," I answered. "I don't know who makes this stuff up, but they're all highly educated."

(continued on pages 22-23)

(Delirium Strikes continued from page 21)

"Anyway, I'm a little hard of hearing, and my nurse was from France. Her "A" sounded like an "E" so I flunked the attention screening exam."

"I'm not surprised, Truewater," Herb joked. "You never pay attention to what I've said for the last 30 years!"

"But it's worse than that," I added. "I also failed the Disorganized Thinking Exam."

"I'm not surprised at that either," Herb quipped.

"But I never heard of a Disorganized Thinking Exam. What's that about? Couldn't you just get your anal exam without taking an oral exam?"

"It's a Medicare requirement that all patients must have their baseline mental status graded. For example, the nurse asked me a series of standard questions for disorganized thinking."

"You shouldn't have any trouble passing those questions, Dr. Truewater," Herb replied.

"True enough, Herb," I answered. "But after four years of college, four years of medical school, four years of surgery residency, grueling oral exams, and 10 year recertification exams, I'm always looking for trick questions. For example, the first question was, 'Does a stone float on water?'"

"I answered 'yes,' because I minored in geology in college, and I know that certain rocks, like lava rocks, float on water."

"Then the nurse asked me, 'Does a leaf float on water?' I said sometimes it does and sometimes it doesn't, depending on the type of leaf, and whether the water is quiet or churning."

"I know where you're coming from, Dr. Truewater," Herb interjected. "I didn't test well in college--I studied just hard enough to fall for the traps!"

"True enough," I continued. "When I was at Northwestern, American History 101 Professor Whitehorn gave the same exam every year—he just changed the answers!"

"But getting back to my story, the nurse was getting a little piqued at me. She asked, 'Are there fish in the sea?' I answered, 'Of course,' and she scored me my first point."

"Then she followed up with, 'Are there elephants in the sea?' I answered, 'Yes,' referring naturally to sea elephants."

"Sea elephants?" Herb asked.

"Sure," I answered. "I did some diving off San Simeon in California as part of my hyperbaric training and swam with the sea elephants, also known as elephant seals."

"By now, the nurse was visibly angry, and called her nursing supervisor to take over."

"Dr. Truewater," she began in her most serious tone, "if you don't do well on this delirium exam, we may have to check your serum sodium, hemoglobin, BUN, creatinine, oxygen saturation, and blood sugar. Since you came in for a colon exam, this may be an out-of-pocket lab expense."

"And then there's the Glasgow Coma Quiz to determine your level of consciousness!"

"I hate quizzes," I replied.

"Now tell me, Dr. Truewater, does one pound weigh more than two pounds?" the supervisor continued.

"Not always," I answered. "If you're in outer space, they both weigh the same."

"Then tell me," she persisted, "do two pounds weigh more than one pound?"

"Not always," I replied. "A two-pound weight on the moon will weigh less than a one-pound weight on the Earth."

"Needless to say I wasn't gaining any points."

"The problem, Dr. Truewater," Herb injected, "is that you think too much. That's a product of your medical school training. As doctors, we're always taught to look for the common, but beware of the uncommon, the exception to the rule."

"By now, the supervisor was getting angry. 'Dr. Truewater,' she began, 'you're being combative – if you keep this up, I'll have to give you a +4 on the RASS scale!'"

"What's the RASS scale?" Herb asked.

"That's the Richmond Agitation-Sedation Scale," I answered. "A +4 on the RASS scale means they're ready to call security."

"Let's try one more simple question, Dr. Truewater," the nurse persisted. "Can you use a hammer to pound a nail?"

"Yes," I replied meekly.

"Very good," she answered. "Now, can you use a hammer to cut wood, Dr. Truewater?"

"Now, here I had to be careful," I told Herb.

"I had worked one summer during college as a lumberjack in

(continued on page 24)

(Delirium Strikes continued from page 23)

Oregon, and we would split these giant logs with a steel wedge and an eight-pound sledgehammer. I wanted to tell the nurse that you could cut wood with a hammer, but I knew better. I turned quietly to the nurse, and sheepishly replied, 'No.'"

"What happened then?" Herb asked.

"She decided to pass me and call off the security guards," I quipped. "Sometimes as a doctor, you just have to tell people what they want to hear!" □



LASER PARTNERS

of OKLAHOMA

YOUR LASER RENTAL COMPANY

Now, You Have Choices...

Daily Cosmetic Laser Rentals

1-800-685-9809

www.laserpartnersok.com

Paid Advertising



OSMA INVESTMENT PROGRAM

CUSTOMER SERVICE

PROFESSIONAL PORTFOLIO MANAGER

TRUSTWORTHY

STOCKS, BONDS, & MUTUAL FUNDS



HOW YOU CAN BENEFIT FROM THE OSMA INVESTMENT PROGRAM



Call R. Todd Owens, CFA
Portfolio Manager
1-405-415-7200 or 1-800-937-2257

Paid Advertising

LAW AND MEDICINE

Explore Oklahoma Health Care Summit 2013: Take Home Messages

H. T. Kurkjian, M.D.

The 2013 Health Care Summit, held in August and spearheaded by the risk management department of PLICO, provided excellent speakers for both keynote and breakout sessions. The information was helpful and crucial, making it worthwhile to share some highlights and points of interest with my fellow colleagues.

HIPAA Audits

The Health Insurance Portability & Accountability Act of 1996 protects individually identifiable health information. It includes the 2003 Privacy Rule, the 2005 Security Rule and the 2009 Meaningful Use Core Measures. The Office of Civil Rights (OCR) contracted with KPMG, one of the largest professional services companies in the world, to perform HIPAA audits. KPMG is responsible for administering and enforcing the HIPAA Privacy and Security Rules, conducting complaint investigations and performing compliance reviews. The audits involve Medicare Administrative Carriers, Comprehensive Error Rate Testing, Recovery Audit Contractors, Zone Program Integrity Contractors, Medicaid Integrity Contractors, Office of the Inspector General, and the Department of Justice.

The most frequent HIPAA privacy issues are impermissible uses and disclosures of PHI (protected health information). The safeguards could be compromised by: no screen savers, charts on desk top/open; access to health records - giving people access who shouldn't have (role/privilege base access); minimum necessary - giving more than what's requested; Notice of Privacy Practices- not having patients sign prior to treatment.

The most frequent HIPAA security issues, according to HHS Office of Civil Rights, are: lack of incident response and reporting process, lack of security awareness and training, poor technical access control, poor administrative information access management, and poor physical workstation security.

(continued on pages 26-27)

Beware of the technology risks of the modern medical office. Smart phones pose a risk. Photographs of credit cards, patients or medical records can be taken and published on social media. Credit card information stored on a PC could be risky. And accounts can be taken over. Be sure to have a dedicated PC for banking. Remove administrative rights from employees' PCs. Stop CD or USB access. Keep antivirus programs updated. Use a screen saver. And encrypt medical records on CDs given to patients.

Medical Records and Coding

The medical records are absolutely critical and must be complete to include counseling, coordination of care and time spent. There are three basic coding rules:

1. If care was not documented in the medical record, it was not done (CMS Carriers' Manual, section 7103.1(I))
2. Medicare will not pay for services that are not medically necessary (Soc. Sec. section 1862)
3. Automation is NOT documentation.

Undercoding can be penalized. It could be assumed by reviewers that it encourages patients to over-utilize services.

How to Respond to Government Investigation

Develop a customized policy for responding. Train employees on the policy. Develop an emergency response team. Get legal help. You may have legal counsel in place before being audited. Gather information during investigation.

In sum, your to-do list: Ignorance is no longer an excuse. You could be penalized up to a million dollars or more.

- Prepare for notification of breach of the rules.
- Review your policies and procedures and update yearly.
- Do a risk analysis, or use a third party if you can, such as OFMQHIT (email: ofmqhit@ofmq.com, call (877) 963-6744, or visit www.ofmqhit.com.
- Conduct drills in audit and breach response.
- Make corrections based on results.
- Buy error and omission policy insurance.

Medicare: Opting Out

A physician can “opt out” of Medicare. Medicare was established in 1962. Fees were frozen effective 1982. By 1990, Medicare was fully socialized: fees and benefits were set subject to federal law and enforcement, and neither physicians nor patients could “opt out” of the system. The options were “participating” and “non-participating.” The 1989 Budget Reconciliation Act, the 1997 Balanced Budget Act and HIPAA (1996) have had major implications for Medicare providers. HIPAA created a third option, written into law in 1997: Social Security Act, Sections 1128, 1156, and 1892.

As to fees and office-based services, the physician can sign a private service contract with Medicare or Medicare-eligible patients, and charge fee for service. All other services (lab, radiology, hospitalization) can still be ordered by an “opted-out” physician without changing the patient’s eligibility under Part A or B, now D. □

(Young Physicians continued from page 17)

Anecdotally, patients who know there is a possibility of complications handle the unwanted situations in a much gentler and beneficial manner. A positive patient-physician relationship is more likely to be maintained in that setting and, as such, the physician can better deal with any guilt and humility that comes with the feeling of letting your patient down. Simply taking the time in the pre-treatment setting to discuss the possibility of complications, before they can even be realized, will make for a better experience for the patient and physician alike.

Managing expectations is a skill that is a blessing of time and experience. Being aware of the possible outcomes, including the notion that something completely unpredictable may happen, and effectively communicating those possibilities to the patient and their families comes only after diligent learning and purposeful awareness. And, sadly, it only comes after rare possibilities become realities. Nobody is immune from having complications. Do you think Halsted developed his famous seven principles without sometimes learning the hard way? Even the greatest lack that immunity; physicians must prepare themselves and their patients for that truth. □

Compassion at Life's End



Partnering With You on a Difficult Journey

Use of an interdisciplinary
TEAM that includes:

- Medical Director
- Nurse
- Hospice Aide
- Social Worker
- Spiritual Care
- Volunteer
- Bereavement Coordinator

Frontier Hospice
3817 NW Expressway
Suite 780
Oklahoma City, OK 73112
(405) 789-2913



Frontier
Hospice
An American Hospice Company

the promise of comfort

For questions or referrals, call (405) 789-2913
www.americanhospice.com/oklahoma

Paid Advertising

Reinventing the EMR Wheel

By Solomon Pearce, DO

In 1996, as I was beginning my quest in earnest toward physician-hood during pre-medical studies, America had a fast one pulled on it. It was at that time, that a very popular bill (Kennedy-Kassebaum), which made insurance policies more “portable” (by requiring insurers to offer policies even if you lose or transfer jobs, as well as preventing denial for pre-existing conditions) acquired a parasitic rider.

This rider known as Administrative Simplification was extremely unpopular and had failed to pass Congress multiple times on its own, as it promised to do just the opposite its namesake for most healthcare practices in the country. Together they passed and the Health Insurance Portability and Accountability Act (HIPAA) was born.

HIPAA was a major step in the growing use of technology for the business side of medicine. It seemed in the years following HIPAA there was an explosion of electronic medical record (EMR) software companies. This progression was supported in the form of the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, which established subsidies for EMR use in the hopes of creating a nationwide network of electronic health records.

Further dramatic changes to medicine in the guise of fixing the “healthcare crisis” came when the Patient Protection and Affordable Care Act (PPACA- aka. “Obamacare”) was signed into law in 2010, which we are still waiting to see all the repercussions as the provisions go into effect.

Despite all the legislation, since transitioning from being an active duty physician for the US Navy, I have often mourned not having a single EMR for all my patients. In the military, it did not matter from where in the world my patient might have transferred, I had immediate access to all their medical records. Currently even in the major health system where I practice, there are at least three different EMRs being used, none of which share information, let alone no quick access to patient records if they receive care from an outside organization.

I firmly believe this leads to unnecessary duplication of care,

(continued on page 31)

Oklahoma County Medical Society
24th Annual
Operation Santa!



**Bring Holiday Cheer to Homeless
Children in Oklahoma County!**



**It's easy! Fill out the form below and
mail it with your donation by Nov. 27 to:**

**OCMS Community Foundation
313 NE 50th Street, Suite 2
Oklahoma City, OK 73105**

Name _____

Address _____

Amount Enclosed \$ _____

**Make tax-deductible check payable to:
OCMS Community Foundation**

Thank you!

(EMR Wheel continued from page 29)

a major source of fiscal waste in our healthcare system. This idea of creating a single country wide EMR (or at least a series of EMRs that intercommunicate seamlessly) came up when I was recently visiting my brother, a university professor whose current obsession is “open source” technology. He suggested that if the government would spend the money to develop and maintain an open source EMR, multiple companies, or programmers around the world could collaborate to make the program better and targeted to the specific needs of individual practices with substantial fiscal savings.

Since returning from my brother’s, I decided to look into the matter a little closer, thinking that the military’s system ALTA or the VA’s system VistA, which are already government funded and used successfully in large populations of our country, might be a good framework that would be less expensive than starting from scratch.

To my surprise, I discovered VistA, the VA’s system (widely touted as one of the best EMRs in the world) is already public domain, and available free. A quick internet search revealed that the costs of implementing and maintaining the VistA system is at least 10 times less than the average EMR. The database system used by VistA (MUMPS) is easily used by some of the other top ranking EMRs. It turns out there have been multiple attempts to pass legislation requiring patient information (other than the billing data) to be interchangeable with this system that have all failed.

I have my suspicions, but it is worth the mental exercise to ask yourself, why are we in healthcare wasting our money on reinventing the EMR wheel? ❑

Have You Visited the New OCMS Website?

WWW.O-C-M-S.org

***While you are there, sign up to receive our
free email newsletter, OCMS eNews.***

INTEGRIS Health

BRINGING COMPASSION HOME



INTEGRIS EXPERTISE EXPANDS AGAIN

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

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

We are excited about the new addition to our family of healthcare services — and look forward to caring for more Oklahoma families by bringing compassion home. Hospice of Oklahoma County is certified by Medicare, and is one of an elite group to be accredited by The Joint Commission.

Hospice
OF OKLAHOMA COUNTY, INC.

AN AFFILIATE OF
INTEGRIS
Health

hospiceokcounty.com 405-848-8884

Director's

DIALOGUE

"We must be willing to let go of the life we've planned, so as to have the life that is waiting for us."

~Joseph Campbell

Life is what happens when we're not looking. A former college boyfriend once shared with me that he walked to the breakfast table one morning and there sat three children. He blinked his eyes and exclaimed out loud, "What happened? Where did all of these children come from?" I laughed at the time but have since wondered what happened to all the years of my life that seem to have flown by. People's lives are so busy that the time rolls into months and years before taking a moment to breathe in the life they are living.

Circumstances can change the life someone has "planned" in the blink of an eye. The recent death of a teenager was a tragic accident that has forever changed the lives of all those who loved her. My heart aches for the family of Katie Denney, who had recently moved here from Wisconsin to live with her dad, Joe Denney, the Society's computer specialist. All who survive Katie will eventually begin to accept that their lives will have a new "normal," but not before working through the depth of pain that only a parent knows who has lost a child.

Fall is my favorite season of the year, with the air taking on a crispness while the many-colored leaves fall to the ground. While these months signify an end to the growing season, it provides an opportunity to ask oneself the question, "Am I living the life that is waiting for me?" I encourage each of you to take time during this season of thanksgiving to be thankful for your family and all your blessings.

Because the Bulletin is now on a new publication schedule, this Director's Dialogue acknowledges Dr. Tom Flesher and the

(continued on page 34)

OCMS Board of Directors for their leadership. Thank you, Dr. Flesher, for your quick decisions, support and accessibility. And an added thanks to Joni for sharing him with us! This has been a wonderful year that seemed to pass even more quickly than others.

Thank a Board member! They are an outstanding group of physicians, elected by their peers, who volunteered to serve this organization. As I attend national meetings, I learn that conflict is often the "culture" of some boards. This is not true for the Oklahoma County Medical Society Board of Directors, and the staff thanks them for their guidance and dedication.

The Society has a new website, and I encourage everyone who has not seen it to do so: <http://www.o-c-m-s.org/>. Tracy Senat, associate director and managing editor of the Bulletin, worked very hard with the website developer to "get it right," while juggling her additional duties associated with the Bulletin and ITN*Central Oklahoma*. Tracy has made a positive impact during the short time she has been employed by the Society, and I thank her for her skill and efficiency.

Eldona Wright took over the reins as membership coordinator early in 2013 when Ashley Merritt made the decision to be a stay-at-home mom. It was our busiest time of the year – right in the middle of the Inaugural and processing dues – but Eldona handled the chaos with a good-natured "get it done" spirit. The staff makes my job much easier because I know I can depend on them ... their positive attitudes make it a great place to work each day!

Thanks to everyone who has volunteered for a committee, attended multiple meetings and fulfilled their commitment to an incredible organization – the Oklahoma County Medical Society. Remember to slow down and enjoy this remarkable time of year filled with family and holidays and give back to those who are less fortunate. And, don't forget – while you're at it, "*live the life that is waiting for you.*" Happy Holidays! □

Jana Timberlake, Executive Director

The Old Year

Hanna Saadah, MD

When years grow old, unlike us, they rejoice
With Thanksgiving and Christmas near their end
Then shout adieu with celebrating voice
And hand the newborn years their torch to fend.

When we grow old, unlike the years, we yearn
For passions and for powers we had lost
And cry with tepid hearts that do not burn
Nor toast the sky nor merrymake and boast.

Were we to learn from aging years, in truth
We'd celebrate life's eves with love and mirth
And hand our torches to our eager youth
To bring tomorrow's spring with blithe rebirth.

Farewell, old year, another's on the wing
Your deeds to chronicle, applaud, and sing.



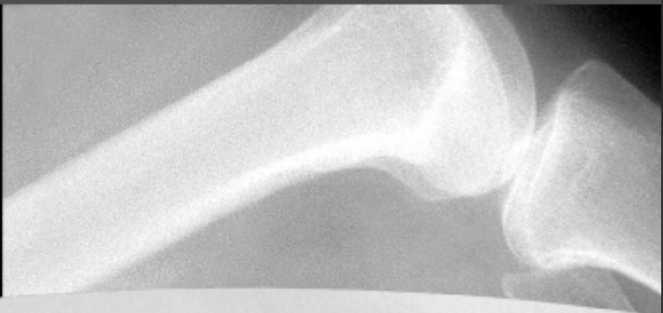
orthopedic associates

orthopedic associates

The Musculoskeletal Specialists

405-947-0911 • www.okortho.com

Gary B. Anderson, M.D.
John W. Anderson, M.D.
Steven P. Brantley, M.D.
Stephen R. Davenport, M.D.
Joel M. Davis, M.D.
David J. Flesher, M.D.
Thomas H. Flesher III, M.D.
Greg E. Halko, M.D.
J. Jason Jackson, M.D.
Michael E. Kiehn, M.D.
Andrew B. Parkinson, M.D.
Richard A. Ruffin, M.D.



The surgeons at Orthopedic Associates
are board certified or board eligible
by the American Board of Orthopaedic Surgery.

NW 50th & Hefner Parkway • Oklahoma City
405.947.0911 • 888.947.0911 • www.okortho.com

OCMS Alliance Activities 2013

The OCMS Alliance's annual Holiday Auction will be Wednesday, Dec. 4, at the home of Dr. and Mrs. Doug Beall. It is always a fun event and helps support our operating costs through the year, so please plan to attend! Amy Bankhead will chair the event. Amy is also our delegate to this year's OCMS Leadership Academy. Congratulations to Amy on this honor!

In an effort to streamline our database, we have merged our address and contact information with OCMS. Many thanks go out to Jana Timberlake and her staff for their efforts.

Our Fall kick-off meeting was held in September at the home of Dr. and Mrs. Thomas H. Flesher, III. Cindy Shelby of Ruth Meyers spoke to the group about new Fall trends in fashion, and Alisa Pope of the Komen Foundation spoke about the upcoming Komen events.

Our annual Kitchen Tour was set for Oct. 20 this year. Five beautiful homes were on the tour this year and were featured in Slice magazine. Karen Gunderson was the chair this year and Marni Sigmon co-chair. The Kitchen Tour will benefit the Health Alliance for the Uninsured and the CARE center. Also in October, we participated in the Paddle for the Cure event.

Our April general meeting was held at the Tasting Room in conjunction with OSMA Alliance. It was a fun and lively event that brought everyone together from across the state. □

Suzanne Reynolds, President
OCMS – Alliance

Please Join Us!

Alliance Holiday Auction – Wed. Dec. 4, 2013

Home of Dr. and Mrs. Doug Beall

www.ocmsalliance.org

CME Information

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

Deaconess Hospital

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

Wanted: Bulletin Authors

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

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

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

PROFESSIONAL REGISTRY

Physicians interested in advertising in the Professional Registry
should contact the Executive Office at 702-0500.

ALLERGY

OKLAHOMA ALLERGY & ASTHMA CLINIC, INC.

Warren V. Filley, M.D.*

James R. Claflin, M.D.*

Patricia I. Overhulser, M.D.*

Dean A. Atkinson, M.D.*

Richard T. Hatch, M.D.*

Shahan A. Stutes, M.D.*

Gregory M. Metz, M.D.*

Laura K. Chong, M.D.*

**Diplomate, American Board of Allergy
and Immunology™*

750 N.E. 13th St.

Oklahoma City, OK 73104

235-0040

OKLAHOMA INSTITUTE OF ALLERGY & ASTHMA

EVIDENCE-BASED

ALLERGY & ASTHMA CARE

Amy L. Darter, M.D.*

**Diplomate American Board of
Allergy & Immunology™*

1810 E. Memorial Rd.

Oklahoma City, OK 73131

(405) 607-4333

BREAST MRI

BREAST MRI OF OKLAHOMA, LLC AT MERCY WOMEN'S CENTER

Rebecca G. Stough, M.D.

Clinical Director

Alan B. Hollingsworth, M.D.

Medical Director

4300 McAuley Blvd.

Oklahoma City, OK 73120

(405) 749-7077

ENDOCRINOLOGY-METABOLISM- DIABETES

MODHI GUDE, MD, MRCP (UK), FACP, FACE

Diplomate, American Boards of
Internal Medicine and Endocrinology,
Diabetes & Metabolism

South Office: 1552 S. W. 44th

Oklahoma City, OK 73119

Phone: (405) 681-1100

North Office: 6001 N.W. 120th Ct., #6

Oklahoma City, OK 73162

Phone: (405) 728-7329

*Practice limited to Endocrinology,
Diabetes and Thyroid only*

Special procedures:

Bone densitometry for osteoporosis detection
and management. Diagnostic thyroid fine needle
aspiration biopsy. Diagnostic endocrine and
metabolic protocols.

GYNECOLOGIC ONCOLOGY

JEFFERY J. SMITH, M.D.

Gynecologic Oncology
13128 N. MacArthur Blvd.
Oklahoma City, OK 73142
(405) 470-6767

MEDICAL ONCOLOGY

JAMES W. HAMPTON, M.D.
FACP

Medical Oncology
Hematology
MERCY ONCOLOGY
4205 McCauley Blvd., Suite 375
Oklahoma City, OK 73120
405 751-4343

NEUROSURGERY



Neurosurgery

The University of Oklahoma
Health Science Center
DEPARTMENT OF NEUROSURGERY

Timothy B. Mapstone, M.D.
Mary Kay Gumerlock, M.D.
Craig H. Rabb, M.D.
Naina L. Gross, M.D.
Michael D. Martin, M.D.
William B. Schueler, M.D.
Michael Sughrue, M.D.

Gamma Knife Radiosurgery
Cerebrovascular Surgery
Pediatric Neurosurgery
Spine Surgery
Skull Base Surgery

Neurosurgical Chemotherapy
Carotid Artery Surgery
Tethered Spinal Cord-Repair
Chiari Malformation-Surgery
To schedule an appointment
call (405) 271-4912

Harold Hamm Oklahoma Diabetes Center
Suite 400
1000 N. Lincoln Blvd.
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.
ma City, OK 73104

PEDIATRIC SURGERY

***DAVID W. TUGGLE, M.D.**

***P. CAMERON MANTOR, M.D.**

***NIKOLA PUFFINBARGER, M.D.**

***ROBERT W. LETTON, JR., M.D.**

The Children's Hospital at
OU MEDICAL CENTER
1200 Everett Drive, 2NP Suite 2320,
Oklahoma City, OK 73104
271-4356

***American Board of Surgery**
***American Board of Pediatric Surgery**



PLASTIC SURGERY



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

Adult Clinic Location

OU Physicians Building
Suite 1700
825 NE 10th Street
Oklahoma City, OK 73104

Adult Services:

Facelifts
Endoscopic Brow Lifts
Nose Reshaping
Eyelid Surgery
Liposuction
Breast Augmentation
Breast Reconstruction
Breast Reduction
Tummy Tuck
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

*To schedule an appointment for
Adult Services call 405-271-4864*

Pediatric Clinic Location

OU Children's Physicians Building
2nd Floor, Suite 2700
1200 North Phillips Avenue
Oklahoma City, OK 73104

Pediatric Services:

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

*To Schedule an appointment for
Pediatric Services call 405-271-4357*

RADIOLOGY

JOANN D. HABERMAN, M.D.

Breast Cancer Screening Center of Oklahoma
Mammography – Screen/Film
Breast and Total Body Thermology
Ultrasound
6307 Waterford Blvd., Suite 100
Oklahoma City, OK 73118
607-6359
Fax 235-8639

THORACIC & CARDIOVASCULAR SURGERY



The University of Oklahoma Health Sciences Center

Dept. of Surgery – Section of Thoracic
& Cardiovascular Surgery

Marvin D. Peyton, M.D.
Donald Stowell, M.D.

*Diplomate American Board of
Thoracic Surgery*

Adult Thoracic and Cardiovascular Surgery-
Cardiac, Aortic, Pulmonary, Esophageal,
Surgical Ablation for atrial fibrillation,
Thoracic and AAA endostents

920 Stanton L. Young Boulevard
Williams Pavilion Room 2230
Oklahoma City, Oklahoma 73104
405-271-5789

VASCULAR



Vascular Center

405-271-VEIN (8346)

Fax 405-271-7034

VASCULAR MEDICINE

THOMAS L. WHITSETT, M.D.
Professor of Medicine

SUMAN RATHBUN, M.D.
Professor of Medicine

ANA CASANEGRA, M.D.
Assistant Professor of Medicine

ALFONSO TAFUR, M.D.
Assistant Professor of Medicine

PREMIER FINANCIAL SOLUTIONS

... from a Healthcare Specialist serving in Oklahoma & across the Nation.



- Healthcare Specialist for over 35 years
- Serving practices in 36 states
- Partnering with local banks



OKC: 6301 Waterford Blvd., Suite 101
8101 S. Walker Ave., Suite B
EDMOND: 1440 S. Bryant Ave.

Since 1894 • 405.427.4000 • www.banksnb.com
A Division of Stillwater National Bank • Member FDIC

**OKLAHOMA COUNTY
MEDICAL SOCIETY**
313 N.E. 50TH ST., SUITE 2
OKLAHOMA CITY, OK 73105-1830
ADDRESS SERVICE REQUESTED

PRESORTED STANDARD
U.S. POSTAGE
PAID
OKLAHOMA CITY, OK
PERMIT NO. 381

Please Support your
Oklahoma County Medical Society

COMMUNITY FOUNDATION

with your gifts and memorial contributions

—please mail check to—
313 N.E. 50TH ST., SUITE 2
OKLAHOMA CITY, OK 73105-1830

• • • • •

Contributions Tax Deductible

Oklahoma Tobacco Helpline

1-800 QUIT-NOW • 1-800 784-8669

- *free information on quitting tobacco*
- *one-to-one proactive telephone counseling*
- *referrals to local cessation programs and services (dependent on availability)*