

# BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

MAY/JUNE 2019

A close-up photograph of a hand holding a beaded dreamcatcher. The dreamcatcher features a circular frame with a complex, multi-colored beaded pattern in shades of blue, red, yellow, and white. A thick, braided white cord with several gold-colored tassels hangs from the bottom. The hand holding the dreamcatcher is adorned with a matching beaded bracelet and a blue beaded necklace. The background is a vibrant red surface decorated with numerous cowrie shells and small white beads. The overall composition is rich in cultural detail and color.

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# THE BULLETIN

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## TABLE OF CONTENTS

About the Cover .....	3
President's Page .....	5
OCMS 50 Year Physicians .....	7
The Poet's Spot .....	7
Dean's Page .....	9
OCMS Presents Medical Student Scholarship .....	12
In Memoriam .....	12
The Last Battle.....	14
Law & Medicine .....	18
Welcome New Members .....	21
Furor in the VA Hospital .....	22
Director's Dialogue .....	27
OCMS News .....	28
2018 Monthly Health Statistics .....	30
CME Information.....	31
Professional Registry .....	32

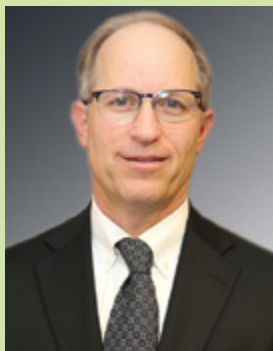
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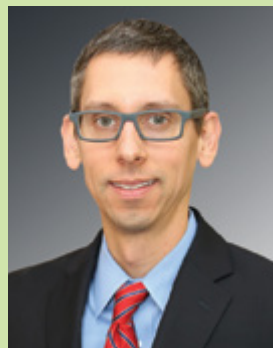
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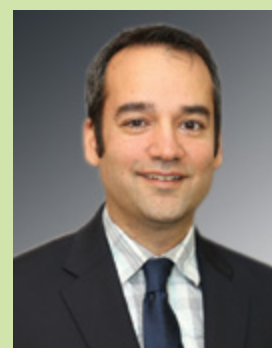
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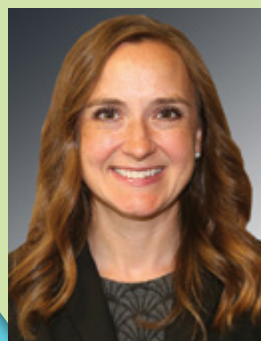
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## ABOUT THE COVER

*Oklahoma City's 33rd Red Earth Festival celebrates the cultures that make Oklahoma unique*

The Okfuskee Museum

A cultural experience found nowhere else welcomes thousands when the 33rd Annual Red Earth Festival opens June 7 at the Cox Convention Center in downtown Oklahoma City. Native artists, dancers and singers from throughout America will gather to celebrate the richness and diversity of their heritage with the world, and for three exciting days, June 7-9, 2019, Oklahoma City will be at the center of western and Native art as Oklahoma's Capitol City celebrates the Native cultures that make it unique.

The award-winning Festival opens at 2 pm Friday, June 7 with the Red Earth Art Market, featuring over 100 artisans and their original artworks. Festival guests will experience the artistic creations of some of the country's most celebrated artists as they offer for sale exquisite examples of contemporary and traditional paintings, beadwork, basketry, jewelry, pottery, sculpture, graphics and culture attire. The Red Earth Art Market runs all three days of the Festival.

New for 2019 is Red Earth After Hours, a "Date Night" event from 5-8 pm on opening day featuring live music by the Smilin Vic Band, cash bars and light bites.

To open day two of the Festival, a grand parade unlike any other in the world welcomes thousands as they line the streets for the Red Earth Parade, scheduled 10 am Saturday, June 8. Parade participants in colorful regalia along with tribal dignitaries, princesses, floats, classic cars, Clydesdales and other entries participate in the annual parade to delight of both children and adults. A new parade route travels south on Walker Avenue from NW 6th Street to Sheridan Avenue with ample opportunities for a close up view of what has been referred to as "America's most unique parade."

In addition to the beautiful artwork featured in the juried art market, the Red Earth Powwow scheduled Saturday and Sunday inside the 13,000 seat Cox Arena features hundreds of dancers in exciting dance competitions, intertribal dancing and exhibition dances. The spectacular Grand Entry of Dancers is a kaleidoscope of colors as participants dressed in stunning one-of-a-kind handmade outfits enter the dance arena in an ages-old ceremony held at 12 noon and 7 pm on Saturday and noon on Sunday.

Tickets for the three-day festival can be purchased in advance online at [www.RedEarth.org](http://www.RedEarth.org). or at the door. All children 18 and under are admitted free of charge with a paid adult. Daily and three-day festival passes are available.

Red Earth, Inc. is a 501c3 non-profit organization with a mission to promote the rich traditions of American Indian arts and cultures through education, a premier festival, a museum and fine art markets. Visit [www.RedEarth.org](http://www.RedEarth.org) or call (405) 427-5228 for additional information.



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# PRESIDENT'S PAGE

R. KEVIN MOORE, MD



The first small group Physician Collegiality Dinner focusing on Women In Medicine was held April 22nd. This dinner has generated a lot of interest and has been booked at capacity for the past several weeks with a waiting list currently. These dinners are meant to be small group, breaking into discussion with several of our female OCMS Members leading the discussions. Seven non-members of OCMS are attending, and 2/3 of those attending are new members in the past two years.

Historically, as well as presently, a woman's role in the delivery of healthcare has often been discouraged. Currently, most countries allow equal access to medical education, however, many places do not allow equal access to employment opportunities. Merit Ptah, circa 2700 BC, an Egyptian from the Early Dynastic Period, is the earliest known female physician. Metrodora, a Greek from around 200-300 AD, wrote the first medical book by a woman, "On the Diseases and Cures of Women" which was referenced

for centuries. Elizabeth Blackwell, 1821-1910, was the first woman to receive a medical doctor degree in the United States, graduating first in her class from Geneva College of Medicine in 1849. According to the AMA, the United States had 200 female physicians in 1860, and by 1900 this figure had grown to over 7000. In the 1960's, with the women's movement changing the way women looked at themselves and their role in the medical field, and the passage of two laws, Title IX in 1972 and the Public Health Service Act of 1975, making it illegal to discriminate on the basis of gender, more and more women entered the medical profession.

From data from our state, OCMS had 18 female members in 1951, 50 in 1980, 175 in 1995 and 211 in 2019. Our medical schools have seen an increase in female students over the past 50 years until it is nearly 50/50, male and female. Oklahoma is home to 7839 physicians, 26% osteopathic and 74% allopathic. Of this number, 46% are primary care, being in the fields of Family Practice, Internal Medicine, Pediatrics, and OBGYN. However, we also have one of the lowest primary care/population ratios, ranking 48th in access to health care.

I was always amazed at the females in my medical school class and in residency. I was

*Continues on page 6 ...*

exhausted and tired most of the time, and yet they managed to do the same school work, go through a pregnancy and delivery, care for their infants and children, run their households, and deliver excellent patient care without skipping a beat. One of the funniest things I can remember about residency occurred on a rotation in the nursery at what was then OMH. The baby had delivered and was doing fine. We were weighing the infant on a scale and kept getting a weight of 12-13 pounds. I knew this just couldn't be correct, the baby wasn't that big! After several weight attempts, I laughed, realizing that Julie's 8-month pregnant abdomen kept resting on the scale. I took the baby and got a much more reasonable weight of 7-8 pounds!

So, in summary, women have made great strides in medicine over the past 150 years. They fought discrimination against entering medical school.

Challenged the ways many things were taught in medical school and residency, especially in the field of OBGYN. They have challenged many of the male dominated subspecialties such as surgery. Today female pediatricians outnumber male pediatricians, and they also outnumber male residents in the fields of family practice, OBGYN, pathology, and psychiatry. However, about a quarter of females still report discrimination against advancement in career opportunities and sexual harassment in training and in hospitals. Much of this goes underreported due to weak policies and the position of power perpetrators hold over the woman involved.

I'll give an update on how our collegiality dinner goes in a few weeks. In the meantime, let's stop and give some thanks to the women who forged the path for the women of today.





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# OCMS 50-Year Physicians



*At the OCMS Membership Meeting on Monday, April 15, OCMS recognized the 2019 50-Year Physicians. Present were (from left to right): Pablo Pinzon, MD; Vadakepat Ramgopal, MD; Douglas Brant, MD; Emmanuel Macareg, MD; Andy Sullivan, MD; and D. Robert McCaffree, MD.*

*Wings Of Light*

HANNA SAADAH, MD

So many seasons burn, but you and I  
Are Spring with blossomed branches, blowing high  
And Time, which tramples ruthlessly, has spared  
Our hands that clasp and eyes that grasp the sky.  
Perhaps, tomorrow, I will take your hand  
To promenade into my fairy land  
Awakening my dreams from dull repose  
With murmurs only I can understand.  
My fingers serenade upon your skin  
Embrace the peaceful solitude within  
Then sail upon your waves from vale to peak  
Where treasures throb, and love and life begin.  
I am the verse that dances at your sight  
And you, my mystery, my wings of light.

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WE LIVE IN A TRANCE,  
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AND OUR FEELINGS BRIGHTEN  
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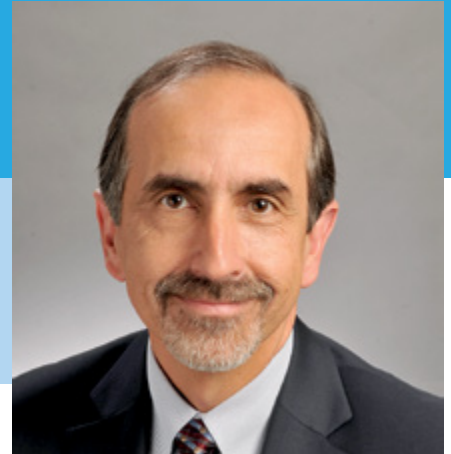
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# DEAN'S PAGE

JOHN P. ZUBIALDE, MD  
INTERIM EXECUTIVE DEAN AND PROFESSOR,  
FAMILY AND PREVENTIVE MEDICINE  
UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE



In my last Dean's Page, I was pleased to highlight just a few of the OU College of Medicine's innovations at both institutional and state levels that are allowing us to make great strides in achieving our goals of leading healthcare and healthcare innovation for Oklahoma. So, as promised in my last letter, I will now highlight additional areas of innovation.

With well-over fifteen years of dissemination and implementation (D&I) research in primary care practices across the state, the OU College of Medicine, in collaboration with other University of Oklahoma Health Sciences Center (OUHSC) researchers, have been able to convince national funding agencies that a D&I system similar to the Cooperative Extension Service in agriculture is a smart and cost effective way to better the health of Americans. The OU College of Medicine's own James Mold, MD, Emeritus Presidential Professor of Family and Preventive Medicine and the state's only member of the prestigious National Academies of Sciences, Engineering and Medicine, was one of a small group of national researchers who contributed to Section 5405 in the Affordable Care Act that authorized the establishment of Primary Care Extension Programs in the US. Dr. Mold also served as the Principal Investigator on one-of-four grants awarded by the Agency for Healthcare Research and

Quality (AHRQ) in 2010 to support the development of statewide extension programs. This resulted in a blueprint and initial construction of the Oklahoma Primary Healthcare Extension System (OPHES).

In 2014, F. Daniel Duffy, MD, Steven Landgarten Chair in Medical Leadership and Professor of Medical Informatics for the OU-TU School of Community Medicine and Steven Crawford, MD, Professor and Chair, Department of Family and Preventive Medicine, OU College of Medicine, obtained a \$15 million, 3-year AHRQ grant to establish the James W. Mold Oklahoma Primary Healthcare Improvement Cooperative (OPHIC). Its purpose was to coordinate and direct statewide initiatives that support the dissemination, implementation, and diffusion of the results of research relevant to primary healthcare. Housed within OU's Oklahoma Clinical and Translational Research Institute (OCTSI), about which I reported in the last issue of the Bulletin, OPHIC represents the interests of public and private agencies, organizations, and institutions in Oklahoma committed to improving the quality of primary health care in our state. OPHIC's projects have included the highly successful Healthy Hearts for Oklahoma program that improved the prevention of heart disease in Oklahoma primary care practices and now the Do No Harm program (funded by the Oklahoma

*Continues on page 10 ...*



Department of Mental Health and Substance Abuse Services) that is currently improving pain management and decreasing the overuse of opioids in Oklahoma primary care practices. In addition to all of this, OPHIC is currently working on additional grants to help primary care practices diagnose and treat mental health disorders, alcohol and substance abuse disorder, improve adolescent HPV vaccine uptake, and create a system of rural county-based wellness coordinators to assist primary care practices in providing evidence-based preventive services to their patients.

We are proud to say that, at its recent conclusion, the Healthy Hearts for Oklahoma (H2O) project clearly demonstrated to us and the state the impact an innovative system can have on the health outcomes in the state. The H2O project centered on building and deploying implementation support infrastructure to support the improvement of heart health care delivery. As a result, over 200 smaller primary care practices throughout our state were able apply the latest medical evidence to improve heart health. Furthermore, the H2O project provided technical support to primary care practices to help implement evidence-based guidelines for improving their management of patients at risk for cardiovascular disease events, especially low-dose aspirin, blood pressure control, cholesterol control, and smoking cessation. We are also pleased to report that the success of H2O program has not gone unnoticed. It has subsequently led to new partnerships with the Oklahoma State Department of Health to assist in gathering additional data on the status of cardiovascular health in the state as well as to helping address diabetes prevention.

Through such innovative programs, The Oklahoma Primary Healthcare Improvement Cooperative has clearly demonstrated that it can bridge multiple academic units in the OU system, including the Departments of Family and Preventive Medicine; Medical Informatics; Pediatrics, Psychiatry and Behavioral Sciences; and the Hudson

College of Public Health into a powerful cohesive engine for innovation.

To conclude on an even more upbeat note, I'd like to focus on two important recognitions related to our superb educational enterprise: First, on April 3rd, our newest recipient of the Stanton L. Young Master Teacher Award was recognized. Dr. David M. Kelley, Assistant Professor, in the Department of Family and Preventive Medicine became the 36th recipient of this prestigious, once-in-a-career, award. Though a junior faculty, his dedication to medical education that ensures the next generation of excellent healthcare providers in our state, was obvious to the medical students who nominated him. Mr. Lee Young bestowed the award established thirty-six years ago by his father, the late Stanton L. Young and his wife, Barbara. Dr. Kelley is the embodiment of this award that singles out and rewards the truly inspiring teacher: One who goes beyond excellence in the classroom; touches lives and changes attitudes; inspires by the example of their commitment as physicians or scientists – often times both - and by their quality as human beings.

Lastly, on Saturday, May 25, the College of Medicine graduation and commencement will be celebrated with ceremony at the Lloyd Noble Center, in Norman. The Class of 2019's chosen commencement speaker is Hanna Saadah, M.D., Clinical Professor Emeritus of Medicine, OU College of Medicine. Many of you know Dr. Saadah as recent recipient of the Oklahoma County Medical Society's Don F. Rhinehart Award, and for his service on the OCMS's Editorial Board. A passionate storyteller, Dr. Saadah is well-known for his originality and ability to simulate reflection. He has captured Bulletin readers for years and most recently with his touching story, "The Fabric of Friendship." We look forward with great anticipation to not only Dr. Saadah's remarks but to celebrating with family and friends of the University of Oklahoma College of Medicine graduates!





# Save the Date!

## OSMA Update on Proper Prescribing

**Featured Speaker: Cori H. Loomis, J.D., Christensen Law Group, P.L.L.C.**

Signed into law in 2018, Oklahoma's Senate Bill 1446 mandates that all physicians complete one hour of CME in pain management per year. To help Oklahoma's physicians better understand how this new law impacts their practice and patients, the Oklahoma State Medical Association is hosting special CMEs in Oklahoma City and Tulsa.

This one-hour event offers insight to the legal issues affecting pain management and an overview of the new laws connected with prescribing opioids to patients.

**All Oklahoma physicians with a DEA license are required to take this one hour course annually.**

### Program Dates

Friday, May 31 • 12 p.m. to 1 p.m.	Oklahoma State Medical Association, 313 N.E. 50th Street, Oklahoma City 73105
Friday, July 26 • 12 p.m. to 1 p.m.	Tulsa County Medical Society, 5315 S Lewis Ave, Tulsa, OK 74105
Friday, Sept. 20 • 12 p.m. to 1 p.m.	Oklahoma State Medical Association, 313 N.E. 50th Street, Oklahoma City 73105
Friday, Nov. 8 • 12 p.m. to 1 p.m.	Tulsa County Medical Society, 5315 S Lewis Ave, Tulsa, OK 74105

**Lunch provided.**

**\* Approved for 1 hour of proper prescribing credit by the Oklahoma Medical Licensure Board.**

**Free for OSMA members and \$50 for non-member physicians.**

### Accreditation Statement:

The Oklahoma State Medical Association (OSMA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The OSMA designates this live activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. The Faculty, CME Planning Committee and Reviewer have no relevant financial relationships to disclose.

The OSMA CME Manager has reviewed all speaker information and has resolved all conflicts of interest if applicable.

The Oklahoma State Medical Association has been surveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation for six years as a provider of continuing medical education for physicians.

The ACCME accreditation seeks to assure the medical community and the public that the Oklahoma State Medical Association provides physicians with relevant, effective, practice-based continuing medical education that supports US health care quality improvements.

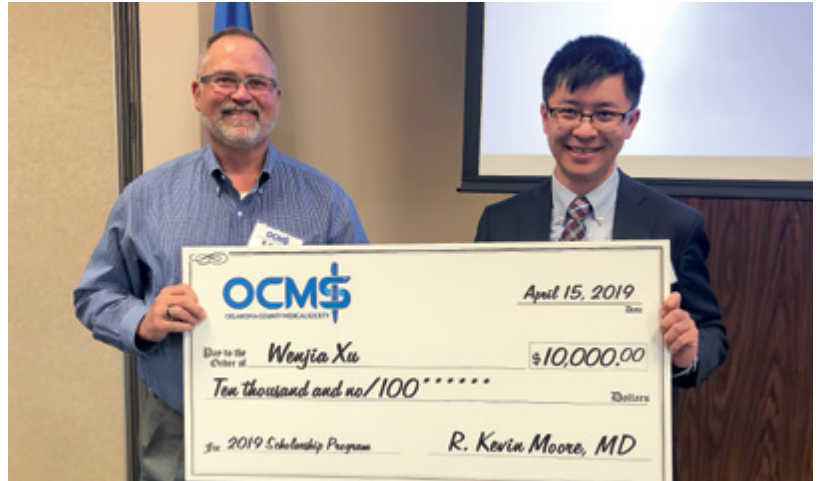
The ACCME employs a rigorous, multilevel process for evaluating institutions' continuing medical education programs according to the high accreditation standards adopted by all seven ACCME member organizations. These organizations of medicine in the US are the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the US, Inc.



**\* This educational activity meets the Oklahoma State Board of Medical Licensure & Supervision annual licensure renewal requirement for 1 hour of education in pain management or 1 hour of education in opioid use or addition. This educational activity meets the Oklahoma State Board of Medical Licensure & Supervision annual licensure renewal requirement.**

# OCMS AWARDS MEDICAL STUDENT SCHOLARSHIP

In March, Wenjia Xu was selected as the 2019 OCMS Foundation Medical Student Scholarship recipient. At the OCMS membership meeting on April 15, he was presented with a \$10,000 check for his upcoming academic year.



Wenjia was born in China and spent his childhood in Germany, but he considers his true home to be Edmond, where he attended middle and high school. He grew up playing the violin since age 6 but also developed a concurrent passion and curiosity for medical science, so he pursued both fields in college, earning a Bachelor of Arts in violin performance and a Bachelor of Science in biology from Duke University. After graduating, he spent a year tutoring and teaching 4th grade English and Math with City Year Tulsa at Eugene Field Elementary School. While in medical school, he was a tutor with The Urban League of OKC at Centennial Mid-High School and continues to be an active Musicians On Call coordinator and volunteer musician.



In keeping with his hands-on approach to community service and teaching, Wenjia plans to pursue a residency in general surgery. He hopes to fulfill the role of a well-rounded, personal, compassionate physician who takes care of the whole patient in any given situation, whether medically or surgically. In the long term, he hopes to pursue minimally invasive and robot-assisted laparoscopic surgeries, to develop novel, efficient, and effective surgical techniques, and to continue teaching the next generation of health professionals. He and his musical and academic endeavors have the loving support of his parents and his younger sister, who continues to inspire him in new ways and is well on her way to surpass her brother.



## IN MEMORIAM

**CARL BOGARDUS**  
1933-2019

**GALE R. KIMBALL, MD**  
1922-2019





# 2019-2020 SEASON



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## **DRACULA**

October 25-27, 2019



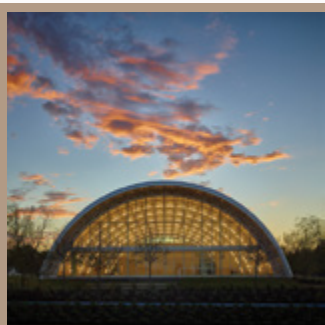
## **THE NUTCRACKER**

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December 14-22, 2019



## **ROMEO & JULIET**

February 14-16, 2020



## **FUTURE VOICES**

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# THE LAST BATTLE

PHILLIP MAGUIRE, M.D.

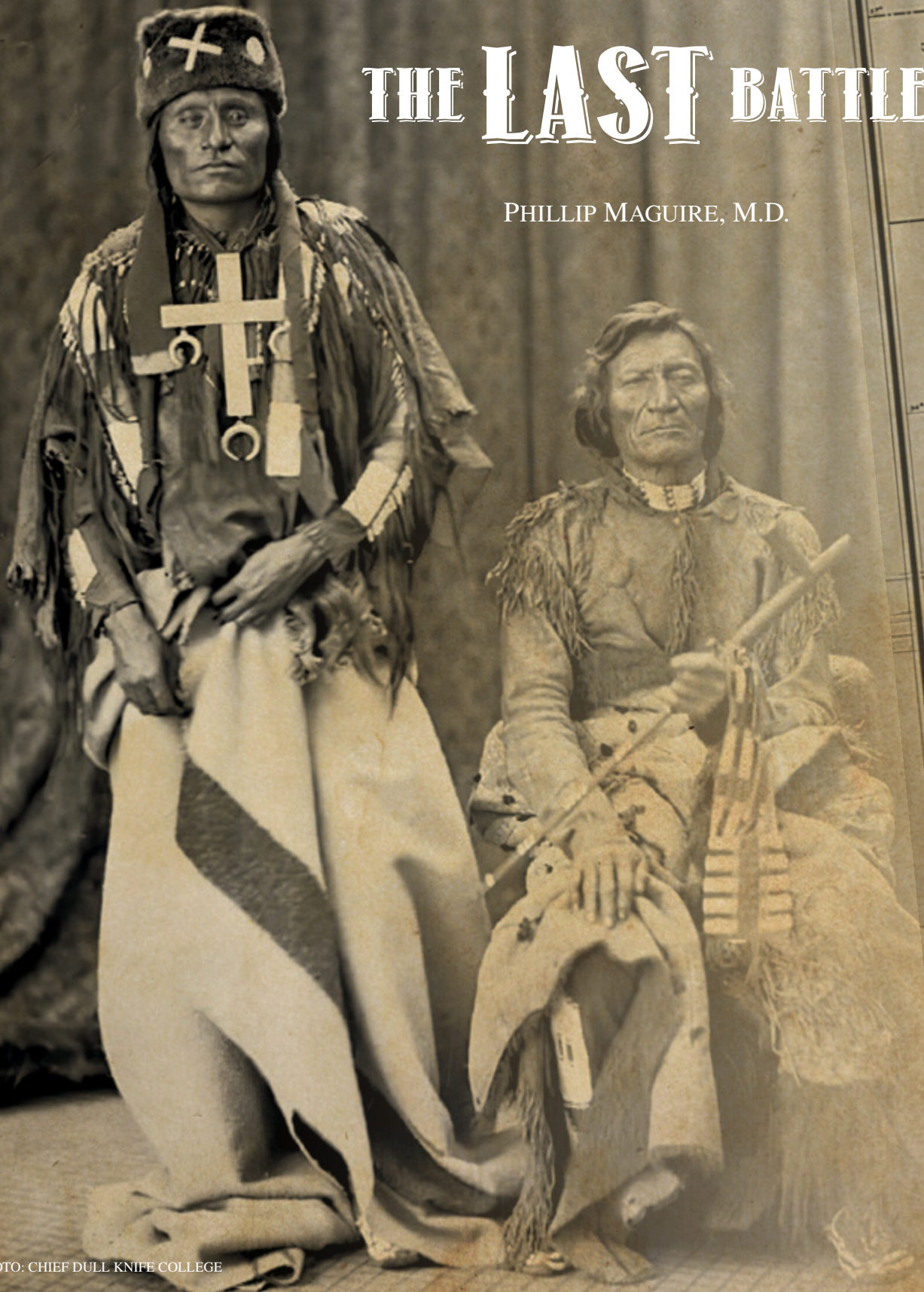
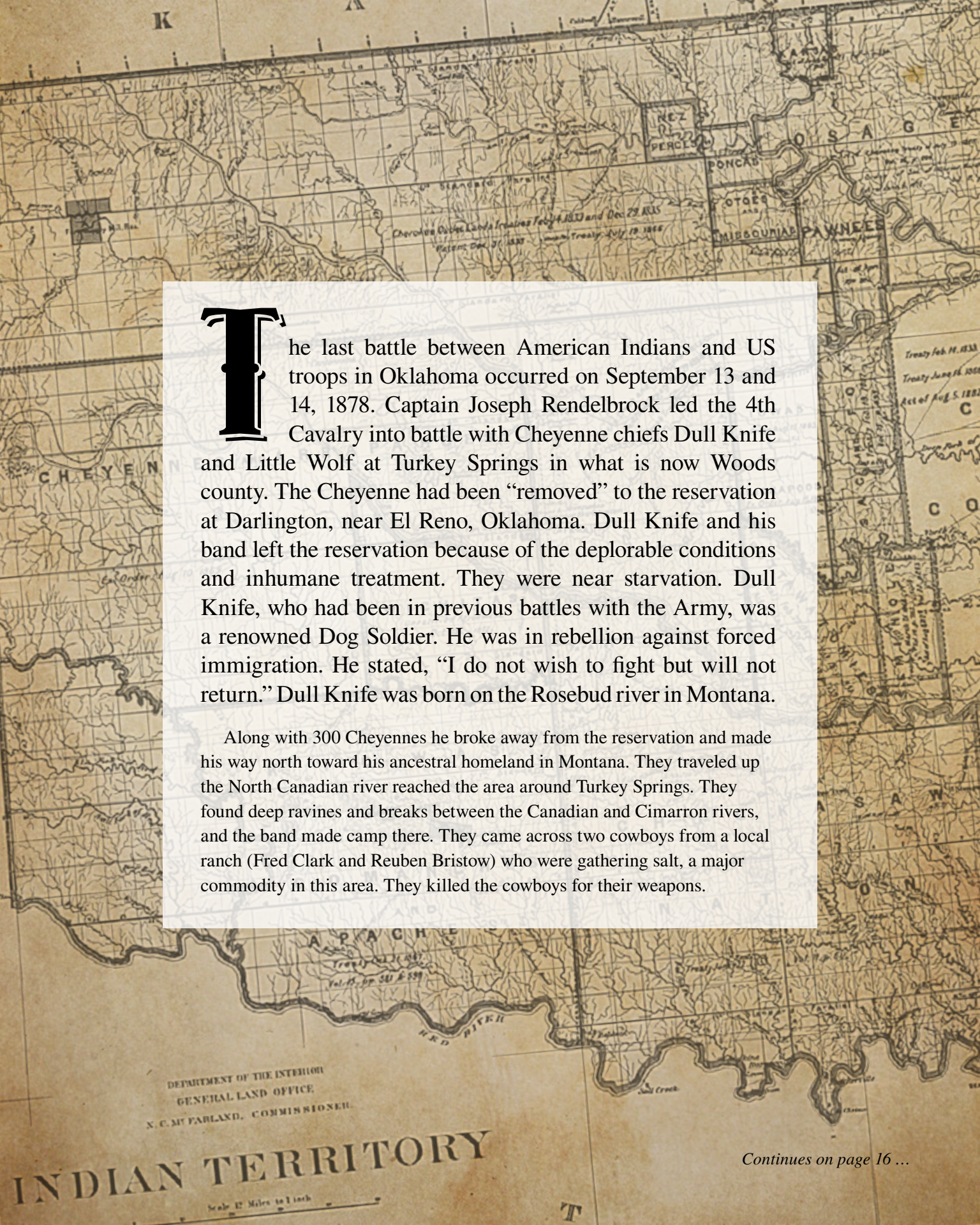


PHOTO: CHIEF DULL KNIFE COLLEGE



A historical map of Indian Territory, showing various tribal lands and geographical features. The map is aged and yellowed, with a grid overlay. A large, semi-transparent white box with a black border is centered on the map, containing two paragraphs of text. The text is in a serif font. The map shows the Cheyenne River, the North Canadian River, and the Cimarron River. It also shows the locations of various tribes, including the Cheyenne, Arapaho, and Pawnee. The map is titled "INDIAN TERRITORY" at the bottom. The text in the box is as follows:

**T**he last battle between American Indians and US troops in Oklahoma occurred on September 13 and 14, 1878. Captain Joseph Rendelbrock led the 4th Cavalry into battle with Cheyenne chiefs Dull Knife and Little Wolf at Turkey Springs in what is now Woods county. The Cheyenne had been “removed” to the reservation at Darlington, near El Reno, Oklahoma. Dull Knife and his band left the reservation because of the deplorable conditions and inhumane treatment. They were near starvation. Dull Knife, who had been in previous battles with the Army, was a renowned Dog Soldier. He was in rebellion against forced immigration. He stated, “I do not wish to fight but will not return.” Dull Knife was born on the Rosebud river in Montana.

Along with 300 Cheyennes he broke away from the reservation and made his way north toward his ancestral homeland in Montana. They traveled up the North Canadian river reached the area around Turkey Springs. They found deep ravines and breaks between the Canadian and Cimarron rivers, and the band made camp there. They came across two cowboys from a local ranch (Fred Clark and Reuben Bristow) who were gathering salt, a major commodity in this area. They killed the cowboys for their weapons.

DEPARTMENT OF THE INTERIOR  
GENERAL LAND OFFICE  
N. C. McFARLAND, COMMISSIONER

INDIAN TERRITORY

Scale 12 Miles to 1 inch

Continues on page 16 ...



The Cheyenne were being tracked by an Arapaho scout named Chalk. The Cavalry had camped four miles west of the Cheyenne position. Captain Joseph Rendelbrock was ordered not to harass the Indians and to bring them back peaceably. Dull Knife had silently slipped on up the banks of the Canadian river. They left their fires going to fool the Cavalry into thinking they were in the same position.

The Cheyenne watched their trail, aware of their trackers. They chose to set up in a tributary that ran toward the Cimarron called Turkey Creek. The area was typical to Oklahoma with red dirt and heavy brush. On September 13 around 10am, the Cavalry moved up within sight of the Indians' position. The Chief had sent the women and children up the ravines, while Little Wolf tried to parley with the soldiers to allow the tribe to continue on North towards Montana.

But Rendelbrock, with 50 men, approached Dull Knife's position. The Indians had dug rifle pits and were hiding. They had the advantage. The troop's Arapaho scout went up to talk to Dull Knife offering safe passage and food to return to the reservation. Dull Knife again told the scout that he did not wish to fight but would fight before they would return.

The Cheyenne were ready for battle and paraded above the breaks with War Bonnets, whipping their horses and racing in front of the troops. They began to deploy to the left and right of the army. Rendelbrock ordered the trumpeter to sound, "commence firing." The Indians returned fire. Three soldiers were killed. The Indian's losses are not clear. The Cheyenne started prairie grass fires causing confusion for the troops. The soldiers had no water and were in danger of dehydration.

Rendelbrock decided he had to improve his situation. They were low on ammunition and had no medical care. He made a feint toward the Cheyenne trying to bring the Indians out of the cover of the breaks and their escape trail. The rear-guard troops tried to flank the Indians and exchanged shots with Dull Knife's group. The Indians held their ground and continued to fire.



Rendelbrock withdrew in retreat and was in a running fight for about two and a half miles. The soldiers and their animals were weak and desperate for water. The Indians continued to track the soldiers hoping to secure some pack animals and arms. Then the Cheyenne broke off the attack and slipped into the breaks and on into Kansas.

The Army was bested in each action where they tried to stop the fleeing Cheyenne. Captain Rendelbrock was cited for not stopping the escape and bringing the Indians back to the reservation.

Dull Knife again said, "I do not wish to fight the White Man but we are going back to our home to stay there." Dull Knife had pleaded with the Indian Agent at Darlington to return home. Half of his band had died in the year he was in Oklahoma. He was asked to wait a year. Dull Knife said he would be dead in a year, so he started home and fought the Battle of Turkey Springs. The flight to Montana by Dull Knife and his band was one Indian triumph over federal bureaucracy.



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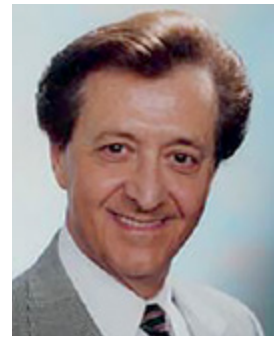
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# SCREENING CLINICIANS FOR PRECLINICAL OR MCI ALZHEIMER'S DISEASE

S. SANDY SANBAR, MD, PHD, JD, FCLM\*



Should active clinicians be routinely screened for Alzheimer's disease or other form of dementia? If so, at what age should screening begin - 60, 65 or 70? Should ALL active clinicians be tested, regardless where they practice? How would a diagnosis of preclinical or mild cognitive impairment Alzheimer's disease impact the clinicians' practice? Who would have access to the mental health information? And how would the cognitively affected clinicians be treated?

Cognitive and physical skills generally decline with age. One goal of the Medicare annual wellness visit is to improve the detection of early stages of cognitive impairment. In 2017, 300,752 physicians were 65 years or older, and 120,000 of them were actively engaged in patient care. In 2017, 44.1% of 103,032 active surgeons in the United States were 55 years or older.<sup>1</sup>

In 2019, the medical executive committees for the 3,000-physician Scripps Health system in San Diego are expected to require screening for 150 physicians age 70 and older, as well as allied health professionals such as dentists and optometrists, for cognitive impairment, history, physical, review issues like substance use and tests for hearing and vision, sleep patterns, continuing medical education, patient load, and typical hours at work.<sup>2</sup> The computer-based MicroCog<sup>3</sup> test scores the thinking skills.

Clinicians who fail are flagged for more extensive evaluations over several days. Poor performance may result in limiting or

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\*Executive Director, Diplomate and Past Chairman, American Board of Legal Medicine; Vice President and Director of CME, Western Institute of Legal Medicine, California; Fellow and Past President, American College of Legal Medicine; and Adjunct Professor, Medical Education, OUHSC.



revoking practice. Screening will be a condition for re-credentialing every two years.

Proactive screening of older clinicians is used by other hospitals and health care organization, e.g. Stanford Hospital, Clinics in Palo Alto, and Eisenhower Medical Center in Rancho Mirage, California; Driscoll Children's Hospital in Corpus Christi, Texas; and the University of Virginia Health System in Charlottesville.

In 2011, the National Institute on Aging–Alzheimer's Association guidelines<sup>4</sup> for the neuropathologic assessment of Alzheimer's disease recognized a pre-clinical stage of Alzheimer's and included amyloid accumulation as well as neurofibrillary change and neuritic plaques in the diagnosis of the disease.

*The Preclinical phase* is also referred to as pre-symptomatic, asymptomatic, latent, and “not normal, not MCI”.<sup>5</sup> It may span a decade during which structurally discernable brain changes develop. Amyloid plaques accumulate first in the brain, followed about three years later by **Tau** aggregates, or tau protein, which accumulate in **neurofibrillary tangles** in neurons, at which point neuronal cell death and loss of synapses begin to accelerate.

*Mild cognitive impairment (MCI)* depicts patients with Alzheimer's who maintain their independence. MCI patients may or may not progress to Alzheimer's dementia, characterized by memory loss, word-finding difficulties, and visual/spatial problems, which are significant enough to impair their ability to function independently.

In 2018, Biostatistician Brookmeyer *et al*<sup>6</sup> at the University of California, Los Angeles, reported that 47 million cognitively normal people over 45 years of age in the United States may have brain amyloidosis, a hallmark of Alzheimer's. The preclinical patient feels and appears completely healthy, though may have some subtle cognitive decline compared with baseline findings.

Because structural brain changes often precede cognitive decline by more than 10 years, it is important to diagnose Alzheimer's disease preclinically and begin treatment in the latent prodromal stage, or at the start of “mild cognitive impairment” in order to preserve cognitive abilities.

The Alzheimer's Association Workgroup identified several signs of preclinical Alzheimer's<sup>7</sup>, including the following:

1. Beta-amyloid accumulation, detectable by PET imaging or cerebrospinal fluid testing
2. Evidence of tau protein in cerebrospinal fluid
3. Grey matter loss in the brain.
4. Hypometabolism (lower energy levels) in areas of the brain typically affected by Alzheimer's such as the hippocampus.
5. Subtle cognitive decline not significant enough to meet MCI criteria

The risk factors for Alzheimer-type dementia include: Advancing age; Family history; APOE-4 genotype; Obesity; Insulin resistance; Vascular factors; Dyslipidemia; Hypertension; Inflammatory markers; Down syndrome; and Traumatic brain injury.

Older African American men and women are twice as likely to develop dementias, including Alzheimer disease, compared with older white patients. Hispanic men and women in the United States are estimated to be 1.5 times as likely to develop Alzheimer disease and other dementias.

Screening clinicians for cognitive and physical impairment is spreading nationwide. It behooves the medical community leadership and health care organizations to tackle this important issue in hopes of developing reasonable guidelines regarding the medical, ethical and legal aspects of screening active clinicians for preclinical and early MCI Alzheimer's disease.

<sup>1</sup> <https://jamanetwork.com/journals/jama/article-abstract/2721291>

<sup>2</sup> <https://www.medpagetoday.com/publichealthpolicy/generalprofessionalissues/78554>

<sup>3</sup> <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Cognition-%26-Neuro/MicroCog%3A-Assessment-of-Cognitive-Functioning-%7C-Windows-Edition-2004/p/100000134.html>

<sup>4</sup> [https://www.alzheimersanddementia.com/article/S1552-5260\(11\)02980-3/pdf](https://www.alzheimersanddementia.com/article/S1552-5260(11)02980-3/pdf)

<sup>5</sup> <https://www.verywellhealth.com/what-are-the-signs-of-preclinical-alzheimers-disease-98593>

<sup>6</sup> <https://www.mdedge.com/neurology/article/155471/alzheimers-cognition/many-47-million-americans-may-have-preclinical>, *Neurology Reviews*. 2018 January;26(1):25, 29-31.

<sup>7</sup> [https://www.alz.org/research/for\\_researchers/diagnostic-criteria-guidelines](https://www.alz.org/research/for_researchers/diagnostic-criteria-guidelines)

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*- Cecilia, Breast Health Network Patient and Breast Cancer Survivor*

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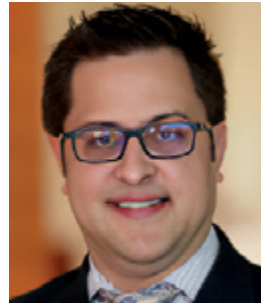
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*Hawxby*



*Horn*



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*Sands*



*Scott*



*Walia*



*Ward*



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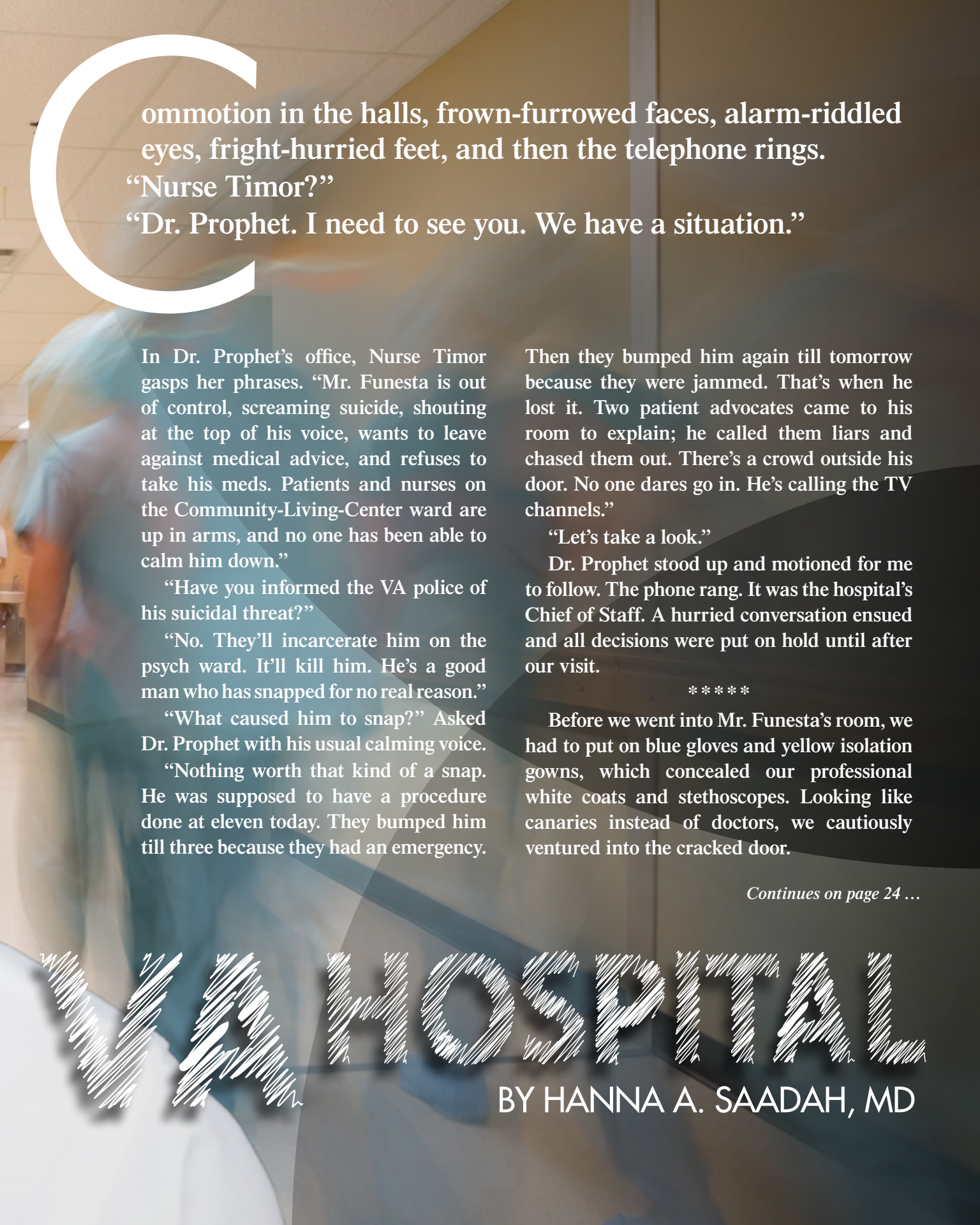
**Harper R. Ward, MD** is a board-certified anesthesiologist with Northwest Anesthesia. He completed medical school and residency with The University of Oklahoma.





FLOOR IN THE





ommotion in the halls, frown-furrowed faces, alarm-riddled eyes, fright-hurried feet, and then the telephone rings.

“Nurse Timor?”

“Dr. Prophet. I need to see you. We have a situation.”

In Dr. Prophet’s office, Nurse Timor gasps her phrases. “Mr. Funesta is out of control, screaming suicide, shouting at the top of his voice, wants to leave against medical advice, and refuses to take his meds. Patients and nurses on the Community-Living-Center ward are up in arms, and no one has been able to calm him down.”

“Have you informed the VA police of his suicidal threat?”

“No. They’ll incarcerate him on the psych ward. It’ll kill him. He’s a good man who has snapped for no real reason.”

“What caused him to snap?” Asked Dr. Prophet with his usual calming voice.

“Nothing worth that kind of a snap. He was supposed to have a procedure done at eleven today. They bumped him till three because they had an emergency.

Then they bumped him again till tomorrow because they were jammed. That’s when he lost it. Two patient advocates came to his room to explain; he called them liars and chased them out. There’s a crowd outside his door. No one dares go in. He’s calling the TV channels.”

“Let’s take a look.”

Dr. Prophet stood up and motioned for me to follow. The phone rang. It was the hospital’s Chief of Staff. A hurried conversation ensued and all decisions were put on hold until after our visit.

\*\*\*\*\*

Before we went into Mr. Funesta’s room, we had to put on blue gloves and yellow isolation gowns, which concealed our professional white coats and stethoscopes. Looking like canaries instead of doctors, we cautiously ventured into the cracked door.

*Continues on page 24 ...*

VA HOSPITAL

BY HANNA A. SAADAH, MD



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FUROR *Continued from page 23 ...*

“Mr. Funesta, we are the C.L.C. ward attendings; this is Dr. John and I’m Dr. Prophet, the Chief of Geriatrics.”

“I don’t need no attendings and no chiefs,” he roared. “Get out of my room.”

“We’re here to understand your side of the story, Sir.”

“There’s nothing to understand. They’ve done bumped me twice and I don’t deserve that kind of treatment after giving forty-five years of my life to the army. I’m leaving against medical advice.”

“But, you haven’t finished your antibiotic course, which means you will still have your infection.”

“That don’t matter to me now because I’m gonna [*sic*] kill myself as soon as I get home.”

\*\*\*\*\*

I looked into my Chief’s worried eyes. They were void of solutions but brimming with questions. Given that Mr. Funesta had never flared up before, could this be his first anger burst from an unrecognized dementia or depression? We had all twenty years of his medical records in the VA computer. A thorough review was urgently needed.

The Chief knew the VA computers’ alleys very well and could surf them at supersonic speed. I was new to the system and would be of no use to him during his task. To release him from the bondage of Mr. Funesta’s raging verbosity, I politely intimated that while he reviewed Mr. Funesta’s twenty years of records, I would stay in the room and babysit. It was a tacit agreement done with the eyes and approved without a whisper.

\*\*\*\*\*

Violating the VA Hospital’s isolation ordinance, I took off my yellow sack and blue gloves and, with defiance to the establishment’s rules and regulations, threw them into the trash. Mr. Funesta did notice my intimation and understood that I was moving over to his side of the conflict, but, nonetheless, he still continued with his loud, lingual barrage. Only this time, his eyes were peering at me with acceptance instead of at the crowd outside the door with defiance. Cautiously, I sat on the bed as close to him as I could and, with arms in lap, listened like a three-year old.

\*\*\*\*\*

“You know, Doc., I left school after the tenth grade. There were no jobs for a young black man, so I joined the army at 15 and stayed till I retired five



years ago. Here's my citation. I had my son bring it so people could see it."

I examined his citation and then read it aloud to him: 'This is to certify that Sergeant Major (E9) Funesta Serviens Audax, having served faithfully and honorably for forty-five years, eight months, and three days, was retired from the United States Army on the twenty-first day of January, 2013.'

"You know, Doc., I was the second black man in the history of the army to achieve this high of a rank." A proud smile simmered in his eyes when he said that.

"Mr. Audax, could you please tell me about your military life and the conflicts you have been in? It would help me understand you better."

\*\*\*\*\*

Mr. Audax discoursed for an hour-and-a-half without a break. He did not need prompts because my listening was his prompt. He was a lake that had been accumulating fear and anger for 45 years, and when the dam broke, it flooded the room, the halls, the wards, the hospital, and the entire city.

As a young soldier, he was ridiculed and castigated. His mother's words, 'overcome and endure' buoyed him throughout his entire career. Bypassed and bumped on numerous occasions deeply hurt his feelings, but he never expressed his anger while in uniform.

His time during the Iraq conflict, however, took a big toll on him. He was in charge of the Grave Registration, which picked up dead bodies, bagged them, and sent them back home. At times his unit had to use shovels to pry the bodies off the ground because they had been flattened by tanks that had driven over them.

While stationed in Iraq, his unit was also assigned to role concertina wires around the campsite and guard it. One Sunday, he was bumped from his day off to go on guard duty and was ordered to shoot anyone who tries to enter the camp without going through the main gate. During that ominous month, they had lost twenty-one soldiers to knife attacks by unsuspected civilians.

Early that Sunday morning, a blonde, little girl who couldn't have been older than six years, playfully approached wearing a white djellaba. He asked her to stop and go back, but because she knew no English, she did not heed his warning and continued her playful approach. His commander, who was watching from the tower, ordered him to shoot her. He called to her again

*Continues on page 26 ...*

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FUROR *Continued from page 25 ...*

and told her to go back. His commander again told him to shoot her. After three calls, with quivering fingers, he shot her in the chest. Instead of falling, she exploded like an atomic bomb.

\*\*\*\*\*

“If you had allowed her to get any closer, she would have been exploded by remote control and killed us all,” barked his commander.

“If you hadn’t bumped me from my day off to do guard duty, I wouldn’t have had to shoot an innocent, little girl.”

“She was doomed no matter how you look at it,” retorted the commander.

“If you hadn’t bumped me from my day off, someone less partial to little girls would have done the dirty work.”

\*\*\*\*\*

“The commander took it well and did not punish me. But, when I told him that I was through with death and killing, he reassigned me to a desk job.”

“Is that why you got so violently angry when your procedure time was twice bumped?”

Mr. Funesta’s tears steamed down his cheeks. I hugged him. He sobbed. “That little girl never leaves my mind, Doc. She’s everywhere I look and whenever I’m bumped, my heart is struck with fear that something just as horrible is liable to happen again. I’m sorry I exploded. But I exploded and I’m still alive. That little girl exploded and she’s dead.”

\*\*\*\*\*

Back in Dr. Prophet’s office, having told him my side of the story, I asked if his chart review had yielded any important information.

“I think he is suffering from suppressed P.T.S.D.,” he replied. “He has never complained about it because he’s stoic, but reading all his chart notes and understanding all that he had been through, indicate that he has suppressed P.T.S.D.”

“Being bumped, then, must be his most frightening cue because it portends something as horrific as an exploding little girl,” I surmised.

“It does explain his horrifying anger burst, doesn’t it? How little we know when we think we know, and how much more we stand to learn if we just listen and search.”



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# DIRECTOR'S DIALOGUE

*“Do what you can, with what you have,  
where you are.”*

– Theodore Roosevelt

Drs. Bob and Mary Anne McCaffree embody this quote by President Teddy Roosevelt as their accomplishments are too numerous to include in this article. While they will always be Okies, their retirement journey will soon take them to Denver, Colorado – where their grandchildren reside.

Both Drs. McCaffree have served as president of the Oklahoma State Medical Association – the first medical couple to achieve this honor. Dr. Mary Anne’s term as OSMA president was 1998-1999, while Dr. Bob’s term was 2013-2014. To memorialize their importance to Oklahoma medicine, the OSMA Board Room was recently named the Drs. Robert and Mary Anne McCaffree Board Room.

Dr. Bob is well known for his efforts to control tobacco usage and served as the first chair of the Tobacco Settlement Endowment Trust Board. He served as president of the American College of Chest Physicians in 1997 and has been on the College’s AMA delegation since 1994. The CHEST Foundation’s Humanitarian Award, named in his honor, supports “significant community-based health projects world-wide benefitting from the pro bono service of ACCP members.”

As immediate past president of OSMA, Dr. Mary Anne’s efforts to partner with the AMA Litigation Center, other state medical societies and the American Academy of Pediatrics resulted in a landmark case increasing Medicaid reimbursement in Oklahoma. In addition, Dr. Mary Anne is the only Oklahoma physician elected to the AMA Board of Trustees.

Both were involved in local campaigns such as the United Way and Central Oklahoma Turning Point Coalition. Dr. Bob McCaffree also rose through the ranks of OCMS leadership to become its president



BY JANA TIMBERLAKE,  
EXECUTIVE DIRECTOR

in 2008. As chair of the OCMS Community Health Committee, Dr. Mary Anne assisted Schools for Healthy Lifestyles (now Healthy Schools Oklahoma) with its AAP grant application that provided the organization’s first sizable funding that put the program on sound financial footing over 20 years ago.

Among all their awards and accomplishments, the McCaffrees have mentored many OU medical students through the years. Dr. Sherri Baker said that they actually “adopted” her! In an OCMS Leadership Academy session several years ago, many class members mentioned that the McCaffrees were their role models for being consummate physicians who influenced their decision to become physicians.

On a personal note, the McCaffrees have been an important part of my professional life at the Oklahoma County Medical Society. It seems they each knew when to give me encouragement or advice when I needed it most. Both of them instinctively knew what needs to be said and when – whether it is at the Capitol working on behalf of their fellow physicians or being the foundation on which other physicians now stand.

Their departure from Oklahoma will be bittersweet – missing them for their dedication to medicine but wishing them happiness in their retirement. It reminds me of a quote from Dr. Seuss:

*“Don’t cry because it’s over, smile because it happened.”*

I wish you Godspeed, good health and the joy of your grandchildren’s laughter. You deserve it! Always remember that “you did what you could, with what you had, where you were” and the people of Oklahoma are richer for your contributions. Each time I think of you, I will be smiling!



# OCMS EDITORIAL BOARD MEETING



*The OCMS Editorial Board held a meeting on Monday, April 8. Attending board members were (from left to right): Betsy Nolan, MD; S. S. Sanbar, MD, JD, Associate Editor; Janet Rodgers, MD; Randall Henthorn, MD; Bill Truels, MD, Editor; Hanna Saadah, MD; Christopher Jordan, MD; Pooja Singhal, MD; Tomas Owens, MD and Alison Fink, OCMS Associate Director.*



## OCMS MEMBERSHIP COORDINATOR RETIRES

OCMS sends best wishes to Eldona Wright, who retired in March after more than five years as our Membership Coordinator. We will certainly miss her around the office. May she have nothing but low winds and clear skies during all of her retirement golf games!





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- **Licensing Board Complaints and Administrative Actions for Unprofessional Conduct**
- **Civil and Criminal Lawsuits against Opioid Manufacturers, Distributors and Prescribers**
- **Public Health Concerns and Drug Courts**

### **Speakers and Moderators**

- **The Honorable Noma D. Gurich, Program Co-Chair**, Chief Justice, Oklahoma Supreme Court
- **The Honorable Judge Scott Rowland, Oklahoma Court of Criminal Appeals**
- **The Honorable Judge Michael Tupper**, Cleveland County District Court, Re: Drug Courts
- **The Honorable Judge Leah Edwards**, McClain County Courthouse
- **The Honorable Mike Hunter**, Oklahoma State Attorney General
- **Commissioner Terri L. White, MSW**, OK Department of Mental Health and Substance Abuse Services
- **Chief Agent Craig Williams, Oklahoma Bureau of Narcotics And Dangerous Drugs Control**
- **Larry Bookman, MD**, OSMA President, OCMS Past President, Gastroenterologist
- **Marvin Firestone, MD, JD, FCLM**, President, WILM, San Mateo, CA; ACLM Past President; Psychiatrist
- **Lyle R. Kelsey, MBA, CAE, CMBE, Executive Director, Oklahoma Medical Board, Oklahoma City**
- **Ghazi Rayan, MD**, Clinical Professor of Orthopedic Surgery, Director, Oklahoma Hand Fellowship Program, INTEGRIS, OKC
- **S. Sandy Sanbar, MD, PhD, JD, FCLM, Program Chair**, ACLM Past President, WILM Vice-President
- **Mary J. Wall, MD, JD, FCLM**, ACLM Secretary, Past President, Ohio State Medical Assoc., Bellevue, Ohio

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## COMMONLY REPORTED DISEASES

## 2018 Monthly

	Jan'18	Feb'18	Mar'18	Apr'18	May'18	Jun'18	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18
E. coli 0157:H7	3	0	2	5	4	0	1	1	2	1	1	0
Ehrlichiosis	0	0	0	0	1	1	0	0	0	0	0	0
Haemophilus influenzae Type B	0	0	0	0	0	0	0	0	0	0	0	0
Haemophilus influenzae Invasive	2	0	4	3	0	1	2	1	2	1	1	4
Hepatitis A	0	0	0	0	0	1	0	0	0	0	0	0
Hepatitis B	17	3	17	12	11	17	20	19	8	9	9	8
Hepatitis C	67	59	52	70	64	76	46	60	37	41	47	32
Lyme disease	0	0	0	0	0	0	0	0	0	0	0	0
Malaria	0	0	0	0	0	1	0	0	0	0	0	0
Measles	0	0	0	0	1	0	0	0	0	0	0	0
Mumps	1	0	0	0	0	0	0	0	0	0	0	0
Neisseria meningitidis	0	0	0	0	1	0	0	0	0	0	0	0
Pertussis	3	0	0	1	2	1	1	1	1	0	0	0
Strep pneumo invasive, children <5yr	0	0	0	1	1	0	0	0	0	0	0	0
Rocky Mtn. Spotted Fever	1	1	4	12	1	1	0	0	0	0	0	0
Salmonellosis	3	2	2	5	4	2	6	8	14	7	9	6
Shigellosis	5	0	3	2	1	0	3	2	0	0	3	0
Tuberculosis ATS Class II (+PPD only)	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
Tularemia	0	0	0	0	1	1	0	0	1	0	0	0
Typhoid Fever	0	0	0	0	0	0	0	0	0	0	0	1

## RARELY REPORTED DISEASES/Conditions

West Nile Virus Fever	0	0	0	0	0	0	0	0	1	0	0	0
Pediatric influenza Death	1	0	0	0	0	0	0	0	0	0	0	0
Influenza, Hospitalized or Death	346	243	58	6	1	3	0	3	2	3	7	17
Influenza, Novel virus	0	0	0	0	0	0	0	0	0	0	0	0
Strep A Invasive	6	4	3	6	0	5	1	4	1	3	6	4
Legionella	1	1	0	0	1	0	0	0	3	4	1	1
Rubella	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
Yersinia (not plague)	0	0	0	0	0	0	1	0	0	1	0	0
Dengue fever	0	0	0	0	1	1	0	0	1	0	0	0

\* Over reported (includes acute and chronic)      \*\*\*Beginning in June 2012 medical health record was transitioned to the electronic format PHIDDO. Data YTD totals are updated quarterly to reflect cases that have a reporting delay for newly identified infections is not available at this time. OSDH is being consulted on obtaining data due to laboratory confirmation or symptom assessment.      \* due to HIPAA Privacy concerns patient counts under 5 are not released



# CME INFORMATION

## INTEGRIS HEALTH

Contact: **Jill Mayes, M.Ed.**, System Director of Continuing Medical Education  
Phone: 522-0926

## MERCY HOSPITAL OKC

Contact: **May Harshburger**, CME Coordinator  
Phone: 752-3390

## ALLIANCE HEALTH MIDWEST

Contact: **Pam Spears**  
Medical Staff Services Coordinator  
Phone: 610-8363

## SSM HEALTH ST. ANTHONY HOSPITAL

Contact: **Sam McAdams**, Director of Medical Staff  
Phone: 272-6053

## OUHSC-IRWIN H. BROWN OFFICE OF CONTINUING PROFESSIONAL DEVELOPMENT

Contact: **Susie Dealy** or **Myrna Rae Page**  
Phone: 271-2350  
Check the homepage for the latest CME offerings:  
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## OKLAHOMA ACADEMY OF FAMILY PHYSICIANS CHOICE CME PROGRAM

Contact: **Kari Webber, CAE**, Deputy Director  
Phone: 842-0484  
Email: [webber@okafp.org](mailto:webber@okafp.org)  
Website: [www.okafp.org](http://www.okafp.org)

## ORTHOPAEDIC & RECONSTRUCTION RESEARCH FOUNDATION

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