THE BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

NOVEMBER/DECEMBER 2019

ILLUMINATIONS

STARRY STARRY NIGHT

CRYSTAL BRIDGE

OKLAHOMA COUNTY MEDICAL SOCIETY

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THE BULLETIN

November/December Volume 92 Number 6
Six Annual Publications • Circulation 1500

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$6 for members; $8 for nonmembers; Children 2 and under are free

Our immersive light installation celebrating the holidays returns to the Crystal Bridge Conservatory Wednesday, November 27. The entire Bridge serves as a canvas for moving lights choreographed to music, inviting visitors inside for a curated and creative experience. Inspiration for this year's show is the swirling blue and gold images of the painting The Starry Night, by Vincent Van Gogh.

Illuminations: Starry Starry Night will be designed to capture the unique lighting of a winter sky. Features this year include a lighted tunnel along the upper walkway and a planetarium feel in the area on the west side of the Bridge called the Oculus Room. Highlighted in this experience are the rare and beautiful plants inside the Conservatory.

A must-see event for the entire family, Illuminations: Starry Starry Night is sure to become a holiday tradition in downtown Oklahoma City.

ILLUMINATIONS: STARRY STARRY NIGHT EVENTS

- November 30 -Sugar Plum Fairy
- December 1- Nutcracker
- December 7 -Reindeer
- December 8 -Elf on a shelf
- December 14 -Anna and Elsa
- December 15 -Reindeer
- December 20 -Platt College-Cookie Decorating
- December 21 -Hooplahoma and Elf
- December 22 -Mrs. Claus
- December 28 -Meet Olaf
- December 29 -Sugar Plum Fairy
- December 31 -New Year's Eve, last entry at 9pm
- January 1 -Snow Globe Ballerina

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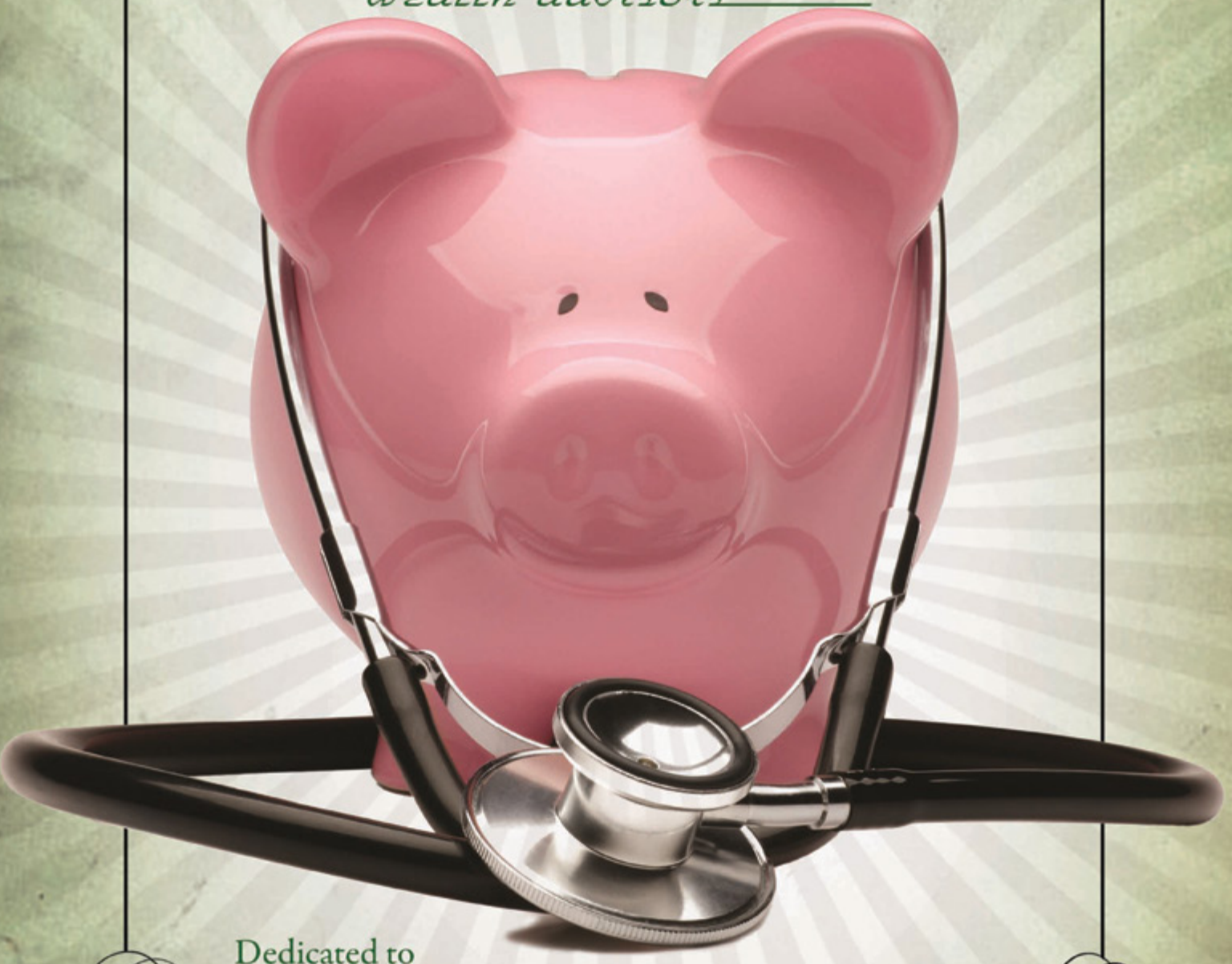

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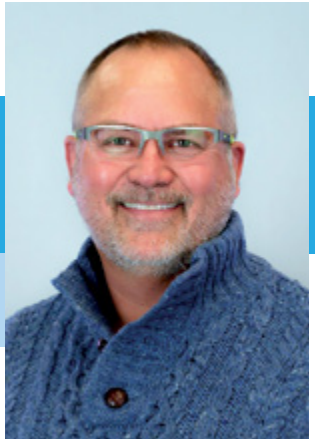
OCMS
OKLAHOMA COUNTY MEDICAL SOCIETY

PRESIDENT'S PAGE



R. Kevin Moore, MD

IF WE FAIL TO ADAPT, WE FAIL TO MOVE FORWARD.

What a year we've had. I can't believe that Fall is here and the year is rapidly coming to a close. As I write this, there are only 66 days till Christmas! My pediatric office was decorated for Halloween and the kids loved all the decorations hanging from the ceiling, the banners, and the spooky door decor. They probably just liked the candy! I get a kick out of asking what they are going to dress up as for trick or treat. It's so cute when you get the zombie princess astronaut combinations. Kids don't think "I can't be that," or "that's not what a boy or girl should dress up as." They want to pretend to be whatever they want. Why is Spiderman always so popular? One of those great mysteries of life.

We had a wonderful OCMS retreat recently. We spent the entire session concentrating on membership. We invited OSMA leadership, Tulsa County leadership, and the Rural Section to also attend since declining membership affects us all. We met at Quail Creek Country Club one Saturday morning and after a few very productive hours, came up with some ideas, plans, and timelines for us to implement over the next few months. OCMS is working hard adapt those plans and ideas into our member benefits, so be watching for changes in the coming months.

Two years ago, OCMS submitted a resolution to review the structure of the OSMA House of Delegates and look at ways to improve the process and structure due to declining attendance. OSMA assigned the process to the Membership Task Force, who recently met with a representative from the Kansas Medical Association. Pretty much all medical societies have experienced the same fate of declining membership over the past 10 years and we hope to implement some organizational changes that will stop the decline and hopefully lead to more involvement from our younger physicians at the House of Delegates.

We had great success with our first collegiality dinner focusing on Women in Medicine last spring. We had our second dinner focusing on LGBTQ issues facing medical students, residents, and physicians on October 28. I am moderating the discussions along with Shawn Fitzgerald, DO, a family practice attending and Spencer Thompson, MD, a radiation oncologist at the OU Medical Center. We discussed discuss how we dealt with issues as medical students and residents, and then how we have faced challenges in our practices, both in private practice and the university settings.

> ***Isn't it amazing just how much Oklahoma County Medical has done for physicians and the community over the years?***

In 1975, OCMS identified the need for a community emergency transport system. Over a one-year period, working with the Mayor's Task Force, AMCARE, now EMSA, began without the assistance of government

Continues on page 6 …

funding. OCMS committed $19,000.00 in funding and provided physicians to serve on the professional advisory group. In 1972, OCMS leadership began a study of the local problems we were having with blood banks. After years of planning, financing was secured by physicians in Oklahoma County and the Oklahoma Blood Institute was formed. It is now recognized as a national leader in blood banks and offers many medical services and is involved in many hematology related research projects. In 1990, OCMS leadership identified the need for a local non-profit hospice and Hospice of Oklahoma County was formed. Now Integris Hospice, it was the only hospice in the US organized and funded by physicians. Schools for Healthy Lifestyles began in 1996 with OCMS, OSDH, and OCCHD as partners. It concentrated in injury prevention, nutrition, physical fitness, and tobacco use prevention. Now known as Healthy Schools Oklahoma, it continues to educate our youth and OCMS physicians are encouraged to participate in the program by their Adopt-A-Doc program for schools. Finally, the OCMS Leadership Academy began in 2010 and is open to physicians who want to expand their leadership skills, learn more about the business and politics of medicine, and learn how their active participation helps strengthen our medical community.

Last, but not least, our Physicians Wellness Program, began last year. Here, a physician who is suffering burnout or stress, from the home or the office, can contact a psychologist directly and receive up to 8 free confidential sessions with an experienced psychologist. This is in a convenient private location at times that are convenient for the physician, and there are no bills to insurance, no diagnoses specified, and no electronic records kept. We have helped multiple people over the past year. Currently the program is open to any OCMS member or resident member. Recently we have been contacted by members of the Tulsa and Rural sections about being able to participate in this program. Also, we lost a medical student to suicide this summer. Leadership felt that this issue was so important, that it should be open to anyone in need. The PWP oversight committee met with Dr. Mark Fergeson, Associate Dean, OU College of Medicine, on October 10th, and we will discuss at the November Board Meeting, about letting students who are members of OSMA participate in the PWP. To keep the program going, OCMS had to raise $5000 in order to receive a matching grant from the OSMA Foundation. Last week we achieved and exceeded our $5000.00! I want to thank all of you who contributed to this very worthwhile cause.

Moving forward, where is OCMS going to go in the future? I know that with the leadership we have coming up, it will only continue to improve. We must continue to work closely with the legislature. We will continue to have issues such as scope of practice that will constantly threaten our profession. We must increase membership and participation from our younger physicians and continue to look at issues that will affect them as they begin their medical practices. I know that OCMS will continue to be the driving force for medicine in our city and state. I wonder, in another 50 years, what the then OCMS president will be writing about, and how their programs are improving the lives and medical practices of the physicians in this great community. Thank you for allowing me to be your president for 2019.

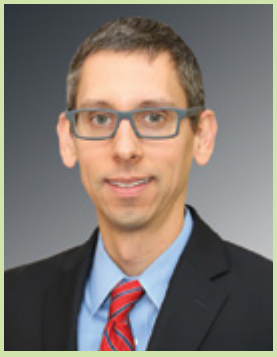
Dr. Atkinson

Dr. Chong

Dr. Hatch

Dr. Haymore

Oklahoma ALLERGY & ASTHMA CLINIC



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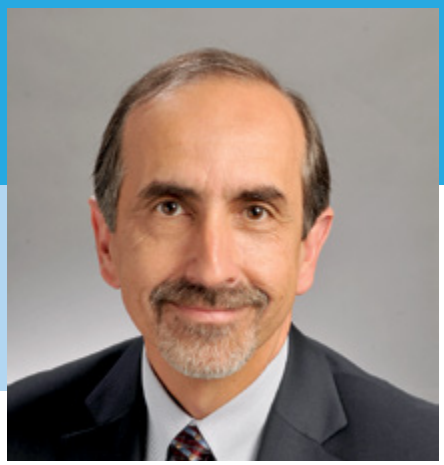
DEAN'S PAGE

John P. Zubialde, MD
Executive Dean and Professor,
Family and Preventive Medicine
University of Oklahoma College of Medicine



A well-established fact about health – that aging itself is the biggest risk factor for more than 95 percent of debilitating diseases – has become a major area of focus for the OU College of Medicine and our partners across the Oklahoma Health Center.

With an aging population driven by Baby Boomers, it is imperative that we discover more answers about why aging contributes to disease, while also strategically growing our clinical programs to care for people with age-related diseases. Although aging itself isn't an illness, we need to understand how it influences disease in order to delay or prevent the devastating conditions that many people face.

In the last few years alone, the OU College of Medicine has significantly advanced its work in geroscience – a field that seeks to understand the genetic, molecular and cellular mechanisms that make aging the major risk factor and driver of chronic conditions and diseases of older people. Our work is highly collaborative; we have fruitful partnerships with colleagues across the OU Health Sciences Center, at the Oklahoma Medical Research Foundation, the VA Medical Center, and the School of Biomedical Engineering on OU's Norman campus, whose work in neuroimaging is crucial to our progress.

Our growth is evident in increased federal grants. In 2013, just over $1 million in federal funding (NIH and VA) was awarded to OUHSC and OMRF for geroscience research. In 2018, that amount rose to over $9 million. If non-federal peer-reviewed grants were included, the total would exceed $10 million.

A highlight of the college's research funding is a $10.7 million federal grant awarded earlier this year by the National Institute of General Medical Sciences, a component of the National Institutes of Health. It represents a COBRE (Centers of Biomedical Research Excellence) grant, which establishes multidisciplinary research in Oklahoma and enables talented researchers to compete for additional federal awards.

Building a solid foundation of basic science research is an important first step toward developing new treatments for patients. Cerebrovascular problems associated with aging are a major investigative theme for our geroscience research group. For example, modest hypertension in young people, while not desirable, doesn't create immediate pathological changes. In older people, however, hypertension can cause a breakdown of the structure of blood vessels in the brain, potentially leading to stroke or impairments in learning and memory.

Researchers have already begun building the bridge between laboratory science and patient care

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through the establishment of the Translational Geroscience Laboratory on campus. The facility allows physicians and scientists to use technology such as functional near-infrared spectroscopy to view blood vessels in the brain, ultrasound to evaluate vascular health, and a high-tech walking mat to measure a person's gait, which often changes because of an underlying microvascular disease.

The College of Medicine's geroscience research program is directed by William Sonntag, Ph.D., who leads the Reynolds Oklahoma Center on Aging, the research division of the Department of Geriatric Medicine.

A highlight of our patient care and education missions is a $3.75 million federal grant awarded to the OU Health Sciences Center this year by the U.S. Department of Health and Human Services. The grant, led by geriatrician Lee Jennings, M.D., and Hudson OU College of Public Health department chair Thomas Teasdale, DrPH, will enhance the care and support of those who suffer from memory loss, Alzheimer's disease and other types of dementia.

Dementia, particularly Alzheimer's disease, is much more prevalent in older adults, and it will only increase as the number of older Oklahomans increases. The program established by the grant will focus on two overarching objectives: educating the current and future workforce to better care for people with dementia, and creating dementia-friendly health systems.

The structure of the program is uniquely opposite of most academic grants. Rather than working solely with physicians and students on campus, the program will engage primary care clinics around the state, direct-care providers such as nursing home staff, organizations like the Alzheimer's Association, and family members and caregivers of people with dementia. Many other partners are playing a role in the grant, including the Oklahoma City-County Health Department, the Oklahoma Foundation for Medical Quality, the Oklahoma Practice-Based Research/Resource Network, and the state's Native American tribes.

Most of the medical care for patients with dementia is provided by primary care clinics, but that only accounts for a short medical visit. That means families and other caregivers are taking care of loved ones the majority of the time. And because Oklahoma is largely a rural state with not enough primary care physicians, the need is great to increase support and knowledge for everyone helping a person with dementia.

The grant's second objective -- to create dementia-friendly health systems – covers everything from the physical layout of a clinic to community resources that are available for people and their caregivers. Clinics can improve their environments by ensuring signs are understandable, exam tables are easy to use for older adults, and sensory aids like hearing amplifiers and large-print materials are available.

A dementia-friendly practice also means both clinical providers and staff can connect patients and families with community resources where they live. Support groups, for both caregivers and the person living with dementia, are often crucial in helping people cope. They also can help reduce the stigma that is still associated with the disease.

The OU College of Medicine, with its tripartite mission of education, research and patient care, is making significant strides toward better understanding age-related diseases, both for our patients today and for our future physicians, who will take care of the patients of tomorrow. Geroscience is a growing field, and we are grateful to work with partners across the state to create a healthier Oklahoma.

PHYSICIAN COLLEGIALITY DINNER

On October 28, OCMS hosted its second Physician Collegiality Dinner, focused on LBGTQ+ in Medicine. Practicing physicians, medical students, and residents gathered to discuss issues not only facing LGBTQ physicians, but how to best treat LGBTQ patients and be more inclusive as a community.

2020 OFFICER CANDIDATES




President: Lisa J. Wasemiller-Smith, MD
President-Elect: Basel S. Hassoun, MD
Vice President: Savannah Stumph, DO
Secretary-Treasurer: Sumit K. Nanda, MD

Elections will be on November 11, 2019 at the OCMS Membership Annual Meeting and Election of Officers.

COMPILED BY

S. Sandy Sanbar, MD, PhD, JD, FCLM*

For thousands of years, cannabis and other psychoactive drugs[1] were used to induce religious, sacred and spiritual experiences. Religious cannabis (Marijuana, Delta-9-Tetrahydrocannabinol, THC) is an **'entheogen,'** in contrast to **'medicinal'** or **'recreational'** cannabis. Regardless of name, THC affects brain function and alters perception, mood, consciousness, cognition, or behavior.

In Exodus 30:23 of the Bible, God directed Moses to make a holy oil composed of "myrrh, sweet cinnamon, kaneh bosm and kassia," The root kan has two meanings in many Ancient languages; hemp and reed. In the original Hebrew Bible, kaneh bosm meant hemp (cannabis plant). Cannabis, as a kind of incense, was used in the temples of Assyria and Babylon because it's aroma was pleasing to the Gods. The Assyrians, Egyptians, and Hebrews, among other Semitic cultures of the Middle East, acquired cannabis from Aryan cultures and have burned it as incense for 3,000 years.

Shamans in Northeast Asia transmitted the medical and spiritual uses of cannabis to the ancient Chinese. In ancient China, as in most early cultures, medicine has its origin in magic. Medicine men were practicing magicians. In northeastern Asia, shamanism was widespread from Neolithic down to recent times. Shamans were known in China as *wu*. This vocation was very common. In the far north, among the nomadic tribes of Mongolia and Siberia, shamanism was widespread and common until rather recent times. In China and Japan, the ingestion of cannabis resin was used for psychoactive, ritualistic purification. After Confucianism, around 500 BC, the rituals were suppressed in both countries.

Around 2000–1400 BC, cannabis was regarded in India as one of the five sacred plants, which relieved anxiety and had a guardian angel residing in its leaves, according to the Atharva Veda, the knowledge storehouse of *atharvāṇas*. Cannabis was a source of happiness, a joy-giver and liberator.

Continues on page 14 …

*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.

RELIGIOUS
(SACRAMENTAL OR SPIRITUAL)
ENTHEOGEN
CANNABIS

In the Indian subcontinent, bhang is the most commonly consumed beverage form of cannabis in religious festivals. *Ganja*, consisting of the leaves and the plant tops, is a smoked form of cannabis. The *charas*, or *hashish*, form consists of the resinous buds and/or extracted resin from the leaves of the marijuana plant.

In 1008 BC, the Indian king, *Vallabha-raja*, believed that the gods sent hemp to the human race so that they might attain delight, lose fear and have sexual desires.

Cannabis brought down from the Himalayas was often consumed in devotional meetings, weddings or festivals honoring Shiva (Mahdeva – the great god), who was a supreme being within Shaivism, one of the major traditions within contemporary Hinduism.

In Tantric Buddhism, a large oral dosage of cannabis is taken to facilitate meditation and heighten awareness of all aspects of their rituals or ceremony.

Both early Greek history and modern archeology show that Central Asian peoples were utilizing cannabis 2,500 years ago.

Mexican, Mayan and Aztec cultures used cannabis, along with magic mushrooms (psilocybin), peyote (mescaline) and other psychoactive plants in cultural shamanic and religious rituals. Certain Mexicans leave bundles of cannabis on church altars in religious ceremonies to be consumed by the attendees.

Some Protestant churches and Jewish factions in America have supported the use of medicinal cannabis. But a number of religions prohibit the use of 'intoxicants', including Christians, Islam, Buddhism, Bahai, Latter-day Saints (Mormons), Scientology, Sikhism and others. According to the catechism of the Catholic Church, "The use of drugs inflicts very grave damage on human health and life. Their use, except on strictly therapeutic grounds, is a grave offense. Clandestine production of and trafficking in drugs are scandalous practices. They constitute direct co-operation in evil, since they encourage people to practices gravely contrary to the moral law."[2]

The Sunni Islam considers cannabis to be permissible by the Bukhari laws. The Quran does not directly forbid cannabis. Some modern Islamic leaders state that medical cannabis, but not recreational, is permissible in Islam.

Many churches and ministries founded in North America during the past century treat cannabis as a sacrament, including the Church of Cognizance, the Church of the Universe, the Church of Cognitive Therapy (COCT Ministry), the Santo Daime church, the THC Ministry, Cantheism, the Cannabis Assembly, Temple 420, Green Faith Ministries, the Free Marijuana Church of Honolulu, the First Cannabis Church of Florida World Wide, the Free Life Ministry Church of Canthe, the Church of Higher Consciousness, the inFormer Ministry Collective of Palms Springs, CA, the Temple of the True Inner Light, the First Church of Cannabis Inc. in Indiana, and the International Church of Cannabis in Denver.

The Rastafari religion is an Abrahamic religion that developed in Jamaica during the 1930s. It uses cannabis as a sacred herb. It brings the users closer to God (Jah), and allows them to penetrate the truth of things more clearly.

In Mexico, followers of the growing cult of Santa Muerte regularly use marijuana smoke in purification ceremonies, with marijuana often taking the place of incense used in mainstream Catholic rituals.[65]

In California, organizations holding religious services claim they should be able to sell pot as "sacrament" and be exempt from paying taxes. Others say it is an excuse to run unlicensed dispensaries.[3] For example, Hundred Harmonies's Protestant church has a fully-stocked, unlicensed marijuana dispensary, with strawberry pot gummies, glass jars of Versace OG buds, and $30 mega-blunts in a display case labeled "Sacrament." The Los Angeles County Sheriff's Department seized $30,000 of weed in a 2017 raid on Hundred Harmonies. The church's parent organization, the Association of Sacramental Ministries, sued the county, claiming religious discrimination. In 2019, the movement for religious marijuana continues to grow in size and fervor.

[1]Peyote (mescaline), psilocybin and Amanita muscaria mushroom, oipioids, pipe uncured tobacco, bupropion, cannabis and hashish, ayahuasca, Salvia divinorum, iboga, and Mexican morning glory, cocaine, crack cocaine, methylphenidate, ephedrine, MDMA (ecstasy), LSD blotter, among other psychoactive drugs.

[2]http://www.vatican.va/archive/ccc_css/archive/catechism/p3s2c2a5.htm #2291

[3]https://en.wikipedia.org/wiki/Cannabis_and_religion

THE POET'S SPOT

Knowing…

A lot has been written
But little has been read
And most of what we say
Has already been said
Ideas really new
Are always very few
Illusions of knowledge
Give us fatal courage
All we can fully know
Is that we do not know.

Hanna Saadah

PBM'S ON HOT SEAT

David Holden, MD

If I were to guess, I have a feeling most people don't know what the acronym PBM stands for? PBM is short for Pharmacy Benefit Manager. According to Wikipedia, PBM's are middlemen that were originally designed to reduce administrative costs for insurers, validate patient eligibility, administer plan benefits as well as negotiate costs between pharmacies and health plans.

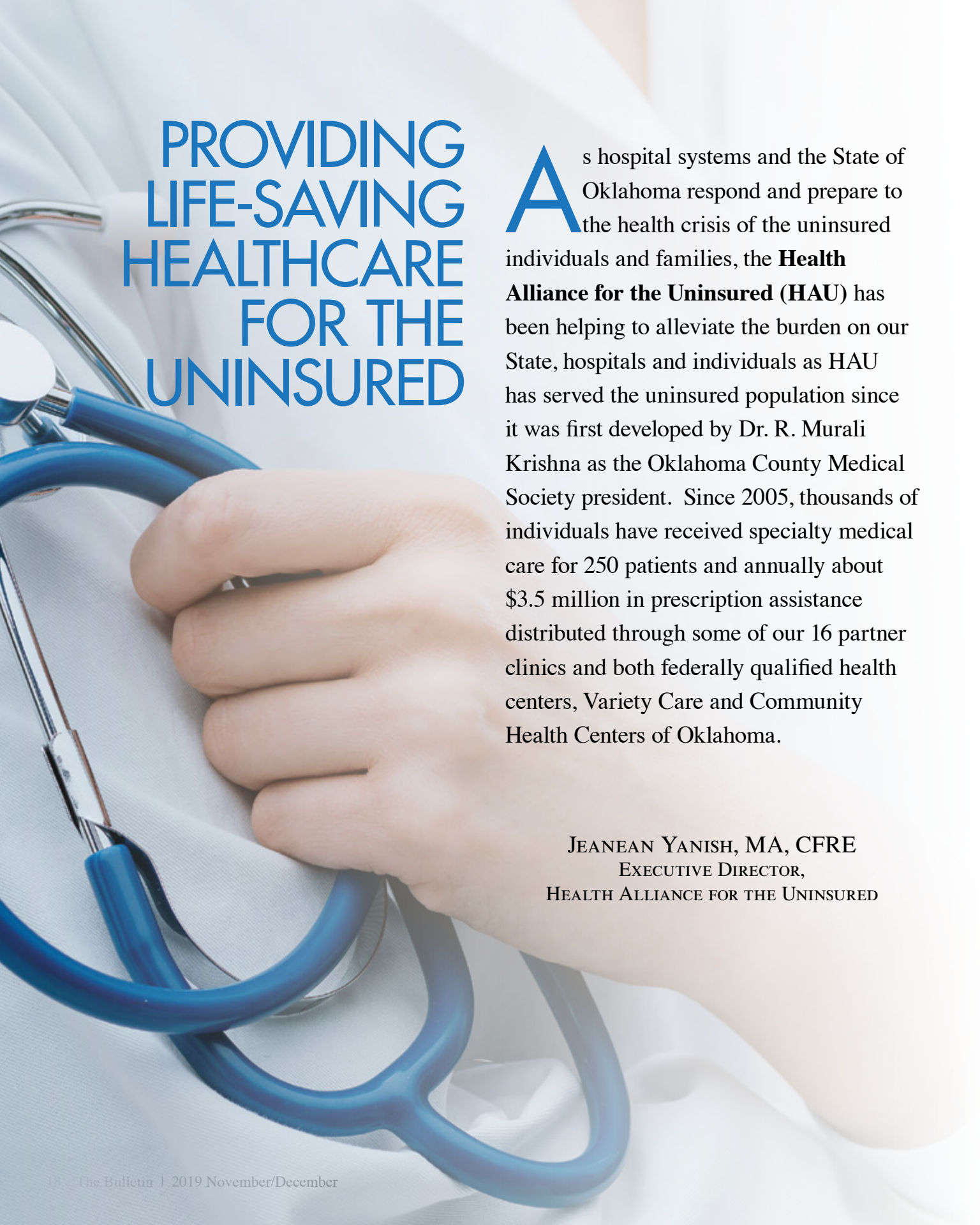
However, according to the Pharmaceutical Care Management Association (PCMA), PBM's reduce prescription drug costs and improve convenience and safety for consumers, employers, unions, and government programs. Both sound similar, but I found three words in Wikipedia's definition quite different. The words 'were originally designed' implied PBM's are no longer what they were intended to be or what they used to be.

That is probably why Senator James Lankford (R-Oklahoma) is laser-focused on the PBM industry and has not only penned a recent op-ed in *Modern Healthcare*, but has also introduced the bipartisan Prescription Pricing for the People Act which requires the Federal Trade Commission to study recent PBM mergers that have created an anti-competitive environment in the drug industry.

In Lankford's article he chronicles his journey via the Senate Finance Committee to "better understand the complexity of drug pricing." He acknowledges PBM's were established to advocate for lower prices, but along the way, the mission of the industry changed and Americans were hit with high prices and deprived of accessibility to generic drug options.

For example, Lankford points out "In Medicare Part D, there are typically five tiers of drug prices within the insurance market that dictate the formulary for the costs patients pay at the pharmacy. When a new drug comes to market, the drug manufacturer negotiates with the Part D plan through the PBM to get the new drug into circulation and gain market share. After a period of time, that drug can also be produced in generic form, which usually costs significantly less." What he learned was the drug company negotiated the drugs into the same tier, so no savings. However, the PBM got a 'rebate' for helping to block the competition. What?

He also found that currently three PBM's (CVS, Express Scripts and United Health's Optum) control 80% of the volume – so much for a free marketplace! Maybe it is time we all paid closer attention to the role of PBM's in our benefit plans and examine what Senator Lankford is doing to advocate for us on Capitol Hill. Our awareness and support could make a significant difference.



PROVIDING LIFE-SAVING HEALTHCARE FOR THE UNINSURED

As hospital systems and the State of Oklahoma respond and prepare to the health crisis of the uninsured individuals and families, the **Health Alliance for the Uninsured (HAU)** has been helping to alleviate the burden on our State, hospitals and individuals as HAU has served the uninsured population since it was first developed by Dr. R. Murali Krishna as the Oklahoma County Medical Society president. Since 2005, thousands of individuals have received specialty medical care for 250 patients and annually about $3.5 million in prescription assistance distributed through some of our 16 partner clinics and both federally qualified health centers, Variety Care and Community Health Centers of Oklahoma.

JEANEAN YANISH, MA, CFRE
EXECUTIVE DIRECTOR,
HEALTH ALLIANCE FOR THE UNINSURED

HAU and partners undertake strategic, sustainable initiatives to identify unmet needs and develop feasible solutions.

1. **Medication Assistance Program** provides annually about $3.5 million (average wholesale cost) in prescription medications participating with about 20 pharmaceutical companies' programs that provide ongoing medications, at no charge, for long-term health conditions.

   Medication assistance is also provided through a long-term partnership with Oklahoma County Government's Social Services Department with the bulk med program providing about 3,000 prescriptions a quarter. Medication Assistance provides a return of $18 to $1 and enrollment in pharmaceutical company assistance programs for long-term medication needs showing a $45 to $1 return. The impact on the health of those with diabetes, heart/lung disease, and Hepatitis C is significant for all involved – patient, family, employer, clinic providers, and all whose health care costs are impacted less. More than $1 million in insulin is coordinated through HAU to the free and charitable clinics.

2. **Care Connection** is the vital link between patients in need of diagnostic tests, specialist consults or surgery and those resources willing to contribute services. HAU staff coordinates the care after ensuring the request is medically necessary and the patient is eligible. HAU assists more than 250 patients each month, with the most frequent needs being radiology, cardiology and ophthalmology (due to the high incidence of diabetes).

   The Health Alliance for the Uninsured (HAU) provides the critical connection between low-income, uninsured persons in need of health care services and health resources that are willing to help but cannot be directly accessed by an individual or family. This connection improves the health of safety-net clinic patients in Oklahoma County. HAU and partners work together to improve health of those who rely on the safety-net health sector for their primary care needs.

   HAU has helped individuals return to health by providing access to prescription medications for acute and chronic illnesses. Patients with diabetes, hypertension, heart disease, lung disease or Hepatitis C are assisted in enrollment into the pharmaceutical company programs that provide free medications to eligible persons. During the last fiscal year, HAU staff secure $3,241,483 in free medications. A single course of treatment for Hepatitis C costs a minimum of $84,000.

   HAU helps those without other options receive necessary diagnostics, specialty consults and surgeries.

3. **Support and Resources for the Free/Charitable Clinics** Sixteen free/charitable clinics and both federally qualified health centers refer patients to HAU's Care Connection program. HAU draws on the relationships developed with physicians, hospitals and other facilities to meet the need for radiology, cardiology, general surgery, orthopedics, dermatology, oncology, gastroenterology, ophthalmology and others. These health care services are provided at no cost to eligible patients. In addition, resources, events, best practices and referral information is provided to our clinic partners at bi-monthly Safety-Net Meetings, by e-newsletter and on the HAU website at https://hauonline.org/resources/.

We need your help!

Our community can be part of the solution by encouraging physicians to donate service through the HAU and making financial contributions at **hauonline.org**.

For medical volunteers, please contact Beverly Caviness at Beverly.Caviness@hauonline.org.

To learn more and make a financial donation, please visit **hauonline.org**.

DOCTOR OF THE DAY MOVING TO FEBRUARY

Each year, OCMS physicians participate in Doctor of the Day at the State Capitol. This year, OCMS will have physicians staffing the capitol during February instead of April. Doctor of the Day is a great opportunity to meet with your legislators, be recognized on the Senate and House floor, and represent Oklahoma physicians. For more information about Doctor of the Day or to volunteer: **ocms@okcountymed.org.**

OPEN ARMS CLINIC CLOSING

In 1993, Dr. Raymond Cornelison, Doris Clark (the then director of OCMS), and the then president Dr. Roland Walters, first explored with Deaconess Hospital the possibility of beginning a charitable clinic for the community. A committee was formed, and a passion soon arose for the work.

The clinic's first home was at the McArthur (now Resurrection) Free Methodist Church. Dr. Mukesh Parekh was the medical provider who saw the clinic's first patients on opening day, September 30, 1993. Clinic activities were conducted weekly at the church for 12 years. Eventually, the activity of the

clinic simply outgrew the provided facilities and the clinic moved into a hospital-leased space at 5013 N. Meridian. This allowed for more patient privacy and easier access to lab and radiology facilities.

In early February 2013, Open Arms Clinic moved to 5252 N. Meridian, and began seeing patients. This newly remodeled space more than doubled the number of exam rooms available and allowed for better clinic organization and traffic flow. Primary funding for Open Arms was provided by the Butterfield Foundation.

In October 2019, the Butterfield Foundation ceased funding for the Open Arms Clinic. The clinic closed on October 31, 2019.

OSMA HEALTH

people you know, coverage you can trust.

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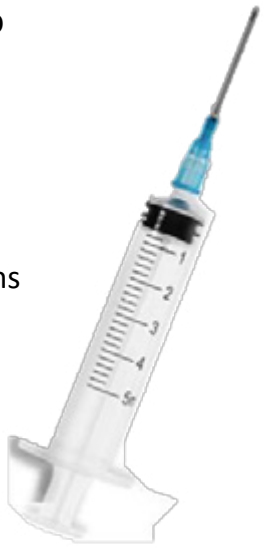

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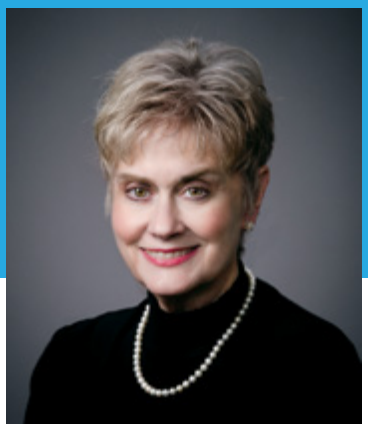

By Jana Timberlake,
Executive Director

"4 Things You Can't Get Back:
The stone after it's thrown.
The word after it's said.
The occasion after it's missed.
The time after it's gone."

~ lessonslearnedinlife.com

I absolutely love this quote as it is something I attempt to use to guide me when interacting with others. All of us remember the children's saying, "Sticks and stones may break my bones, but words will never hurt me." Nothing could be further from the truth. Dr. Robin Meyers, Senior Minister at Mayflower Congregational UCC, reminds people to be careful with their spoken word because it will never be forgotten. Harsh words will cut through the heart like a sharp knife and the wound might never heal.

With the holidays approaching, I have promised myself to be extra mindful to show kindness and courtesy towards others. Stop and think about how you made someone feel the last time you spoke a kind word or offered a smile. It might have been the only positive interaction this individual encountered the entire day, and it cost you nothing.

The tribalism that seems to engulf the United States at the moment troubles me. You know, that "us against them" mindset. Choosing sides is not as innocuous as a pickup basketball or sandlot baseball game as it tends to divide us. Perhaps by being a little more tolerant of other's beliefs, we can once again achieve peace and harmony. That is my hope during this season of giving.

Now for my thanks... Thank you to Dr. Kevin Moore for adding the extra hours to his days as the leader of this organization and to Michael for sharing him with us. Thank you to the OCMS Board of Directors for its tireless efforts to keep this organization on track by fulfilling its mission. Thank you to the OCMS staff, Alison and Rebecca, for your hard work and dedication. It is an absolute joy to greet you each morning and work with you throughout the day. I believe we can accomplish anything when working together. And thank you to the OCMS membership. Without you, the Society would not exist.

I am filled with gratitude for everything in life – my job, my husband, my fur babies and my extended family. These are the greatest gifts of all. When added up, my blessings are priceless.

At this very moment, sit back, close your eyes, count all of your blessings and breathe in the smells of the season. May you be filled with peace and granted an abundance of time with those you love. Happy Holidays!

Jana Timberlake, Executive Director

MINI-MAE'S LAST RIDE

Bill Truels, MD
Editor-in-Chief

Mini-Mae limped up into her travel seat in our van, anxious for her daily ride. With her neck bowed down from arthritis, she could barely raise her head high enough to see out the window.

We loved Mini-Mae, now 13 years old. She started out as our granddaughter's dog, with her fluffy fur and bouncy gait. As she grew older and less agile, my wife and I adopted Mini-Mae and accompanied her on her many veterinarian's visits for scoliosis of the neck and arthritis in her right front leg that would sometimes cause her to fall flat on her face as she raced against our other dog, Mia – chasing a squirrel in our back yard!

MINI-MAE'S LAST RIDE

I remembered one night, several months ago, when I woke up and found Mini-Mae standing alone in the bathroom panting. We rushed her to the emergency room, convinced she was having a heart attack. After a thorough exam and overnight stay, the veterinarian informed us that Mini-Mae was having chronic, severe pain and we began an around the clock pain pill regimen.

I held up Mia, our little chihuahua dog for Mini-Mae to see, as I stood in the garage. Mini-Mae held up her head, almost gloatingly, for she was going on her ride, while Mia was staying home! Mia quickly looked away, as if she sensed something was wrong. This was late in the day- not the usual time for Mini-Mae's daily ride.

Despite her age, Mini-Mae had a good memory – she would remember all the places she had been. When my wife and I drove past our old house in the Village, Mini-Mae's ears would perk up as she stuck her head out the window and stared at her first house. I'm sure the strangers who lived there now wondered why that old dog looked at them!

We drove past the old ice cream shop that Mini-Mae enjoyed, as she looked out the window and barked. We bought Mini-Mae a small bowl of soft serve ice cream and let her lick it dry, as my wife wiped away a tear. Mini-Mae must have wondered – what was the special occasion?

We slowly drove around the old walking path in our neighborhood. Mini-Mae recognized each of the houses where her doggy friends used to live, and barked or whimpered at each one as we drove by – as if begging their spirits to come out and play! Most of Mini-Mae's friends were gone now – she had outlived most of them.

We drove by Lake Hefner where Mini-Mae liked to walk around and let her gaze at the ducks and roll in the soft, fluffy grass. She watched the wind surfers take off into the air and do somersaults, wondering if one day she might be able to float in the air!

When we arrived at the veterinarian, he put us in a small room and let Margaret and I visit with Mini-Mae. We said a quiet prayer, and Margaret wrapped Mini-Mae in her favorite blanket – gently, for all her legs were sore now from the arthritis. I was already beginning to tear up and had to step outside for a few minutes.

Mini-Mae must have wondered why the veterinarian was starting an IV in her arm. We softly stroked her white fluffy fur to reassure her. When the doctor injected the medicine, Mini-Mae suddenly looked up at me for one last time, and for one brief second our souls touched each other. It never seems like the right time to die!

The doctor carried Mini-Mae off, wrapped in her favorite Dora the Explorer blanket, as her head drooped down. Mini-Mae was in pain no more, but our pain over her loss was just beginning! Maybe she was floating in the air and doing somersaults after all!

Integrating Mind

The Kirbas Institute is pleased to announce its upcoming dinner program on November 12, 2019 at the Oklahoma History Center featuring Drs. Mark Mellow and Murali Krishna. There has been an increase in secularism in America which has been accompanied by an alarming increase in depression, anxiety and suicide. Ironically, this comes at a time when we have increasing evidence supporting the proposition that faith and spirituality have significant health benefits. This program will address this paradox with data which supports a strong link between spirituality and a healthy mind and body.

Drs. Mellow and Krishna review evidence from longitudinal studies showing that faith and spirituality have positive effects on many disease states and mortality. They review exciting new data showing that benevolence, connectivity and compassionate behavior have positive effects on psychological state as well as gene function and biological aspects of aging. This dinner program will emphasize the healing power of the mind, body and spirit connection.

Tuesday, November 12, 2019
Oklahoma History Center
6:00 p.m. Reception
6:30 p.m. Buffet Dinner and Presentation
$35/person; $25/student

and Body: The role of spirituality

Drs. Mellow and Krishna put forth the notion that faith and spirituality, appropriately practiced, has important health and societal benefits.

The Kirbas Institute is a 501c3 non-profit organization that exists to build bridges of understanding, cooperation, respect and acceptance among diverse faith communities and between faith communities and the global marketplace of ideas, especially those related to science and biotechnologies.

R. Murali Krishna, MD, DLFAPA is a well-respected senior psychiatrist in Oklahoma City, Oklahoma. He is widely recognized for his dedication, compassion, mind-body expertise and skills for helping people achieve their true potential of emotional wellness.

Dr. Krishna is community ambassador and board member for the Arcadia Trails INTEGRIS Center for Addiction Recovery. He also serves as the Founding President and a board member for INTEGRIS James L. Hall Jr. Center for Mind, Body and Spirit, an educational organization devoted to improving health through raising awareness of the healing power of the connection between mind, body and spirit. He has also served as past president of INTEGRIS Mental Health.

Dr. Krishna is an expert on emotional wellness, the mind, body and spirit connection and how each one influences the other. Through his mental health and addiction recovery services, he has become an innovator and a champion for the people of Oklahoma struggling with mental health. He is often interviewed by television and print news organizations, and his tireless efforts have earned him numerous national and international awards and recognitions. Dr. Krishna was bestowed with the prestigious honor of Distinguished Life Fellow: the highest recognition given by the American Psychiatric Association. Dr Krishna has written several books his most recent publication is titled: VIBRANT: To heal and be whole.

Mark Mellow, MD, FACG has been a practicing gastroenterologist and clinical researcher for over 40 years. He has authored, or co-authored over 50 studies and is an Emeritus Clinical Associate Professor of Medicine at Oklahoma University School of Medicine. Dr. Mellow applies an analytical process to evaluate the validity of biblical dietary and health laws as well as recently published studies correlating the effect of faith, benevolence and connectivity on health outcomes and gene functioning. He recently authored The Good Neighbor, which addresses the meanness and polarization of views in our society and ways in which a multi- faith community effort can help bring us together.

For more information and dinner program tickets, please call 405.286.3791 or visit: http://www.kirbasinstitute.com/the-kirbas-institute-dinner-program/

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MERCY'S "DANCE DOCTOR" PROVIDES SPECIALIZED CARE IN RARE ALLIANCE WITH OKLAHOMA CITY BALLET

Dracula and The Nutcracker might not be the first things that come to mind when you think about professional sport injuries, but studies show these performances are tough on dancers.

A study at the University of Wolverhampton in England found 80% of professional ballet dancers have at least one injury per year that affects their ability to perform, compared to a 20% injury rate for football players. What differs between the professions is the accessibility of a medical team specially trained to get them back to dancing.

"When it comes to professional sports, we try everything possible to get football players and baseball players back on the field," said Dr. Megan Meier, Mercy family medicine and sports medicine physician. "There are entire medical and physical therapy teams dedicated to those sports, but dancers are often told not to dance or find another sport when they are injured."

That's changed for the dancers of Oklahoma City Ballet because of a unique relationship in which Mercy has become the Ballet's official medical provider, and Dr. Meier serves as the company physician. This collaboration between Mercy and the Ballet is rare, one of only a few known programs in the world.

A former ballet dancer with years of experience in many types of dance, Dr. Megan Meier specializes in dance medicine and experienced her own career-ending injury on the stage.

"I had a run of the mill ankle sprain my senior year of high school," Dr. Meier said.

Meier said she was told to stop dancing and wear an air cast. She was not referred to physical therapy or told how to change her technique to avoid another injury in the future.

"I don't know that I ever recovered from that injury, and I never went back on pointe because that ankle was not trustworthy," Dr. Meier said.

After the injury, Dr. Meier remembers feeling heartbroken when her physician told her to find a different sport.

"My experience as a dancer made me really passionate about becoming the kind of physician who understands a dancer's injuries and can help connect the dots between diagnosis and treatment," Dr. Meier said. "Dancers are a hard group to rehabilitate because if we don't treat them appropriately, we can cause their injury to heal in a way that makes them too stiff or leaves them with an unstable joint. Improper treatment and rehabilitation can end their career. It's a delicate tightrope to walk just based on the biometrics of a dancer's job."

It's an issue Oklahoma City Ballet has faced since its inception and one its artistic director, Robert Mills, knows all too well. Among the 30 professional dancers at Oklahoma City Ballet, there are often 30 to 40 injuries each season, ranging from something as minor as muscle soreness to broken bones or torn ligaments.

"Most physicians have no way of knowing exactly what our dancers undertake physically," Mills said. "We desperately needed someone who really understands a dancer's anatomy, their body and what they do."

Continues on page 30 …

Dr. Meier sees Oklahoma City Ballet dancers in a Mercy Clinic designed just for the athletes located in the lower level of their practice facility on Classen Boulevard. The clinic gives the dancers quick, convenient access to care tailored specifically for their needs.

Alvin Tovstogray, principal dancer for Oklahoma City Ballet, has been with the company for seven years and experienced an ankle sprain in January 2019.

"Being able to see a physician with a background in dance is extremely important to me as a dancer in order to understand the cause of my injury," Tovstogray said. "Dr. Meier brings a whole different dimension to the understanding of movement. It's crucial to pinpointing a diagnosis and speeding up our recovery process so we can get back to work."

Thanks to the convenience and ease of seeing Dr. Meier right away, Tovstogray was back to dancing almost immediately.

The most common injury in professional dance is a sprain, strain or broken bone to the lower extremities like a foot, ankle or knee. In most cases, professional dancers don't have the option to take six to eight weeks off to rest an injury as their season and livelihood depends on their ability to perform.

"My goal is to create a care plan for these dancers that integrates medical treatments and physical therapy along with coordination of care with the company manager and choreographer to get these dancers back to dancing in a safe and functional way," Meier said.

As for the future of dance medicine, Dr. Meier wants to see more collaborations between health care providers and dance companies.

"I hope we continue to see a change in the way dancers are treated and see more sports medicine physicians specializing in this field," Meier said.

CME INFORMATION

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MERCY HOSPITAL OKC
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If you answered yes to any of these questions, you are not alone. Most physicians struggle to find a balance between the intense demands of practicing medicine and their personal lives. No physician is unaffected by transitions in their career and personal life.

If you are overwhelmed, overworked or overstressed, OCMS provides up to 8 free and confidential counseling sessions with a licensed psychologist. It's completely confidential and offsite, giving you extra privacy to discuss anything that may be weighing heavily on you. For more information and how to make an appointment, visit **www.okcountymed.org/pwp**.

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