BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY SEPTEMBER 2012

DOES YOUR MEDICAL PRACTICE HAVE TYPICAL PATIENTS?

A: OF COURSE NOT.

Your medical practice provides individualized solutions to meet the unique needs of each and every patient.

At the Private Bank we don't have typical clients either. Our dedicated team provides individualized solutions tailored to fit your practice.

Call the Private Bank today for your own uniQue solution.

www.QuailCreekBank.com
405.755.1000
12201 N. MAY AVE. • OKC
MEMBER FDIC

Quail Creek
PRIVATE BANK

Cash Management • Remote Deposit • Lockbox • Working Capital
Real Estate & Equipment Financing • Mortgage • Wealth Management

Paid Advertising

THE BULLETIN
The Oklahoma County Medical Society

September, 2012 – Vol. 85, No 4

A Monthly Publication
Circulation 1500

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

EXECUTIVE OFFICE

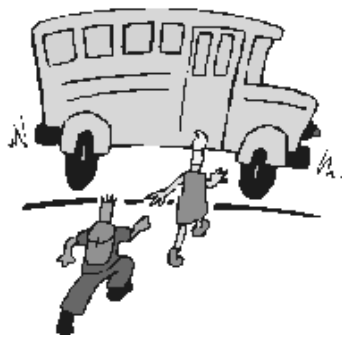
313 N.E. 50th Street, Suite 2
Phone 405-702-0500 FAX 405-702-0501
Oklahoma City, OK 73105-1830
E-mail: ocms@o-c-m-s.org
Web Site: o-c-m-s.org
Jana Timberlake, Executive Director
Tracy Senat, Associate Director
Managing Editor, The Bulletin
Ashley Merritt, Membership Coordinator
Administrative Assistant

EDITORIAL

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

Printed by Green's Graphix

TABLE OF CONTENTS



About the Cover

The photograph on the Bulletin this month is the state lizard photographed by Terri Underhill of Edmond, Oklahoma. She is the wife of Keith Underhill, MD, a family physician. The lizard is a male collared lizard observed at the Wichita Wild Life Refuge. In Oklahoma it is known as the "mountain boomer." They prefer high temperatures up to 105-106 degrees fahrenheit at their basking spot. Collared lizards are silent. They can run on their hind legs up to 16 miles per hour. They look like small dinosaurs. The name "collared lizard" comes from their distinct coloration. They can be tamed and kept as pets. ❑

The Editor

Bidding Adieu

As I begin work on this issue of the Bulletin, in late July, I am filled with very mixed emotions: excitement, anxiety, eagerness, sadness. My retirement date is August 31. I am excited to have more time to play with my grandchildren before they outgrow "hanging out with Grammy,"anxious whether I've made the right decision at the right time, eager to enjoy leisurely mornings with coffee and the New York Times and Washington Post online, and sad to be leaving friends I've worked with – OCMS members, Alliance members, and staff.

This is the last Bulletin I will get to prepare. Working with Dr. James Hampton, Editor-in-Chief, and other members of the Editorial Board has been a delight. Their contributions, suggestions and critiques have been a tremendous help. I will miss the work on the magazine … but I wonder how long it will be until I can again read a book, magazine or newspaper without the urge to edit it!

Working with all of you has been a great experience. Thank you for the opportunity.

Tracy Senat is now the OCMS Associate Director and Managing Editor of the Bulletin. You may reach her at 405.702.0500 or email tsenat@o-c-m-s.org. You'll enjoy working with her. ❑

Linda Larason

Call for Nominations

Rhinehart Medical Service Award

Nominations are open for the 8th annual Don F. Rhinehart, MD, Medical Service Award. This award recognizes OCMS members, active or retired, who have demonstrated significant involvement in projects to help improve health care, the community, or the state.

Nominations must include the name of the nominee; the project(s) in which the nominee has been involved at the local, state or national level; and the reason(s) why that involvement or service is considered worthy of recognition. Nominations, not to exceed 650 words, are due by October 22, 2012. The recipient will be selected at the November Board of Directors meeting and the award will be presented at the Inaugural Dinner in January.

Nominations may be mailed to 313 N.E. 50th Street, Suite 2, Oklahoma City, OK 73105, faxed to 702-0501, or emailed to tsenat@o-c-m-s.org. ❑

Annual Meeting

The OCMS Annual Meeting will be held November 5, 2012, in the OSMA headquarters meeting room, 313 NE 50th Street, Oklahoma City. The agenda includes election of officers to serve during 2013 and presentation of the OCMS Community Foundation's second annual scholarship. Peter Dolese, Executive Director of the Arts Council of Oklahoma City, will present the program. The meeting will open at 6:00 p.m. with a wine and cheese reception, dinner will be served at 7:00 p.m. and the program will start around 7:30 p.m. Mark your calendar now and join us! ❑

In Memoriam

H. Craig Pitts, MD

1937 - 2012

New Medicare Contractor

Novitas Solutions, Inc. (formerly Highmark Medicare Services, Inc.) is a wholly-owned subsidiary of Diversified Service Options, Inc., a subsidiary of Blue Cross Blue Shield of Florida.

It will replace Trailblazer as the Medicare contractor in the Oklahoma region. The Oklahoma County Medical Society will provide its membership with updates leading up to the change over to Novitas in an effort to lessen disruption during the transition period.

General Information

- July 27 and August 31, 2012 - Novitas will mail two general transitional newsletters
- October 29, 2012 - Cut over period begins
- November 1, 2012 - Operational start date
- Notice will be mailed to physicians one month prior to cut over

Important

- July 26, 2012 - Novitas to issue Electronic Funds Transfer (EFT) Notice to Providers
- Physicians encouraged to complete the EFT information as soon as possible
- Clearing house bank is U. S. Bank
- Pay IDs will change
- October 1, 2012 - Will issue EDI early boarding letter, to include submitter login ID and password
- October 8, 2012 - EDI Submitter connectivity testing and EDI early boarding start

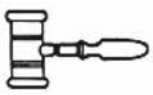
Miscellaneous

- Novitas has adopted a vast majority of Trailblazer policies
- To view a comparison of new policies, select Crosswalk on the Novitas website: www.Novitas-Solutions.com
- Novitas is developing a provider Internet portal, which will allow claims to be filed via the Internet
- Currently there is no "hotline" number to obtain transition information for physicians who do not have Internet access

Questions

- Physicians are encouraged to visit the Novitas website: www.Novitas-Solutions.com ❑

President's Page



Tomás P. Owens, MD

A Hot Summer Indeed

Relentless heat, drought, wildfires accompanying unmitigated political tension, peppered with Olympic fervor: that's the summer that's been.

PPACA

The one thing that all parties agree to is that *something* must be done about health care in America. Large numbers of uninsured -- many of whom are employed, insufficient coverage for countless, high inflation and out-of-control expenses with less than stellar population-based outcomes have plagued a system with the infrastructure to do better.

The Patient Protection and Affordable Care Act was signed on March 23, 2010.

The Supreme Court has spoken. The law was declared constitutional on June 28, 2012. Other than Stan Hupfeld[1] who presaged the mandate-as-tax argument in September of 2010, no one foresaw that justification for the decision.

You can now argue whether the "institutionalists" prevailed over the "constitutionalists" and what effects this will have over an array of future court cases. Interesting diatribes, but more academic than pragmatic.

Opinions on the passing range from "Health Care ruling uncomfortable for all"[2] to "Court's Ruling on Health Reform brings relief."[3] And, though national polls show that nearly 60 percent of Americans feel that opponents of the law should 'stop trying to block its implementation and …move to other national

problems,'[4] the health insurance mandate 'faces huge resistance in Oklahoma.'[5]

Financing remains a trump card, as imponderables such as the real-life consequences of the 80/20 rule, government's competency in management and the upshot to small businesses are unclear (the promise has been that fraud prevention and efficiencies, among other features of the act, will pay for the vast increase in coverage).

Nevertheless, regardless of your own personal take on the law and the benefit/risk balance, *now* is the time to assess the potential repercussions. Even if it were to be reversed and replaced with initiatives such as the Patients' Choice Act (introduced in 2009 by US Sen. Tom Coburn, R-Muskogee) following the November election -- a tall order, it would be unwise not to prepare.

Alas, it is prudent to remember that 50 of the PPACA provisions (the act has 13 areas totaling 1,000+ pages) are *already* in effect (e.g., lifetime dollar amount limit extension, pre-existing conditions for children) with 35 more to be implemented between now and 2018.

Although the court's decision allows opt-out of the Medicaid expansion without penalty, it will be a 'challenge for states to deny benefits'[2] that can be had in neighboring jurisdictions and for providers to continue to absorb the uncompensated care while foregoing federal support. The odds are we will have to prepare for some degree of expansion.

In addition, the reality is that our 'state can't hold off on insurance exchange.'[6] Exchanges are not ready in 20-40 states. This is an urgent problem.

The wisdom/lack thereof of turning down the federal grant to create the exchanges is now irrelevant. We must act immediately to create a 'state-based insurance marketplace.' This can be accomplished with governmental support or via an 'almost exclusively private-sector-operated'[7] exchange. Either way this is the first 'something' that *must happen now*.

Independent Transportation Network

The ITN working group has continued to convene and we have met with several hospital and health care leaders in the metro. We envision strong support from the remaining players that we have scheduled and, hopefully a late fall announcement of beginning of operations.

'Docs Who Rock'

An OCMS Committee had the opportunity to meet with Michael Gaffney, Vice President of Marketing at United Way of Summit County, Akron, OH, on June 1. Important insights were gained and we are now in the process of recruiting those interested and, in partnership with The Alliance, putting together our inaugural show next summer.

Linda Larason

After 9 ½ years as Associate Director of OCMS, Ms. Larason is retiring at the end of August. A Valedictorian of Sapulpa High School, Linda graduated from Oklahoma City University and was a State Representative in the Oklahoma House for 10 years. Later, she was Project Director of StartingRIGHT! and the Heartland Coalition before she became Director of Planning and Programs at the Community Council of Central Oklahoma, a United Way initiative. We were fortunate enough to have her join us then, and she is leaving a legacy of thoughtful community involvement and masterful direction of The Bulletin. Linda is a true class act. She will be missed. We now welcome Ms. Tracy Senat as new Associate Director.

Please email or text me with your thoughts or suggestions. Have a great late summer! ❑

References:

1. The Journal Record, September 2010

2. Robert Laszewski, Health Policy and Strategy Associates, USA Today, 29 June 2012

3. Paula Burkes, Oklahoman, 29 June 2012

4. Noam Levey, Tribune Washington Bureau, 3 July 2012

5. Sandhya Somashekhar, The Washington Post, 29 July 2012

6. Our Views, The Oklahoman Editorial, 2 July 2012

7. Jonathan Small, CPA, Fiscal Policy Director, Oklahoma Council of Public Affairs

OCMS Election of Officers

The OCMS members listed below have been nominated for the four open positions on the OCMS Board of Directors. Ballots will be mailed no later than September 15. Return ballots must be **postmarked** no later than September 30. Please mark your ballot and return it immediately to be sure your vote counts.

Nominating Committee members were Drs. Robert N. Cooke, Chair; Larry A. Bookman, Vice Chair; Jim Brinkworth; Thomas H. Flesher, III; C. Douglas Folger; and Robin L. Harms. ❑

POSITION I

Archana P. Barve, MD

Medical Degree:	The Royal College of Surgeons in Ireland, Dublin, Ireland, 1990
Internship:	Blodgett Memorial Medical Center, Grand Rapids, MI, 1990-1991
Residency:	University of Pittsburgh Medical Center, Pittsburgh, PA, 1991-1994
	Specialty: Physical Medicine & Rehabilitation
Date of Oklahoma License:	1998

Joseph C. Broome, MD

Medical Degree:	University of Oklahoma Health Sciences Center, Oklahoma City, OK, 2002
Residency:	Great Plains Family Medicine, Oklahoma City, OK, 2002-2005
Specialty:	Family Medicine
Date of Oklahoma License:	2003

POSITION II

J. Samuel Little Jr., MD

Medical Degree:	Washington University, St. Louis, MO, 1987
Internship:	Indiana University Medical Center, Indianapolis, IN, General Surgery 1987-1989
Residency:	Indiana University Medical Center, Indianapolis, IN, Urology, 1989-1993
Specialty:	Urology
Date of Oklahoma License:	1995

Editor's note: The second candidate for Position II has withdrawn his name from nomination.

POSITION III

Don P. Murray, MD

Medical Degree:	University of Oklahoma, Oklahoma City, OK, 1976
Internship:	University of Oklahoma Teaching Hospitals, Oklahoma City, OK, 1976-1977
Residency:	University of Oklahoma Teaching Hospitals, Oklahoma City, OK, Internal Medicine, 1977-1980
Fellowship:	University of Oklahoma Teaching Hospitals and VA, Oklahoma City, OK, Gastroenterology, 1980-1982
Specialty:	Gastroenterology
Date of Oklahoma License:	1977

Ronald J. Sutor, MD

Medical Degree:	University of Vienna School of Medicine, Vienna, Austria, 1986
Internship:	Albany Medical Center of Union University, Albany, NY, 1986-1987
Residency:	West Virginia University, Charleston Division/CAMC, Charleston, WV, Medicine/Pediatrics, 1987-1990 The University of Michigan Medical Center, Ann Arbor, MI, Cardiovascular Disease, 1990-1993
Specialty:	Cardiology
Date of Oklahoma License:	1993

POSITION IV

Louis M. Chambers, MD

Medical Degree:	University of Oklahoma Health Sciences Center, Oklahoma City, OK, 1986
Internship:	University of Oklahoma Health Sciences Center, Oklahoma City, OK, General Surgery, 1986-1987
Residency:	University of Texas Southwestern Medical Center, Dallas, TX, Pathology, 1991-1995 University of Oklahoma Health Sciences Center, Oklahoma City, OK, General Surgery, 1986-1988 and 1990-1991
Fellowship:	Massachusetts General Hospital, Research Fellow, Boston, MA, 1988-1990
Specialty:	Anatomic and Clinical Pathology
Date of Oklahoma License:	1987

First BRA Day USA set Oct. 17

Anureet Bajaj, MD

As a plastic surgeon, breast reconstruction forms a significant portion of my practice. Every day, I hear stories from women about how breast reconstruction has changed their lives – patients will say, "I didn't feel like a women before because breasts are what make you a woman," or "I feel whole now." I have had patients who have told me they never allowed their husbands to see them naked after their mastectomies or others who are brought to tears after seeing the results of their reconstruction.

But I am also aware that the vast majority of American women who undergo mastectomy will not have a breast reconstruction. Breast reconstruction may not be the right option for every woman, but for many, it is a life-changing procedure. This year 227,000 women will be diagnosed with breast cancer. Seventy percent of those women will be unaware of their reconstructive options. In other words, the focus will be on cutting out the cancer, not surviving it, not healing from it and certainly not rebuilding. This reality comes i*n spite of* a federal law requiring health insurers (including Medicaid and Medicare) to cover breast reconstruction procedures. This 1998 law also mandates that insurers cover procedures on the opposite breast to achieve symmetry.

In 2011, Canada launched the first BRA Day (Breast Reconstruction Awareness Day). This year, the American Society of Plastic Surgeons and The Plastic Surgery Foundation have joined forces with the Canadians to initiate BRA Day USA. BRA Day will occur annually on the third Wednesday of October (October 17, 2012) to raise awareness about breast reconstruction. The mission of BRA Day is to "develop and advance an internationally recognized day that promotes awareness and access to post-cancer breast reconstruction surgery." Thus far, 20 countries are participating. Grammy award winning artist Jewel will lead the charge here in the United States as our national spokesperson; her voice to this issue will help fuel excitement and build attention in 20 other countries that will celebrate women's ability to persevere and rebuild. Jewel will release a song

(continued on page 44)

Renaissance

Hanna Saadah, MD

When rain and earth are married every spring
And flower flocks are hatched and start to sing
And tulips sip with crimson lips the dew
I gather all their dreams and think of you.

When summer browns the hay and every day
Grows long with light that streams from far away
And nights bring stars to hatch upon the blue
I gather all their beams and think of you.

When autumn spreads a crimsoned yellow cloud
And branches cheer with colors bright and loud
And hisses hatch to winds that flutter through
I gather all their screams and think of you.

When winter's wedding dress serenes the view
I gather all her streams and think of you. ❑

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

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

OSMA HEALTH

people you know, coverage you can trust.℠

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

Paid Advertising

Young Physicians

Bradley J. Margo, MD

The Journey

"We start here, and we go there. But it's not that simple, is it? Our paths may be circuitous or direct. We may gaze excitedly ahead, or cast our eyes regretfully behind. Until we reach our destination it only exists in our minds. It is what we have imagined it to be. And yet we tend to neglect the journey, which is real, in favor of the destination, which is not."

Sometimes you open a book only to discover that you have not chosen the book but the book seems to have chosen you, so closely does it mirror your own experience. The quote above is from the book *Hot Lights, Cold Steel: Life, Death and Sleepless Nights in a Surgeon's First Years* by Michael Collins, MD, which details its author's journey to become a surgeon. This book compelled me to reflect on my own journey, the 10 years it took to become a surgeon. The years were at the same time a whirlwind of experiences and a delicate balancing act of career and personal life. Finding equilibrium between the chaos and the calm, the intensity of action, and the profound strength that your emotional connections bring is what will make you a better person and a stronger doctor.

In the field of medicine, it can be easy to focus on the long- term goals of graduation, grades, securing a residency, and finding a career. It takes a conscious effort to remember that each day of learning something complex, each patient's idiosyncrasies, each "complication," and each difficult personality is a chance to focus on the present, thereby enriching the experience so that when long-term goals are finally reached, you are strong and ready. I am just starting my third year in private practice and every

morning I wake up and truly enjoy going to "work." Being consciously present in each moment of the voyage over the next few years will not only prepare you to do your job, it will allow the personal side of you to deepen so that you will be worthy of the responsibility and honor you seek in becoming a healer.

This past spring I coached a Little League baseball team. I did not do it because I wanted to relive my glory days (I never played in my life) or to ignite my sons' competitive spirit (Sooner football will do that) but because so many of these kids no longer enjoyed the game. They doubted their own abilities and the goals set for them seemed impossible. By focusing on each skill, how to swing well, how to look at the ball, how and when to encourage the teammate who just struck out, we refocused them on the positive, and on the present. By building confidence, skills, and community we soon had an overflow team that not only had fun; they got better. The season was not just about winning. It was about the journey. Paradoxically however, living the journey deeply not only makes victory sweeter, it makes it more likely.

My own journey to becoming a doctor began well over a decade ago. It has been a voyage of discovery conducted with almost no sleep and filled with disappointment, adventure, heartbreak, and great joy. I met and married my beautiful wife and we have three sons who make us smile each day. There was never enough money or enough time, there were too many demands and too few hours, and yet it has been a wonderful journey. Live your path fully, learn as much as you can, and appreciate all those who accompany you on your voyage.

Thoreau said, "Go confidently in the direction of your dreams. Live the life you have imagined." I encourage you to take time with your loved ones and save a little time for interests about which you are passionate. It will give balance to your life and that internal energy will make you even better at "work." Keep living the things you love and the incorporation of your new dreams will benefit from this focus on your past and your present, and will create for you and in you the best possible future. ❑

Krishna Elected President of OSDH

R. Murali Krishna, MD, DLFAPA, noted Oklahoma City psychiatrist, was unanimously elected to serve as President of the Oklahoma State Board of Health.

He is president and chief operating officer of INTEGRIS Mental Health and co-founder and president of the James L. Hall, Jr. Center for Mind, Body and Spirit. It was his vision and dedication as OCMS President that led the development of the Health Alliance for the Uninsured. He is a Clinical Professor of Psychiatry at the University of Oklahoma Health Sciences Center, Department of Psychiatry and Behavioral Sciences; and Diplomate, American Board of Psychiatry.

Dr. Krishna received national recognition for his efforts to help victims of the Oklahoma City bombing, and he has been honored by numerous national organizations for his tireless efforts to help people in need. ❑

Dean's Page

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

Another class of 165 first year medical students has arrived to begin their studies. They are bright, energetic, idealistic, and we can be very proud of them. They have completed their orientation to medical school and the profession and begun their course work. These students enter medical school at a time of potentially great changes in medicine – some of these changes stem from scientific and technological advances and some stem from the uncertainties facing us in the health care insurance, health care workforce, and health care delivery models. To many of us in the senior physician category, the latter changes may seem the more difficult in terms of adaptation. However, these young students are not burdened by the way it has always been. Their ideas about medicine and medical practice will be shaped by the evolving changes and not by the past. They are fresh, they will have fresh ideas, and they will be participants in shaping future health care for the United States. I think they are up to the challenge. I hope that we and our elected national and state representatives and leaders are up to the challenge.

I'm happy to provide a few updates on important changes in leadership positions in the medical school. We are in the last phase of our search for a new chairman of the Department of Dermatology, and I hope to bring this to closure no later than early September. We completed the first phase of the search for a new chairman of the Department of Urology and narrowed the field to three candidates who will return for second visits in the late summer. Soon we will begin a national search for a

new chair of the Department of Radiological Sciences, as Dr. Susan Edwards recently elected to retire after serving eight years as chair of the department. I am very appreciative to Dr. Edwards for her dedicated service and for the many positive changes she has made in Radiology.

In July we celebrated the completion of the first year of operation of the Peggy and Charles Stephenson Cancer Center. We have witnessed remarkable, rapid growth in the number of patients entered on phase I clinical trials and other clinical research trials. We are in regular communication with the National Cancer Institute about our continuing development as a regional comprehensive cancer center.

It's been a terribly hot summer. Let's hope we get one of those beautiful Oklahoma falls to give us balance. Best wishes. ❑

Mountaineering

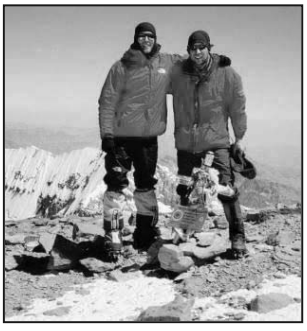
"I wonder what it would be like to climb that?"

Linda Larason

From rock climbing at age 5 on family vacations in Colorado, to scaling Long's Peak (14,000 feet) in Rocky Mountain National Park at a somewhat older age, to the top of the world … there's no stopping Douglas Beall, MD.

Assigned by the military to temporary duty at the Kilimanjaro Medical Center in Moshi, Tanzania, in 1998, he was within sight of Mount Kilimanjaro. Soaring 19,339 feet from the savanna of east Africa, it has a "tremendous amount of vertical elevation for the span of the top … very unique, imposing," says Beall. "I kept thinking, how many times can you walk by that thing before you think wow! I wonder what it would be like to try to climb that?" Although his department supervisor, a German national/American citizen, advised, "I do not think you should climb that mountain … I think that is stupid," he directed Doug to a mountain guide organization. With an African guide, required by policy, a group of 20 set out on the expedition. Only two of them, Beall and Wim Smets, an experienced Belgian mountaineer, made it to the top. They reached the summit in 2-1/2 days, a speed that Beall has since learned is "not advisable." He says he learned a little about altitude along the way.

After returning from Africa, Doug attended a mountaineering course in Switzerland, where he and Wim plotted their next adventure. Hearing some people discussing their goal to climb the highest peaks on all seven continents, Beall was ready to sign up for the adventure.



Wim suggested Aconcagua in Argentina. At 22,840 feet, Aconcagua is the highest mountain outside the Himalayas. The trip was set for 2002. Beall had always wanted to go to Argentina; he was not disappointed. The

people were "incredibly warm and friendly … great café culture, wonderful wines." He and Wim also found new climbing partners, father-daughter team Samantha and Dave Larson, who were also on the seven-continent quest.

The third of the seven climbs, in 2004, brought the partners to Mount McKinley in Denali, Alaska – in Doug's opinion, the most beautiful of all the ranges. They made it to the summit (20,320 feet) and back down in 24 days, four of which were stranded on a glacier waiting for the forest fire smoke below to clear enough for pilots to pick them up. The climbers turned the experience into a party, sharing their caches of food and libations. An added bonus was climbing with Jim Williams and Freddie Wilkinson, then only 25 and now considered one of the premiere mountain climbers in the world. He wrote *One Mountain, Thousand Summits: The Untold Story of Tragedy and True Heroism on K2.*

Vinson Massif in the Ellsworth Range of Antarctica was "a real adventure." The group flew through Santiago, down to Punta Arenas at the "bottom of the tip at the bottom of Chile" – known as the end of the world – "everyone looks Indian – we really stuck out. There are no trees because of the cold temperatures." From there, it was a six-hour flight aboard an Ilyushin 76, a Russian cargo plane about 1-1/2 times the size of a 737 – "very big, four jet engines" – to Patriot Hills.

Landing on the blue ice "took forever" before it came to a stop. Twin otters ferried the group to their base camp. "It's really cold, wind blows hard. The temperature at the summit (16,067) was around -55˚, so cold that boiling water tossed into the air freezes before hitting the ground and metal begins to break." The climb up and back down took nine days.

Having survived Antarctica, they were ready to tackle Mount Everest (29,035 feet) in 2007. To test their ability to adapt to and endure altitudes above 25,000 feet, Doug, Wim, Sam, Dave, and Victor Saunders joined a Himalayan guide and a group of

predominantly British Nationals to climb Cho Oyu (26,700 feet, the sixth highest mountain in the world, 25 miles west of Mount Everest). It was "one of the favorite climbs, the mountain is beautiful, the weather was good, the people were nice – an absolutely perfect climb. But 8,000 meter climbs are tough – it took two months." The round trip to summit Everest took 61 days. Beall reached the summit at 9:00 am, spent 30 minutes taking photos, joining a Buddhist ritual for the Sherpa, and walking to the opposite side into China. It was a beautiful, perfect day, but the group was careful to make it down past the south summit by 10:30 am because afternoons are unpredictable, often fraught with storms. John Krakauer's book *Into Thin Air* recounts his experience when five climbers in his party died and a sixth's hand was so frostbitten that it had to be amputated. Doug's whole team got up and down on the first-time attempt and, thankfully, experienced no injuries or deaths. Beall says he is often asked what it's like, standing on the top of Mount Everest, looking around. His best answer is, "Whatever you think it would be like, it's that times two."

The sixth trek took them to Mount Elbrus (18,481 feet) in 2008. Elbrus is located in south Russia, just across the border from Georgia. The highest peak is west of the Ural Mountains so, technically, it's in Europe.

The last of the seven highest peaks is Carstensz Pyramid in Indonesia, Australasia. Because it is a 16,023 foot limestone uplift, it is a

Deaconess Hospital's Accredited Chest Pain Center

Don't Delay!

Heart attack symptoms are often subtle.

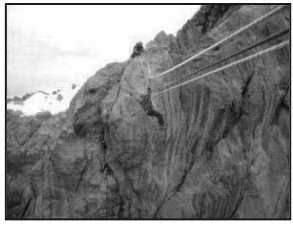
Seek treatment immediately!

Call 9-1-1

Deaconess Hospital now has an accredited chest pain center. The Society of Chest Pain Centers reviews hospital standards in emergency assessment of patients with acute coronary syndromes, facility design, personnel competencies and training, process improvement, organizational structure and community outreach. Our team works together through a standardized set of diagnostic and treatment protocols, which results in less damage to the heart and better overall outcomes.

5501 N. Portland • Oklahoma City, 73112
604-6000 • *www.deaconessokc.com*

Paid Advertising



"technical" climb … the limestone is "kind of sticky, so you can get great grips on it. It is a wonderful mountain to climb." In the middle of western Equatorial Papua New Guinea, it is not easy to get to. Planes flying overhead during WWII were the natives' first exposure to outside civilization. It remains a primitive culture with hunters using bows and arrows. Some tribes are cannibalistic. It's an interesting place with jungle so thick, overgrown with heather rising above the trees it is difficult to get through. The team was in the jungle for 12 days during this 2009 trip.

Some people would be satisfied after accomplishing such a truly lofty goal – the seven continents' highest peaks – in only nine years. Not Doug Beall. Since then he has pulled his sled 150 miles across the frozen tundra to the North Pole. And since he's been there, he plans to reach the South Pole, also …. "for balance," he says. He also longs to climb an unclimbed peak. He and his climbing partners had hoped to do that, in Tibet, this year but the Chinese government abruptly stopped issuing permits. A climb in Patagonia in 2013 will substitute for Tibet. And if he ever manages to find the time, his big dream is to climb all 14 of the 8,000 meter peaks.

What motivates climbers to take such risks? What is the reward for such undertakings? Primarily, says Beall, it's the people: mountaineers encompass a broad cross section of fantastically interesting people. Second, it's the travel – climbers see places few other people have seen or experienced. And finally, it's the destination itself.

"The best thing about the mountain is that it's kind of a microcosm of life: it's not easy, there's a start and there's a finish, you run into all kinds of difficulties along the way – hardly ever does it go as planned – and when you make it down you get a great sense of accomplishment." ❑

"Obama Care" - A Pyrrhic Victory

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

President Ronald Reagan was deeply opposed to the creation of Medicare, which he viewed as the sun setting on America's future. In 1965 under the Presidency of Lyndon B. Johnson, Congress had created Medicare under Title XVII of the Social Security Act to provide health insurance to people age 65 and older, regardless of income or medical history. Approximately 19 million people received Medicare in 1966. Before Medicare's creation, only half of older adults had health insurance, with coverage either unavailable or unaffordable to the other half. Medicare was expanded in 1972 and again in 2001. In 2010, 48 million Americans received healthcare through Medicare.

The Affordable Care Act (ACA) of 2010 is the most significant healthcare legislation since the creation of Medicare. Beginning in 2014, the ACA requires most Americans under age 65 years to have health insurance or face financial penalties.

On June 28, 2012, the U.S. Supreme Court declared the ACA in toto as constitutional, including the individual mandate which was permissible under the taxation powers of Congress as defined by the Constitution. President Obama, himself a constitutional scholar, and the Democrats in Congress were relieved, pleased, and gratified by the favorable Supreme Court decision, especially that the majority of the Justices (five) are appointees of Republican Presidents. But the Republicans in Congress have vowed to continue to "fight the battle" to repeal the ACA.

Is the Supreme Court ACA landmark decision a Pyrrhic victory for President Obama's signature piece of legislation? One can say that the President's victory comes "with such a devastating cost that it carries the implication that another such victory will ultimately lead to defeat. Someone who wins a 'Pyrrhic victory' has been victorious in some way; however, the heavy toll and/or the detrimental consequences negate any sense of achievement or profit. There is, therefore, no reason to celebrate." If the President

is victorious in one more major and "politically destructive" and "financially costly and debilitating" battle with the Republicans, will he be utterly ruined?

In 280 BC, the army of King Pyrrhus of Epirus, an ancient Greek state, suffered irreplaceable casualties in defeating the Romans in two battles during the Pyrrhic War. Instead of being joyful of his victory, he allegedly stated that one more such victory would utterly undo him or another such victory and I come back to Epirus alone. He had lost a great part of the Greek forces, commanders and friends that he brought with him, with no recruits in sight. In contrast, the Roman camp was quickly and plentifully filled up with fresh men, not at all abating in courage for the loss they sustained, but even from their very anger gaining new force and resolution to go on with the war.

The ACA will, among other things, help over 40 million Americans without health insurance, do away with inequities of pre-existing conditions, and encourage medical students to choose primary care specialties. The ACA will impact physicians who serve uninsured and lower-income patients. It may also calm political and economic anxiety among the broader population of physicians who are unwilling or undecided about undertaking difficult and costly practice transformations to better coordinate care for patients. To some, the ACA is a step toward assuring the availability of health care to all as a universal goal. Health care, to others, is a right and not a privilege. Regardless, it must be provided in a way that is financially responsible. ❑

Select References

http://www.larrydewitt.net/Essays/Reagan.htm
The Patient Protection and Affordable Care Act - Public Law 111-148. 124 Stat. 119 through 124 Stat. 1025 (906 pages)
http://www.whitehouse.gov/blog/2012/06/28/supreme-court-upholds-president-obamas-health-care-reform

Why Frontier?

We realize there is a lot of competition for your hospice referral. You, your patients and their families deserve the best care available. A service gap exists between competitors and we want you to know why Frontier is the choice of so many of Oklahoma's top medical professionals.

Key Metrics

- *24 hr a day 7 day a week referral/admit availability*
- *3 hr referral response time*
- *Exceptional patient and family satisfaction (98%)*
- *Over 93% of patients stay at home or in their residence*
- *Volunteer participation hours exceed Medicare requirements by over 200%*

Staff

- *Medical Directors with over 30 years end-of-life experience*
- *Hospice board certified Medical Director*
- *24/7 on-call PharmD*
- *Full time RN Case Managers*
- *Full time social workers*
- *Full time Bereavement Care*
- *Full time Spiritual Care*
- *Hospice certified Home Health Aides*

Corporate Support

- *American Hospice is one of the nation's oldest and largest hospice companies.*
- *Corporate resources enhance and enrich local programs*

Compliance

- *Full time quality compliance expert*

For Referrals Call
405 789-2913

The Promise of Comfort

Frontier Hospice
An American Hospice Company

3908 North Peniel
Suite 500
Bethany, OK 73008

www.americanhospice.com

Paid Advertising

It will never happen to me...

Robert T. Horch

"It will never happen to me." That's what most of us think. In reality, however, disabilities can and do happen. – to anyone – at any time.

Consider the surgeon, that a colleague of yours described to me, who played "burn out," a game of catch in which one throws the ball as hard as possible, with his teenage son. His hand was so badly damaged he never operated again. Or the anesthesiologist who had an arm tendon rupture and is now unable to practice. One of my own physicians had so much trouble with his back he had to "retire." My niece's husband was unable to work for 5 years while dealing with colon cancer. As medical professionals, many of you see similar situations weekly. In fact, the probability that a white collar worker between age 35 and 65 will be disabled for at least 90 days is approximately 30 percent.[1] Approximately 95 percent[2] of disabilities are caused by illness, not accidents.

So what if it did happen to you? Are you protecting your most valuable asset: your ability to work and earn a living? Chances are, most of your income is earned income. Therefore, when you stop working, that income stops. Ask yourself, "How long could I live on my savings if my income stopped this very second?" It is shocking that many people in the richest nation in the world are within weeks of personal bankruptcy. And research shows the longer a disability, the less likely the person will return to work.

The logical solution: have some form of disability income protection. Even if your employer offers a group plan, the coverage provided is often not enough. After taxes, most group plans only cover approximately 40–45 percent of your income. A separate, individual disability income insurance policy can help you fill the gap and pay expenses during a disability.

When comparing individual disability income insurance policies keep the following in mind:

- *Is the policy guaranteed to be renewable and cancelable only if you fail to pay the premium?* You purchase insurance for specific results. Always buy quality coverage from a reputable carrier.

With a non-cancelable policy, premium rates cannot be raised at any time for as long as you own the policy.

- *Definition of disability***.** It is in your best interest to avoid policies that have an "any occupation" definition. These types of policies pay only if you are unable to perform *any* occupation that reasonably fits. Look for a policy that considers you disabled if you cannot perform the substantial and material duties of your regular occupation.
- *How long your disability benefits should last***.** This depends on your age, income, and savings. Usually the shortest benefit period is two years. Other policies pay for five years or up to age 70. Many people purchase coverage that lasts until age 65. If you can't afford coverage to age 65, buy the longest benefit period you can afford.
- *How long you can wait to receive benefits***.** If your income stopped today, how long could you continue to pay your bills? The answer to this question will help you determine how long of an "elimination period" (the length of time after you become disabled before the policy begins to pay benefits) you can handle. The longer the elimination period, the less expensive the policy will be.
- *How the policy meets inflation.* Quality disability insurance companies offer cost of living adjustment riders. These riders increase your disability benefit during your disability to help keep pace with inflation.
- *How the policy helps pay for rehabilitation.* Insurance companies are interested in getting you back to work, and will often help you cover the costs of rehabilitation services. Some polices limit the amount of money paid for rehabilitation and others are based on a mutual agreement.
- *How the policy helps meet retirement needs.* When you are disabled, contributions to your retirement plan typically cease. Some companies offer a rider or a separate solution to help you continue saving for retirement.

Remember, insuring your income could be the most important thing you ever do. Even though a disability could leave you unable to earn an income, purchasing a disability income policy helps protect your financial security. As with

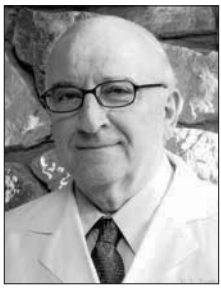
any type of insurance coverage, carefully research your options and work with a knowledgeable financial representative. ❑

[1] Millman, sponsored by Life and Health Insurance Foundation for Education (LIFE), "The Real Risk of Disability in the United States", 2007

[2] Council for Disability Awareness, "Disability facts you should know", December 2011

Robert T. Horch is a Senior Financial Services Representative with Principal Financial Group, (405) 842-3093

Pearl of the Month



H. T. Kurkjian, MD

Testosterone
The Miracle Cure?

The patient, a man in his early 50s, was in the clinic for a testosterone injection. He was never charged for this injection since it cost Dr. J. only about one dollar and did not merit dealing with insurance to collect. Dr. J. had treated many similar patients for years.

One day his manager said testosterone was no longer available. She had called many suppliers to no avail. Fortunately, the clinic had three remaining vials so they were able to continue treating their patients while the manager kept searching for a supplier. Eventually, she was advised to ask the doctor if he would prescribe the new testosterone cream. The problem: A month's supply cost about $200! Dr. J. discussed this with his patients. Interestingly, most of them did not care because the insurance company would pay for it. Another problem was that the new cream had to be applied to the scrotum. This route was probably chosen after exhaustive research resulting in this evidence-based recommendation. Now the patients were to prepare themselves with an intricate shaving of this most sensitive part of the male anatomy. These efforts, of course, resulted in multiple cuts causing extreme irritation and itching, necessitating scratching even in public.

Just before Dr. J. used the last milliliter of his cache of the drug, the supplier reported that testosterone injections were now available – at $110 per vial, $10 per injection, 10 times the previous price. Giving injections without charging for the medication

became economically untenable. To circumvent this, the doctor instructed the patient to buy the medication and bring the vial when coming to the clinic. One patient twice forgot to bring it with him. Dr. J. then decided to keep the vials in the office with the patient's name on them.

In the meantime, however, illegal use of testosterone became widespread among bodybuilders and athletes, leading to its being classified as a controlled substance. Even though the vials were hidden in the clinic to avoid theft, one vial disappeared. The owner of the vial, Mr. B., a very particular and difficult patient, appeared for his visit. Dr. J. started the interview by asking how he was doing with the shots. Mr. B. told him he did not think the shots were helping. Somewhat relieved, Dr. J. informed him they could not find his vial in the clinic. Mr. B. flew into a rage, demanding his testosterone shots even if they were not helping him. Dr. J. was forced to buy a vial of testosterone at $110 and keep administering it to Mr. B., who made sure the vial was used to the last drop.

A few months later the local pharmacist began compounding testosterone at a cost of $60 per vial. Dr. J. was impressed that a pharmacist had transcended his modern function of counting pills and was performing the function he was trained to do. However, when a new testosterone patch appeared on the market, at a cost of $75, the pharmacist stopped compounding because it was not economically worthwhile to continue. The patch, administered through the skin of the shoulder, unfortunately also resulted in skin irritation. The drug representative explained that the company intentionally incorporated an abrasive material to enhance absorption.

TV ads blasted men with messages to get testosterone to feel better. TV viewers were strongly encouraged to ask their doctors for testosterone. There were raging discussions among urologists and drug representatives as to which product was better. Numerous articles hailing testosterone appeared in the medical literature. Patients wanted testosterone, and physicians were determined to help them get it.

One of Dr. J's patients, Mr. C, came in for kidney stones. In the system review, he complained of being edgy and impatient with his kids. His hair was thinning. His face was red. His breasts were getting bigger and tender. Upon further questioning, he admitted

he was being treated with testosterone. Dr. J. asked if he was getting CBC, CMP, PSAs and rectal exams for monitoring. Mr. C, upset, asked if the provider was supposed to have ordered these tests and done the exam.

A patient with a history of prostate cancer read on the Internet that his symptoms warranted treatment with testosterone. Of course, one can always find articles written by cavalier authors advocating testosterone use even in the setting of hormonally driven malignancy. Dr J. did not prescribe it. His patient left him for another opinion – after all, insurance would pay for that visit, too.

On an out of town trip, Dr. J drew the curtains open one morning. Guess what he saw… ❑

Angel Flight

Free Air Transportation for Your Patient

Angel Flight Oklahoma serves patients in need of transportation to or from medical treatment. Angel Flight is a non-profit charitable organization that will arrange free air transportation for any legitimate, charitable, medically related need. There is never a fee of any kind, either to the patient or the healthcare provider. Patients must meet several requirements, including being ambulatory and able to travel in a small, non-pressurized aircraft without access to lavatory facilities. To arrange free air transportation for your patient or to learn more, contact Angel Flight at 918.749.8992, Angel@AngelFlight.com, or www.AngelFlight.com. ❑

Director's

DIALOGUE

"Everything ends.
But there are always new beginnings."
Ralph Bellamy, actor

Saying goodbye is difficult for me, whether it be to a family member who lives far away or the more permanent farewell to someone whose life has ended. By the time you receive the September issue of the Bulletin, Linda Larason, OCMS Associate Director and Managing Editor of the Bulletin, will have retired from the Society after almost 9½ years of service to this organization. For me, this is a bittersweet moment and one that elicits the deepest of emotions. My eyes became misty whenever I began to think of her final day on August 31 and avoided dwelling on the subject.

For Linda, there will be no more driving to work on ice/snow or facing the raw spring wind when walking from the office to the car. Instead, she will be curling up with a book on a dreary day, getting some additional sleep or spending time with her adorable granddaughters. But, we don't plan to let her completely slip away! We'll wrangle her into shopping for Operation Santa, which is a day the office is closed and the OCMS staff shops to ensure a few underprivileged families will awaken to a magical Christmas morning. There will also be "reunion" lunches with past staff members and possibly attendance at future Inaugural dinners.

Linda has been invaluable to both this organization and to me since joining the staff in March 2003. She was my first "hire." I had recently accepted the Executive Director position and while I knew the mechanics of the job, it was a challenge to step from the Associate Director position into the responsibility of being the Executive Director. When she accepted my job offer, I told her that she would make me a better ED, and she has. I cannot thank Linda enough for her insight, encouragement and partnership – plus her

quirky sense of humor. She is a wonderful colleague who became a treasured friend. I am sure you will join with me to wish Linda much happiness in her retirement, which will probably involve attending more music festivals with her husband, Tim.

With Linda's departure, there will be a new beginning. Tracy Senat accepted the position of OCMS Associate Director and Managing Editor of the Bulletin in late July and worked with Linda during the month of August. This will result in a smooth transition that will prove invaluable to the Society.

Tracy's former employer was the Oklahoma Foundation for Medical Quality, where she worked with physicians through the Patient Safety QIO Support Center, a national CMS contract held by OFMQ. Tracy has a master's degree in journalism and was the director of Public Relations at Randolph Hospital, Asheboro, NC, while her husband was obtaining an advanced degree. She is accustomed to working on collaborative projects and enjoyed that aspect of her job.

Tracy's husband is a professor at Oklahoma State University, and Tracy also obtained her undergraduate degree from OSU. Most of you know where my collegiate loyalties lie, so this is a warning ... there will probably be a lot of orange in the office from now on! Tracy possesses all of the skills needed to excel in this position, and I ask you to join me in welcoming her to the staff.

Beginnings and endings represent the circle of life, and sometimes change is unsettling – at least it is for me. The following is a little "food for thought" regarding change on this autumn day:

"Our days are a kaleidoscope.
Every instant a change takes place...
new harmonies, new contrasts,
new combinations of every sort...
The most familiar people stand each moment in some new
relation to each other, to their work, to surrounding objects."

Henry Ward Beecher

Enjoy the fall season! ❑

JanaTimberlake, Executive Director, CAE

CME Information

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

Community-based Primary Health Care CME Program
Sponsored by Central Oklahoma CARELINK (COINS)
Contact: Deborah Ferguson
Telephone: (405) 524-8100 ext. 103

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

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

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

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

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

Oklahoma Academy of Family Physicians Choice CME Program
Contact: Sue Hinrichs
Director of Communications
Telephone: 842-0484
E-Mail: hinrichs@okafp.org
Website: www.okafp.org

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

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

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

Help Improve the Bulletin

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

Oklahoma's Dubious Distinction
Domestic Violence

Janie Axton

Oklahoma has many virtues of which it is proud and for which it has gained national recognition. Our cities rank at the top for best places to live, our unemployment rate is less than the national average, our people are known to be hardworking and friendly, and we have a top-notch NBA team in the Thunder, to name just a few.

But there are other critical areas impacting public health that need attention. Domestic violence is another critical health issue that needs to be addressed. The YWCA is championing education about domestic violence and provides shelters for victim protection.

Oklahoma has the dubious—even shameful—distinction of ranking 11th in the nation for the number of women killed by men. In Oklahoma City alone, we all have learned of horrendous crimes committed against women and sometimes their children.

In the last 12 years, Oklahoma had 1,007 domestic violence homicides, an average of 84 per year. In one-third of the cases, the children of the victim witnessed the murder. Ninety-five percent of the time, the victim had never received emergency shelter or domestic violence services. Last year, the state had more than 25,000 reported cases of domestic violence. Taking into account that 50 percent of abuse is not reported, the number of domestic violence incidents is substantially greater.

But the biggest victims are children, for 60 percent of children in violent homes are physically or sexually abused themselves. In fact, research has shown that the more severely the mother is abused, the worse the child is abused, resulting in both immediate and long-term trauma for the child. Even homelessness has increased—108 percent--in Oklahoma City just in the past year for these victims, as reported in The Oklahoman, June 29, 2012, as other homeless categories decreased 7 percent. In leaving an abusive situation, women often take their children with them, leaving them all to fend for themselves on the streets.

Other societal problems are exacerbated by domestic violence as well because children living with domestic violence tend to have higher levels of aggression, anger, fear, anxiety, withdrawal, and depression; poor peer, sibling, and social relationships; and greater risk of alcohol/drug abuse and juvenile delinquency. Between 75 and 93 percent of youth entering the juvenile justice system annually

are estimated to have experienced some degree of trauma.[i] In school, they may have poor school performance, limited conflict resolution and problem solving skills, and demonstrate pro-violence attitudes and belief in rigid gender stereotypes and male privilege.

Witnessing violence as a child can lead to adult problems with depression, trauma-related symptoms, chronic health conditions and low self-esteem. Boys who witness family violence are more likely to become abusive adults. Girls who witness abuse are more likely to become battered adults.

More appalling is the estimation that ***one in four Oklahoma women will be a victim of domestic violence in her lifetime***. It's well known that Oklahoma incarcerates more women than any other state. Less well known is that more than 70 percent of those women have been victims of domestic violence or sexual abuse prior to engaging in activities that led to their incarceration.

For more than 20 years the YWCA of Oklahoma City has been known for its domestic violence outreach programs and the Women's Shelter. It is the only emergency shelter for victims and their children in Oklahoma County. They provide a safe haven for women and children through temporary, transitional, and permanent supportive housing services. However, with their limited space and the ever-growing demand, they are unable to meet the needs of the women and children of Oklahoma who so desperately need their services.

Consequently, the YWCA of Oklahoma City is launching a $15 million capital fundraising campaign this month to better help victims break the cycle of abuse. The current shelter's capacity is 52 beds for emergency use and seven families in transitional housing. With the additional funds, a larger emergency shelter with 85 beds will be built. The existing shelter will be repurposed into an enhanced extended-stay shelter, and the McFarland Branch of the YWCA will be renovated to provide greater access to counseling programs and crisis services.

Contact Janie Axton, 405.641.1798 or jgaxton@gmail.com to learn how you can support the YWCA's efforts to enhance services for Oklahoma's battered women. ❑

---

[i] Justice Policy Institute, HEALING INVISIBLE WOUNDS: Why Investing in Trauma-Informed Care for Children Makes Sense, July 2010

PROFESSIONAL REGISTRY

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

ALLERGY

OKLAHOMA ALLERGY

& ASTHMA CLINIC, INC.

John R. Bozalis, M.D.*

Warren V. Filley, M.D.*

James R. Claflin, M.D.*

Patricia I. Overhulser, M.D.*

Dean A. Atkinson, M.D.*

Richard T. Hatch, M.D.*

Shahan A. Stutes, M.D.*

Gregory M. Metz, M.D.*

Laura K. Chong, M.D.*

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

750 N.E. 13th St.

Oklahoma City, OK 73104

235-0040

OKLAHOMA INSTITUTE OF

ALLERGY & ASTHMA

EVIDENCE-BASED

ALLERGY & ASTHMA CARE

Amy L. Darter, M.D.*

Bret Haymore, M.D.*

**Diplomate American Board of Allergy & Immunology™*

1810 E. Memorial Rd.

Oklahoma City, OK 73131

(405) 607-4333

BREAST MRI

BREAST MRI OF OKLAHOMA, LLC

AT MERCY WOMEN'S CENTER

Rebecca G. Stough, M.D.

Clinical Director

Alan B. Hollingsworth, M.D.

Medical Director

4300 McAuley Blvd.

Oklahoma City, OK 73120

(405) 749-7077

ENDOCRINOLOGY-METABOLISM-DIABETES

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

Diplomate, American Boards of

Internal Medicine and Endocrinology,

Diabetes & Metabolism

South Office: 1552 S. W. 44th

Oklahoma City, OK 73119

Phone: (405) 681-1100

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

Oklahoma City, OK 73162

Phone: (405) 728-7329

Practice limited to Endocrinology, Diabetes and Thyroid only

Special procedures:

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

GYNECOLOGIC ONCOLOGY & PELVIC SURGERY

Jeffrey Smith, M.D., F.A.C.O.G., F.A.C.S.
Senior Gynecologic
Oncologist in OKC
Board Certified in
Gynecologic Oncology
Female Cancer Surgery
General & Gynecologic Surgery
Advanced Laparoscopy & Hysteroscopy
Laproscopic Radical Hysterectomy & Trachelectomy
Laser Surgery
Surgery for Urinary Incontinence
Vaginal Reconstructive Surgery
Outpatient/Same Day Surgery
Office Surgery & Chemotherapy
Genetic Counseling

13128 N. MacArthur Blvd.
Oklahoma City, OK 73142

Phone: (405) 470-6767
Fax: (405) 470-6768
e-mail address: jjjsmd@aol.com
website: www.drjjsmith.com

Serving Oklahoma City & Edmond

NEUROSURGERY

Neurosurgery

The University of Oklahoma Health Science Center
DEPARTMENT OF NEUROSURGERY
Timothy B. Mapstone, M.D.
Mary Kay Gumerlock, M.D.
Craig H. Rabb, M.D.
Naina L. Gross, M.D.
Michael D. Martin, M.D.
William B. Schueler, M.D.
Michael Sughrue, M.D.
Gamma Knife Radiosurgery
Cerebrovascular Surgery
Pediatric Neurosurgery
Spine Surgery
Skull Base Surgery
Neurosurgical Chemotherapy
Carotid Artery Surgery
Tethered Spinal Cord-Repair
Chiari Malformation-Surgery
To schedule an appointment
call (405) 271-4912
Harold Hamm Oklahoma Diabetes Center
Suite 400
1000 N. Lincoln Blvd.
Oklahoma City, OK 73104

MEDICAL ONCOLOGY

JAMES W. HAMPTON, M.D.
FACP
Medical Oncology
Hematology
MERCY ONCOLOGY
4205 McCauley Blvd., Suite 375
Oklahoma City, OK 73120
405 751-4343

ORTHOPEDICS

HOUSHANG SERADGE, M.D.
Diplomate American Board
of Orthopaedic Surgery
Hand and Reconstructive Microsurgery
1044 S.W. 44th, 6th Floor
Oklahoma City, OK 73109
631-4263

PAIN MANAGEMENT

AVANI P. SHETH, M.D.
Diplomate of American Board
of Anesthesiology
Diplomate of American Academy
of Pain Management
4200 W. Memorial Road, Suite 305
Oklahoma City, OK 73120
(405) 841-7899
All plans accepted.

PEDIATRIC SURGERY

***DAVID W. TUGGLE, M.D.**
***P. CAMERON MANTOR, M.D.**
***NIKOLA PUFFINBARGER, M.D.**
***ROBERT W. LETTON, JR., M.D.**

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

271-4356

*American Board of Surgery
*American Board of Pediatric Surgery

PLASTIC SURGERY

OU Physicians
PLASTIC SURGERY

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

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

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

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

Pediatric Clinic Location
OU Children's Physicians Building
5th Floor, Suite 2700
1200 North Phillips Avenue
Oklahoma City, OK 73104

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

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

(continued from page 12)

in honor of breast reconstruction and will perform a charitable concert. All proceeds will be donated to the Plastic Surgery Foundation and be used to support national and local breast reconstruction organizations.

I encourage everyone to discuss breast reconstruction with their patients who have breast cancer. October is Breast Cancer Awareness Month, and there will be a number of activities aiming to raise funds and awareness for breast cancer research. BRA Day is unique because breast reconstruction closes this loop on breast cancer. Different communities throughout the United States will sponsor activities in conjunction with BRA Day. At this point, we have no special events planned in Oklahoma City, but we can still do our part raising public awareness about the availability and importance of breast reconstruction. ❑

Paid Advertising

Please Support your

Oklahoma County Medical Society

COMMUNITY FOUNDATION

with your gifts and memorial contributions

—please mail check to—

313 N.E. 50TH ST., SUITE 2

OKLAHOMA CITY, OK 73105-1830

• • • •

Contributions Tax Deductible

Oklahoma Tobacco Helpline

1-800 QUIT-NOW • 1-800 784-8669

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

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

ADDRESS SERVICE REQUESTED

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