

BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

NOVEMBER/DECEMBER 2018



2019 LEGISLATIVE SESSION

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THE BULLETIN

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2019 SESSION BRINGS OPPORTUNITIES



ABOUT THE COVER

Due to term limits; some not seeking re-election; and, election results, the 2019 Legislative Session holds a unique opportunity ... and the medical community is called upon to participate.

Convening on **February 4, 2019**, more than half the legislators will have two years' experience or less! We must embrace this opportunity to educate and lobby them on significant issues affecting the health of every Oklahoman.

Nurse Practitioner Independent Practice –

Physicians have the greatest respect for those working within the health care industry providing vitally important services. A “team-based” practice of medicine is preferred by patients and must be guided by those professionals having the greatest training, knowledge and expertise in the field.

Allowing nurse practitioner unsupervised independence will fragment the health care system; put up barriers between providers; and, will not

increase healthcare access in rural and underserved areas of the state.

Medical Marijuana – OSMA spearheaded the “Keeping the Medical in Medical Marijuana”

Coalition providing testimony to a legislative working group on significant gaps in the new law. Many of the coalition’s recommendations such as: requiring medical conditions; physician follow-up; medical professionals in dispensaries; and, banning “smokables” from being sold in retail outlets have not yet been politically embraced.

Medicaid – Over the past 10 years, providers have taken a 16% reimbursement rate cut. Effective October 1, this rate was increased 3%. While currently setting at 87%, returning Oklahoma to 100% Medicare reimbursement rate level would help retain physicians in places having a high percentage of SoonerCare patients and recruit young physicians to practice in these areas of the state.

Continues on page 4 ...

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ABOUT THE COVER *Continued from page 3 ...*

Vaccinations – Oklahoma’s personal exemption law (one of only 17 states) endangers our children and public health by allowing parents to opt out of child vaccinations before enrolling them in public schools. This regressive law contributes to the state’s falling vaccination rate.

There is an increase in active groups supporting legislation that would further impede vaccine administration. When considering public health, immunizations are of paramount importance. Continued depletion of vaccinations could possibly cause a devastating long-term public health crisis.

Mental Health – Oklahoma’s current mental health system cannot meet the needs of our citizens. There is a critical shortage of facilities as well as insufficient access to mental health care for those who are incarcerated and in need of rehabilitation. Appropriate funding of this portion of health care has long been overlooked.

Medical Schools/Residencies – The Centers for Medicare and Medicaid Services (CMS) recently ended payments of Graduate Medical Education (GME) federal dollars dedicated to Oklahoma medical school residency programs. The state legislature provided funding for this program through the end of FY2019.

Tobacco – Tobacco use is one of the highest cost-drivers for health care. Oklahoma ranks 15th in the nation in the highest per capita smoking rates. OSMA supports a \$1.50/pack cigarette tax proposal dedicated to health care issues. A \$1.00/pack cigarette tax was passed last session as part of the teacher pay raise package. These dollars (\$152M) will go toward health care services after FY2019. An extra \$.50 will enhance those funds by \$76M.

Physicians not only have a direct impact on the health of Oklahomans, but are also an important economic development tool to local communities. Our message **MUST** be delivered to the Oklahoma Legislature and policy makers! For more information, contact OSMA at okmed.org.





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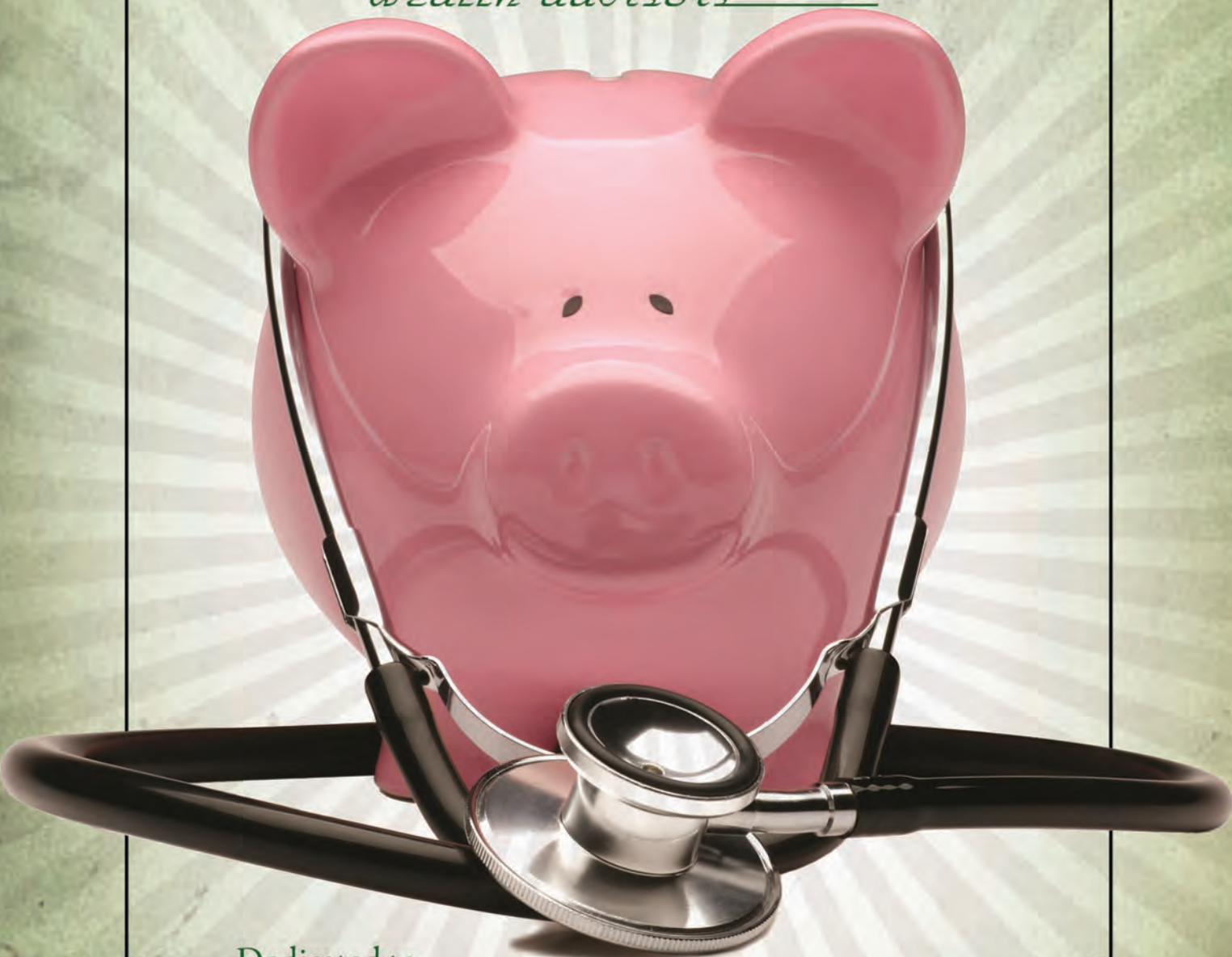
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PRESIDENT'S PAGE

SAM S. DAHR, MD



THE MICRO AND MACRO OF HEALTH CARE

“It seems doubtful that U.S. [medical] care is more inefficient at the micro level, that is, the individual patient-physician interaction. It is more likely that the U.S. medical system as a whole is inefficient at the macro level ...”

– Victor Fuchs, health care economist, Stanford University, September 2018

Every day, we as physicians go to work at the “micro” level in health care---we take care of patients in the clinic, operating room, emergency department, and hospital suite. We train for years and subsequently continue to educate and develop ourselves over a lifetime for this intimate role, yet our training rarely discusses the “macro” trends that increasingly pressure our every patient encounter.

One such trend is an ever-increasing emphasis on economic “scale.” Yes, bigger has almost always been better in modern economic history. But the modern concept of “scale” is not just “get bigger” or “grow.” Scale is theoretically a virtuous cycle whereby revenue is added at a greater rate than cost (hence profit margins increase), while maintaining or improving the level of customer service/quality. In banking, we have JP Morgan Chase. Facebook and Google combine scale with the power of network effect, where the more people use the network, the more powerful (and often monopolistic) it becomes. In retail, the scale of Amazon combined with the momentum of continued incremental improvement (the “flywheel” effect) has created a behemoth.

U.S. medicine’s \$3.3 trillion dollar question – will the modern concept of scale (along with its cousin concepts of network effect and flywheel momentum) translate to health care? In the last several years, health care systems and insurance companies have bought up hundreds of thousands of physician practices. CVS is merging with Aetna. Baylor Dallas is joining with Houston’s Memorial Hermann to form a sixty-eight hospital network. Everyone is reaching for scale. It’s supposedly driven by a quest for “value.” But it’s really driven by FOMO (another Silicon Valley term) – fear of missing out.

What is value in health care? We as physicians know what it is, because we’ve been delivering it throughout the modern medical era. Value is a good or “quality” outcome for the individual patient at a reasonable price to the patient and to the society as a whole, because, like it or not, health care truly is paid for at the societal level. Health care is not a discretionary or luxury good.

How do you get a quality outcome? A quality outcome comes from a motivated, enabled physician listening to a patient in an exam or hospital room, or

Continues on page 8 ...

a small team of surgeons and nurses in an operating suite or emergency department intensely focusing on an individual soul and his or her special needs. Skill, experience, communication, all intensely applied to an individual patient, at a unique moment in time. That gives you quality.

I do not mean to pooh-pah technology (I was programming in BASIC at age 13) or algorithms (I did a master's degree in Bayesian analysis in 1995, twenty years before it became hip and was rebranded predictive analytics). Technology and algorithms certainly have their role, but the nuggets of gold remain the interaction between the patient and the team and within the team itself.

Back to the relentless drive for scale ... it will propel revenue and profits for individual business enterprises. The stocks of health care companies will keep going up. Scale will likely and ironically continue to drive administrative complexity, inefficiency, and cost at a societal level.

Obviously, we as physicians feel like we are on a very bumpy, never ending airline flight. We are tossed about by the effects of financial scale in health care (example: the tactics employed by now gargantuan insurance companies).

What can we do, in this forest-for-the-trees moment in our history? Even as the locomotive known as scale consumes the financial side of medicine, our task is to preserve small scale on the clinical side. Smaller is better when it comes to the individual patient. Many pay lip service to quality but we are the ultimate shepherds – we are closest to the patient's outcome,

we lose sleep over it. We must advocate for our small teams in the clinic, O.R., or hospital ward. We should push for low nurse-to-patient ratios. We must have a voice in how technology and algorithms are applied (lesson one from my masters' degree—mathematical models are only as good as the assumptions used to build them). We must remain engaged with our hospitals and groups and our county, state, and national medical societies and leadership organizations. Humanism is defined as devotion to human welfare, and we bring the humanistic view to health care.

I recently watched on Netflix a long-lost interview with Steve Jobs from the 1990s. Apparently someone found a VHS tape in a box in the garage. He talks about how large companies often take the wrong direction when the “marketing guys” take over from the “product” guys. Taking a good idea all the way to a great product takes work, craftsmanship, execution. The parallel is not exact, but it's safe to say that in health care, we are the product guys. We are the humanists, and we are the craftsman.

“The true finish line is the one always yet to come.”
– Sergio Marchionne

This essay concludes my presidential columns for the OCMS Bulletin. Hopefully the Bulletin will allow me to make the occasional contribution in the future. I would like to thank Jana, Alison, and Eldona, the OCMS membership, and my wife Lana for a great year of collegiality, community, and love.



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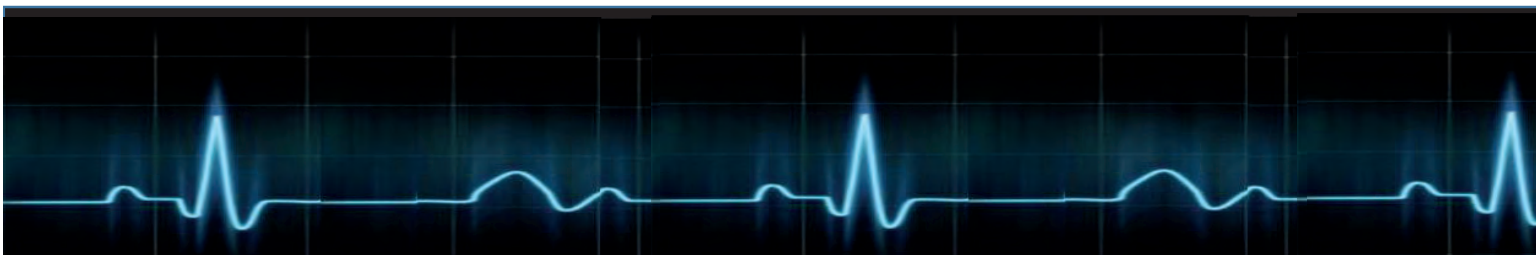
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DR. SUSAN CHAMBERS INDUCTED INTO HALL OF FAME

Susan L. Chambers, M.D., co-founder of MedEncentive, has been inducted into the Oklahoma Women's Hall of Fame for her many outstanding accomplishments. These accomplishments include her numerous international medical missions, plus

her leadership of World Neighbors and the Institute for Economic Empowerment of Women, which helps women in Afghanistan and Rwanda build sustainable futures. Previously, Dr. Chambers was named the state's Woman of the Year.

In the field of medicine, Dr. Chambers and two female obstetrician/gynecologist colleagues built the Lakeside Women's Hospital. To date, the hospital has delivered some 23,000 babies, 8,000 of which Dr. Chambers delivered on her own.

Dr. Chambers and Dr. David Parke spent a decade meeting with CEO Jeff Greene every Friday morn-

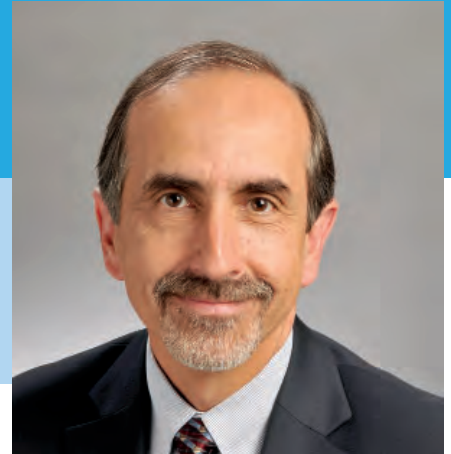
ing, to help local physicians address the issues of managed healthcare. From these meetings came the idea to align the interests of patients, providers and insurers to improve health and healthcare, which is the genesis of MedEncentive's patented processes.

Since the Company's founding, Susan has volunteered another decade, and counting, as a member of our Board. This speaks to her complete dedication to important endeavors, and we are elated that our co-founder is being recognized for her significant contribution to mankind. We cannot think of anyone more deserving of this honor.



DEAN'S PAGE

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



An important goal of the OU College of Medicine is to ensure that our graduates are well-trained in the science of medicine as well as being compassionate practitioners of the human side of medicine. Achieving that goal requires leadership from both faculty and students who are passionate about the practice of humanistic medicine. I would like to take just a few moments this month to recognize a couple ways that we are working to achieve that goal.

The first mechanism is ensuring that we have departmental leaders who embody these goals. In that regard, I am pleased to inform you that we have new leadership in our Department of Geriatric Medicine which provides a significant amount of our teaching and care in comprehensive and humanistic medicine. Second, is the induction of new student and faculty leaders into the Gold Humanism Honor Society, an extraordinary group of exemplars of humanistic medicine.

In September, our Board of Regents confirmed the appointment of Donald L. Courtney, MD, FACP, to the position of Chair for the Donald W. Reynolds Department of Geriatric Medicine, in the University of Oklahoma College of Medicine. While serving as the department's Interim Chair for the past year, Dr. Courtney entered the College of Medicine's national search for the department chair along with other highly-qualified applicants from across the country.

Dr. Courtney joined us from the Medical University of South Carolina, Division of General and Geriatric Medicine; and the Ralph H. Johnson VA Medical Center in Charleston, South Carolina. He received his medical degree from University of Kansas School of Medicine; and completed his internal medicine residency training and internship at Eastern Virginia Graduate School of Medicine. Dr. Courtney completed a fellowship in Geriatric Medicine at the VA Medical Center, Memphis, Tennessee and is board certified in internal medicine, geriatric medicine, and hospice and palliative care. He is a fellow in the American College of Physicians and member of the American Geriatric Society. Comprehensive, compassionate care has been, and continues to be, a strong emphasis of his leadership.

This year's induction into the University of Oklahoma's Chapter of the Gold Humanism Honor Society welcomed 36 new members - 27 of whom were senior medical students along with 6 residents, and 3 faculty members. If you are not familiar with the Gold Humanism Honor Society, I'd like to take this opportunity to briefly share with you its vision and mission.

Since 2002, the Arnold P. Gold Foundation's overarching goal has been to create the Gold Standard in healthcare as a means to support clinicians throughout their careers, so that the humanistic passion that motivates them at the beginning of their education

Continues on page 8 ...

is sustained throughout their practice. This national honor society of over 25,000 healthcare professionals honors peer-selected senior medical students, residents, role-model physician teachers and other exemplars recognized for demonstrated excellence in clinical care, leadership, compassion, and dedication to service. Though membership goes beyond selection and induction into an honor society: Members have a responsibility to model, support and advocate for compassionate, collaborative and scientifically excellent patient-centered care throughout their careers. The society funds educational events – such as the White Coat Ceremony held each August for our incoming class of students; supports research; promotes professional growth and creates opportunities for members to network with others who share their values.

In 2005, the founding meeting of our University's chapter was presided over by our former Executive Dean, M. Dewayne Andrews, MD, Dean Emeritus and Regents' Professor, College of Medicine. Jerry B. Vannatta, MD, John Flack Burton Professor of Humanities in Medicine and David Ross Boyd Professor of Medicine, College of Medicine, also a founding member, was the first Chapter Advisor. The "honor roll" of recipients includes another one of the founding members and our current Chapter Advisor, William M. Tierney, MD, David Ross Boyd Professor of Medicine, College of Medicine. Since its inception, our chapter has grown to over 300 members – 20 whom have received the society's prestigious Leonard Tow Humanism in Medicine Award

In closing my last Dean's Page of 2018, I would like to say how blessed we are to have such leaders of humanistic care on campus. Also, on behalf of the entire College of Medicine family of faculty, staff, residents and students, I hope you and your family have a Happy Thanksgiving followed by a blessed, wonderful holiday season and a very Happy New Year!



WELCOME NEW MEMBERS!



Arthur Douglas Beacham III, DO is a board-certified anesthesiologist with Mercy. He completed his osteopathic medical training at the Oklahoma State University College of Osteopathic Medicine, his residency and fellowship at the University of Kentucky.



Maria Chang, MD is board-certified in Gastroenterology and Internal Medicine with Digestive Disease Specialists. She had her Internal Medicine residency training at the State University of New York at Stony Brook, New York. She had her Gastroenterology training at the University of Tennessee in Memphis.

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Heather K. Geis, MD is a board-certified psychiatrist in Oklahoma City. Dr. Geis graduated from University of Oklahoma College of Medicine. She completed a residency at University of Oklahoma Health Sciences Center.



Jason M. Hirshburg, MD is a board-certified dermatologist with OU. He completed medical school at the OU College of Medicine, residency at the University of Texas at Austin, and internship at Baylor Scott & White/Texas A&M University.

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Clinton K. Mason, MD is a board-certified anesthesiologist with Affiliate Anesthesiologists. He completed medical school at the OU College of Medicine and residency with OU.

Elizabeth P. McCabe, MD is a board-certified pediatrician in Oklahoma City. She completed medical school at the OU College of Medicine and residency with OU.

Ryan T. Morgan, DO is a board-certified internal medicine physician with INTEGRIS Southwest. He completed osteopathic medical school at Oklahoma State University College of Osteopathic Medicine. His residency and internships were with the OSU Medical Center.

Melissa J. Muhlinghouse, MD is a board-certified pediatrician with Mercy. She completed her medical degree and residency at the OU College of Medicine.



James L. Netreba, MD is a board-certified pathologist in Oklahoma City. He completed medical school and his residency at the University of Texas at Houston.



Scott D. Prater, MD is board-certified radiologist with Mercy, specializing in vascular and interventional radiology. He completed medical school at the OU College of Medicine and residency and fellowship at Baylor and Emory University, respectively.



Steven M. Ross, MD is a board-certified emergency medicine physician in Oklahoma City. He completed medical school with the Uniformed Services University of the Health Sciences, and residency and internship at Wright State University.



Charles C. Te, MD, is a board-certified cardiac electrophysiology & pacing physician in Oklahoma City. He completed medical school, residency and internship at OU.



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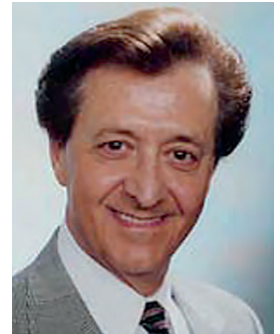
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PART 3: OPIOID CRISIS – SOLUTIONS

S. SANDY SANBAR, MD, PhD, JD, FCLM

The role of clinicians in solving the current opioid crisis is pivotal. Why? Because almost 80 percent of heroin addicts begin with prescription pain medications, and 75 percent of opioid misuse starts with people taking medications that were intended for others.¹



Solution #1: Utilize the Prescription Drug Monitoring Program (PDMP)²

PDMPs are state-controlled. As of April 2018, 49 states have PDMPs; Missouri does not have a statewide PDMP but St. Louis County, Missouri has one. The PDMP is an electronic database which tracks controlled substance prescriptions in a state. It is one of the most promising state-level interventions

to improve opioid prescribing, inform clinical practice and protect patients at risk.

The **Oklahoma PDMP** (aka PMP) was established in 1990 to monitor Schedules II, III, IV, and V drugs. It is overseen by the Oklahoma

Bureau of Narcotics and Dangerous Drugs. Effective 2015, Oklahoma law states:

- ‘the PMP check has become mandatory for new patients or after 180 days elapsed since PMP check for patient prior to physician prescribing one of the following: opiates, synthetic opiates, semi-synthetic opiates, benzodiazepine, or carisoprodol (with exclusions for Hospice or end-of-life, or patients residing in nursing facility).
- Physicians may designate a staff member to run the patient PMP on the physician’s behalf.
- Physicians may include a copy of the patient’s PMP in the patient’s medical record.

Under this act, access to the OBN PMP was granted to medical practitioners and their staff employed by federal agencies treating patients in the state of Oklahoma.’

As of 2016, eighteen states have authority to share data with other PDMPs, Oklahoma included.³

Solution #2 - Implement CDC Guideline for Prescribing Opioids for Chronic Pain⁴

In 2016, the **Centers for Disease Control and Prevention** (CDC) published Online its *CDC Guideline for Prescribing Opioids for Chronic Pain* to establish clinical standards for balancing the benefits and risks of chronic opioid treatment. According to the CDC guidelines:

“Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the risk of opioid use disorder, overdose, and death. More than 11.5 million Americans, aged 12 or older, reported misusing prescription opioids in 2016.”

The CDC guidelines have been approved by the Federation for State Medical Boards and by several states and medical organizations. Failure to follow the CDC guideline may lead to civil liability, hospital peer review and actions by the State Medical Licensing Board.

Solution #3 - Use the Opioid Overdose Prevention Toolkit, published Online⁵

In 2018, **The Substance Abuse and Mental Health Services Administration** (SAMHSA) published an update of the *Opioid Overdose Prevention Toolkit*. The toolkit offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths.⁶ It includes:

- a. Opioid Use Disorder Facts(PDF, 204 KB)
- b. Five Essential Steps for First Responders (PDF, 214 KB)
- c. Information for Prescribers(PDF, 210 KB)
- d. Safety Advice for Patients & Family Members (PDF, 144 KB)
- e. Recovering From Opioid Overdose (PDF, 187 KB)
- f. Opioid Overdose Prevention Toolkit - Full Document (PDF, 424 KB)

The Journal of the OSMA published the full toolkit document in the 2018 September-October issue. SAMHSA also observes annually a National Prevention Week (NPW)⁷ dedicated to increasing public awareness of, and action around, mental and/or substance use disorders. The next NPW is scheduled on **May 12-18, 2019** to raise awareness

about the importance of substance use prevention and positive mental health.

Solution #4 - Know the FDA Risk Evaluation and Mitigation Strategy (REMS)

The FDA *Risk Evaluation and Mitigation Strategy* (REMS) was established under the *Food and Drug Administration Amendments Act* (FDAAA) of 2007. REMS is a safety strategy to manage a known or potential serious risk associated with a medicine and to enable patients to have continued access to such medicines by managing their safe use.⁸ On September 18, 2018, the FDA approved the *Opioid Analgesic REMS*,⁹ in hopes of decreasing the risk of abuse, misuse, addiction, overdose, and deaths due to prescription opioid analgesics. The REMS program requires that training be made available to all health care providers (HCPs) who are involved in the management of patients with pain, including nurses and pharmacists.

Solution #5 - Drug Courts

The Oklahoma “adult drug court programs provide eligible, non-violent, felony offenders the opportunity to participate in a highly structure, court supervised treatment program in lieu of incarceration. Since the inception of the first program in 1995, Oklahoma’s adult drug court programs have expanded to 73 of the 77 counties in the state.”¹⁰ Locking up addicts in jail and prisons instead of providing the treatment they desperately need is the wrong way to deal with the addiction epidemic.¹¹ The drug courts are excellent alternatives to incarceration of individuals with substance abuse disorders; they provide treatment and rehabilitation with significant success and much less cost than imprisonment.

Finally, the medical school core curriculum should include managing pain effectively by utilizing multidisciplinary teams, without opioids whenever possible, and training the students to qualify for waivers to manage opioid use disorders after graduation. And postgraduate continued medical education of clinicians on pain management is paramount . Both the Oklahoma Medical Board (OMB) and the OSMA also provide timely continuing pain management educational programs. The OMB is an excellent resource for legal and medical guideline information about pain management.¹²

¹<https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NS-DUH-FFR1-2016.htm#summary>

²https://www.ok.gov/obnnd/Prescription_Monitoring_Program/PMP_Mandatory_Check.html

³<http://www.namsdl.org/library/8C2F8F5B-F426-FC5F-226056040DF15FD6/>

⁴<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

⁵<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>

⁶Opioid Overdose Prevention Toolkit<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>

⁷<https://www.samhsa.gov/prevention-week>

⁸<https://www.fda.gov/AboutFDA/Transparency/Basics/ucm325201.htm>

⁹<https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm>

¹⁰https://ok.gov/odmhsas/Substance_Abuse/Oklahoma_Drug_and_Mental_Health_Courts/Adult_Drug_Court/index.html

¹¹<http://www.foxnews.com/opinion/2018/07/07/dr-marc-siegel-opioid-crisis-has-solution-here-it-is.html>

¹²<http://www.okmedicalboard.org/>





UPDATE

Oklahoma County Medical Society Alliance

CARA FALCON, PRESIDENT

The Alliance has another successful Kitchen Tour under our belt! On a bleak and overcast Sunday in October, under the leadership of Chair Nicole Cook and Chair-Elect Dinah L'Heureux, the Alliance put on our 27th annual Kitchen Tour. Showcased on the tour were six beautiful kitchens in the Nichols Hills and North OKC area and some incredible cooking demonstrations at Culinary Kitchen. Undaunted patrons braved the intermittent rains and along with our many sponsors, helped us to raise over \$30,000 for our two recipients this year: Health Alliance for the Uninsured and Oklahoma Lawyers for Children. We are extremely grateful for all the homeowners who allowed us to showcase their incredible kitchens, for our many generous sponsors and for the numerous volunteers who make this event happen year after year.





Other activities and events this fall included:

- Journalist with *The Journal Record*, Sarah Terry-Cobo, spoke at our September General Meeting luncheon.
- A road trip to the Pioneer Woman Mercantile in Pawhuska for lunch and shopping.
- The startup of a book club.
- Lunch at the Culinary Kitchen for our October General Meeting.
- Our Community Service Team stocked the girl's closet at Putnam City Academy with \$500 worth of hygiene products.

Coming up: We're looking forward to a family fun bingo event in conjunction with the OCMS on Sunday, November 18th from 4-6 at the OSMA. All OCMS/OCMSA members and their families are invited. Light refreshments will be served. Next, we'll celebrate our sustainers at our December 5th General Meeting holiday luncheon. Also, our Community Service Team project for November is supplying purses for abused women through Catholic Charities.



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FEELINGS ARE OUR WINDOWS TO THE SOUL;
WITHOUT THEM, THERE CAN BE NO CELEBRATION.

Celebration

When life is writhing in the grip of fate
And there is little call to celebrate
Behold the face of God about the skies
Redeeming us with countless, glowing eyes.
Behold the birth on ruddy cheeks of earth
Spring-schools of color, blowing wild with mirth
Savor the children, red with laughs and fun
Hope-gardens blooming, full of dreams and sun.
Oh, windows of my soul, too bright, you blind
Consume the precious rations of my mind
Mysterious gifts of pain and ecstasy
Oh, feelings, rend and mold and color me.
Life is a sighing storm of dreams and I
Will fly its whistling eddies till I die.

HANNA SADDAH, MD

PHEBE TUCKER, MD, ANNOUNCED AS EDITOR OF THE OKLAHOMA STATE MEDICAL ASSOCIATION JOURNAL



Dr. Phebe Tucker has a passion for writing and teaching, has published in the area of trauma and biological stress measures, as well as medical education. She is active in professional organizations, working with the Oklahoma County Medical Society Physician Wellness Program, and is on the editorial board for Psychiatric Times. Prior to completing medical school and residency at University of Oklahoma HSC in Oklahoma City, she received her B.A. in English literature from University of California, Berkeley.

She and her husband met in the Peace Corps in Cote d'Ivoire, and they love to travel in their spare time. Among their favorite trips have been to the Amazon, Cuba, Machu Picchu and Australia. Dr. Tucker is Professor, Vice Chair of Education and Ungerman Endowed Chair of Psychiatry in the Department of Psychiatry and Behavioral Sciences.

Dr. Tucker also serves as the clinical director for the Oklahoma County Medical Society's Physician Wellness Program.



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Questions?: contact Oklahoma County Medical Society - Alison Fink at 405.702.0500.

GREAT PLAINS FAMILY MEDICINE ANNOUNCES NEW LEADERSHIP



Great Plains Family Medicine Program recently announced new leadership positions for two long-time faculty physicians and a new core faculty member.

Tomás Owens, M.D., has been named Great Plains Family Medicine Residency program director following the untimely death of founding director, Neal Clemenson, M.D. A family medicine faculty physician at Great Plains since the program's 1995 inception, Owens served as associate program director since that time.

Owens earned his medical degree from the University of Panama and trained at the University of Oklahoma Family Medicine Residency Program where he was chief resident. He completed a fellowship in geriatric medicine in the Department of Internal Medicine at the Mayo Clinic. During his full-time faculty tenure at the University of Oklahoma Health Sciences Center (1993 to 1995), Owens was distinguished with the Teacher of the Year Award. He is a clinical professor in the departments of Family and Preventive Medicine, Geriatric Medicine and Internal Medicine at the University of Oklahoma College of Medicine. He is also a clinical instructor at the Mayo Graduate School of Medicine. Since 1999,

he has served as INTEGRIS Baptist Medical Center's chairman of the Family Medicine department.

Terrence Truong, M.D., is the new associate director for Great Plains Family Medicine Residency Program. Truong received his medical degree from the University of Texas-Houston and trained at the University of Oklahoma Family Medicine Residency Program, where he served as chief resident. He joined the faculty of Great Plains in 2001 after ten years of private practice in Mangum, Oklahoma.

Great Plains Family Medicine Residency Program welcomes new full-time clinical faculty member, **Stacey Knapp, D.O.** Knapp received her medical degree from Oklahoma State University and trained at Great Plains Family Medicine Residency Program. Upon graduation in 2004, she pursued a career in rural medicine. After spending 14 years in private practice in Clinton & Mangum, Oklahoma, she returned to the Great Plains family on August 1, 2018.



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HANNA SADDAH, MD

“He called me ancient, my ornery grandson,” she spewed. “I can’t hide my anger. I’m honest and refuse to pretend. I hate that little devil.”

“Is he the one who was a slow learner?” I asked, suppressing a smile.

“Slow to learn manners but fast to learn mischief,” she retorted, shaking her head with discontent.

“How are you feeling, otherwise?” I inquired, hoping to redirect the conversation toward her health checkup.

“Oh, I feel fine, I suppose, except for the daily aggravations I have to put up with. This wicked kid knows how to rile me up. The nerve to call me ancient! He would have been homeless if I hadn’t adopted him from my alcoholic daughter. My daughter is the one who’s ancient; when they see us together, people think she’s my mother.”

With a miffed move, Olga crossed her lean, lithe legs and pulled her skirt a few inches above her knees. She then fluffed her hair with brisk, backhand strokes as tiny beads of sweat crowded her rouge lips.

I gave her time to simmer down before delving into the medical history. Then, when I was through with the examination and she was through with her exposé, she stared me straight in the eyes and affirmed, “I told you I was fine. I only have one problem, Ryan. The devil must have tempted me to adopt him? His mother drank all through her pregnancy and used all kinds of drugs. I knew he couldn’t be normal, but still, I went ahead and adopted him. That good deed is going to bring my ruin.”

Tears dripped down Olga’s cheeks. She felt trapped by pains, the pains of immutable realities. Divorced, teaching high school English, working as a real estate agent during weekends and summers, raising a

motherless, disturbed boy, and seeing her beauty crawl into relentless wrinkles robbed her of the joy of living. Instead of sailing with the warm winds of age whose tides bring her closer to shore, she insisted on sailing with the livid winds of youth whose ebbs pulled her deeper into the sea.

“I was beautiful once,” she lamented, “but now I’m a whining wreck. I used to be a head-turner and men would stop to stare at me. Now they look through me as if I do not exist. Besides, what man would want a woman who is rearing a disruptive child? I’m destined to live alone and die alone.”



Olga did not give me time to tell her that she had a large, left breast mass. Two years earlier, when she was sixty-one, she had breast augmentation, which she thought would make her more attractive. She had to work hard to pay for that surgery, and now she has to work hard to pay for Ryan, who is fourteen and has expensive school and scout activities. Still, I had to reveal to her the ominous truth and there was not an easy way to do it.

“Olga. Let’s step into my office for a chat,” was the best I could engender at the time.

“That sounds serious, Doctor,” she retorted as she cautiously sank into the chair facing my desk and gazed at me with worried eyes.

“There’s a mass in your left breast, dear,” I began. It may be benign,” I lied, “but I can’t needle it because I may puncture the implant. I’ll have to send you to a breast surgeon.”

“That’s one more problem I did not need,” she sighed, and her face, like a wet rag, dropped into her lap.

"I'm sorry, Olga, but it's unwise to procrastinate."

"Do you know how much I paid for these?" she said, flaunting a buxom posture. "They cost a fortune, and now you're sending me to a surgeon to deflate them?"

"I don't know what the surgeon will do. It may not entail removing the implant," I lied again.

"And, who'll take care of Ryan if something should happen to me?" She whimpered.

"Nothing is going to happen to you, dear. We'll walk this rough road together, one step at a time."



Olga had a cycle of chemotherapy after mastectomy, followed by another breast augmentation but her breasts no longer matched, which bothered her more than the fact that she had had cancer. But at sixty-five, Ryan was sixteen, and they both had matured because of that tragedy. She no longer seemed discontented with her lot in life and Ryan was more appreciative of her sacrifices.

"I can't believe Ryan's transformation," she exclaimed. "He has become kind, caring, protective, and supportive. Maybe my breast cancer made him realize that I was his lifeline."

"How are his grades?"

"He's always had a four-point average. On top of that, he's publishing poems in the school magazine."

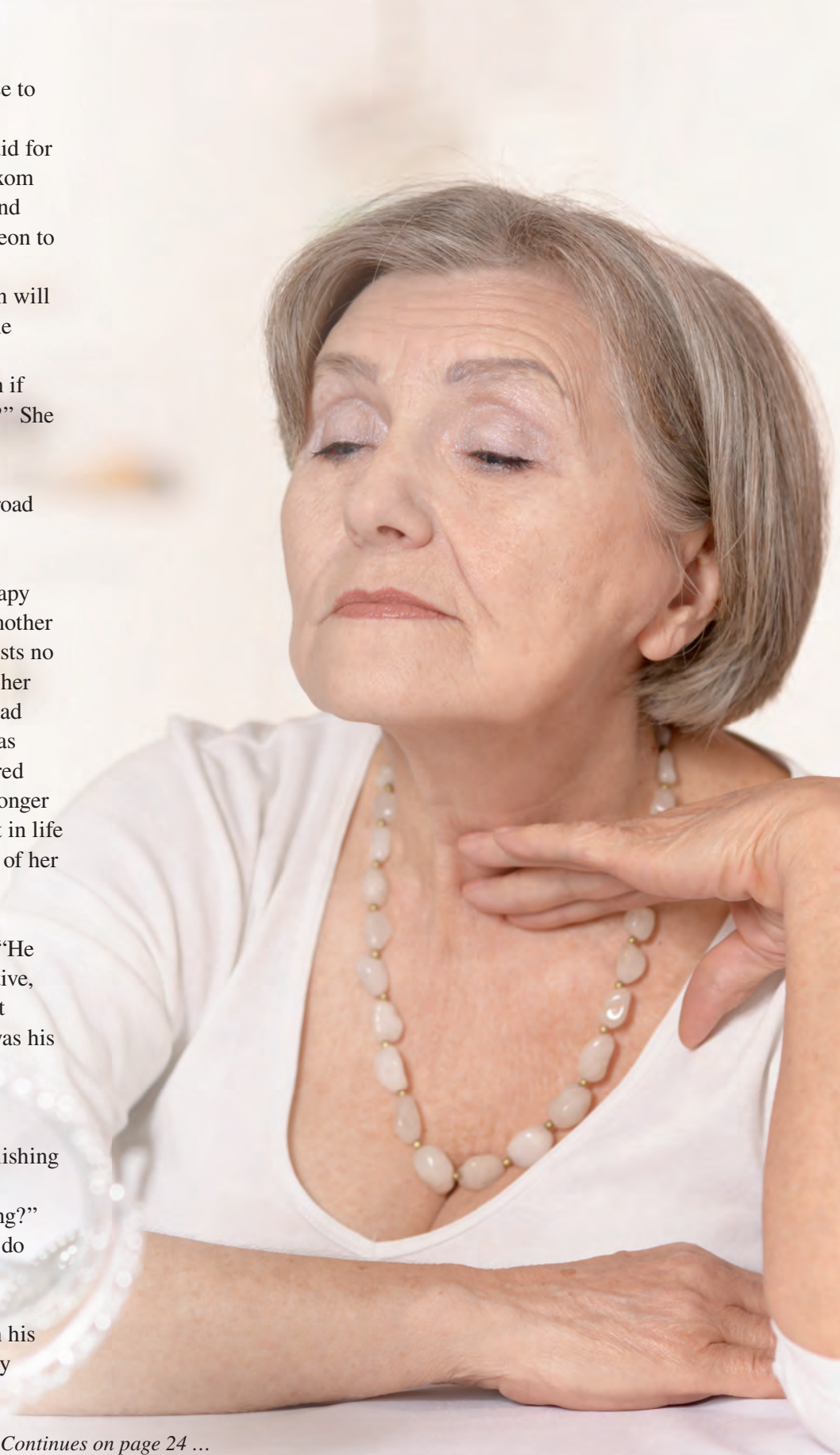
"And how's your daughter doing?"

"She's the same and has little to do with Ryan or me."

"Does he ask about her?"

"No, but he writes about her in his poems. He calls her My Heavenly Mother."

Continues on page 24 ...



“What does he call you?”

“He just calls me Mother.”



When Ryan graduated from Medical school, Olga was seventy-four. When he finished his family medicine residency, Olga was seventy-seven. When he and his wife had their first child, Olga was eighty. When she came in for her checkup, she brought me pictures of her granddaughter.

“Isn’t she adorable?” She asked with gleeful eyes.

“She is and I hope she’ll grow up to be as beautiful as her grandmother.”

“I was beautiful once, but age took it all away.”

“We were all beautiful once, and yet, every age still has its own beauty.”

“No, Doctor. There is less beauty with age. Let’s be honest. We decay as we grow. Look at me now. I used to spend hours beautifying at the mirror and now I hate looking at myself. I sometimes wonder who’s that old

hag looking back at me. Age is painful and demeaning, Doctor, and there’s nothing we can do about it.”

“When did you start feeling that way?”

“When I turned eighty. There is black magic in this number. I feel like a salmon that left home, roamed the oceans, and is now climbing back upstream to where she was born, climbing up the years towards home, towards disintegration, towards death.”

“Surely, you can find a more positive way of viewing age.”

“Positive, Doctor? What’s positive about it?”

“The eighty years you have lived that no one can ever take away. Ryan, who surprised you and brought joy to your home and his. Ryan’s baby girl who is your ambassador to the future – what she becomes and what she brings forth may bring more joy to many more generations. The possibilities of aging are endless. We are the base from which the future is launched. Without age, there can be no future. And without future, there can be no age. The past, present, and future are what we really are.”

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Silence hissed as Olga reluctantly reconsidered her negative views of age. Seeing the diffident disbelief in her cynical eyes, I inquired, “Have you read T. S. Eliot’s four quartets?”

“You’re asking an English teacher if she has read T. S. Eliot? I love his symbolism and metaphysical dimensions. But, why do you ask?”

“Because he addresses your anti-aging attitude:
*‘Go, said the bird, for the leaves were full of children,
Hidden excitedly, containing laughter.
Go, go, go, said the bird: human kind
Cannot bear very much reality.
Time past and time future
What might have been and what has been
Point to one end, which is always present.’*”

“I know the verse, she nodded un-approvingly, but it has never touched me because I’m a realist, Doctor, and you’re not.”

“Well then, since you’re a realist, let me share with you this private story and see what you think of the girl. A patient of mine had a trust fund from

her extremely wealthy father, which gave her \$2,000 a month, starting from the day she graduated from high school until she finished college, six years later. When the trust ended, her father refused to give her more, which made her angry. She became estranged from him, refused to share her children with him, and complained bitterly about his loveless parsimony to family and friends. Now, my dear realist, what do you think of this girl’s attitude?”

Olga thought a while before she answered. Then, with frowns quivering all about her face, she said, “I think she’s being ungrateful instead of thankful for a gift she did not have to work for – a gift that she obviously did not deserve.”

“Well then, my dear realist, instead of complaining about age, why don’t you turn back and thank God for it, because he has given you eighty years that you did not deserve – eighty years that you did not have to work for?”

Olga did not reply. She twitched a smile, gave me a hug, and left. A week later, I received this note in the mail:

My Dear Doctor,

Our last, life-changing meeting left me with so much to ponder. Perhaps, regretfully, I’ve had the wrong attitude for most of my life. Perhaps, a change of attitude from thankless to grateful and from morose to cheerful is, indeed, our best antidote against age and adversity. This antidote, so cynically expressed in Lord Byron’s Don Juan, perhaps should become the ethos of old age:

*Nevertheless, I hope it is no crime
To laugh at all things, for I wish to know
What, after all, are all things but a show.*

With that in mind, I shall from now on endeavor to laugh more and complain less. Emerging from my old age of servitude into my new age of gratitude, here is a little limerick, which I have composed especially for you:

*First you crawl, then you walk
In a while you start to talk
After that you start to stoop
Getting old is pigeon poop.*

With lots of laughs,





Dr. Atkinson



Dr. Chong



Dr. Hatch



Dr. Haymore



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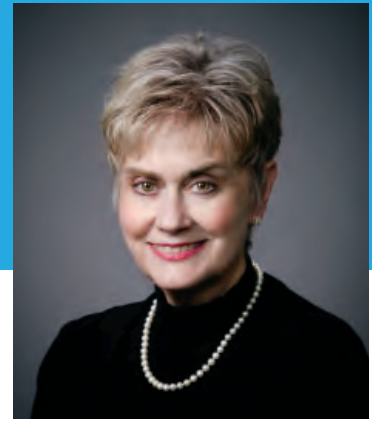
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DIRECTOR'S DIALOGUE



BY JANA TIMBERLAKE,
EXECUTIVE DIRECTOR

“I am grateful for what I am and have.
My thanksgiving is perpetual.”

~ *Henry David Thoreau*

I am filled with thankfulness at this time of the year. The holiday season will soon begin, parties are being planned, trees will be decked with their ornaments and the end of another year is on the horizon.

However, memories for some are not pleasant. Some are filled with regret and some have memories of the past they prefer to forget. The Norman Rockwell scene at the Thanksgiving table is something many have never experienced. We need to be mindful of those around us who do not look at the holidays through the same set of glasses as many of us do.

The Oklahoma County Medical Society has created many programs that address important needs of this community. Thank you to the physicians whose contributions have made the Physician Wellness Program a reality. Through this program, OCMS members may receive counseling for issues such as burnout, mindfulness and relational health without stigma and at no cost to the physician.

Thank you to Dr. Mark Mellow for the many hours he has dedicated to the Independent Transportation Network of Central Oklahoma. Because of his efforts, and the ITNCO Board's perseverance, many of the elderly in this area who cannot drive are no longer isolated in their homes and now enjoy a greater quality of life.

Thank you, Dr. Murali Krishna, for having the vision of a coordinated health care system for the medically underserved in this community. The Health Alliance for the Uninsured collaborates with a network of charitable clinics and other partners to coordinate health care

services and access to prescription medications for those who are uninsured or underinsured in Oklahoma County.

Thank you to Dr. John Bozalis for championing the Oklahoma County Medical Society's efforts to design a program addressing the healthy lifestyle needs of elementary students in Oklahoma. Healthy Schools Oklahoma (formerly Schools for Healthy Lifestyles) was created in 1997 with eight Oklahoma City Public elementary schools. The program has grown to more than 64 schools throughout Oklahoma, with the newest offering being the Action Based Learning labs that teaches academic concepts while incorporating kinesthetic movement in a lab setting.

Thank you to Dr. Sam Dahr who has lead the Society this year with great skill. Dr. Dahr, along with the 2018 Board members, have dedicated many volunteer hours to guide the Society in its efforts to remain relevant to its physician members.

Thank you to my staff, Alison Fink and Eldona Wright. These are the individuals who make “coming to work” enjoyable and my life a lot easier! If you do not know them, I suggest you introduce yourself to them at the next Society function.

I have much to be grateful for and hope you do, too. Please reflect on the quote below by W. C. Jones as you enjoy this season of gratitude and thanksgiving:

*“The joy of brightening other lives becomes
for us the magic of the holidays.”*

Here's to spreading a little magic!

Jana Timberlake, Executive Director



Q&A WITH THE OCMS 2018-2019 PHYSICIANS ACADEMY



RYAN T. MORGAN, D.O., FACOI

Specialty: Internal Medicine

Where do you work?: Integris Southwest Medical Center

Hometown: Tulsa, OK

Medical School: Oklahoma State University Center for Health Sciences

Why do you feel physicians need leadership training?: One does not know what one does not know and a good physician is always learning.

If you had to change your name, what would your new name be and why?: John Smith, because if I was changing my name clearly it would be because I was in a witness protection program.

What tv show is the best, hands down?: West Wing

You've chosen a year and place to visit in the past. When and where is it?: 1950s - People seemed so classy.

What do you strongly suspect but have no proof of?: Aliens



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ROBERT E. LEONARD, II, M.D.

Specialty: Ophthalmology

Where do you work?: Retinal Associates of Oklahoma

Hometown: Ada, Oklahoma

Medical School: University of Oklahoma

Why do you feel physicians need leadership training?: Physicians need to be involved in leadership in healthcare as they are the best advocates for their patients.



STANLEY CHRISTOPHER SHADID, M.D.

Specialty: Family Medicine

Where do you work?: Integris

Hometown: Oklahoma City

Medical School: Ross University School of Medicine

Why do you feel physicians need leadership training?:

Physicians don't get great training in medicine school regarding PRACTICAL aspects of practice and possible leadership rolls outside of our practices. This is an outstanding opportunity to learn and network with our colleagues and potential rolls outside of traditional medicine.

What are you looking forward to in the coming months?:

Work opportunities in various aspects outside of my practice

What tv show is the best, hands down?: Seinfeld

You're a new addition to the crayon box. What color would you be and why?: Yellow

If you could be an Olympic athlete, in what sport would you compete?: Golf

Cake or pie?: Pie



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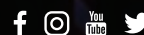
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If you are overwhelmed, overworked or overstressed, OCMS provides up to 8 free and confidential counseling sessions with a licensed psychologist. It's completely confidential and offsite, giving you extra privacy to discuss anything that may be weighing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



PLASTIC SURGERY

OU PHYSICIANS PLASTIC SURGERY

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

Adult Clinic Location
OU Physicians Building
825 N.E. 10th St., Suite 1700
Oklahoma City, OK 73104

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

Adult Services

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

Pediatric Clinic Location
OU Children's Physicians Building
1200 N. Phillips Ave., 2nd Floor Suite 2700
Oklahoma City, OK 73104

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

Pediatric Services

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

UROLOGY

Urologists at **Medicine**

Adult Urology

Michael S. Cookson, MD, Chairman
Urology Department, Urologic Oncology/Robotics
Ash Bowen, MD, General/Oncology/Robotics
Brian Cross, MD, Urologic Oncology/Robotics
Daniel Culkin, MD, Men's Health/Stones/Oncology
Jonathan Heinlen, MD, Urologic Oncology/Robotics
Mark Lindgren, MD, Infertility/Men's Health
Charles McWilliams, MD, General Urology/Male & Female
Sanjay Patel, MD, Urologic Oncology/Robotics
Mohammad Ramadan, MD, General/Oncology/Robotics
Kelly Stratton, MD, Urologic Oncology/Robotics
Gennady Slobodov, MD, Male/Female/Reconstructive/
Incontinence/Neurogenic Bladder
Eric Wisenbaugh, MD, Male Reconstructive

OU Physicians:

Adult Urology 405-271-6452
Edmond 405-340-1279
Stephenson Cancer Center 405-271-4088

Pediatric Urology

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

OU Children's Physicians:

Urology 405-271-2006
Edmond 405-340-1279





Oklahoma County Medical Society
313 N.E. 50th St., Suite 2
Oklahoma City, OK 73105-1830

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