

THE BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

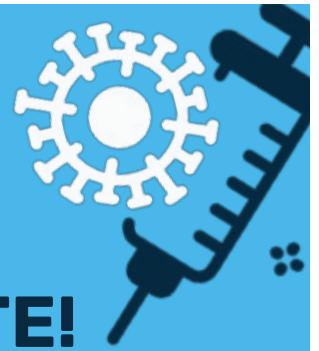
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INSIDE: 2021 OU College of Medicine Match Day

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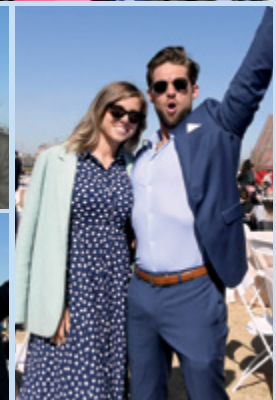
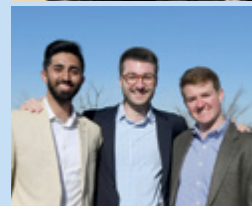
TABLE OF CONTENTS

Thank You to Sponsors and Advertisers ...	6
President's Page	8
Dean's Page.....	10
2021 OCMS Scholarship Winner.....	14
OU College of Medicine	
2021 Matching List	15
Dr. Tomás Owens Elected VP	24
Board In Focus	26
Legislative Update.....	28
The Sound of Feet	32
Director's Dialogue	37
CME Information	38
Professional Registry	38
Poet's Spot	40

ON THE COVER

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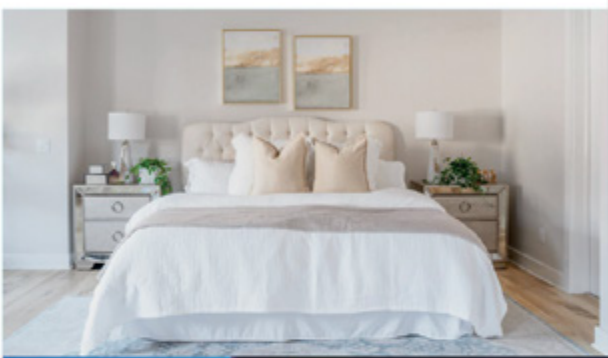


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President's Page

BASEL S. HASSOUN, MD

Myths, rumors, and facts

EVER SINCE THE SALE OF PLICO IN 2015 A LOT OF RUMORS STARTED FLOATING AROUND INCLUDING PAID VACATIONS TO OSMA BOARD MEMBERS, BUYING VACATION HOMES, AND FUNDING RETIREMENT PLANS OF OSMA'S TRUSTEES. SUCH RUMORS SERVE NOTHING BUT TO LOWER OVERALL MORALE AND DECREASE THE SUPPORT OF OUR ORGANIZATION. THEREFORE, IT WOULD BE REASONABLE TO ESTABLISH THE FACTS, ABOLISH ANY RUMORS AND CLARIFY ANY MYTHS.

MedPro Group completed the PLICO sale in September of 2015 for \$83 million. The OSMA Board of Trustees worked very hard to preserve the principle for future generations. This led the OSMA Board of Trustees to establish an investment account with very restrictive administration rules that were then implemented into OSMA bylaws. The rules state:

Any expenditure, distribution, disbursement, or payment from the Investment Account, other than distributions of not to exceed three percent (3%)

annually from the Investment Account to the "Reserve Account" as administered by the Board of Trustees, shall require an affirmative vote of seventy-five percent (75%) of the Board of Trustees at a properly called meeting thereof and an affirmative vote of seventy-five percent (75%) of the House of Delegates at a properly called meeting thereof.

Three percent is around OSMA's annual budget. The additional revenue has allowed them to do necessary maintenance on the OSMA building (of which OSMA owns), hire additional staff, and devote more resources to program (CME and other) activities. Within that three percent, OSMA provides stipends to county medical societies to help with the recruitment and retention of members.

Knowing that IRS rules specifically prohibit using proceeds from this sale to benefit any individual member, no funds from the PLICO sale were used as payments to any member physician in any way. No additional distributions, expenditures, or disbursements have occurred outside of the three percent from the Investment Account and no plans to withdraw are in discussion.

OSMA was able to offer a reduced dues option due to the COVID-19 pandemic, but the total elimination of dues was met with strict rejection from legal counsel. Neighboring states have also been unable to reduce dues entirely.

Over the years, OCMS and OSMA leadership has always come up with innovative and creative ways to generate income for the association other than through membership dues. Granted, not every idea that was tried has been as successful, but there have been success stories that forever we will be proud of. OCMS established the Oklahoma Blood Institute – one of these investment ideas, which was so successful it had to be spun off to become its entity; for OSMA, PLICO was another one. OSMA Health insurance company is doing extremely well and is expanding in several states. In addition, OSMA was able to negotiate with Oklahoma City University to enable members interested in business to obtain an MBA at a discounted rate.

Continuing our path of innovation and excellence can only be done through state-wide participation and an open dialog. I, therefore, encourage each and every one of you to not only join the Oklahoma County Medical Society and Oklahoma State Medical Association but also to be an active member of these organizations to have your voice heard and ideas implemented.

How much easier is it to be
critical than to be correct.

Benjamin Disrael

Should you decide to join us, our email is ocms@okcountymed.org. We welcome you into your organization and as a future delegate.



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John P. Zubialde, MD

Dean's Page

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

Recognizing the growing segment of our population over 65, our ability to focus on the needs of older adults is not just important, it is critical. The OU College of Medicine is taking on the challenge of helping discover and teach how best to do that. Physicians who care for older adults not only have an opportunity to utilize the latest medical advancements, but also to align that care with their patients' goals in life. That addresses what is increasingly important in aging – quality of life.

In essence, we must ask questions about what matters most to our patients, and how medicine can make a difference.

Several outpatient and inpatient settings at OU Health have earned certification as Age-Friendly Health Systems, which provides a framework to improve the care of older adults. The designation is from the Institute for Healthcare Improvement and has been embraced by our physicians, nurses and other healthcare providers.

Many of our physicians naturally provide this type of care, but age-friendly certification embeds the approach into every patient visit and into our

electronic health record so that improvements are tracked over time. The four essential elements of an Age-Friendly Health System are known as the 4Ms:

- **What Matters:** Asking older adults what matters most to them and aligning care with those goals in mind
- **Medication:** Using age-friendly medications that do not interfere with what is important to the older adult
- **Mentation:** Preventing, identifying, treating and managing dementia, delirium, depression and other mental health issues
- **Mobility:** Ensuring older adults move safely every day and maintain their function for activities that are important to them

The OU Health University of Oklahoma Medical Center and OU Health Edmond Medical Center have adopted age-friendly practices for the inpatient setting, as have our OU Health Physicians Senior Health Clinic and General Internal Medicine Clinic. With 46 million Americans age 65 and older, a number that is

Continues on page 12 ...

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expected to double by 2060, we will see a massive influx of baby boomers into the healthcare system. The 4Ms framework not only follows an evidence-based approach, but it is crucial for delivering the outcomes that are important for our patients' quality of life.

Asking our patients what matters most sets the stage for the other three M's and creates a rapport that is integral to the physician-patient relationship. When patients are asked what matters most to them, their answers vary but are often related to family activities, such as playing with grandchildren, traveling, walking/hiking, and continuing to live at home.

In the past, we have too often instructed patients that they should be on a certain medication because that's what has been shown to benefit their condition. But a treatment for one condition may exacerbate another or cause unwanted side effects, like fatigue or sedation, which keeps them from participating in activities that are important to them or puts them at risk for falls. Sometimes older adults need physical therapy in order to rebuild strength and mobility. Although physical therapy may be tiring, patients are more likely to participate if they understand it is tied to their independence and mobility. The care of older adults can be complex because they tend to have multiple conditions. Trade-offs must sometimes be made, but the 4Ms framework guides shared decision-making.

In the hospital setting, the 4Ms direct care from the time of the patient's arrival through different stages of their stay, whether the ER, the ICU or a regular floor. When they are discharged, the goal is to communicate their wishes to the next step in their care, such as home health or a skilled nursing facility.

Our providers place a high priority on patients' mental state and on prescribing medications that are most likely to be effective without impairing cognition or increasing the risk of falls. Nurses

assess delirium regularly and work with physicians to choose medications that don't increase the risk of delirium or interact with other drugs in a negative way.

Getting a patient up and moving every day is crucial because even a week in a hospital bed without much mobility can significantly decrease a person's chances of moving about safely once they return home. For patients who are hospitalized because of an injury due to a fall, mobility is particularly important because it gives them strength and reduces the risk of another fall.

The 4Ms framework is applicable to any healthcare setting, and its principles apply to prevention as well. By thinking about a patient's mentation, mobility and medications over the course of a long-term, patient-centered relationship, we may be able to prevent depression, falls, drug interactions and other occurrences.

The approach also sets the stage for conversations about patients' wishes if their health takes a turn for the worse. When we've already been talking to our patients about what matters most to them, it's more natural to have conversations about what kind of care or interventions they want if they become very ill. Rather than having to make quick decisions during a critical situation, we've been talking all along about their care.

Already, our efforts as an Age-Friendly Health System have resulted in fewer and more appropriate medications and increased mobility among our patients, and we expect the benefits to continue. In addition, our medical students and residents are exposed to the 4Ms and will carry them forward into their own careers. We want to provide care that allows older adults to be as functional and independent as possible, for as long as possible. Asking "what matters most" provides clarity for healthcare decisions that give older adults the quality of life they want and deserve.



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Cole Lindsey: 2021 OCMS Medical Student Scholarship recipient



Congratulations to Cole Lindsey, winner of the 2021 Oklahoma County Medical Society Student Scholarship.

Cole grew up on the north side of Oklahoma City and attended Deer Creek Schools. He grew up loving to watch and play sports. However, late into his junior year of high school, he developed a heart arrhythmia requiring two separate ablation procedures at The Children's Hospital. This experience was pivotal in his decision to pursue a career in medicine. He attended the University of Oklahoma for undergraduate education, majoring in mechanical engineering with a pre-medical emphasis. He is continuing his education and path to becoming a physician at the University of Oklahoma College of Medicine as an MD candidate in the Class of 2022. His future plans are to pursue a residency in anesthesiology and (tentatively) a fellowship in cardiothoracic anesthesia.



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The University of Oklahoma College of Medicine Class of 2021 Public Match List



ABOUT THE COVER

THE THIRD FRIDAY OF EACH MARCH IS MARKED PROMINENTLY ON EACH GRADUATING STUDENT AT THE UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE'S CALENDAR. IT IS ON THIS DAY THAT MEDICAL STUDENTS OFFICIALLY LEARN THE IDENTITY OF THEIR SPECIALTY AND ITS LOCATION THROUGH THE NATIONAL RESIDENCY MATCHING PROGRAM (NRMP). BELOW IS A LIST OF THE 2021 OU COLLEGE OF MEDICINE GRADUATES WITH THEIR MATCH DAY RESULTS. THE STUDENTS ARE LISTED BY NAME, OU CAMPUS OF STUDY, SPECIALTY, AND THE INSTITUTION AND CITY WHERE THEY HAVE BEEN MATCHED.



Robert Gonzalez, the 2020 OCMS Medical Student Scholarship recipient, was matched to Stanford University as a categorical intern in the Anesthesia Class of 2025. Congratulations to Robert and all members of the OU College of Medicine Class of 2021.

Continues on page 16 ...

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Continues on page 18 ...

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Match Day
2021

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Dr. Tomás Owens Named VP of AAFP Foundation Board of Trustees



TOMÁS OWENS, M.D., OF EDMOND, IS ADDING A NEW TITLE TO HIS LONG LIST OF ACCOMPLISHMENTS. OWENS IS NOW VICE PRESIDENT OF THE BOARD OF TRUSTEES FOR THE AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION. THE FOUNDATION IS THE PHILANTHROPIC ARM OF THE AAFP, ONE OF THE WORLD'S LARGEST MEDICAL ORGANIZATIONS, REPRESENTING FAMILY DOCTORS THROUGHOUT THE U.S. AND THE WORLD.

“Trustees are the AAFP Foundation’s most important advocates, and we’re delighted that Tomás is willing to serve in this leadership position,” said Rebecca Jaffe, M.D., president of the AAFP Foundation. “Our trustees help ensure that the field of family medicine thrives, today and in the future. As a doctor and a teacher, Tomás brings essential strengths to our board.”

Currently, Owens is director and practicing full-scope family doctor at INTEGRIS Great Plains Family Medicine, an Oklahoma City-area residency program. He is also the chair of family medicine and vice president of the medical staff officers at INTEGRIS Baptist Medical Center. Owens is the senior delegate for the Oklahoma chapter of the AAFP and served many years as OAFP president and delegate for the National Conference of Constituency Leaders. He is very active in teaching medical students and the public, and volunteers for several boards, his state medical association, and patient service projects in Edmond.

As a member of the AAFP Foundation Board of Trustees, his responsibilities include fundraising, identifying short-term and long-term priorities and goals, establishing policies to guide the Foundation, and actively participating on at least three committees.



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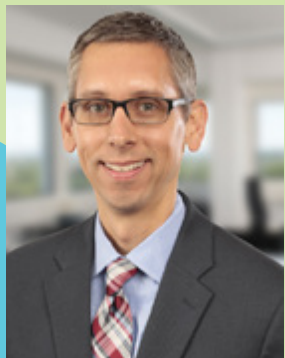
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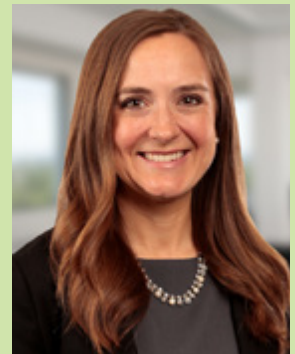
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OCMS

OKLAHOMA COUNTY MEDICAL SOCIETY

BOARD IN FOCUS

The OCMS Board of Directors is responsible for overseeing the management of the Society. Most importantly, the Board represents the voice of the membership.

In upcoming issues of the Bulletin, we will be providing bios and more information on the OCMS Board of Directors. We encourage you to learn more about who represents you, and you can email ocms@okcountymed.org to contact a specific member with questions.



Bret Haymore, MD

Dr. Haymore (pictured with wife, Alyssa) attended Penn State Hershey College of Medicine where he was elected to the AOA honor society. He subsequently completed a residency in internal medicine and was chief medical resident. He has received numerous teaching and research awards and has published numerous articles in the medical literature. He served on the Board of Regents of the American College of Allergy, Asthma and Immunology from 2007-2008.

He served on active duty in the Army for nine years during which time he completed his residency in Internal Medicine and then an Allergy-Immunology fellowship at Walter Reed Army Medical Center in Washington D.C.

Dr. Haymore completed his active duty service in 2011 as a Major and Chief of Clinical Services for the Allergy and Immunology Department at WRAMC. He deployed in support of Operation Iraqi Freedom during his tenure in the military. He has been in private practice in Oklahoma since his departure from the military.

Dr. Haymore and his wife have five children and enjoy many activities together including sports, music and outdoor activities. They are active in their church and the community.



Basel S. Hassoun, MD

Born in Kuwait, Dr. Hassoun immigrated to the United States after completing his medical school at Kuwait University. He attended South Dakota State University where he obtained a Masters Degree in biochemistry. His main focus was on Selenium and its role as a free oxygen

radical scavenger. He then completed a surgical residency at the University of Hawaii Integrated Residency Program before moving to Oklahoma to complete a Urology residency at the University of Oklahoma.

Dr. Hassoun, the 2021 OCMS President, has been in private practice of urology in Oklahoma City since 1995. He served as the president of the Western Oklahoma Urologic Society in 1996 and the Oklahoma State Urology Association in 2015. Dr. Hassoun has been a principal investigator of several national studies and serves as a consultant to multiple device companies. He has several patents to his name and serves as a preceptor for the Oklahoma City University Physician Assistant Program.

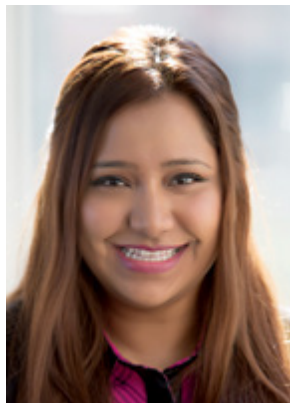
Dr. Hassoun met his wife, Suzanne, in Oklahoma City, when she was visiting here from Syria. He proposed to her soon after they met. Together, they have three children: Judy, Adam and Noah.

Pooja Singhal, MD

Pooja Singhal, MD, FACC, DABOM is a board certified Gastroenterologist and Director of Women's Digestive Health at SSM Health Hospital. She completed her medical school training at the University of Oklahoma College of Medicine and an Internal medicine residency at the Georgetown University Hospital in Washington, D.C. Dr. Singhal received her fellowship training in Gastroenterology at the Georgetown University hospital as well, where she was selected as Chief Resident and Chief Gastroenterology Fellow.

Dr. Singhal's clinical training and interests include general gastroenterology, inflammatory bowel disease, irritable bowel syndrome, celiac disease, liver diseases including hepatitis and cirrhosis, diagnostic and therapeutic endoscopy, and women's gastrointestinal health. Singhal is a Diplomate of the American Board of Obesity Medicine as well, and is trained in Orbera Intra-gastric balloon system.

Dr. Singhal has been practicing gastroenterology for nine years during which she has performed over 8,000 endoscopic procedures. She currently serves as the Director for Women's Digestive Health at SSM Health hospital.



She has received several awards and honors including National SCOPY award consecutively from 2016-2019 for raising colon cancer awareness in Oklahoma, ACG Trainee the Trainee scholarship, AGA young delegates membership, Caring Star Award, and numerous scholarships.

Dr. Singhal holds numerous national positions including American College of Gastroenterology (ACG) Young Scholar leader, ACG Women in GI Mentoring committee chair, and Healio top 200 GI physicians. She was a part of Oklahoma County Medical Society Leadership Academy Class VII. She also volunteers on the Board of Homeless Alliance. Singhal and her husband were recently blessed with a baby boy, and they enjoy traveling and exploring the world together.

Chad Michael Smith, MD

Dr. Smith was born in Lawton on May 20, 1979. He was raised in a military family. He completed his undergraduate degrees at Cameron University in Lawton. There, he met his loving wife, Jamie. Smith completed his medical doctorate work at the University of Oklahoma in 2006. He opted to pursue a career in Women's Health and completed residency training in Obstetrics and Gynecology in 2010 at the OU Health Sciences Center.

Dr. Smith joined the academic staff at OU after completing residency. He worked to become an Associate Professor within the Department of Obstetrics and Gynecology. During his tenure, he served as Medical Director for Labor and Delivery and the Medical Director of Perinatal Patient Safety. In addition to his academic engagements, he managed a busy private practice.

In 2017, Chad left OU to pursue a health administration role at Mercy Hospital OKC. He remains in his role as Chief Medical Officer at Mercy. His responsibilities also extend across the Mercy Ministry, as he helps lead medical staff-related issues for the entire system. He remains in clinic practice, working as an OB Hospitalist at Mercy.

For the past eight years Dr. Smith serves as Medical Director for the Oklahoma Perinatal Quality Improvement Collaborative that is aimed to improve the health of women and newborns in the State of Oklahoma.



Legislative Update

As many of you are aware, Pat Hall and Jim Dunlap host *“Inside the Issues,”* a weekly public affairs talk show on **Cox Cable Channel 3** in both the OKC and Tulsa markets. The show, currently in its 17th season, airs on **Sundays at 9:30a and 7:30p** and repeats on **Wednesday at 6:30p**. The featured guest this week is **Senator Roger Thompson**, Chair of the Oklahoma Senate Appropriations and Budget Committee. Past episodes can also be viewed at [Facebook.com/InsidetheIssues](https://www.facebook.com/InsidetheIssues).

This past week was a major deadline for the Oklahoma Legislature. All measures had to be out of the opposite House (House Bills out of the Full Senate & Senate Bills out of the Full House). MANY THANKS to those OSMA members who responded to our **ACTION CALL** supporting **SB 131 (Garvin/McEntire)**, the *Oklahomans Caring for Oklahomans Act*. The measure directs the Oklahoma Health Care Authority to develop and operate a state-run managed care program meeting certain standards for Medicaid beneficiaries. This is in deference to the Administration’s effort to implement a *capitated* Medicaid managed care system utilizing for-profit insurance companies. The amended bill passed the House 73-17 and heads back to the Senate for consideration.

OSMA request bill **SB 550 (Newhouse/Pae)** was signed into law this week. This bill enhances communication between doctors’ offices, hospitals and insurance companies. The goal is to speed the adjudication of denied claims, which benefits patients. Over the past two years, all 3 parties – doctors, hospitals, and the insurance companies – met multiple times and reached a consensus on the language in this bill. This effort has truly been a team effort to benefit Oklahomans. Many thanks to **Sam Dahr, MD** who helped initiate and spearhead this effort!

Other highlighted major final victories this week include:

Defeat of **SB 548 (Daniels/Townley)** which would have disallowed any debt related to a medical service to be turned over to a collection agency unless the patient previously agrees with a “good faith estimate.”

Defeat of **HB 2335 (Stegall/Jett)** which would have prohibited state agencies from mandating vaccinations under most circumstances.

PLEASE RESPOND TO ACTION CALLS to assure the “House of Medicine” voice is heard at the State Capitol

Legislative Issues Important to OSMA

SCOPE OF PRACTICE

HB 2009 (Townley/Coleman) – Permits certain death certificates to be signed by advanced practice registered nurses. (Passed House; Passed Senate; **to Governor**)
OSMA OPPOSES

SB 388 (Rosino/West, Josh) – Directs that home care eligibility for patients be certified and overseen by healthcare providers, including physicians, physician assistants, or registered nurses and makes such eligibility and oversight retroactive. (Passed Senate; Passed House; **to Governor**) **OSMA OPPOSES**

SB 516 (Montgomery/Pfeiffer) – Allows a delegating physician to supervise an unlimited number of physician assistants. Note: The Medical Licensure Board currently limits physician supervision of up to six P.A.s (Title and Enacting Clause Stricken*; Passed Senate; passed House; **Conference Committee anticipated**) **OSMA OPPOSES**

GENERAL GOVERNMENT

HB 2089 (McCall/McCortney) – Provides for an income tax credit for doctors who have graduated from an Oklahoma college of medicine or have completed residency in Oklahoma and whose primary residence meets rural area criteria of less than 25,000 population or within the jurisdiction of a federally recognized tribe. (Passed House; Passed Senate Finance and Senate Appropriations; not heard on Senate Floor; **Dormant**) **OSMA SUPPORTS**

HB 2121 (McEntire/McCortney) – Relates to the Physician Manpower Training Commission by permitting general surgery physicians to serve on the Commission and requiring one seat on the Commission to be given to a nurse practitioner. (Passed House; Passed Senate Health

& Human Services; not heard on Senate Floor; **Dormant)**
OSMA SUPPORTS

SB 79 (Thompson/Wallace) – Provides for a tax exemption on the transfer of tangible property or services to federally tax-exempt nonprofit entities which have entered into joint operations agreements with the Hospitals Trust which helps fund residencies (Passed Senate; Passed House; **Signed by Governor)** **OSMA SUPPORTS**

SB 487 (Pugh/Nollan) – Permits the Governor and leadership of the House and Senate to remove and replace their appointments, excluding those established by Constitutional provision, at any time and for any reason (Passed Senate; Committee Substitute Passed House Floor; **back to Senate)** **OSMA OPPOSES**

SB 548 (Daniels/Townley) – Provides that no medical service care or entity shall report a healthcare debt to a credit bureau or pursue collection activities unless certain facts relating to the incurrence of such debt are demonstrable and limits charges. (Title Stricken*; Passed Senate; Passed House State's Rights; Failed on House Floor 35-58; **Dead this session)** **OSMA OPPOSES**

SB 574 (McCortney/McEntire) – Creates the Oklahoma State Health Information Network and Exchange (OKSHINE), charged with creating and maintaining a digital platform for the sharing and exchanging health related information among healthcare system participants. (Title Stricken* Passed Senate; Committee Substitute Passed House Public Health; Passed House Floor; **back to Senate)** **OSMA SUPPORTS**

SB 689 (Pugh/Miller) – Revises the make-up of the Oklahoma Health Care Authority Medical Advisory Board. (Passed Senate; Committee Substitute passed in House General Government; Passed House Floor; **back to Senate)** **OSMA NEUTRAL**

SB 724 (Dahm/Gann) – Removes reference to the Workers' Compensation Physician Advisory Committee (Passed Senate; Committee Substitute Passed House Public Health; not heard on House Floor; **Dormant)** **OSMA OPPOSES**

SB 1031 (Treat/Echols) – Extends certain virtual meeting provisions established in response to the COVID-19 health emergency to until 30 days after the termination of the health emergency order (Passed Senate; Passed House; **Signed by Governor)** **OSMA SUPPORTS**

INSURANCE

HB 1006 (Bush/Pugh) – Creates the "Transparency in Health Care Prices Act" which requires health care providers and facilities to make prices for certain health care services publicly available (Passed House; Passed Senate

Health & Human Services as Amended; Passed Senate; **back to House)** **OSMA SUPPORTS**

HB 2323 (Frix/Pemberton) – Prohibits insurers from removing medical providers from an existing insurance network while a policy is in effect for informing enrollees of the full range of physicians and providers available to them and requires certain notice upon referral (Passed House; Passed Senate; **to Governor)** **OSMA SUPPORTS**

SB 550 (Newhouse/Pae) – Requires insurance providers to make certain notifications when clean claims are denied, and allows for the insured to appeal, if denied again the insurer must provide certain additional info, including contact info to speak to someone (Passed Senate; Passed House; **Signed by Governor)** **OSMA SUPPORTS**

LEGAL REFORM

SB 793 (Weaver/Roe) – Considers the assault and or battery of a respiratory therapist who is performing medical care duties as a felony offense (Passed Senate; Passed House Public Health; not heard on House Floor; **Dormant)** **OSMA SUPPORTS**

MEDICAID MANAGED CARE

HR 1019 (McEntire) – Declares privatized managed care to be a failed health care model and encourages the Health Care Authority to create an Oklahoma-based managed care system. (**to House Floor)** **OSMA SUPPORTS**

SB 131 (Garvin/McEntire) – Creates the *Oklahomans Caring for Oklahomans Act* which directs the Health Care Authority to develop and operate a state-run managed care program meeting certain standards for Medicaid beneficiaries (Passed Senate; Passed House as Amended; **back to Senate)** **OSMA SUPPORTS**

PAIN MANAGEMENT/OPIOIDS/PHARMA

HB 2678 (Marti/McCortney) – Co-Pay Accumulator: Makes failing to include certain payments on behalf of enrollees when calculating total contributions towards out-of-pocket maximums an unfair claim settlement practice for pharmacy benefits providers (Passed House; Passed Senate; **Signed by Governor)** **OSMA SUPPORTS**

SB 57 (Rader/Echols) – Permits access to certain information contained in the central repository regarding controlled dangerous substances to the members of the Opioid Overdose Fatality Review Board (Passed Senate; Passed House as Amended in Committee; **back to Senate)** **OSMA SUPPORTS**

SB 58 (Rader/Echols) – Permits a practitioner to electronically order a controlled dangerous substance when administered

Continues on page 30 ...

through a hospice program (Passed Senate; Passed House; **to Governor**) **OSMA SUPPORTS**

SB 241 (Thompson/Kannady) – Permits reporting of data related to controlled dangerous substances in Schedules II through V to the state by certain manufacturers to be in the same format used to report to the FDA (Passed Senate; Passed House Alcohol, Tobacco & Substances; not heard on House Floor; **Dormant**) **OSMA SUPPORTS**

SB 605 (Standridge/Echols) – Provides for liability protections to licensed health practitioners with prescribing authority who meet certain requirements when making opioid prescriptions (Passed Senate; Passed House Alcohol, Tobacco & Substances; not heard on House Floor; **Dormant**) **OSMA SUPPORTS**

SB 888 (Standridge/Echols) – Pain management clinic ownership language has been removed; requires registration with Board of Medical Licensure and Supervision under certain circumstances (Passed Senate; Committee Substitute Passed House Alcohol, Tobacco & Substances; not heard on House Floor; **Dormant**) **OSMA SUPPORTS**

PUBLIC HEALTH

HB 2335 (Steagall/Jett) – Prohibits government entities from mandating vaccinations (Passed House; Committee Substitute Passed Senate Health & Human Services; not heard on Senate Floor; **Dormant**) **OSMA OPPOSES**

HB 2381 (Sterling/Simpson) – Requires school districts to conduct an annual fitness assessment for students in grades three through twelve within a course that satisfies the physical education program currently in statute. (Passed House; Passed Senate Education and Senate Appropriations; not heard on Senate Floor; **Dormant**) **OSMA SUPPORTS**

SB 658 (Dahm/West K.) – Requires the Dept. of Education and school districts to provide information on exemptions in any notice or publication regarding immunization requests and requirements (Passed Senate; Committee Substitute passed House Floor; **back to Senate**) **OSMA OPPOSES**

SB 905 (Bullard/Davis) – Provides a tax credit for employers that host blood drives for each donating employee. (Passed Senate; Title Stricken*; Passed House as amended; **back to Senate**) **OSMA SUPPORTS**

TELEHEALTH

SB 7 (Bergstrom/Humphrey) – Permits the use of telemedicine services for the assessment of persons possibly in need of mental health or substance abuse treatment who are taken into custody by law enforcement (Passed Senate; not heard on House Floor; **Dormant**) **OSMA SUPPORTS**

SB 673 (McCortney/McEntire) – Creates the Oklahoma Telemedicine Act which expands definitions and standards for telemedicine within statute (Passed Senate; Passed House; **to Governor**) **OSMA SUPPORTS**

SB 674 (McCortney/McEntire) – Requires health care plans to provide coverage for telemedicine and remote care services (Passed Senate; Floor Substitute Passed House; **back to Senate**) **OSMA SUPPORTS**

WOMEN & CHILDREN

HB 1102 (Olsen/Daniels) – Makes performing an abortion that is not deemed medically necessary to preserve the life or prevent irreversible impairment of a major bodily function of the woman, grounds for a physician to lose or have their license suspended (Passed House; Passed Senate; **to Governor**) **OSMA OPPOSES**

HB 2441 (Russ/Daniels) – Prohibits the performance of abortions on pregnant woman after such time that the unborn child has a detectable heartbeat. (Passed House; Passed Senate; **to Governor**) **OSMA OPPOSES**

SB 612 (Dahm/Olsen) – Relates to abortion by imposing a fine or prison sentence on any person purposely performing an abortion except to save the life of the mother (Passed Senate; Passed House Public Health; not heard on House Floor; **Dormant**) **OSMA OPPOSES**

SB 778 (Daniels/Lepak) – Creates the OK Abortion Inducing Drug Risk Protocol Act, which may only be utilized by physicians in specific settings and requires certain notification to be made to those receiving such drugs. (Passed Senate; Title Stricken*; Passed House as Amended; **back to Senate**) **OSMA OPPOSES**

SB 779 (Daniels/Lepak) – Creates the OK Abortion Inducing Drug Certification Program for physicians performing such services and requires them to report annually certain information regarding patients receiving abortions, also defines penalties for certain violations (Passed Senate; Title Stricken; Passed House as Amended; **back to Senate**) **OSMA OPPOSES**

SB 918 (Treat/McCall) – Repeals sections of law relating to abortion, to be effective should the U.S. Supreme Court, or an amendment to the U.S. Constitution is adopted to overturn Roe v. Wade (Passed Senate; Passed House; **to Governor**) **OSMA OPPOSES**

**Title Stricken means the language in the measure continues to be a work in progress.*



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*I have stood still and stopped the sound of feet
When far away an interrupted cry
Came over houses from another street,
But not to call me back or say good-bye;*

Robert Frost (1874-1963)

My cellphone rings. I should have silenced it, but I forgot.

"You need to come see this," came Nurse Nora's pressured voice.

"I'm in a meeting," I whispered.

"I'll tell him you're on your way."

Some VA Hospital days start this way, hurried, forcing me to be partially present in two places at the same time. I withdrew from the meeting, drawing as little attention as possible, and took the stairs to the Community Living Center floor, better known as CLC.

"Who, what, where?" I asked, looking into Nurse Nora's gaping eyes.

"It's Mr. Iratus. He came back to us last night, after a six-hour surgery."

"So?"

"I was changing his dressing when he noticed his wound for the first time."

"So?"

"He started screaming at the top of his voice."

"Did you hurt him?"

"No. He just was shocked when he found out that his wounds were not two inches long."

"Well, how long are they?"

"About two feet long, starting at the knees and ending at the groins. His arteries were totally blocked and they couldn't bypass them, so they replaced them with new femoral grafts."

"So, why's he upset then?"

"Because they did not get his permission."

"What were they supposed to do?" I asked, a bit annoyed.

"Wake him up from anesthesia and ask his permission to save his feet," replied Nurse Nora with a cynical tone.

Mr. Iratus and I had a long, bedside conversation. He started smoking at 19 and has been smoking four packs a day for the past 35 years. Two years ago, he began having trouble walking and his feet changed color. He was not diabetic, had normal blood pressure, and normal cholesterol, which is why he could not believe that he had bad arteries. When his doctors told him that smoking was destroying the blood supply to his legs, he countered by saying that his feet were deep red and that had to mean good circulation.

He loved his cigarettes and would not consider giving them up. His ex-wife was an equally heavy smoker, and smoking together was their favorite pastime.

"Mr. Iratus?" I asked with a hushed voice. "Do you drink?"

"I've never touched the stuff," he replied with pride.

"So, smoking is your only vice, then."

"Smoking is not a vice, Doc. It's a legal pleasure which makes me happy; and the pursuit of happiness is my God-given right."

Mr. Iratus smiled when he saw that he had won the argument but his smile failed to erase his frowns. His un-tempered anger lurked behind his grin, ready to leap at the slightest provocation. I was not certain that I could diffuse it with reason because he was obviously using powerful reason to justify his own prejudices. "*A great many people think they are thinking when they are merely rearranging their prejudices,*" said William James.

"Mr. Iratus," I ventured. "If you were the surgeon, would you have stopped the operation, closed the skin, waited for

Continues on page 34 ...

A photograph of a busy city street. In the foreground, three pigeons are visible on a paved sidewalk. The background is filled with many people walking, but they are blurred to create a sense of motion. The overall scene is bright and sunny.

The Sound of Feet

your patient to wake up, and then asked him if he would give you permission to save his feet by putting in new arterial grafts?"

"That is not a fair question, Doc. A patient has the right to know if he's going to have major surgery instead of minor surgery. The surgeon should have warned me beforehand that the two-inch incisions might turn into twenty-four-inch incisions, and he didn't. If that had happened to you how would you feel, Doc?"

"I would feel grateful."

"Well, I don't. I feel betrayed."

"Is that why you're angry?"

"No. That's why I'm mad and that's why I'm gonna raise hell."

I left Mr. Iratus's room feeling defeated. His mind set was immutable and I could not understand how he could feel so ungrateful for having his feet saved from impending gangrene. It must be his life's baggage, which travels with his mind and burdens him wherever he goes, I surmised. *"I am a part of all that I have met,"* said Alfred, Lord Tennyson in *Ulysses*. Whatever Mr. Iratus had met changed him into what he is now. His brain's plasticity allowed his life's experiences to reformat his mind's software from a worldview whose keynote should have been gratitude to one whose keynote is abject anger. The way Tennyson taught us that we are naught but our minds, which are continuously rewired by our experiences, was indeed a spark of poetic genius:

"I am a part of all that I have met;

Yet all experience is an arch wherethro'

Gleams that untravell'd world whose margin fades

For ever and forever when I move."

In spite of all our efforts, Mr. Iratus's mind did not calm down. He complained to the VA Hospital's chief of staff, sent a letter to the medical board, consulted a malpractice lawyer, and asked to be interviewed by the television channels. Repeatedly, he counted the 102 sutures, numbered them with indelible ink, and posted pictures on Facebook with the caption, "Look what the VA has done to me without my knowing."

Of course, he refused to see the VA Hospital psychologists. "There's nothing wrong with me," he declared. "Go interview the surgical team; they're the ones who need a shrink."

He also refused to let the nurses remove his 102 sutures when it was time. "I'm keeping them stitches as souvenirs for the whole world to see what the VA has done to me."

When he was ready for discharge, he surprised the social worker with, "Because I've been out of my home for three weeks, the bank repossessed it. I'm suddenly homeless and so is my ex-wife. We have no place to go and you can't discharge me until you find us a place in some vet home. I was a free man before I came to the VA; now, thanks to y'all, I'm a homeless prisoner."

The waiting list for a vet home is rather long and veterans have to wait months to get in. We could not possibly keep Mr. Iratus in the hospital for that long a time. Moreover, vet homes do not allow live-in ex-wives, which complicates matters, especially that Mrs. Iratus is not a veteran.

It was at that most inopportune time that Nurse Nora called to say that we needed Mr. Iratus's private room for a veteran who has a methicillin-resistant *Staphylococcus aureus* infection (MRSA) and needs to be placed in isolation.

"What do we do with Mr. Iratus?" I asked, half puzzled and half panicked.

"We'll have to move him to a room with two beds, which means he'll have to share a room with another veteran."

"Oh, dear. What if he terrorizes his roommate as he has terrorized the rest of us?"

"The room has no roommate in it yet. He'll be alone for a while, which he might like because Mrs. Iratus can sleep in the vacant bed instead of the recliner."

"I have a feeling things are going to get worse," I sighed.

"So do I, Doctor, and so do all the floor nurses, but we have no other choice."

"I better go prepare him, then."

I hurried to Mr. Iratus's room with a beehive mind, buzzing with phrases. Before I could even prepare my opening statement, I found myself already standing by his bedside. I was relieved when he was the one who started the conversation.

"What is it this time, Doc?" he broke in with a sneer.

"We need your room for a veteran who requires isolation. We'll have to move you to another room."

"It'll have to be another private room. I'm not shacking up with a sick vet."

"Except for yours, all our private rooms are occupied by veterans who require isolation. We have a MRSA epidemic in the hospital, which we're trying to contain, and we cannot take chances."

"Find me a vet home, then."

"That will take at least three months."

"Then, I'll stay in my room for three months."

"You can't do that. What I can do is send you to a nursing home where you can wait until a room in a vet home becomes available."

"I'm not going to no dirty nursing home full of old, demented folks. I'm only fifty-four, Doc."

"The room we're moving you to is private for now. It has two empty beds and Mrs. Iratus may use one of them for the time being."

It was Mrs. Iratus who jumped at the opportunity. "Sleeping in a recliner is killing my back," she declared. "A few days in a hospital bed will do me a lot of good."

For the first time, Mr. Iratus was at a loss for words. With a bowed head and downcast eyes he mumbled, "I guess it'll be okay for now." Then, looking at Mrs. Iratus he added, "I'm doing this for you, Babe."

During our huddles, we all tried hard not to be distraught at Mr. Iratus. No matter how much we attempted to understand his anger, his mindset was impenetrable because he was unapproachable. There had to be a reason for his irrational belligerence but he refused to share it. One day, running into Mrs. Iratus in the hall, I seized the moment.

"Good morning," I greeted. "I hope you're sleeping better in your double room."

"Oh, it sure beats sleeping in a recliner."

"Is Mr. Iratus still angry at us?"

"Oh, if only you knew what he had been through, you'd understand. He don't know how to lose anger. He used to be better before the accident."

"What accident?"

"A speeding EMSA truck hit and killed our three sons. The oldest was driving his two younger brothers to school."

"Oh, how horrible. I'm so sorry."

"That's when he got angry at the medical profession, at me, and at the world. He divorced me because he blamed me for the accident."

"What did you have to do with it?"

"I was the one who usually drove them to school. Our oldest had graduated and was working. That morning, I had a hair appointment, so I asked Michael to take them ..."

At my chest, Mrs. Iratus cried acid tears, which left me doleful. I knew that I could not broach the topic with Mr. Iratus because in his irrational, hyperbolic anger he had lumped the entire medical profession into one culpable, high-speed EMSA truck, which had t-boned his three beautiful boys, reducing them to three bloody cadavers.

Walking back to my office, pondering our options as a culpable profession, I heard my name called from a shuffled rush behind me. I turned back and there was Nurse Nora, scurrying toward me with hurried motions and worried words dripping out of her eyes.

"Doctor. I'm glad I caught up with you. I was waiting for you to finish talking to Mrs. Iratus when my phone rang. Before I could hang up, you were gone."

"What is it now?" I gasped.

"Mr. Sine Pedibus is coming back to us. We'll have to put him in with Mr. Iratus."

"Oh, no," I cried.

"OH, yes," she replied.

"When?"

"He's on his way."

Mr. Sine Pedibus was well known to us at CLC. He lost his right foot to diabetes two years before and then he lost his left foot one year later. Both feet were ulcerated with infected bones and could not be saved in spite of powerful antibiotics. We had trouble healing his stumps because they got infected and had to be debrided, repeatedly, until they finally healed. He was readmitted last week for stump revision in preparation for prostheses, and we knew that he would come back to us for post-operative care.

This amputation scenario is not uncommon at the VA Hospital. Double amputees can be seen wielding their wheelchairs with proficient skill all over the place. But, what was unusual about Mr. Sine Pedibus was that losing his feet did not cause him to lose his smile. His ruddy face glowed with hope and he was always grateful to be well cared for by his VA family.

"Why don't you visit us at the CLC when you come for your clinic appointments?" I asked him once when I chanced him in the hall—with stumps dangling from his wheelchair seat—on his way to Prosthetics.

Continues on page 36 ...

“Because I would like to walk into the CLC with my prosthesis rather than roll in with my wheelchair,” he chortled.

I debated whether I should introduce Mr. Iratus to his new roommate, but Nurse Nora was adamant that I must.

“We need you in the room, Doc when Mr. Sine Pedibus arrives.”

I hurried back with Nurse Nora but before we could get to Mr. Iratus’s room, we saw Mr. Sine Pedibus being wheeled down the hall.

“Hold,” I motioned to the orderly. “Let me wheel him in.”

Mr. Iratus was lying in his bed when I wheeled Mr. Sine Pedibus in. The first to see us was Mrs. Iratus, who jumped out of her recliner and, for some reason, stood at attention with face quivering with apprehension. Mr. Iratus, sat up, took one angry look at us, and queried with a sharp tone, “What the heck is going on here?”

“Mr. Iratus.” I said with a firm voice. “Allow me to introduce you to your roommate, Mr. Sine Pedibus.”

“I want no sudden roommates,” he barked. “The bed belongs to my wife.”

Mr. Sine Pedibus’s face, unperturbed, glowed with cheer as he stuck out his hand for Mr. Iratus to shake. Sudden confusion erased the angry determination in Mr. Iratus’s face. He hesitated against Mr. Sine Pedibus’s unwavering smile and stretched-out arm, looked to his wife for suggestions, looked back at Mr. Sine Pedibus’s ruddy face, shining with gratitude, coughed, dropped his gaze, and shaking Mr. Sine Pedibus’s stretched-out hand, croaked, “Nice to meet you, sir.”

Nurse Nora and I quietly tiptoed out of the room, leaving the roommates to their solemn moment of acquaintance. Out in the hall, the nurses’ eyes were full of impatient questions. We pretended not to notice the hum that droned behind us as we walked away. My heart pounded as I marched; it pounded with the same intensity as when I climbed the stairs in order to avoid the elevators. Nurse Nora walked along without saying a word. When we got to my office, she flashed a bewildered look and mumbled, “I don’t know why I followed you here? I need to go back to the CLC where I can be of use.”

We did not know what dialogues passed between the two roommates, nor did we ask Mrs. Iratus to reveal them to us. But we did know that, day after day, Mr. Iratus became less angry and more polite. Toward the end of his stay, he actually said that he was grateful, grateful to the surgeons who saved his feet, to the nurses who cared for his wounds, to the doctors who managed his case, and to the VA for having provided compassionate tolerance in spite of his belligerent ingratitude.

Mr. Iratus was discharged to a nursing home and from there went to a vet home. He and Mr. Sine Pedibus stayed in contact. Each time Mr. Sine Pedibus came to the VA for his prosthetics appointment, he would proudly walk into the CLC, wearing his new feet. The last time he came, he told us, “I’m going to be a best man.”

“What on earth does that mean?” asked Nurse Nora.

“Mr. Iratus and Mrs. Iratus are getting remarried,” he glowed. “He’s working now and they live in a nice apartment.”



*“I cried because I had no shoes until
I met a man who had no feet.”*

Sa’di

(pen name of Muslih-ud-Din, Persian poet ca. 1184-1291)

Alison Fink

DIRECTOR'S DIALOGUE



*“There is always light. If only we’re brave enough to see it,
If only we’re brave enough to be it.”*

– Amanda Gorman, b.1988

OCMS has scheduled its first in-person event since January of 2020. On August 6, 2021, we will hold a belated Inaugural celebration for our current president, Basel S. Hassoun, MD. While the event size will be limited, we encourage you to join us if you feel comfortable in doing so.

Seventeen months between in-person events at OCMS has been challenging for us, as staff, but also for our active members who are looking forward to seeing colleagues in person again. In that seventeen months, we have not only conducted a fully virtual Physicians Academy, but held every Board meeting via Zoom, participated in two virtual OSMA House of Delegates, cancelled at least five events, selected two OCMS Foundation Scholarship Recipients, said farewell to our longtime Executive Director, and welcomed more than 27 new members to the Society. In addition, more than 20 OCMS members retired from practice, and I congratulate and thank them for the many years of dedication to the community.

When speaking to a member physician recently, I expressed concern of being in large groups of people or holding/attending events out of fear that I would unknowingly contract COVID and pass it to my toddler. He made a keen observation – that physicians were looked to as leaders throughout COVID, and it

will be up to physicians to demonstrate leadership and responsibility when reentering society

His words helped give me the perspective I needed when considering the future of events at OCMS. We are preparing to introduce smaller versions of our collegiality dinners, designed to bring people together who may not otherwise have the opportunity to congregate. Our annual meeting is planned in November with a great speaker and the opportunity to not only recognize our 50-year physicians; but our 51-year physicians, who did not get recognized last year. We have already received calls from vaccinated physicians who are ready to see one another at the Annual meeting.

Community is a critical component of a healthy, fulfilling life. On a personal and professional level, having a supportive network can make an enormous difference in physicians’ lives. I never thought that reentering society and holding events would ever be a form of bravery per se, but OCMS is a group whose focus is to promote the science and art of medicine and the betterment of public health. Part of the betterment of public health lies within the ability of physicians to connect safely and meaningfully with one another. Keeping current CDC guidelines in mind, following social distancing protocols, and limiting our event sizes, OCMS is ready to help you reconnect.

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Phone: 522-0926

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

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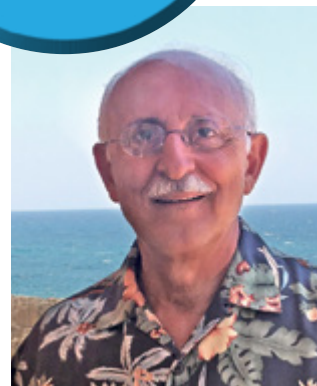
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AGING IN THE PARK

Before I lost my passions and my spell
I had so many stories good to tell
That captured eyes and ears to hark
Till one by one, year after year
They left; now there is none to hear
Alone I pace and wonder in the park
Where hand in hand, we used to go sweet-hearting
And watch the children bring the smiles unto the faces
Whatever happened to those lily times and places
And all the faces that were mine to wear?
I am a fool alone reciting in the dark
With only one remaining face, a stare.



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