

# DAYTON MEDICINE

*The Journal of the Montgomery County Medical Society*

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Volume 74, No. 1

March- April 2018



*2017 MCMS President Lisa B. Egbert, M.D.  
Hands Over The Leadership Gavel to  
2018 MCMS President Wm. Michael McCullough, Jr., M.D.*

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Volume 73, Number 1

March-April 2018

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## 2018 President's Inaugural Address

by William Michael McCullough Jr, M.D.



Welcome everyone tonight to Fairbanks, Alaska - Dayton! I do appreciate you all coming out tonight in this weather. It is an absolute privilege and honor to be standing here tonight. I had the pleasure to speak with so many of you earlier this evening, including some of my old professors, and words cannot describe how proud I am to have the opportunity to assume this presidency.

When I was growing up as a young child, my father had a beautiful jet black Firebird, it was a 1973 or 1974, and one day he said to me, "Here are the keys, run an errand for me and don't mess it up." And I remember the butterflies I had the moment I got behind the wheel of that car, and thankfully I didn't mess it up. The Montgomery County Medical Society is a machine. A very well organized machine. We have sent a number of very intelligent and capable leaders to Columbus to serve as leaders of our State organization. Dr. Evangeline Andarsio, we are so happy to have you on your way to becoming the president of the Ohio State Medical Association. So special thanks to all who have been mentioned here tonight. I also want to say a special thanks to Connie and Gerri for which none of this would happen without your help. Many thanks to the Marriott staff as well.

And many thanks to my wonderful patients. None of us would have a practice without our patients. Just this morning as I was doing a little bit of a workout, a gentleman came

up to me in the gym and said, "You delivered my daughter about eight years ago. You are Dr. McCullough," and he shook my hand. I told him, "Thank you, I appreciate that." I don't deliver a lot of babies anymore, as my partners well know! But I still get a thrill when people come up and tell me I delivered their baby, and that really warms my heart. Thanks to all the patients!

Thanks to all the doctors who are here. Many of the physicians in this community took care of me as I was growing up. I was delivered by the late Dr. John Worthman, a family practice doctor who was in practice with the late Dr. Joe Albrecht. I was told by my mother that I was a breach delivery, but I survived it, and my mother still saved my birth certificate from Miami Valley Hospital along with the bill, which was just over \$210.00! The doctor's bill was around \$42.00 for his care!

Many thanks to those who voted for me, and many thanks to those who didn't who were trying to save me! But I am bipartisan, and whether you voted for me or not, I love you and will represent you.

Thanks to my family, my sister Angie here from Florida - through Chicago - through an ice storm! (Every time they visit Ohio we have a nice winter storm to help them understand why they live there) She is here representing my late sister, Debbie, who passed away from breast cancer a number of years ago, my late brother, Robert McCullough,

who unfortunately passed away more recently following a tragic event. Angie is here representing my mom and dad, Sally and Bill McCullough. My mom was homecoming queen at Centerville High School. My dad was a front linesman on the Centerville football team - 179 pounds at 5'10" - and those boys from Eaton, and Germantown and Farmersville - they just killed us! And I asked my dad "how did you deal with that?" And he said, "You just went low every time!" So it is just great to be here in my home town to accept this gracious award.

Many thanks to my wife, Deb, of 35 years. I can't remember the number of times when we would be out either alone or together as we are at various events in the community, and people always ask Deb, "How do you put up with him?" I just want to thank you for putting up with me - you are my confidant, my best friend, the mother of our wonderful son, Will, in Charlotte NC, and without you, none of this would be possible.

So I was absolutely just blown away when I thought about this - 169th president. I'm a little bit of a history buff, and I thought to myself, wow, let's go back - let's get into that Delorean and go back to 1849 when this organization started. The AMA started just a couple years before us. And I'm thinking Dr. Conklin, back in 1901 according to the Dayton historical archives, wrote a book reflecting on the first 50 years of the organization. So much

of this information comes from his wonderful book, a memoir about the wonderful history and founders of this organization. So let's put it into historical perspective – back in 1849, we are seeing stagecoaches, horses, muddy roads, no sewer system. If you needed a break it would be outside. There was no real science. In many ways medical care was more complex than it is today. It was arbitrary. It was not scientifically founded. Most of the care came from a book, a couple of books, about Home Remedies. At that time, the wife, keeper of the home, was basically the doctor in the family. A couple of midwives rode around to help deliver babies, or maybe a neighbor would help with childbirth. Of course childbirth was a number one cause of death, and until about 100 years later remained that way. Unfortunately, it still remains that way in some parts of the world. Ohio was a state, but only for about one lifespan. In 1850, the lifespan was typically around 47, if you were lucky, maybe 50. So menopause wasn't even a diagnosis until the 1900s when more people were living to beyond that age. California wasn't a state in 1849. It became a state a little bit later due to the gold rush of 1849. Wagon trains were filling in Dayton, moving down the Erie Canal, which were really the only means of travel back then until trains started to develop and grow in the time of the Industrial Revolution. Unfortunately, there really wasn't a lot to do with disease at that time. It was sort of random.

Our first female doctor in America happened at that time. In 1849 in upstate New York, Elizabeth Blackwell became the first female physician. Anesthesia was first used that year in the form of chloroform. Queen Victoria in 1849 was first given anesthesia and that was the first time painless childbirth was even

a thought. I have a bottle at home from an apothecary in the 1800s that my mom kept. My mom and dad kept a lot of antiques – no they are not hoarders! – but one year I was given a gift at Christmas, a bottle with that beautiful amber glass of the 1800's with the little bubbles in it. The front of the bottle said, “venereal disease” – and underneath that it said “gonococcus.” And it had the ingredients: they were semi-sweet chocolate covered pills with venetian turpentine, ferrous sulfate, and a couple of other herbs. I thought, wow – a carcinogen!

Healthcare back then was apothecarist physicians who would go with other physicians for about six months to learn how to do things. Some of them came from Oxford or from Edinburgh and migrated into the Ohio Valley. But physicians were just not very organized. So what brought us together? In 1849 there was a second wave of Typhoid that was coming across America. Typhoid made its way to Dayton, up from the Cincinnati area they think from the Erie Canal, and there are also some theories that it came from Columbus by stagecoach. Entire hotels - or what we might call B&Bs – would be wiped out. The guests would all die. The staff would all die. Really the only way to deal with Typhoid at that time – with what they knew – was basically quarantine and pray. At the peak of the Typhoid Fever epidemic that year between 15-20 people in Dayton were dying per day. That may not sound like a whole lot, but there were only 10,000 people in all of Montgomery County! Ten percent of the population died of Typhoid that year! Today that would mean around 750-1000 people would die every single day in Montgomery County in the summer of 2018!

So the doctors came together in crisis. They didn't like each other at all. Physicians back then thought

their way was the best way. There was not a lot of comradery. Twelve doctors, a dozen, came together and formed the Montgomery County Medical Society and they opened the first hospital in Dayton, which was the orphanage, and it was converted into the Typhoid hospital. Now it took a lot of courage to work in the Typhoid hospital because as you could imagine, a lot of the workers died. But they were there. They were there to help. They were there to serve. The Montgomery County Medical Society was formed in a time of urgency and crisis, a time to help and to serve. Codes of Ethics were developed, guidelines and methods, and even lawsuits occurred, because, trust me, these guys didn't like each other.

Our first president was named Smith (easy to remember). Our first secretary was named Smith (he was his nephew). So Dr. Edwin Smith and Dr. Edmund Smith were the first President and Secretary respectively. Dr. Henry VanTool was our first Treasurer. One I found interesting was Dr. Oliver Crook. He was actually expelled from the MCMS a few years later for a violation of ethical standards. He served up a pine tar oil that he would cook up in his own apothecary, and people didn't do well with that. Dr. Jewett was my favorite founder. He was on the right side of right, way back then, when the country still had slavery. He was an abolitionist. He worked the Underground Railroad. He housed people in Dayton who came up through the railroad, both free and unfree slaves. My hat goes off to this founder of our organization.

So, I could go on a lot more about the founders of our organization, but I will stop there and leave it to you all to find out more of the details about this. I just found it quite fascinating. Montgomery County Medical

*(Continued on Page 8)*

# Guests and Highlights of 2018 MCMS Annual Inaugural Meeting Saturday, January 13, 2018



Wm Michael McCullough Jr, MD



Lisa Egbert, MD and Warren Muth, MD



Evangeline Andarsio, MD



A Certificate of Appreciation for Dr. Egbert



Ohio Rep. Niraj Antani offered a Proclamation to Dr. McCullough



OSMA District Two Councilor, Dr. Lisa Egbert and OSMA Executive Director Todd Baker with OSMA 50-Year Awardees



Dr. McCullough recites Oath of Office

## OSMA FIFTY YEAR AWARD RECIPIENTS



Ramagopala Reddy Avutu, MD



Parviz Gohari, MD



Wm. Kenneth Rundell, MD



(Continued From Page 5)

Society was formed in response to a time of crisis in a collaborative spirit. So what I would like to do is give you three take-aways tonight – three principles – three true deciding characteristics of legislation – current and proposed – that I will filter much of my thinking and planning through. Please let me share with you tonight.

First, working together collaboratively through physician-led leadership. Second, Professionalism – the respect of our position. And Third, Sense of Purpose - Meaningfulness. Working together is no longer an option in healthcare. It has become very difficult to do it alone. In 1987, our then President, the late Dr. Walter Reiling Jr, (and his wife, Susie is here with us this evening) said in his Inaugural address: “We must erase the mentality that calls for active opposition to all that is new. We will not magically lock arms in opposition and march back in unison to the past to the “good old days.” This is 1987 – this is not 1957.”

I was born in 1957 and I started practice in 1987, so that resonated with me greatly. Our current healthcare system is changing, we must look for the new models and new ways to care for our patients. We can't go back – we must continue to go forward.

I remember Marcus Welby did it all when I was a kid. We evolved from Marcus Welby to House (but not you, Steve!) I am talking about Hugh Laurie, the House that was an opioid-addicted, narcissistic, mean nasty physician who thought he was always right. He might last one day in our hospitals. And then there is Dr. Watson, IBMs Dr. Watson, and even the physician on *The Good Doctor*, which my wife and I watched just the other night. He is a Resident with a spectrum of autism, he plays brilliantly like the human computer

Dr. Watson. But he struggles because of the factor of the art of the healing science and the humanism required to be a physician. So the complexity of healthcare has evolved to the point where that little pocket protector we have with a handful of codes and a few things to manage in the office that has turned into over 50 billion prescriptions this year, 75,000 IDC-10 codes, countless - I call them HC<sup>2</sup> codes because I can't remember if it is ACC or HCC – these are the hierarchy of severity index codes we work with in our Medicare managed care plans. Of course quality is hard to measure as this new paradigm moves us from a transactional environment to a quality-based environment. There are as many quality codes to measure out there right now as there are mutual funds out on Wall Street. They are bundled, they are unbundled. They are ACOs, MIPS, MACRA, MU – whatever - and they keep going. Today's acronym will be tomorrow's history. It's easy to see that medicine can no longer do it alone. It has to be fee based, it has to be physician driven, and it has to be led with executives, physicians and nurses that know how to keep us in the equation. If we let Wall Street do it, it's not going to be pretty, and it will harm our patients.

Professionalism – let me touch base on that briefly. What does it really mean to be a physician? Let me quote our 1993 MCMS President, Dr. David Small: “To practice skillfully, ethically, compassionately and faithfully to treat every human being with the same skill and care that I myself would want if illness were to strike me.”

When I first started practice in Oakwood with Dr. Ron Loesch, Dr. Alan Baker had just retired. Dr. Loesch told me, “Mike, if you treat your patients the best you can, as if you are treating your family, the quality will take care of itself and

you will be successful.” In many respects that is still true even to this day. If our care teams, the teams we work on, if we work together with respect, we work with each other, we achieve quality goals, our patients will come to us and they will stay with us because we are going to make their lives healthier.

I was recently at my uncle's funeral, he unfortunately passed but it was more of a celebration as he lived to be 87. He fought in World War II. And when I reflect on that flag ceremony over the casket, I can't help but feel the professionalism of what it meant to be a soldier, of what it meant to respect someone who served. The way the flag was perfectly folded and handed back and forth between the two Marines. The way the flag was handed to my Aunt Ruthie sitting in the front pew, married for 67 years. And he said, “Thank you for allowing your husband to serve our country.” There wasn't a dry eye in the church. That's the kind of professionalism I'm talking about, the respect that I want to bring back to this Society, to bolster it, to bring it back for physicians. Let's maintain what we won through science for the profession of healthcare. Let's not let Wall Street take it away.

I will support and uphold standards of professionalism and all models of care, all legislative items that keep professionalism at the highest level.

Lastly, let me address meaningfulness, sense of purpose. You can't read any medical journal, periodical, or even the lay press media without reading or hearing about physician burn-out. We do know that 50% of our physicians work in alternative care models, employed models, integrated models, clinically integrated networks, and the pressures of these changing environments that we work in can give a physician a sense of loss of autonomy, a loss of ownership in those models. We think that's part

of it. With EMR, it acts as a barrier between us and our patients. Realistically, the EMRs we work with are still a little bit like the flip phone. I remember when I used to go to my son's little league games and could carry a flip phone when there wasn't a pay phone around. Well, we have to get our EMRs where Apple has gotten the cell phone, because it is so difficult to go into a room and sit in front of a computer like you are checking your patient into an airport. The scene from "Meet The Parents", the Ben Stiller is checking in and she keeps typing and doesn't take the time to look at him, and he keeps getting more and more frustrated. Sometimes it feels that way if we let the EMR take over. So there's depersonalization, disenfranchised physicians, exhaustion, it all kind of plays into it. Last year, about 400 physicians committed suicide. I call that terminal depression. It's the equivalent of two 737s crashing every year. It's the equivalent of one medical school vaporizing from the face of the earth every year. Four hundred doctors lost to suicide. Now it's understandable in the general population this does happen. It's a disease. But it is just absolutely scary that it happens to physicians in that large number and we have to find things to do to help.

To work with Dr. Evangeline Andarsio on some of the work she has been doing on finding Meaningfulness in Healthcare, I would paraphrase some of the questions she asked at a Wright State Conference a short while ago: Who are You? Who do you serve? What is it that your patients really need? And what difference can you make in their lives? I like that quote from Anne Frank, that courageous young lady who ultimately did not survive the holocaust in Amsterdam. "Everyone has inside of him or her a piece of

good news. The good news is that you don't know how great you can be, how much you can love, what you can accomplish, and what your potential is." Personally, I find meaningful the ability to lead physicians and to learn, to be a learning leader with others. I think everyone out here is a leader. If you are a physician – you are a leader. And to quote Dr. Steve Stack, AMA Past President a few years ago, "If you get involved in organized medicine, you are a leader of leaders."

So I will support team-based systems that will help reduce physician stresses. It is our duty to find principles that balance professional autonomy with personal autonomy and help reduce physician burn-out.

OK, I've said a lot, I've probably said too much. I will strive to use a balanced approach to leadership of this organization this year. I will balance the courage and confidence with the humility and curiosity and learning to become a learning leader that supports collaborative teams, professionalism and respect, and to reduce those items that separate us from our patients or create burn-out that can lead to disastrous consequences.

So together, this organization formed in 1849 in response to crisis, has survived many crises since then, more than I can enumerate tonight-Spanish flu back during the Great War killing 60 million worldwide. We have had many flu epidemics – here in Dayton we recently lost a child to the flu this season. Probably one of the important crises that we have to deal with today is the opioid crisis, with Ohio and Dayton being ground zero. I believe that the physicians in Montgomery County need to be involved at the state level, with our pharmacists, with our collaborative teams, to help mitigate this crisis. We are losing too many

lives, nearly 3436 last year – bright young people – bright young potential minds to that horrible disease. And it is a disease, despite the social stigma attached to it. As physicians we need to work on the supply side a little bit as best we can without too much burnout from the regulations that are rolling out of Columbus. We also need to work on the demand side – community services. Nothing tears my heart out more than hearing about NAS, our innocent newborn children addicted who have to spend a week – sometimes up to 30 days – rehabbing. If they fail to thrive, without that help they may die. Our community has put together through grassroots efforts Bridget's House of Hope. This is the types of thing we have to support and look to because we came together in crisis, we need to work together to mitigate the effects of this opioid epidemic. Years ago, we worked together on the medical malpractice crisis, 300 of us went to Columbus on busses – tort reform came to be and we must work to protect our tort rule.

So what's the next wave of change? I can't begin to tell you that. But we do know things will change though. I think its exciting to ride the waves of change – I hope you will get on the surf board and ride it with me – let's ride the wave of change on behalf of our patients. I will close with one of my favorite Charles F. Kettering quotes: "My interest is in the future because I'm going to spend the rest of my life there."

So, together – collaboratively – working on behalf of our patients – supporting our professionalism – working together in crisis – let's work together to make our future spectacular. Thank you for coming out tonight. And know that I appreciate being your 169th President. Thank you.

## Wrapping it Up - Cheerleader Style!

by Lisa B. Egbert, M.D.



First, I would like to thank you all for coming out tonight to celebrate the inauguration of my good friend and fellow Ob/Gyn, Mike McCullough, as your 169<sup>th</sup> president of the Montgomery County Medical Society. Mike is an extremely insightful and dedicated leader. He has served as the Chief of Staff of Kettering Medical Center and as a delegate to the Organized Medical Staff Section of the AMA, among his many leadership roles, and I am excited to see what he will do in this upcoming year! So Mike, let me be the first to sign on as your cheerleader for the coming year.

For those of you who attended my inauguration last year, you will recognize the cheerleader reference. In my address, I told you about the cheerleaders who have cheered me on in my life and about the importance of our “cheerleading” squads for organized medicine. So what have your squads been up to this past year? Here are a few highlights.

At the state level, the OSMA has been working on many advocacy issues. These include:

- \* Supporting House Bill 273 which seeks to eliminate the burden that Maintenance of Certification places on physicians,

- \* Supporting House Bill 7 which seeks to strengthen our tort reform laws,

- \* Opposing multiple House Bills brought by various allied health professionals seeking once again to expand their scope of practice,

- \* And, working towards price transparency for patients due to the ever increasing individual and family deductibles that they are facing. The OSMA, in conjunction with our state legislators, is trying to find a workable solution that will give needed cost information to patients without burdening already overwhelmed medical practices.

The OSMA Annual Meeting will be held April 13-15 in Columbus. District 2 will hold its first caucus on Tuesday, January 30 at 6:30 pm in the MCMS Headquarters. We will be brainstorming potential resolutions to take to the OSMA Annual, and ALL DISTRICT 2 OSMA MEMBERS ARE WELCOME!!

At the national level, your AMA Delegation recently attended the Interim Meeting where we addressed such topics as:

- \* Eliminating the burdens that inhibit e-prescribing of controlled substances,

- \* Opposing tying HCAHPS scores to payments

- \* Seeking to ban unjustified prescription drug “price gouging” like with epi-pens, controlling skyrocketing generic drug price increases, and ensuring that pharmacists tell patients when their co-pay exceeds the drug’s cash price,

- \* And, addressing the need for increased residency slots given the increasing number of US medical school graduates who go unmatched on Match Day.

Recently, both the AMA and the OSMA have taken action against the highly questionable new payment models of Anthem. The first is decreasing payments for the 25 modifier which is applied when we need to perform more than one service on the same day. Oh, and by the way, we do this because it’s the best way to CARE for the patient when some things simply can’t wait! And, even worse, Anthem has declared that they simply will not pay at all for any ER visit they deem “non-emergent.” Excuse me, but what about EM-TALA, the federal law and unfunded mandate that requires that ALL patients be seen when they present to the ER, regardless of their ability to pay. These policies

are not only unfair; they also set a dangerous precedent for insurance companies to unilaterally choose to not pay for appropriate care provided by physicians in good faith to those covered under their plans. We will continue to adamantly oppose these policies to the fullest extent possible!

While I could go on for days about many of these topics, especially Anthem's downright dangerous policies, I have to tell you that we are just scratching the surface of the many and varied ongoing efforts by organized medicine to make the practice of medicine better for all of us. But, we do have a few other important things to do tonight.

I have just one last cheerleader that I have to mention. Unfortunately, I somehow skipped this person last year, and I want to take this opportunity to correct that oversight. I'm talking about the person who accompanied me to my very first AMA meeting when we were medical students. I left that meeting thinking, "Wow, this is something I really want to keep doing!" And, he left that meeting thinking, "Thank God I don't have to go to one of these again!" But, he has been a loyal dues paying member and has supported me for over 25 years as I served on various "cheerleading squads" for organized medicine. And here he is at "one of those

meetings again." So thank you to my husband, Dr. Brad Egbert, for being my personal cheerleader all of these years! Would you please join me at the podium, Brad?

Now ladies and gentlemen I have just one last job to perform as your current MCMS president. So help me out here and  
give me an "M"  
give me an "I"  
give me an "K"  
give me an "E"  
What's that spell?

Mike, would you please join me down here with your lovely wife, Deborah.



OSMA Fifty Year Awardees shown (rear l-r) Ramagopala Reddy Avutu, MD; Mrs. Shirley Rundell; Wm. Kenneth Rundell, MD; Parviz Gohai, MD with his daughters Sharon Gohari, MD, Anita Gohari and Daniella Gohari

## Latin Class

by Annette Chavez, M.D.



Long before social media, there was high school in the 1970's. When I was a sophomore at Alter High School, texting and the Internet were of course years away from reality. My friends and I instead spent hours on the phone discussing all of the things that teenage girls find interesting. Of course we talked about school. We happened to have a class on Current Events in the Middle East. Our teacher in that class somewhat cluelessly kept mispronouncing the name of the leader of the PLO, Yasir Arafat. Of course we made merciless fun of him and that particular class frequently buzzed with stifled snickers and rude noises. That year I also took Latin II because I knew that is what future doctors were supposed to study. Just in case I got into medical school, of course. Our Latin teacher was a man named Mr. Trick and we adored him. He actually made Latin fun and interesting. He even tolerated us passing notes in class punctuated with really awful jokes such as "semper ubi sub ubi." This was loosely translated as "always where under where." Always wear underwear! We thought ourselves hilarious. Despite that, we knew that good-natured Mr. Trick really enjoyed our class. After all, we were the nerdy smart students who actually took Latin because we thought it would come in handy someday.

One day Mr. Trick had to leave our class alone for awhile to run an

errand so he gave us a translation assignment. We were normally a well-behaved bunch but after just a few minutes, the boys abandoned their Latin passages and began constructing paper airplanes. At first the airplanes sailed harmlessly around the room. Then the boys decided to aim for the row of open second-story windows. Dozens of airplanes were soon diving out of the windows, accompanied by exuberant shouts and cheers with each successful launch. The room was chaotic, and loud. The impromptu airshow was abruptly interrupted by our classroom door slamming shut. We all turned to see not Mr. Trick but Mr. Arfart himself, our Middle East Current Events teacher. His face was scarlet with rage. He screamed that he could not teach his distractible freshman class on the first floor below us because of the battalion of fighter jets raining outside his windows. He demanded that everyone who had made airplanes collect them from the lawn. Every boy sheepishly headed outside to pick up the mess. We girls remained glued to our seats with a sudden renewed interest in Caesar's conquest of Gaul. Then the boys returned and slid quietly into their chairs. When Mr. Trick eventually returned to our silent classroom, he glanced around and exclaimed "I knew I could count on you to behave well in my absence!" No one uttered a word.

I am sure the tale of our class free-for-all circulated around the teacher's lounge that day, but Mr. Trick never let on that he had heard a thing. We still considered ourselves his teacher's pets and figured we would always be counted amongst his favorite students.

Mr. Trick married our Religion teacher and started a family, all while teaching Latin to many other future doctors and lawyers and nurses.

Seven years later I was a first-year medical student when I learned that Mr. Trick had died of lymphoma, leaving his wife and three young children behind. The entire Alter community was saddened beyond words at such a terrible loss. My studies were so overwhelming that I was unable to attend his funeral. But he was never far from my thoughts, especially during those basic science years of medical school. I routinely looked up unfamiliar medical terminology in my Stedman's medical dictionary and I remembered Mr. Trick with a smile if I saw that the word had a Latin root. I credit him with teaching me the language of medicine, the foundation of our profession. I have never forgotten his kindness and sense of humor.

Latin fills our medical charts, our conversations and our lives as physicians. I think Mr. Trick would find it fitting that one of the cardinal rules of going to the doctor is an old Latin admonishment.

*Semper ubi sub ubi.*

## Lung Cancer and Standards of Care

by John Fleishman, M.D.



As physicians our mission is to save lives and minimize suffering. Second only to cardiovascular disease, cancer remains the number two killer of Americans. Each year we physicians diagnose and treat hundreds of thousands of our patients with cancer. We then witness far too many of these patients slowly wasting away prior to finally succumbing to whatever form of cancer that has afflicted them.

Yes, cancer kills far too many Americans. Each year in the United States breast cancer kills about 40,000, colon cancer kills about 50,000 and prostate kills another 30,000. As physicians, the prevention, detection, diagnosis and treatment of these patients remains one of our most important objectives. We are all familiar with the accepted methods of screening for cancer: breast examination and mammography for breast cancer, prostate exam and PSA determination for prostate cancer, and colonoscopy for the detection of colon cancer. We all do our due diligence in detecting, diagnosing and treating these patients. After all, we physicians are dedicated to our patients.

Oh, but I left one cancer out. I left out the Big Daddy of Cancer:

### LUNG CANCER

Lung cancer holds the dubious honor as the number one cancer killer worldwide. Lung cancer kills more Americans each year than colon,

prostate and breast cancer COMBINED: about 158,000. And 80% of those who die from lung cancer arrive at our offices as a self-selected at-risk group: 80% of lung cancers occur in patients who are or were smokers of tobacco.

In recent years smoking has become socially unacceptable. But many of us oldies remember when cigarette smoking was not only socially acceptable but was encouraged. Smoking was considered in vogue and ‘cool.’ I remember doctors smoking during presentation of morning in-hospital rounds. Nicotine and coffee—those two chemicals kept us awake as we pulled 36 hour on-call shifts. Ashtrays were in all the nursing stations and doctor lounges. It’s hard to believe now but it’s true.

In recent years most educated and ‘smart’ Americans have wisely eschewed this deadly and disgusting habit. But to this day a significant number of Americans (15%) still smoke. And many doctors and other professionals continue to smoke as well: most of them are ‘covert’ smokers—hiding their socially shunned habit from their peers and friends.

Those who smoke and those who treat those who smoke know that tobacco usage for most smokers is not a habit but rather an addiction. The ‘habit’ is the smoking; the ‘addiction’ is the nicotine.

In today’s world of advanced surgical techniques and monoclonal

antibodies, lung cancer is often treatable and curable.

Like with all other cancers though, early detection is the key.

A major breakthrough in the detection of lung cancer occurred in 2011. The National Lung Screening Trial (NLST) was designed to determine whether screening patients with low dose computed tomography (LDCT) of the chest could reduce death rates from lung cancer among high risk patients. “High risk” was defined as someone 55 years of age or older who had smoked within the previous 15 years and had smoked at least 30 pack-years. <sup>(1)</sup> The study included 53,000 men and women who were current or past heavy smokers at 33 sites in the United States. Participants were randomly assigned to receive a low dose cat scan (LDCT) of the chest or a standard chest X-ray once/year for 3 consecutive years. The trial results were published in 2011 and demonstrated a 20% reduction in lung cancer deaths among trial participants screened with LDCT. <sup>(2)</sup>

As a result of the NLST and other studies, in 2012 four major national health organizations (The American Association of Thoracic Surgeons, The American Society of Clinical Oncology, The American Lung Association, and the National Comprehensive Cancer Network) made the following evidence-based recommendation:

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## Lung Cancer

(Continued From Page 11)

All patients who (1) have smoked >30 pack-years (2) smoked within the past 15 years and (3) are 55 years of age or older should have a yearly LDCT of the chest for the screening of lung cancer.

In 2013 The United States Preventive Services Task Force, The American Cancer Society and in 2015 Medicare (CMS) made the same recommendation: yearly LDCT of the chest for current and past smokers. Since 2015 Medicare (CMS) reimburses for LDCT for patients meeting screening criteria.

So here we have a subset of the population who everyone knows to be at high risk for the deadliest of cancers AND we have 7 national organizations (including the federal government) recommending yearly screening for THE number one cancer killer.

So as physicians are we doing our due diligence in the detection of lung cancer?

The data indicates not: In 2015, of the 6.8 million Americans who met the criteria for lung cancer screening ONLY 4% were screened. <sup>(3)</sup>

Why? Why are so many physicians not practicing standard-of-care evidence-based medicine when it comes to screening this subset of patients that they know to be at high risk for the deadliest of cancers? Why are these patients having colonoscopies rather than low dose cat scans of the chest when the cost/benefit ratio of the latter is so much greater than the former?

I believe the answer to that question is three-fold and not too complimentary to our profession.

First, there is little financial incentive to screen for lung cancer:

No one makes much money when a chest CT is performed whereas billions of dollars are made from other cancer screening: i.e., endoscopies for colon cancer.

Second, it's a burden on the physician to screen all of these smokers. There is risk involved as well: once a physician has ordered a chest CT and a suspicious lung nodule is detected there is risk to the doctor (as well as to the patient) if subsequent follow up studies are not performed.

Third, and I believe most importantly, there is both significant prejudice and ignorance among many physicians when it comes to smoking and smokers. There seems to be a prevailing attitude that since it is so evident that smoking causes lung cancer then anyone who chooses to smoke is sort of asking for lung cancer and maybe therefore, deserves what they get. "You smoked. What did you expect?"

However, many of our smoking patients do not choose to smoke but rather are addicted to nicotine. Ask any smoker who was an alcoholic or heroin addict if quitting alcohol or heroin was harder than quitting cigarettes.

The answer might surprise you: almost invariably they will respond that tobacco is much more difficult to give up.

So for whatever reason(s) many physicians are ignoring the overwhelming evidence that screening for lung cancer saves lives. As a result tens of thousands of their patients have and will continue to die horrible deaths when lung cancer invariably strikes.

Quite simply, there are no 'carrots' to reward primary care physicians for ordering lung cancer screening, and...they feel safe hiding behind that fact that The American Academy

of Family Practice has, to this date, failed to recommend LDCT screening for lung cancer.

A family care doctor friend of mine who is also a former smoker and fits the criteria for lung cancer screening recently said to me: "I don't screen for lung cancer because by the time we find lung cancer--it's too late..."

Well put my friend--you can say that about any cancer.

So, here is what I recommend to my fellow professionals who have chosen to ignore the deadliest of all cancers: Start practicing standard-of-care evidence-based medicine. Offer to all of your patients who meet lung cancer screening criteria the option of having a yearly low dose chest CT. Document their response and follow up.

And never, ever refuse a patient screening if he or she requests it.

For the days when physicians can ignore lung cancer are no longer.

1. *National Lung Screening Trial Research Team, Aberle DR, Berg CD, et al. The National Lung Screening Trial: Overview and study design. Radiology. 2011: 258-253*

2. *National Lung Screening Trial Research Team, Aberle DR, Adams AM, et al. Reduced lung cancer mortality with low-dose computed tomographic screening. N Engl J Med. 2011; 365 (5): 395-409.*

3. *JAMA Oncol. 2017; 3(9): 1278-1281. doi:jama oncol. 2016.6416*

## Alliance News Updates

by Beth Salama Ahmad, RPh

The Healthy Minds and Healthy Bodies theme is spreading throughout the community. We at the MCMSA are welcoming 2018 with the theme Healthy Minds and Healthy Bodies and hope that you could adapt it as your New Year resolution as well. Our goal is to spread this message throughout our community. Since the opioid epidemic is deeply affecting the Montgomery County region, we are collaborating with local and state organizations campaigning against this epidemic and playing an active role in educating the community with local and state resources for

prevention and help. This will be the focus of our upcoming program in March, [Crossroads of Addiction]. I would like to personally invite you to attend this program and all our other programs and join our group's effort to help the community. We could use all the energy, ideas, skills or donations you are willing to share with us. On the other hand, if you are just looking for a social group with enjoyable and informative activities, you are welcome to come along as well.

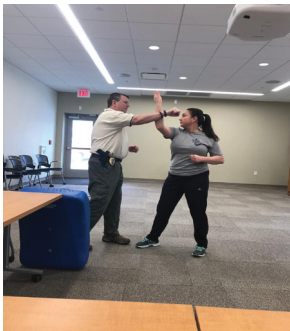
In November we had a visit to a local flower shop where we learned to make our own holiday wreath.

This was followed by a delicious lunch and a visit with other members and friends.

In December, we had our very well attended holiday luncheon in which we succeeded in raising over \$1,700 for the Domestic Violence Shelter. In addition to collecting loads of needed items for the women and children in the shelter, our members and guests enjoyed a lunch with live music and door prizes. Moreover, Holiday Sharing Cards raised more than \$9,000 this year. These funds will go to support medical, nursing and allied health scholarships in the Montgomery County.

Later in January we kicked off 2018 with a mini R.A.D. (a realistic self-defense skills and techniques class designed especially for women) led by the Kettering Police Department.

In February, we had our visit to the Community Blood Center and Community Tissue Services. These are local state of the art centers for blood, tissue, innovation and research with a mission of saving and enhancing lives around the country and throughout the world. Finally we would like to welcome our new members and are looking forward to seeing everyone in our upcoming program [Crossroads of Addiction - see back cover]. Please visit our website to learn more about our organization and invite new members. [www.mcmsa.com](http://www.mcmsa.com)



Learning Self-Defense



Visiting Friends at Holiday Luncheon



Enjoying a local florist and wreath making

Presorted  
Standard  
U.S. Postage  
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Permit 225

**Montgomery County Medical  
Society Alliance**

*INVITES YOU TO ATTEND*

***CROSSROADS OF ADDICTION***

***...Learn about the state of area opioids***

**Wednesday, March 14, 2018**

**10:30 A.M. -Noon**

**Cost: Free**

**Miami Valley Hospital South Tower (room 1315)**

**Entrance is in the back of the building.**

**Speakers:**

**-Andrea Hoff, Montgomery County ADAMHS**

**-Chief Deputy Rob Streck, Montgomery County**

**Sheriff's Department**

**-Dr. Christopher Croom, Maternal-Fetal Medicine**

**Door prizes.....Light refreshments**

**PLEASE RSVP BY TEXT, EMAIL OR PHONE TO:**

**SARA RICH: CELL: 937-433-5680**

**SARARICH1@ME.COM**

**Be informed! Learn the local surprising depth of a national problem!**