

DAYTON MEDICINE

The Journal of the Montgomery County Medical Society

AUTUMN 2021



*2021 MCMS President David O. Griffith, M.D. (r)
Accepts the Leadership Gavel from
2020 MCMS President Rajeev Mehta, M.D.*

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Michael Dohn, MD

David Griffith, MD

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Lisa B. Egbert, M.D.

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2021 President's Inaugural Address

by David O. Griffith, M.D.



“May you live in interesting times.” As many of you know, this is an English expression that is claimed to be a translation of a traditional Chinese curse. While seemingly a blessing, the expression is normally used ironically - life is better in “uninteresting times” of peace and tranquility than in “interesting” ones, which are usually times of trouble. Despite being so common in English as to be known as the “Chinese Curse”, the saying is apocryphal, and no actual Chinese source has ever been produced. That is, until COVID-19, which has certainly transformed American life and the practice of medicine during this time of interest.

First, let me apologize for the break in our written communication pieces this year (Dayton Medicine and Membership Directory)- but I want our membership to know that the MCMS leadership has been working hard to transition the Society through a difficult time - closing the answering service, selling the building property and relocating to a new office space, as well as the retirement of former Executive Director Connie Mahle - all in the midst of a major pandemic. Still, as the newly inaugurated 172nd president of the MCMS, I take full responsibility for the lapse in communication that has occurred, and promise more transparency.

You may rightly ask “what has the Board been doing during these past 9 months?” Well, let’s get everyone caught up. Because these changes are so significant, the MCMS Board has actively engaged a Task Force, headed by Dr. John Lyman, to review and study the components of MCMS that have been important to its past history and also which will be necessary to continue the legacy of MCMS as one of the most prestigious county societies in the State. Through discussion and dissemination of a recent member survey, the Task Force has been working to re-imagine the mission of MCMS, defining its purpose as more than an after-hours answering service for physicians, as was thought to be the perception in many minds. I have since named Dr. Tom Proctor to continue the efforts of this group to identify programs and services that will be valued by our membership and which will entice others to join.

When Kettering Health determined that its physicians would all have to use their MatchMD Answering Services by January 2019, many of those KHN physicians dropped their MCMS membership as well. The subsequent loss of dues revenue along with the loss of financial support from the Medical Society Answering Service has significantly impacted the

MCMS budget. Our membership, like many organizations, is aging, with growing numbers retiring or going into Senior membership. In addition, many practices are now hospital-system owned. In spite of this, we have a group of dedicated physician members who are determined to keep MCMS alive and thriving. Their efforts will direct MCMS into a more modern and electronically efficient mode of operation, hoping this will be more attractive to young physicians who are very much in tune with their electronic devices and social media content. The leadership has determined that the production of Dayton Medicine and our Membership Directory will now reside on the newly reformatted and enhanced MCMS website. This will also provide an option for members to print these documents if desired. The online Directory information will be more current in real time, with layout accessibility in a members-only section of the website to preserve privacy. Additionally, payments for membership dues and events will be possible online through the site. Instructions will follow to each member to provide information on how to access, register and utilize the new website portal.

There will be a learning curve for everyone, but we believe the results will be very worthwhile.

Dr. John Corker has been invaluable, while spearheading the web design with Jennifer Peters and a team from JPDesign out of Columbus, who meet regularly with our leadership. It is our hope that the new website will revitalize the organization and make us more attractive to new and existing membership. In 2000, Blockbuster, one of the largest media distributors at that time, was offered to take their business online by an up-and-coming company. Taking it as a joke, Blockbuster rejected the proposal. Today, no one knows the name Blockbuster and that up-and-coming company was called Netflix, one of the largest media content distributors and producers in the world today. My vision is to emulate the success Netflix had and utilize the website as our hub for information gathering and dispersing. Eventually, it will serve as a conduit between members and their constituent patient populations.

Throughout the pandemic, priority was given to sharing information from our MCMS COVID Task Force, which was meeting frequently in partnership with Public Health Dayton and the Hospital Association. The goal was to communicate information that would be the most meaningful and useful for our members during this challenging time.

In addition, your society has supported and participated with our District Two delegation to the OSMA Annual Meeting, guided by newly elected District Councilor Shannon Trotter, DO.

This past summer MCMS joined a statewide coalition to oppose HB 248 (Enact Vaccine Choice and Anti-Discrimination Act), which in part requires schools

to notify parents in writing that they can exempt their children from vaccines. This highlights that MCMS is actively involved and working on behalf of our members.

As you can imagine, selling the downtown building that was home to MCMS since 1978, and relocating to a more efficient office space have been major processes as well. This all happened relatively quickly, with little fanfare or advanced notice, however, we are now better established and ready to reach out to members, while bringing them a message that we are ready to move forward.

Earlier this summer, with COVID restrictions easing, we hopefully planned to have a special membership annual meeting where I would be formally installed as our 172nd President, we would honor our 2020 Outgoing President Rajeev Mehta, MD, along with our Fifty-Year physicians, and celebrate Connie Mahle for her leadership service. Unfortunately, COVID had other plans and came back with a new Delta variant, prompting the CDC to again recommend masking in enclosed indoor areas. Because it was felt that those restrictions would hinder the celebratory atmosphere intended for this event, the difficult decision was made to cancel this meeting. The MCMS Board did engage in a meeting on September 9 at which we were able to finally accomplish the planned recognitions noted above.

Despite the challenges of this pandemic, we are still looking forward to engaging our members and others on our new website and anticipate going forward under the guidance and management of our new Executive Director, Ms. Gerri Creel. In the meantime,

please be watching your email for updates on the newly developed MCMS website. This web portal is intended to serve as the primary communication vehicle for members to access information on local medical issues. A current email address will be required to permit physician members to register on the site. If you have not been receiving regular email messages from MCMS this past year, that means we do not have your current email. Please contact our executive office at 937-223-0990 to provide this necessary information and to make sure that your membership is properly registered on the web portal. Going forward, MCMS will be utilizing electronic messaging whenever possible to communicate with our members. The financial and time costs of paper mail processes have encouraged us to make these changes.

In conclusion, though we may be living in "interesting times", this is also a time to re-invent and re-imagine the Montgomery County Medical Society. With your help, we can lift and transform the society from an answering service to a valuable commodity for physicians of the Miami Valley community - an organization that

1) acts as a strong advocate for physicians and their patients,

(2) provides services that promote physician wellness and helps meet their professional needs, and

(3) promotes the voice of medicine through healthy practices, professionalism and protection of the sanctity of the physician-patient relationship.

We look forward to seeing and hearing from you as we enter this new era together.

2020 Outgoing MCMS President's Message

By Rajeev Mehta, M.D., MCMS Immediate Past President



MCMS Immediate Past President Rajeev Mehta, MD, shared comments with the MCMS Board on Thursday, September 9, 2021, noting the highlights of activities that occurred under his leadership. Nobody would have foreseen that the world would have been seized by the grips of the COVID-19 pandemic, nearly shutting down all activity in March 2020. The MCMS quickly pivoted to launch an active COVID Task Force under the direction of John Corker, MD, with cooperation from Michael Dohn, MD, Medical Director of Public Health Dayton and Montgomery County. This group of dedicated physicians met almost weekly to assess the progression of the virus and its affect on physicians and local healthcare facilities. They communicated information regularly to the membership, including the offering of free PPE made available through the relationship MCMS established with PHD-MC. Virtual membership meetings were conducted, and MCMS even conducted virtual Town Hall meetings with members and the two party candidates for the Ohio 10th District Congressional seat in the Fall of 2020.

Throughout 2020, the Board diligently studied how to support the financial viability of MCMS. At the same time, a Mission and

Purpose Task Force under direction of John Lyman, MD, studied how MCMS could project its merit and value to physicians in order to maintain a strong membership base.

Sinclair Community College acted on its long-time interests in securing the MCMS building property, and that sale was ultimately finalized with the closing on February 25, 2021. At that time, MCMS Executive Director Connie Mahle retired and the MCMS Board recognized her forty years of service at the September 9 meeting.



OSMA President Lisa Egbert, MD, presented OSMA 50-Year Awards to Drs. Ramesh and Sharda Gupta and Warren Muth.



Drs. Sharda and Ramesh Gupta



2021 MCMS President David Griffith, MD, presents Certificate of Appreciation to Outgoing President Rajeev Mehta, MD



Dr. Griffith presents engraved vase with roses to Bialbar Mehta, 2020 MCMS First Lady



Carol and Warren Muth, MD

MCMS Recognizes Constance M. Mahle for Forty Years of Service

By Evangeline Andarsio, M.D.

The following tribute was presented by Dr. Evangeline Andarsio to recognize former MCMS Executive Director Connie Mahle for her Forty Years of Service to MCMS

It is difficult to capture in less than five minutes what someone means to you when they have worked tirelessly for an organization for 40 years.

So, I thought I would share with everyone key qualities and values that capture the essence of what Constance M. Mahle, who we all know as Connie, means to the Montgomery County Medical Society and to me...

DEDICATION, COMMITMENT, and LOYALTY...

Connie has given 40 years to our Society and in her role as Executive Director she has been a VISIONARY LEADER with a classy pragmatic and realistic approach to identifying the needs for our society – for physicians and patients in the Dayton area and surrounding communities.

Also, this quality is seen in her many years of service with The Rotary Club of Dayton, a fellowship of diverse business and professional leaders, serving the Dayton community. Connie served as a Past President of the Rotary.

SMART and SAVVY BUSINESSWOMAN...

Connie is a smart and savvy businesswoman. She has assisted us in navigating challenging and difficult times in our society including most



Dr. Evangeline Andarsio presents plaque to former MCMS Executive Director Connie Mahle

recently completing the sale of the MCMS building and the transition of our answering service to Fidelity.

COUNSELOR...

I would say that Connie is also a trusted counselor! Countless times she would be there for all of the MCMS Presidents from her beginning with Dr. Muth in 1998 to ending with Dr. Griffith in 2021. Connie would offer wise counsel in dealing with the delicate politics of the times...being a wonderful person to run ideas and important decisions by, because she was always focused on what was best for our Society. Her knowledge of the history of our organization was invaluable!

And, I dare say that Connie has saved many a physician from headaches by being a master of fielding calls from angry patients for whatever reason, calming them down and thus, avoiding unnecessary problems for doctors and their staffs.

CARING AND COMPASSIONATE...

Connie is caring and compassionate, always placing the needs of the MCMS employees first and caring for us, the physicians, and their spouses, and often filling in for employees due to illness or when they needed a vacation.

TRUE WITNESS OF LOVE AND DEVOTION TO FAMILY...

Most of all, Connie is a true witness of love and devotion to family. Caring for her husband, Dave, in time of illness, and being there for her sister, daughter, and all her family. I always love hearing stories about her grandsons David and Patrick!

In conclusion, I personally have witnessed this gifted and dedicated woman in action, and I am a better person, physician, and leader for it.

Connie you truly are a blessed woman and you have blessed us throughout all these years and will continue to do so in your retirement!

In appreciation for all your years of service to the MCMS, please accept this plaque with all the names of the Presidents whom you have worked and collaborated with all these years!

Also, please accept this retirement gift to spend on things that bring you joy in your retirement!

***THANK YOU, CONNIE
FOR YOUR YEARS OF
DEDICATED SERVICE
TO THE
MONTGOMERY COUNTY
MEDICAL SOCIETY!***

OSMA Fifty-Year Award Recipients

These Physicians were recipients of this year's OSMA Fifty-Year Award, recognizing their service to the profession of Medicine since their graduation from medical school in 1970.

Montgomery County Medical Society honors their service and their membership in organized medicine through these years.

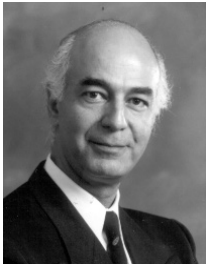
**Posthumous Award*



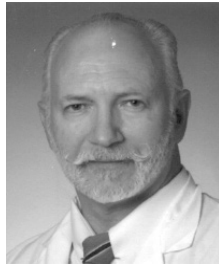
Max Clark, DO



James H Davis MD



Abdolali Elmi, MD



Jack Gruber, MD*



Ramesh Gupta, MD



Sharda Gupta, MD



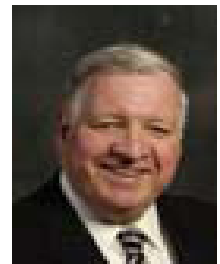
James Laws, DO



Steven Miller, MD



Ahmad Moezzi, MD



Warren Muth, MD



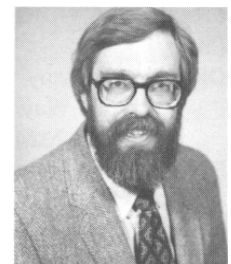
Thomas Percy, MD *



Joseph Premanandan MD



Chester Robinson, MD



John Wolf, MD

The Other Side of the Scalpel

by Annette Chavez, M.D.



The loss of one of our physician colleagues to Covid-19 was a sad chapter in our struggle with the coronavirus pandemic. Although I did not know this physician, a number of my patients loved him and thought he was a kind, caring cardiologist. I can only imagine the difficulty of being so ill for such a long period of time.

We as physicians are used to thinking of ourselves and our families as being invincible. The patients are the ones with the illness and we are the healthy ones who heal them. Or at least that notion suffices for most of us when we are young and lucky. Then we start to age and things change. There is the adage that bad things happen to us and our loved ones just because we are doctors or related to one.

My husband and I have recently traversed a journey that has taught us what it is to be on the other side of the equation, as patient and physician-spouse. I am sure many of you in my age bracket have stories to tell. I believe these experiences mold us into more empathetic physicians when we share the same experiences as our patients.

Several years ago my husband (at age 58) visited his family physician for a routine physical. He had labs and the usual examination except the doctor skipped the rectal exam. I asked why, and Greg did

not know. I wonder if it was a case of him being married to a physician, wherein physicians or their spouses get suboptimal care just because they are a doctor or spouse. I wasn't happy with the incomplete exam but there wasn't much I could do about it. Then a couple of years later I nagged Greg to get a colonoscopy because it was ten years since his last one. He deferred because we had a very high deductible insurance plan. He decided to wait until he was 62, when his Tricare kicked in. Greg retired after 10 years active duty and 15 years reserve duty in the US Air Force and one wonderful benefit of that service was Tricare insurance. Greg finally presented to Dr. Mike Gorsky for his overdue colonoscopy. I figured it was not a big deal because Greg is so healthy. He is on one medication for hypertension. He doesn't need bifocals or glasses. He can put up 1000 bales of hay in the summer and can easily toss the bales into the loft of our 1860's bank barn. He can outwork the UD premed students who work on our farm in the summer. He works tirelessly as my office manager. One student was so impressed with Greg that he nicknamed him the "T-2000" from the Terminator movie.

Mike Gorsky came to talk to us after the colonoscopy and told us that Greg had a golf-ball sized mass

between his sacrum and his rectum. I was shocked. I am also a hospice doctor and I know what that means. Sometimes people are fine and then two months later they show up at hospice in the final days of their life. Dr. Gorsky referred us to Dr. Vasu Appalenini for an ultrasound-guided biopsy of the mass. She thought it might be a carcinoid, but the pathology showed a GIST (gastrointestinal stromal tumor). My only experience with this diagnosis was in a few hospice patients who had end stage disease. Not very comforting. It is a low grade sarcoma, slow growing, and probably could have been detected in a much smaller state when Greg had his physical several years before. Imaging showed the tumor to be 6 cm in diameter. I took a ruler to some items in my kitchen and determined that 6 cm was precisely the same diameter as the 1/3 cup measuring cup. It was huge. Our next stop was to see Dr. Greg Gordon, an oncologist I had first met when he was doing his fellowship and I was still working at St. Elizabeth. We also worked together at Hospice of Dayton. After examining Greg, Dr. Gordon told us that it was quite treatable with imatinib (Gleevec) and surgical resection. He said that the imatinib was prohibitively expensive and we might need to

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obtain a grant to pay for it. I thought that maybe we could handle the cost ourselves until he told us it was \$12,000 per month. Oh. It turns out that Tricare covers it with a copay of \$27.00. Every minute spent in the Air Force was worth it. At the end of the visit with Dr. Gordon, he did what doctors are not supposed to do. He gave me a hug. He could tell how anxious and upset I was and that was more healing than anything else. Greg got started on the imatinib and then our next stops were to three different surgeons, including one at the James Cancer Center at Ohio State. Greg thought that the care at “The Medical Mecca” would somehow be more advanced than here in Dayton but ultimately he decided upon the doctor with unquestionable expertise and a wonderful bedside manner. I had met Dr. Minia Hellan at some women physician gatherings but had no idea what a force of nature she is. I had heard from some medical students snippets of how she commands an operating room and how meticulous and exacting she is. Just the kind of person you want operating on you or your T-2000 husband. Greg took the Gleevec for two and a half years, trying to delay the surgery because of the risk of a permanent colostomy. Dr. Gordon monitored his labs and MRI’s regularly. Then just before Greg was to have his surgery, a CT demonstrated possible abdominal metastases. We were floored. Dr. Hellan figured out that this finding was present at the time of diagnosis and was stable and not metastatic disease. Surgery was scheduled as a possible robotic

procedure, but Dr. Hellan decided to attempt a TAMIS procedure first. This stands for Trans Anal Minimally Invasive Surgery. She was able to shell out the tumor (now about 2.9 cm), avoid a permanent ostomy and preserve sphincter function. It was somewhat of a miracle, and better than we had hoped. She did give him a loop ileostomy so the surgical site could heal and avoid abscess formation.

I have much more respect for patients with ileostomies. We received excellent tutorials from the ostomy nurses at the hospital but they made it look easy. It is a challenge to cut a wafer to size and place it and the bag on the abdomen in between fountains of output from the ileostomy. Unfortunately Greg developed a small bowel obstruction from strangulation of the ostomy site. (His abdominal muscles were too strong). So a second trip to the hospital involved revision of the ostomy and meeting more very young-appearing surgical residents with names like Justin and Ashley. It reminded me of the times that patients would look at my dark brown hair and ask if I was old enough to be a doctor. I thought they were being ridiculous but now I understand.

The second admission required a nasogastric tube which is one of the worst forms of torture that I believe doctors can visit upon a patient. Greg clutched his tube with a death grip to prevent any movement that would irritate his nose and throat. Fortunately the surgery relieved him of the obstruction and the NG tube. Six weeks after the initial surgery, Dr. Hellan performed a take-down of the ileostomy and left the site

open to be healed by secondary intention. Greg will continue imatinib for another two years and will have regular monitoring forever, I presume. Greg had care in a hospital during a pandemic while he was immunocompromised but managed to not become infected with covid.

I am grateful for the expert care that we received from my colleagues Drs. Gorsky, Appalenini, Gordon and Hellan. They exemplify the best that our medical community has to offer our patients. Greg is just one of thousands of patients that these physicians care for year after year, decade after decade. Although I was not the one with the disease (this time), I have a greater appreciation for what my patients experience. I know that when I send my patients to doctors in our community, they get the same care as did Greg. It is a privilege to have been afforded the opportunity to receive such excellent care.

I am in solo practice and Greg is my office manager. If one of us is incapacitated, it becomes nearly impossible to run our office. I am thankful that because Greg has done well, I can remain in practice longer to be of service to my patients in their times of need.

I will continue to preach the following gospel to my patients: Get your colonoscopy, mammogram, flu shot, shingles shot, covid shot, exercise, adequate sleep, proper diet. I try my best to manage their medical issues properly. And I never skip the rectal exam where it is indicated, even if the patient is a doctor or their spouse.

MCMS Alliance Remains Actively Engaged

by Shirley Nicholson

The Montgomery Medical Society Alliance is looking forward to the start of a new year.

We are a volunteer organization of physicians' spouses and physicians that promotes the health of the community through education and philanthropic activities.

Our philanthropic efforts this year include our Holiday Sharing Card, our Holiday Auction, and Empty Bowls. The Holiday Sharing Card funds scholarships for medical, nursing, and allied health students. The Holiday Auctions helps support the YWCA Domestic Violence Shelter. Empty Bowls raises funds to assist the food bank. We also provide clothing to Clothes That Work.

We are planning a meeting on September 21, at NCR County Club. Our Guest speaker will be Hope Taft.

Please consider joining us. Contact Shirley Nicholson at 937-434-8507 or e-mail at shirleyjn@hotmail.com.



Co-Presidents Stephanie Clark and Beth Salama with Alliance Past President Angela Dunaway



Jeannie Kupper and Manju Gupta



Physicians added to Active Membership

JOHN B. GILLEN, III M.D.

Otolaryngology – Head & Neck Surgery
Ofc: Ohio Valley ENT Inc
8439 Yankee Street - 45458
937-312-9368 FAX: 937-312-9369
University of Cincinnati College of Medicine - 1988

RONALD M. SMITH JR, M.D.

Otolaryngology – Head & Neck Surgery
Ofc: Ohio Valley ENT Inc
8439 Yankee Street – 45458
937-312-9368 FAX: 937-312-9369
Indiana University School of Medicine – 1998

MICHAEL SHERMAN MD (Kathryn Sherman)

Internal Medicine - Gastroenterology
Ofc: Digestive Specialists Inc
1530 Needmore Road Stes 100-101 - 45414
937-534-7330 FAX: 937-297-2203
Res: 10935 Pennfield Rd – 45458
210-867-0920
University of Rochester School of Medicine – 2010

ROXANA AGUIRRE, MD

Oncology
Ofc: Kettering Cancer Care
3700 Southern Blvd # 401- 45429
855-500-2873 FAX: 937-281-3913
Facultad de Medicina Alberto Hurtado, Peru - 2000
SRINIVASU CHAMARTHY, MD(Praveena Cheruvu MD)
Hematology/Oncology
Ofc: Dayton Physicians LLC
3130 N County Road 25A, Ste 107, - 45373
937-293-1622 FAX: 293-245-6308
Res: 1584 Little Falls Dr – 45458
1-551-580-8829
St George's University School of Medicine - 2005

KEITH REISINGER-KINDLE, D.O. (James Reisinger-Kindle)

Obstetrics & Gynecology
Ofc: Wright State Physicians
400 Sugar Camp Circle #101 - 45409
937-245-7300
Res: 10521 Watch Hill Ln - 45458
269-929-1064
Touro University, Nebraska - 2016

MAURICIO D. CARBALLO-MONTERO, MD

Gastroenterology
Ofc: Dayton Gastroenterology, Inc
75 Sylvania Drive, Beavercreek – 45440
937-320-5050 FAX: 937-320-5060
Res: 10863 Mariam Lane – 45458
937-595-1539
University Mayor de San Simon - 2007

CASSANDRA M. STEIMLE, D.O. (Jerrod Steimle DO)

Gastroenterology
Ofc: Digestive Specialists, Inc.
4340 Clio Road #200 - 45459
937-534-7330 FAX: 937-395-3682
Res: 4219 Lavina Court, Beavercreek 45431
330-550-0519
Ohio University Heritage College of Medicine - 2014

ADAM CLOUD, MD

Ophthalmology
OFC: Dayton Eye Associates
89 Sylvania Drive – 45440
937-320-2020 FAX: 937-320-5791
Ohio State University College of Medicine - 2014

MEMBER IN TRAINING:

NAVEEN VUPPULURI, DO

Internal Medicine
Kettering Health Internal Medicine Residency Program
Res: 4450 Buckeye Lane Unit 442
Beavercreek OH 45440
309-397-4803
Arizona College of Osteopathic Medicine – 2020\
Vuppuluri.Naveen@gmail.com

RECENT RETIREES:

We have learned of recent retirement of the following MCMS members.
Congratulations! We wish you all the best

Howard Abromowitz MD - Urology
J. Douglas Aldstadt, MD - Family Medicine
Art Altman MD - Obstetrics & Gynecology
Ramajopala Reddy Avutu MD-Anesthesiology
Bruce Baniyas MD-Obstetrics & Gynecology
Raymond Barbera MD - Anesthesiology
Gregory Beck MD - Gastroenterology
Nicholas Christoff MD - Nephrology
Wassam Dabbas MD - Internal Medicine
Ronald DeVore, MD - Otolaryngology
Verne Dodson MD - Family Medicine
Frank Fasano, MD - Orthopedic Surgery
Susan Galbraith, MD - Endocrinology
Azar Kardan MD - Pediatrics

Walter Keyes MD - Family Medicine
James Laws DO - Cardiovascular Diseases
Robert Margolis MD- Pulmonary Diseases
Augusto Martinez, MD - Colon-Rectal Surgery
Steven Miller, MD - Ophthalmology
James Murphy MD - Pulmonary Diseases
James Pacenta MD - Cardiovascular Diseases
C N Reddy MD - Pulmonary Diseases
William Rigano, MD - Plastic Surgery
Michael Timpone MD - Family Medicine
Joel Tobiansky MD - Cardiovascular Diseases
Michael Valle DO - Neurology
Keith Watson MD - Obstetrics & Gynecology

IN MEMORIAM:

MCMS recognizes our colleagues who have passed away since our last Annual Meeting in January 2020.

(Name/Specialty/School of Medicine/Date of death)

James Appleton MD, Anesthesiology, University of Louisville 1946 – 12/22/2017

Frank Beltran MD, Urology, University of Granada Spain 1955 - 10/20/20

Bernard Berks DO, Family and Aerospace Medicine, Kirksville Coll. of Osteopathic Medicine 1958 - 6/4/21

Theodore Bernstein MD, Neurosurgery, University of Cincinnati 1965 - 5/10/20

Donald Buck MD, Family Medicine, University of Cincinnati 1952 - 8/20/20

Mukul Chandra MD, Cardiology, University of Barodia, India 1986 - COVID-19 10/18/20

Roger Cook MD, Radiology, University of Cincinnati 1955, - 6/15/21

Rajnish Dhingra MD, Nephrology, University of Illinois at Chicago 1995 - 5/2/20

Harley Ellman MD, Rheumatology, Medical College of Virginia 1961 - 1/15/21

Jack Gruber MD, Gynecology/Reproductive Endocrinology, Ohio State University 1970 - COVID-19 - 1/6/21

Thomas Henderson MD, Rheumatology, University of Michigan 1974 -4/8/20

Richard Houston, MD, Gastroenterology, Indiana University 1971 - 12/11/20

Richard Krumholz, MD, Pulmonary Diseases, St. Louis University 1960 8/1/21

Samuel Laneve MD, Internal Medicine, Georgetown University 1951 - 4/30/21

Edward Leschansky MD, Family Medicine, St. Louis University 1955 - 6/3/21

Joseph Paley MD, Orthopedic Surgery, Hahnemann University 1958 - 7/26/20

Si Past MD, Family Medicine, Duke University 1954 - 10/2020

Thomas Percy MD, Plastic Surgery, Trivandrum Medical College, India 1970 - 12/31/20

Louis Rodriguez-Baz MD, General Surgery, Havana University Cuba 1953 - 5/12/20

Tom Sefton DO, Family Medicine, University of Health Sciences, Iowa 1957 - 8/1/20

Thomas Sorauf MD, Pediatrics, Marquette University 1967 -1/3/21

Harold Stratton MD, Family Medicine, Howard University 1955 - 9/19/20

Coleman Witt MD, Family Medicine, University of Louisville 1956 - 10/22/20

Russell Zanowick MD, Family Medicine, St. Louis University 1958 - 6/8/20

HIGHLIGHTS FROM YOUR OSMA DISTRICT TWO COUNCILOR

by Shannon Trotter, D.O.

Did you know you can sign up for COVID updates on the OSMA website? Go to https://osma.org/aws/OSMA/pt/sp/corona_virus and click on Subscribe to Updates. Here are a couple points of interest:

- During the COVID pandemic, telemedicine use has increased significantly. House Bill 122 is dedicated to telehealth and includes provisions that would make many of the telehealth rule changes which were enacted due to the pandemic permanent. House Bill 122 passed in the Ohio House in April and is currently under consideration in the Senate Health Committee. As HB 122 could pass in the coming months, the Ohio State Medical Board is proactively revisiting its telemedicine rules and reaching out to stakeholders for input.

- The Biden-Harris administration announced \$25.5 billion in COVID-19 Provider Funding. Combined application for American Rescue Plan rural funding and Provider Relief Fund Phase 4 opens on September 29.

OSMA continues to make advocacy a priority and there are several legislative efforts ongoing. One bill to focus on is HB 248-11. While it has been framed as a bill to halt COVID-19 vaccines from becoming mandatory, it would apply to ALL immunizations, including childhood vaccines. The OSMA is working to educate legislators on this bill and how it undermines our state's current public health framework.

The OSMA annual meeting date is set! The OSMA annual meeting will be held April 8-10, 2022. The meeting is planned to be at the Renaissance Columbus-Westerville Polaris Hotel. Be sure to mark your calendars!

Do you want to do more or give back to the OSMA? The OSMA Foundation has reinvigorated its mission and vision to help physicians in Ohio and develop future leaders. Show your support today and give to the OSMA Foundation. Go to <https://osma.org/aws/OSMA/pt/sp/foundation> and click on Donate Your Gift!

The Time of COVID

by Annette Chavez, M.D.



Just two years ago in this publication, I recounted my experiences during the AIDS pandemic of the 1980's. I predicted that we were due for another pandemic but I clearly expected it to affect the next generation of physicians and not me. I thought I would be long gone when the next virus ravaged the planet. Well it has been nothing like what I imagined it would be.

Several years ago when there were outbreaks of Ebola and SARS and MERS, I rationalized that those viruses would not travel here so I didn't really have to worry. In January 2020 I watched the Chinese build a giant hospital in 10 days to house victims of the novel coronavirus. In my mind, it was still far away and didn't affect me. Then it came to our country and within a relatively short time all of our lives changed dramatically.

I am the sole physician in an independent family medicine office and that gives me great freedom but also a lot of responsibility. When Governor DeWine closed down the state, I had to figure out all of the protocols that my office would follow. I did not have anyone from any corporate offices dictating what I was to do. I found it extremely anxiety-inducing as I pored over websites from the CDC, AMA, AAFP, ODH, and local hospitals as I constructed office policy on the fly. I emailed colleagues to ask what they were doing. The procedures at different offices and hospital networks were all over the map. I had to decide by myself what was best for my little office on South Dixie Drive.

I prepared for an onslaught of sick patients. I had actually stocked up on supplies during the 2009 H1N1 pandemic so I had some items in reserve. I had my nurse quickly order more gloves, antibiotics, and cleaning supplies. She was unable to order masks because every vendor was sold out. We surveyed our 2009 supplies. We found one box of N95 masks and 3 boxes of surgical loop masks. We had no gowns or face shields. It was a start, but not enough. I wish I had planned better. We designated one room to be our covid room and placed a dedicated stethoscope and thermometer in there. Patients were to come in our back door and go directly to that room and bypass the waiting room and front office altogether. My former roommate Lynn the dentist in Cleveland mailed me a pack of disposable gowns and more masks. She was forced to shut down completely for two months and generously shared her supplies with me.

We started to see patients with respiratory complaints in that one room but I still worried greatly about my husband, who is my office manager and is on an immune-suppressant medication. He is key to the functioning of our office. If he became ill we would be seriously compromised. Then I read something on the AAFP website about parking lot visits. So I made the decision to not allow any patients with respiratory symptoms in the office. We set up 2 dedicated parking slots for my outdoor "clinic" and placed our empty styrofoam vaccine containers with parking cones to

denote the spots. Our office neighbor Mike even created a sign that declared "curbside service". I think it all looked great.

I knew we did not have enough masks so I enlisted my sister to make some. She is a retired home-economist (actually, so are my other two sisters – I am the anomaly in the family).

Peggy sewed dozens of really nice 4-layer-thick earloop masks. She and my other sister Joan then adapted my cloth patient gowns into protective gowns for me. They added sleeves and cuffs and ties so I could put them on backward and then launder them in our office washer and dryer. The face shield was another matter. I could not find them anywhere so I resorted to making several out of 2-liter pop bottles. They worked reasonably well, but were not exactly crystal clear. Several weeks later, a patient brought me some professionally produced shields. I added foam strips to those to avoid the painful divot in my forehead from the plastic headband.

In addition to my very helpful sisters, my patients rallied to the cause. People spontaneously brought me masks that they had found in their garage or that they had sewn. One woman bought pizza for the office staff one Monday. Many inquired about our well-being and expressed appreciation and gratitude for our service in health care. I found it very touching. We only had a couple of disgruntled patients who berated my staff for the length of time it took to get their covid test results. I admit,

12 days was entirely too long but I had no control over that.

Within a short time we were prepared with supplies and procedures. We cleaned the rooms, door handles, countertops, etc. after every patient. One of my medical assistants accompanied me to the parking lot for my visits there. We handed each patient a mask if they did not already have one. I had all of my supplies in a little box with another box for the trash. Then we saw a patient who had lost her sense of taste and smell. I became worried for my MA so I decided to go out to the parking lot alone so I would be the only one exposed. We had enough gowns that I could wear them once and then throw them in the laundry. We decided to conserve masks so everyone got 5 paper bags and labeled them with their names and the days of the week. We each wore one mask on Monday, a different one on Tuesday, etc. We were eventually able to have several masks in each bag and could change them out when we wished. I decided to have all staff and patients wear masks well before the local hospitals started requiring it.

Then a curious thing happened. The patients disappeared. We didn't cancel any appointments but the patients decided not to come to the office. I hardly saw anyone with the acute issues that usually brought patients to their family doctor. The few who called had fairly minor respiratory symptoms and when I was able according to CDC guidelines, I did covid testing on them in my parking lot. I offered telephone visits and decided that the video component of telemedicine did not add much more than just talking on the phone to patients. One day we actually had only one patient on the schedule and another day we had just two people who both had poison ivy. For the first time in my life I was actually thankful for that awful plant. It at least brought two patients into the office

for steroids. For a solid month we did not see enough patients to cover our overhead expenses. But we decided that we would not close or lay off any staff. That left us with a lot of unexpected free time.

During the spring of 2020 I employed three premeds, all certified medical assistants, who are now second year medical students. On various afternoons when we had no patients to see, I decided to start med 1 lectures a little early for them. We reviewed medical terminology and drugs and anatomy and diseases that my patients had. I used Google images to help illustrate my topics. We also just sat around and talked a lot. That is not how I anticipated spending my pandemic experience.

I also did not realize how much I would miss those conversations with my usual variety of patients all day long. It took the relative isolation of the pandemic to make me appreciate the privilege of seeing my patients in the office.

After Gov. DeWine started reopening the state, patients began to feel more comfortable about coming into the office. It was nice to reconnect with people and catch up on their delayed medical care. In the first 8 weeks of the pandemic I only officially diagnosed two people with covid and by six months only had 6 total cases. My office volume returned to normal by June and I even had medical students start rotating with me starting in July. From then until early 2021, our office returned to a normal rhythm that included about four parking lot visits a day. I saw patients outside in the rain with my MA (in full PPE) holding an umbrella over our heads. During the winter months I saw parking lot patients in blowing snow and subfreezing temperatures. The office became very busy in the latter part of 2020 and on one day I had 9 outdoor visits in a row. All of my medical students became adept at

performing nasopharyngeal swabs. I eventually had 85 positive covid tests from these outdoor visits. At least another 90 patients were diagnosed with covid elsewhere. A number of them were hospitalized and three of my patients died.

Doctors were affected by this pandemic in unique ways. All of us experienced financial repercussions and some had to close offices and lay off staff. Two local physicians died of covid, a tragic blow to our community. I know of some who had to delay a planned retirement, and independent private practices like mine were placed at serious risk across the country.

We temporarily lost connections with each other since we could not gather in large groups. Cancellations included the in-person annual OSMA meeting, CME meetings, medical staff meetings, medical school and residency graduations, even the white coat ceremonies for entering medical students. Interviews for medical school and residency were online. My 35-year reunion of medical school classmates was cancelled, as well as fundraisers such as the Wright State BSOM Academy of Medicine annual dinner. As a medical community we were poorer for not being able to be collegial with one another. The arrival of the vaccines helped us to emerge from our isolation and reengage with one another and our patients. In my office, no staff member or student contracted covid and all are now immunized. I know all of you fellow physicians struggled to cope with running your practices in difficult circumstances. Many of you risked your lives caring for patients. Although covid is still with us, we can now see each other again and share the stories unique to physicians in a pandemic.

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MCMS Publishes Last Print Dayton Medicine Edition

This is the last issue of Dayton Medicine that will be published in print. MCMS first started its print communications through what was originally called "Medical News."

In April 1981, Sylvan Lee Weinberg, MD, initiated the first issue of "Dayton Medicine" and with his excellent editorial skills provided current views of the events that affected the profession of medicine to Montgomery County Medical Society physician members and many physicians and community leaders throughout the state and nation.

MCMS will continue to provide this information to members and the general public on our newly revised website

<https://mcmsoh.org>

Please be watching for important information on how to make sure you are properly registered on the site to be able to access the members-only area which will contain information accessible only to MCMS member physicians, including our membership directory.