

DAYTON MEDICINE

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March- April 2016



*2015 MCMS President Mustafa Quadri, M.D.
Presents the Leadership Gavel to
2016 MCMS President John L. Lyman, M.D.*

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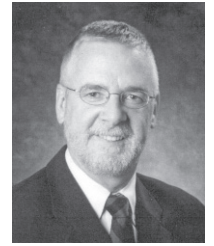
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2016 President's Inaugural Address

(Presented at MCMS Annual Meeting, Saturday, January 9, 2016)

by John L. Lyman, M.D.



Welcome to all who are here this evening. It is a pleasure to have you all here—a rather diverse crowd, with physicians, nurses, WSU folks, Rotarians, W DPR representatives. We have some people in politics, business people, some who are involved with EHRs (I won't point them out so as not to put them in jeopardy in this physician dominant crowd). We even have a lawyer or two present.

Let me begin with some thank-you's. For those of you in the medical profession, you know medicine is a team sport. In the emergency department (my specialty) you'd never get the job done without the "team." More importantly, and beyond the work setting, it would be neigh on impossible to practice medicine without a supportive home environment. Tonight I'm privileged to have my incredibly loving and supportive wife, along with 2 of my 3 children here with me – today is the 3-week anniversary of the birth of our daughter's first child, and our first grandchild, so they are all here in spirit although warmly holed up at home in Knoxville, TN. My son, Matt is in a Master's program at Case Western and will be entering medical school in the Fall. Max, who you heard playing guitar earlier and he will play again later in the program, is in a Master's program at Yale. He is thrilled to have one of the people who helped guide him on the path to excellence, Dr. Jim McCutcheon, in the audience tonight.

My wife, Gail, is a nurse by training, and an incredibly loving wife and mother. Thank you to the three of you, as well as Gail's family who are here tonight, for your love and support over these many years.

I'm a California boy, born and raised in the hills of Oakland. I attended Skyline High School, and was in the first graduating class (hmm.. a theme developing here?) It was a beautiful sprawling campus, with days spent gazing on Oakland, the San Francisco Bay and the Golden-gate Bridge. I'd like to think I set the stage (pun intended) for a famous grad to follow, a Mr. Tom Hanks. Following high school, I matriculated at the University of California at Davis, graduating in 1969.

I wasn't quite sure what I was going to do in my life at that point. After some rather odd jobs (i.e, roll wrapper, sugar ice ax picker, asst. manager of the linen dept. at a local department store) I fell in to a research position back at UC Davis. I eventually became project manager for one of the Research Divisions of the Bioastronautics Laboratory. Our research was NASA funded, and focused on circadian rhythms, light/dark cycles, and the effects of these and other environmental influences on humans in space.

A few years into this job, my boss, the principal investigator, came to me to tell me he had accepted a position at a school in Ohio, and asked me if I would consider set-

ting up our research projects in Ohio. He was told he could take the projects with him to his new school as they were funded under his name as the principal investigator. I eventually accepted his offer, agreeing to move to Ohio.

The closer the move came, the more terrified I became. Leaving the familiarity of Berkeley and Davis, and moving to the Midwest became increasingly daunting. But I eventually made the move, settling in with my friend and his wife who had found a place in ... Yellow Springs. The transition was not the trauma I had feared!

One of the first friends I made in Dayton was a wonderful gentleman by the name of Gib Langdon. We became fast friends, and soon I was spending lots of time with Gib and his delightful family, including his two daughters and his wife - who was not overly thrilled about having left her home in Mississippi to move to Ohio. This lady, Bonnie Langdon, overcame her concerns about relocating to the Midwest, went back to school, eventually getting her Master's degree. She became one of the leading figures and spokes-people in healthcare in the Miami Valley. The CEO of Maria Joseph, the Chair of the Board of trustees at Wright State, a true friend, a leader in the health care field, and an important cog in my transition to Dayton. Bonnie, a heartfelt thank-you.

Research-wise, we set up shop

at the Cox Heart Institute, although my office was at Brehm Lab on the Campus at Wright State. Did I tell you my boss's new position was the Dean of the Medical School at Wright State, now called Boonshoft School of Medicine? We conducted a number of studies at CHI, all funded by NASA. And I was slowly becoming a transplanted Midwesterner.

The medical school, which opened in record time, opted to include a handful of non-traditional students in its charter class, ostensibly to lend some maturity to the class, but given who they selected I'm not sure they hit the mark on this one! Along with more traditional students, like Samia Borchers, we had a poet, a housewife out of school many years, a postman, a Vietnam helicopter pilot, and an aging hippie whose primary claim to fame was attending the Monterey Pops Festival. I along with 30 others, graduated as the charter class of Wright State University School of Medicine (WSUSOM). I couldn't be prouder of that fact. And to do it with classmates such as Samia is simply icing on the cake.

Following graduation, I completed my residency in Emergency Medicine...more on that later.

How many people here tonight are grads of Wright State School of Medicine? As some history of the school, there was, I am told, an ongoing discussion about whether a new medical school was actually needed in SW Ohio (after all, UC and OSU were already present), and whether such a school should be community-based, and if so, where should the school be located. Dayton? Oxford? Further North? One of the strong proponents of authorizing a new medical school, and of locating it here in Dayton, was Dr. Richard DeWall. I'm told he may have had a little help from

C.J. McLin. Dr. DeWall was a strong and imposing force, and those of us graduating from or associated with WSUSOM are forever indebted to Dr. DeWall... There is no doubt his hard work helped assure the site of the new school was to be Wright State University. Dick, on behalf of my class, and all that followed, a sincere thank-you to you as well.

Following my EM residency, I joined the WSUSOM Emergency Medicine Faculty. Gail and I subsequently moved to Florida, where we resided for six years, before I was offered a position at the University of Alabama (with a rivalry with Auburn comparable to OSU-UM). I directed the Emergency Department for a number of years, following which we decided to return to our "home" – Dayton. I joined an Emergency Medicine group started by a group of physicians I had both trained... and trained with. I semi-retired this past year after nearly twenty years with this group. One of the founders was to be here tonight, but opted for the Bengals game with his wife and family. But I am pleased to have a number of people that I worked with at Premier Physician Services these past many years present tonight.

While I am retiring, I continue to work with Wright State, serving on the Admissions Committee, the Foundation Board, and the Academy of Medicine Board. Enough about me - let's change gears.

For those non-physicians, and others not aware of the purpose of the Montgomery County Medical Society (MCMS) let me briefly overview the reason for being of the MCMS. This Society is the local arm of the Ohio State Medical Association, which in turn is the chapter of the American Medical Association. A little sidebar.. the new President of the AMA is a young physician

trained in Emergency Medicine at OSU - the youngest AMA President ever, I am told. I received a nice note from Steve Stack, MD, who I've gotten to know through our Specialty Society: *"John, Congratulations on your election to the office of President in Montgomery County. More importantly, thank you for your continued service to our profession and patients. Best wishes for a productive year! - Steve"* Obviously, I am thrilled to receive this note.

MCMS is a group of physicians who, along with like-minded individuals and institutions, advocate for physicians, patients, and the health care needs of the Miami Valley community.

MCMS intends to provide services meeting professional needs and interests of the physicians and their patients, recognizing and supporting diversity in the physician/healthcare community, with such diversity including specialty, practice model, and site of practice. The Society aims to take a leadership role in informing the community regarding medical interests. It is a voluntary membership organization.

I'd like to do a SWOT analysis, looking at the strengths, weaknesses, opportunities and threats – and conclude with a look at my plans/goals for the year ahead.

In terms of strengths, we have an impressively stable organization, both in terms of hardware and software. The hardware component: we own our building in a prime location, we are nearly completely leased out space-wise, we have a steady source of income, and are financially stable. In terms of "software, we couldn't ask for more than Connie and her staff members.

We have a rich, rich history, with leaders that have moved into

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state leadership roles, and many on to national roles as well. And very impressively, many of these have stuck around for many years. When I sent an email asking for advice and guidance, the first two respondents were physicians who have been with this organization for 50+ years. What a valuable lesson to me. And they participate for the right reasons – the love of Medicine and this Society, and the continuing desire to contribute.

We have a cadre of physician members – not ALL the physicians in the community, but a solid cadre. We have the support of the medical school - Dean Howard Part and Dean Margaret Dunn – thank you both for being here this evening. We provide a source for physician community – something that has been lost over the years with less congregation in the hospital setting. And we continue to provide necessary services to the physician and health care community.

In terms of weaknesses, I already mentioned one - we have not captured the entirety of the physician community. And I'm not sure the perception of what we as an organization do is well recognized or as appreciated as it should be. And I'm not sure we are capturing the attention of the younger physician population.

What are the opportunities for us? For one, we can expand the sense of physician community. We can work more closely with physician groups, hospital systems, and the academic environment.

We can continue to supply necessary services. And we can encourage, educate, and inform our young physicians. We can promote and educate the healthcare community about the value concepts such as Advanced Directives. We need to continue to educate both physicians and the public about the

byzantine methodologies of reimbursement for rendered services.

How about the threats? There is always a threat of decreasing membership in a world where there are so many options and demands on physicians' time. There is an increasing dependence on Specialty Society influences. I'm a staunch supporter of my specialty organizations, and have been involved in my Emergency Medicine organization based in Columbus, represented here tonight by CEO Laura Tiberi. But specialty organizations are necessarily addressing the needs of the physicians of that specialty. And we need the 10,000 foot all-inclusive view – the view that looks at the whole house of medicine, not simply one component, be it specialty, hospital system, reimbursement regiment, and so on. Another threat is financial, as there is simply less money for physicians to devote to different organizations. Costs are going up, reimbursements are not keeping pace, and discretionary income is decreasing.

So how am I going to address these threats while at the same time take advantage of the described opportunities? First and foremost, I plan to continue in this role with the same vigor, thoughtfulness and teamwork demonstrated by Dr. Quadri. We will continue on the path laid out by him. Mustafa, I will try as I can to stay in the Fairway!

I will continue to be a steward of our resources.

I will work with our Board members to demonstrate value and relevance at our local level. I aim to get the work out, speaking with appropriate groups and in appropriate venues to promote the value of membership in MCMS.

As a strong believer in "all politics is local" I will work hard to make sure we do not lose our local flavor and input to the broad scope of

medical decision-making at the state level. I want to assure our physician members that we keep open every pathway for us to work together and for all of our voices to be heard.

I pledge to diligently work closely with Wright State, the School of Medicine, many physician groups, the hospital systems, and specialty organizations to promote excellence in the delivery of health care services in this Montgomery County region.

Let me finish with my final thank-you for the evening. And it goes to the Master of Ceremonies for the evening, Dr. Glenn Hamilton. You may ask why Glenn is the emcee, and some of you will recall I was Glenn's emcee some years back. When the evening program finished, I asked Glenn how I had done, fully expecting him to say, "Great job, John." Instead, I got a "Well, you didn't play me up a lot.. You weren't too informative or funny." I was taken aback, and all I could come up with was "You think you could do better?" He didn't respond. He just gave me THAT LOOK!

Obviously, I am joking. I could not have been more delighted to have had Glenn say "yes" when I asked him to be the emcee. Glenn and I go back many years, having entered the residency program at the same time, me as a resident - he as the Chairman. He mentored me from the getgo – I think he saw me as a challenge. It turns out we are close in age, and our wives hit it off famously and became best of friends. At his request, I joined his faculty after residency. So I have known Glenn as a Chairman, as a Boss, but most importantly as a Friend. Glenn, yes, you could and did do better. Thank you so much for overseeing this evening with such grace and delight – although you could have played me up a little more!

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Guests and Highlights of 2016 MCMS Annual Inaugural Meeting Saturday, January 9, 2016 - Dayton Marriott





Keeping Up With OSMA Activities

by *Evangeline Andarsio, M.D.*



OSMA Fifty-Year Awardees

It was my privilege to participate in the 2016 MCMS Annual Meeting on January 9, 2016 at the Dayton Marriott. As the OSMA District Two Councilor, I had the opportunity to present the Ohio State Medical Association "Fifty-Year Award" to a number of our honored MCMS physicians commemorating that milestone event in their lives. Accompanying me in these presentations was OSMA President Robert E. Kose, MD, JD, who attended our meeting along with OSMA Executive Director Brent Mulgrew.

I was personally honored to award this special accolade to these physicians who were present that

evening: Theodore Bernstein, MD; R. Paul Deenadayalu, M.D.; Huascar Jessen, M.D.; Gordon Murphy, M.D.; Juan Paulet, M.D.; Kenneth Pohl, M.D.; and Walter A. Reiling Jr., M.D. Other recipients of this award *In Absentia* include: Charles Bensonhaver, M.D.; Jae C. Chang, M.D.; Atindra Chatterji, M.D.; Charles Demirjian, M.D.; Verne Dodson, M.D.; Arthur Gardikes, M.D.; Choon Yung Rhee, M.D.; Donald Sickler, M.D. and James Weiss, D.O.

It is always my personal pleasure to meet such venerable physicians in our community who have dedicated their lives to Medicine. For many of these, their commitment goes far beyond their clinical in-

volvement in patient care, as they have distinguished themselves as true leaders in many aspects of our profession. Congratulations and Thank You to all!

OSMA 2016 Annual Meeting

There are many other issues currently on our agenda as we prepare for the 2016 OSMA Annual Meeting to be held in Columbus at the Hilton Easton on April 1-2, 2016.

New Marijuana Policy Proposal

The OSMA on January 12, 2016 convened a special virtual meeting of the OSMA House of Delegates, with the purpose of formulating an updated policy statement on the subject of Marijuana. Because our



Dr. Andarsio (left) shown with Theodore Bernstein, M.D. and wife, Luzia; R. Paul Deenadayalu, M.D., and wife, Molly; Theda and Huascar Jessen, M.D.; Gordon Murphy, M.D.; Walter A. Reiling Jr, M.D., and wife, Suzie; Angela and Kenneth Pohl, M.D.; and Debra and Juan Paulet, M.D.

state electorate defeated a widely debated referendum on the November ballot to legalize marijuana use in Ohio, the Ohio legislature has deemed it timely to consider allowing the use of cannabis for medicinal purposes. OSMA has been invited to be part of the discussion and decision-making process on this topic with legislators. The OSMA current policy opposes all use of marijuana. Hence, it was determined that a policy review was in order that could permit OSMA to officially support additional clinical research regarding marijuana for medicinal purposes.

Discussion on this topic was opened to all OSMA members, as well as House of Delegate members. Because a quorum of Delegates was not met at the January 12 meeting, a vote was not taken. However, discussion did go forward at that time, resulting in the draft language of what is being proposed by OSMA Council as a Resolution to the 2016 Annual Meeting HOD deliberations.

The proposed language of that resolution is contained here:

1. The OSMA opposes recreational use of marijuana.

2. The OSMA supports Institutional Review Board (IRB) approved clinical research to explore the potential risks versus benefits of using marijuana or its component 30 chemicals to treat specific medical conditions.

3. The OSMA supports focused and controlled medical use of pharmaceutical grade marijuana or its component chemicals for treatment of those conditions which have been evaluated through Institutional Review Board (IRB) approved clinical research studies and have been shown to be efficacious.

4. The OSMA recommends that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines and alternate delivery methods.

5. The OSMA supports limiting marijuana prescribing rights, if permitted, to physicians (MDs and DOs).

6. The OSMA strongly opposes legalization of any presently illegal drugs of substance abuse, including but not limited to, marijuana and cocaine, except in the instance of appropriate evidence-based use approved by the FDA.

7. This policy replaces previous OSMA policy

If you are interested in following or adding to the discussion of this topic, please join and follow the forum on www.osma.org.

HB 216

Another topic garnering much OSMA attention relates to H.B. 216. This proposal attempts to expand the scope of practice for Advanced Practice Registered Nurses (APRNs), to permit them, among other things, to order and interpret diagnostic tests, prescribe addictive narcotics, and develop treatment plans for patients without consulting a physician. These proposals would upset the cooperative and collaborative effort already underway between physicians and APRNs in Ohio.¹

New Acute Pain Treatment Guidelines

The Governor's Cabinet Opiate Action Team (GCOAT), which included a physician representa-

tive from the OSMA, recently announced new guidelines for acute pain treatment options in an effort to reduce prescription pill abuse and opioid addiction in Ohio. Acute pain is pain that lasts fewer than 12 weeks and usually goes away within a few days or weeks. A statement issued by OSMA read, in part:

"The Ohio State Medical Association (OSMA), the state's largest physician-led organization, supports the new Acute Pain Care Guidelines. These guidelines represent a recommended standard of care for outpatient management of acute pain. And while these guidelines are not intended to replace the clinical judgment of a physician, the OSMA welcomes the guidelines as an additional and necessary tool for helping physicians and other prescribers determine the best and most appropriate form of treatment for a patient.

"The sensible guidelines include a set of key checkpoints for physicians that involves properly assessing the level of pain, developing and implementing a plan of treatment, use of non-opioid medications and then, if pain continues to persist, an opioid can be prescribed. The patient can then be re-evaluated after 14 days of being prescribed the opioid as an additional checkpoint against misuse and addiction."²

As always, please do not hesitate to contact me with any concerns or questions in regard to OSMA issues.

^{1,2} www.osma.org

Trial By Moonlighting

by Annette Chavez, M.D.



Moonlighting seemed like such a good idea at the time. I was beginning my third year of residency in 1987 and was only months away from entering private practice. Emergency work seemed like a great experience, and I certainly could put the extra paycheck to use. Besides, all of my fellow third-years moonlighted. They would sit in the resident's lounge recounting exciting emergency room tales of the previous night. How could I pass up such an opportunity?

The reality hit me after I actually signed up to work at Wilson Memorial Hospital in Sidney, forty miles away. What had I done to myself? I had agreed to staff a strange new E.R. for thirteen hour shifts at night. At St. Elizabeth there were always other residents on call and I could ask them anything. But here I was the only doctor in the entire hospital at night and there was no one I could ask for help. Just contemplating this scenario made my stomach knot with fear. I felt like changing my mind and forgetting the whole idea, but I had already signed the contract. I was stuck.

In spite of my reservations and nervous stomach, I soon found myself reporting for my first night shift. The dayshift doctor gave me a brief orientation and tour of the seven-bed facility. My job was to treat all E.R. patients, plus run any codes on the floors and be available for any precipitous deliveries. I was to read and interpret my own x-rays. My staff consisted of two nurses, a

lab tech and an x-ray tech. Dr. Baumann finished up the tour with the cafeteria and my call room, cheerfully walked out the door and then I was all alone.

I thought that my first night went rather smoothly. I saw no medical disasters or major trauma. However, I was informed later that I had forgotten to give a tetanus shot to one patient and that I had angered another patient's family physician. He felt that I had made an inappropriate referral to a specialist and he wrote a scathing letter telling me so, with a copy to the hospital president. My face burned with shame when I discovered my blunders. Only my first night and already people were questioning my abilities. I threw the letter away and resolved not to make any more mistakes if I could possibly help it.

My resolution did not last very long. One evening soon after, I treated an elderly woman who had fallen on her right shoulder. She had been lying on the floor at home for two hours, helpless until a neighbor discovered her. I palpated the shoulder and noted a prominence anteriorly. Also, her scapula was tender, and she refused to move her arm. I checked an x-ray – no fractures. As I discussed the diagnosis of soft tissue injury with the woman and her daughter, the radiology tech called out from the other side of the room. "Did you see that shoulder dislocation yet?" My tongue froze in mid-reassuring sentence. No, it couldn't be. I looked at the x-ray again. An

obviously dislocated humerus stared accusingly back at me. I cringed, turned around to the family and asked which orthopedic surgeon they would prefer. The other patients in the adjacent beds saw and heard everything. My mistake was apparent to everyone, and I could barely contain my embarrassment. Once again I regretted my decision to moonlight.

After that episode, my confidence was in tatters. Somehow I mustered the effort to continue seeing patients. But I was confronted with a variety of medical complaints that I had never treated before. As a resort, I began to rely heavily on my spiral-bound reference manuals. (Of course, this was well before the availability of the Internet.) When challenged by a dilemma, I would casually pluck the manual off the shelf and walk into the other room. I did not want the patients to see me acting like a med student cramming for an anatomy test. Once out of sight, I would furtively flip the pages to the correct entry. "Quick, book," I'd think. "Tell me what to do for welding flash burns to the eye." "How about nursemaid's elbow?" I had never even seen one. When presented with a screaming three year old who refused to move her right arm, I read the book and then tested my newfound skills on the child. She immediately stopped crying, reached for a toy with her right hand and the parents thought I was great. But I still could not shake the feeling that I was only one mis-

managed patient away from disaster.

As the months passed, I did start to feel a bit more comfortable treating the common complaints – earaches, lacerations, migraines. I grew familiar with many of the patients as well, who often made repeat visits to their small town hospital. In one instance, an elderly man presented at three a.m. with a jagged laceration in the space between his eye and his nose. I was afraid to call the plastic surgeon and risk being chastised for bothering him with something so minor. But I also wasn't sure how to repair the defect. I treated him anyway and placed a few uncertain sutures to bridge the gap. I sent him home and prayed that the stitches would hold. Then I worried about what his attorney might do if the man ended up with a big hole next to his eye. Several months later that same man brought his injured daughter to the E.R. He pointed proudly to the well-healed scar next to his nose and told me how he had removed the sutures himself. I breathed another little sigh of relief. No 180 day letters on this one.

On another occasion, I saw an old woman with abdominal pain. I palpated her tender epigastrium and watched her vomit into a basin. The x-rays showed it. Yes, it was definitely free air. I asked the nurse to call the surgeon, and the radiology tech gave me a startled look. "You said there's free air?" I pointed to the black arc under the right diaphragm and she nodded slowly in agreement. Aha! She had missed it. But I didn't gloat. My misadventure with the shoulder dislocation was still fresh in my memory. The woman's daughter saw me several months later and thanked me for saving her mother's life. The surgeon had repaired the woman's perforated duodenal ulcer and she had recovered nicely.

I finally allowed myself to relax, just a little. I had managed some cases well, but still feared that I would commit some major error. As time passed, I did face more difficult situations. I ran codes on the floor and in the E.R with the assistance of only a couple of nurses. As long as I had my pocket-sized code protocol cards on hand, I felt secure. I would intubate the patient while keeping an eye on the rhythm, and ordered drugs, CPR and defibrillation. I also assisted in some deliveries and successfully handled a number of disruptive inebriated patients. Of course it helped to have the city police available at a moment's notice, since we had no security guards. I was on a first name basis with the night shift officers, and they would even bring us milkshakes and fries from the local Burger King. Over time, I gradually gained more confidence in my skills. This was fortunate, because I had some very intense and chaotic nightshifts.

One of my most memorable experiences in Sidney was the night that a squad brought in a young man who had been hit by a truck on the highway. The EMT's had loaded him into the ambulance in the same position in which they had discovered him. The patient was prone on a backboard with his head turned to one side, unconscious and gasping for breath. Small pieces of his frontal lobes protruded from a defect in his skull. I knew I had to intubate him immediately but his dire state made me soak my scrub shirt with sweat. First I had to roll him over but I was certain that he had a serious cervical spine injury. If I rolled him, he would be quadriplegic. If I didn't, he would die. We logrolled him. I wondered what was happening to his spinal cord as I slowly rotated his face upward. Miraculously, I was able to intubate him on the second attempt. It was a bit tricky

as I had to avoid grazing my bare forearm against his exposed brain tissue. The Careflight helicopter arrived immediately after, as they had been summoned by the EMT squad. After they landed on the front lawn of the hospital they packed up my patient and airlifted him to Miami Valley Hospital, much to my relief. Several weeks later, I found out that the man had died, but his heart, liver and kidneys had been donated to several recipients. Even though I had saved him only temporarily, he had lived long enough to save other people. I also learned exactly how he suffered that catastrophic head injury. He was intoxicated when he walked on the shoulder of the highway in the dark and was struck in the forehead by the side mirror of a semi truck.

In June, I completed my one-year moonlighting contract. In two more months I was set to start my new life as a family doctor in East Dayton. On the morning following my last shift, Dr. Baumann extended his hand to wish me well. "Thanks for your work this year. I want to tell you that I think you are one of the very best residents that we have ever had work at this emergency room." My jaw dropped, then I quickly camouflaged my surprise. Did he really mean that? "One of the best?" He certainly must not have heard about my big mistakes. And what about my smart third-year colleagues? But his words seemed sincere and I kept repeating them to myself while I changed out of my scrubs and packed my call bag.

As I drove back to St Elizabeth for a full day of work as an almost-graduated third year resident, I could hardly contain my excitement. Even though I'd had a sleepless twenty-four hours, I didn't feel at all tired. The forty miles just soared past. Maybe I was going to be a good doctor after all.

Exiting the Road to Serfdom

by John Fleishman, M.D.



I have a friend who is a business genius. Over the past 25 years he has grown a small family company into a finely tuned corporate machine with annual revenues in the billions. His is a construction company and if you have been in a major eastern city within the past decade you have probably been in one of the structures his company has built or have purchased products from a company whose headquarters or manufacturing plants he has built. The company remains family owned and employs over 1200. He has a charismatic personality and possesses interpersonal skills the likes of which I have never seen. In a single day he can fly on the company jet to give a didactic lecture to hundreds in his industry, return home, hop on his Harley and ride to a biker's bar where he will be everyone's new best friend. His adeptness and ease in any social and/or business environment, whether being interviewed on national news or having dinner with a member of Congress, is remarkable.

But it is his incredible business acumen that has made him. He has a huge brain for business that is always clicked in 'on' mode. Whether in a car dealership, his doctor's office, a hotel, department store, a pet store, or a pizzeria (or any restaurant, for that matter—he owns and operates six of them as a hobby—all successful), his Midas-

touch brain is unconsciously running real-time profit/loss analysis on everything in his surroundings—all the while entertaining you and all others within earshot. At dinner in a restaurant he can point out who is making money for the business and who is losing it, why and where the menu needs changing, how the ceiling should be modified to improve the acoustics, and then he will laughingly point out that the bartender is giving free drinks to female patrons, pocketing cash and guzzling the Maker's Mark. And you thought you were having dinner!

So my buddy is a genius and can analyze any business or industry. Or so I thought. But one industry completely confounds him: our industry. In his words, "I can't get my mind wrapped around healthcare. There are too many factors, too many players, it is much too complex for me to even begin to understand—even on a local level." And believe me, he is highly motivated to grasp the financial underpinnings of healthcare—his company spends millions in insuring its employees.

So what is so difficult about the healthcare industry?

As doctors we know the answer to that question: EVERYTHING.

First you have the thousands of markets themselves, rural and urban, each with their own unique

economies composed of millions of wealthy, middle class, and indigent peoples with different religious, political and cultural values, healthy and unhealthy lifestyles, all employed or unemployed by hundreds of businesses big and small, some struggling, some thriving. And then there are the pharmaceutical and durable goods industries, the hospitals, hospital administrators, clinics, nurses and oh yes, don't let me forget us—the doctors—all attempting to treat an almost infinite number of diseases in a constantly evolving technological milieu. And then throw in the insurance companies, the government (state and federal) and the eagle-eyed lawyers. Healthcare is 20% of the US economy. It is a monster.

A few years ago the system was frequently described as 'broken.' So the 'folks' decided (or it was decided for them) to have the system 'fixed.'

Enter the 19 trillion dollar-indebt (if that isn't bankrupt—what is?) United States Federal Government.

They will fix it!

Remember, this is the same Federal Government that just a generation ago gave us the infamous Tuskegee Study that ran from 1932 through 1972 (the year I graduated high school). That is the study wherein 600 indigent Black men were longitudinally fol-

lowed to study the 'effects' of untreated syphilis (two thirds had the disease at study inception-- the other third the US Public Health Service provided an appropriate inoculation FREE of charge). Consorts of study participants as well as children (one of whom I performed a corneal transplant on as ophthalmology resident) were never informed that they might have the disease. Many died, and none were allowed treatment with penicillin even after the antibiotic became known as a proven treatment for syphilis. But the government did provide the men with FREE medical care, FREE meals, and FREE burial insurance.

Yes, THAT Government is now in charge of our profession.

So let's look under the hood of the Affordable Care Act (ACA):

The plan is to un-insure the insured and then re-insure the recently un-insured at a higher rate so that the permanently uninsured might become insured, all the while insuring that you could keep your insurance—and your doctor too.

Even I knew it wasn't working too well when one of my patients, an 88 year old lady with advanced glaucoma who rides the bus to my office where she has been a patient for 50 years, came in one day complaining that the nearest glaucoma doctor on her new "plan" was in Columbus (that's Ohio, luckily not Missouri).

So now many of our less fortunate patients find themselves in narrow networks that are run by greedy administrators who make millions of dollars/year—lining their personal pockets with public monies as they grow their ACA plans into adjoining states—while the patients are left high and dry.

And as we doctors know, these plans pay less than break-even for our services.

Driving independent doctors either out-of-business or into employment with entities that answer not to patients but rather to the Federal Government—that is what the ACA is all about. All along the goal was to make healthcare "affordable" for the government, not us.

How and why did we let this happen? As doctors, once we abdicate our sovereignty over patient care, we are no longer doctors. We become agents of the State, or agents of entities that are agents of the State. And believe me, the State cares not whether you live or die. Always remember: sooner or later you too will be a patient.

Not to worry. The system is now really broken and unsustainable. It will take time but our profession will recover. Patients with means will always demand doctors who answer to them and not some government planner. A market will form. But it seems so unfortunate that those who the ACA was ostensibly designed to help are those whom it has harmed the most.

What have we learned?

That central planning of hyper complex systems such as our industry does not work. We will return to a free (albeit regulated) market because our patients will demand it. Demand drives markets—not supply. And, equipped with our knowledge of its heretofore shortcomings, we can and will remake a medical market. Actually we won't "make" it—it will just evolve. That process of market evolution is what is so incredibly beautiful about this country.

To quote the Nobel Prize win-

ning Austrian economist Friedrich Hayak who penned in 1944 his brilliant analysis of Hitler's National Socialism entitled "The Road to Serfdom" (see, Hayak, FA, *The Road to Serfdom*, the University of Chicago Press, 1944):

"It is no exaggeration to say that if we had had to rely on conscious central planning for the growth of our industrial system, it would never have reached the degree of differentiation, complexity and flexibility it has attained. Compared with this method (regulated competitive free market competition) of solving the economic problem by means of decentralization plus automatic coordination, the more obvious method of central direction is incredibly clumsy, primitive, and limited in scope. That the division of labor has reached the extent which makes modern civilization possible we owe to the fact that it did not have to be consciously created but that man tumbled on a method by which the division of labor could be extended far beyond the limits within which it could have been planned. Any further growth of its complexity, therefore, far from making central direction more necessary, makes it more important than ever that we should use a technique which does not depend on conscious control."

Considering the subject of Hayak's treatise, we should heed also the words of one of his contemporaries, George Santayana:

"Those who cannot remember the past are condemned to repeat it."

Yes, it is in our best interest to exit with all due dispatch this path others have chosen for us. And we must lead the way.

Activity Abounds!

by Margaret Rodeghero

As the MCMA Alliance begins its 68th year, a new year has begun and all of you have once again, by your unselfish giving to others and in being kind, are living out the Christmas spirit every day. As we look back on last year, and the beginning of this year, we have so much to be thankful for. Especially to be part of an organization that strives to make our community better and healthier.

First, we look back to our October program, "Film Dayton" which was held at the Presidential center. Our speaker enlightened us as to the growth of the film industry in our community and how they are constantly seeking creative ideas for National Film Companies to shoot here. In December, the Holiday luncheon was

held at the Moraine Country Club. This program is offered in support of the Domestic Violence Center. All attendees brought items for the shelter and also supported the Silent Auction. \$1300 was raised for the shelter. Linda Menz, Director of Dividend and Corporate Giving was present and asked us to accept their deepest thanks for making a significant difference in the lives of thousands of women, teens, and children in Montgomery and Preble counties.

The Holiday Sharing Card produced \$9,415 this year for scholarships in the medical fields. What a way to end 2015. Thank you to everyone for your continued support.

Looking to the 2016 year, we



2016 Alliance Co-Presidents:
Shirley Nicholson and
Kanna Muthiah

have a special program scheduled in February at the Centerville Library, where featured speaker Debbie Dackins will make a special presentation on Mary Todd Lincoln.

And as winter now envelops us, we cannot forget that many of our less fortunate neighbors are food challenged. Our Empty Bowls fundraiser reminds all of us of the need to support our local food banks. Several Alliance members toured the food Bank earlier in November. The Food Bank welcomes anyone who would like to see first-hand what your donations are doing. One in seven children go to bed hungry every night in Dayton. Let's change that statistic. We Can Make A Difference!



Touring the Food Bank: Kanna Muthiah, Manju Gupta, Sara Rich, Diana Gilliotte, and Connie Kaminski

Enjoying the Holiday Gala With Friends!



Rosemary Clark, Phyllis Worthman and Julia Batata



Pat Templeton and her grand-daughter, Jackie



Robbin Russell, Maureen Moser and Angela Dunaway



Linda Menz, Executive Director, Domestic Violence Center
and Margaret Rodeghero, with Suzie Reiling and JoAnne Reiling
looking on

Physicians Recently Welcomed into Active MCMS Membership

M. SOHEL AHMED, M.D. (Shireen Khan, MD)

Neurology

Ofc: The Clinical Neuroscience Institute
30 E. Apple Street Ste 5254 -409
208-4200 FAX: 208-2678

Res: 2835 Ashcroft Drive Bvck - 431
UL

SRTR Government Medical College, India - 2003

(A)MVH (P)GSH

IMAD S. BASHA, M.D. (Najwa Haroun)

Pulmonary Critical Care

Ofc: Dayton Respiratory Center
9001 North Main Street Ste A - 415
832-0990 FAX: 832-7323

Res: 10074 Edgerton Drive, Miamisburg-342
266-5775

Damascus University School of Medicine, Syria - 1981

(A)KMC (A)GVH (A)SVH (A)GSH LIFE Kindred

ELAINE FOGLE, M.D. (Ryan)

Family Medicine

Ofc: CenterMed Family Practice
220 E. Spring Valley Road -458
436-3117 FAX: 436-0730

WSU Boonshoft School of Medicine - 2015

(A)KMC (A)SYC

MCMS Answering Service DID#: 463-1595

AYMAN GHONIEM, M.D. (Marie Ghoniem MD)

Radiology – Interventional Radiology

Ofc: Medical Radiologists Inc
1563 E. Dorothy Lane Ste 204 - 429
641-8788 FAX:-8789

Res: 3593 Village Green Drive – 414
812-320-7229

Alexandria University School of Medicine, Egypt - 1990

(A)GSH KINDRED

SUSAN GRANDHI, M.D.

Internal Medicine

Ofc: South Dayton Acute Care Consultants
33 West Rahn Road – 429
433-8990 FAX: 433-8691

Ambedkar Medical College - 1989

(A)KMC LIFE SOIN SYC

CHARLES W. HALL, JR. M.D.

Neurology

Ofc: The Clinical Neuroscience Institute
30 E. Apple Street Ste 5254 -409
208-4200 FAX: 208-2678

Res: 4800 Centerwood Ct
Hilliard OH 43026
614-202-4086

University of Cincinnati College of Medicine - 2000

(A)MVH (P)GSH

GABRIEL JOE HAYS, D.O.

Internal Medicine

Ofc: Pulmonary & Critical Care Consultants
1520 South Main Street #2 - 409
461-5815 FAX: 461-2896

Edward Via Virginia College of Osteopathic Medicine - 2009

(A)MVH

MCMS Answering Service DID#: 463-1589

KALI HOLLINGSWORTH, D.O.

Family Medicine – Sports Medicine

Ofc: Greystone Family Care
6438 Wilmington Pike Ste 100 -305
558-3840 FAX: 558-3844

Res: 5581 Cobblegate Drive – 449
248-321-7867

Lake Erie College of Osteopathic Medicine, Florida - 2009

(A)KMC

MCMS Answering Service DID#: 463-1656

TIMOTHY J. JENKINS, M.D. (Jacki)

Radiology

Ofc: Medical Radiologists, Inc
1563 E Dorothy Lane Ste 204 - 429
296-0253 FAX: 293-3183

Res: 1290 Mistymeadow Lane, Cincinnati - 45320
513-233-0212

University of Wisconsin Medical School - 1990

(A)MVH (A)GSH Kindred

JENNIFER JERELE, M.D.

Orthopedic Surgery - Trauma

Ofc: Bone & Joint Surgeons Inc.
9000 N Main Street Ste 303 -415
836-3118 FAX: 832-5588

Res: 814 Harman Ave - 419
937-478-2046

Loma Linda University - 2009

(A)MVH (A)GSH (A)KMC SOIN ATRIUM

MCMS Answering Service DID#: 463- 1753

V. JOSEPH KARNITIS, M.D. (Sue Karnitis, MD)

Obstetrics & Gynecology

Ofc: Kettering Reproductive Medicine
3533 Southern Blvd Ste 4100 - 429
395-8444 FAX: 395-8450

Res: 5178 Scarsdale Drive – 440
419-250-0041

The Ohio State University College of Medicine - 1987

(A)KMC

MCMS Answering Service DID#: 463-1728

HYUNGKOO KIM, M.D.

Internal Medicine

Ofc: South Dayton Acute Care Consultants
33 West Rahn Road – 429
433-8990 FAX: 433-8691

Loma Linda University School of Medicine - 2010

(A)KMC LIFE SYC

NIVEDITA MANKOTIA, M.D.
Internal Medicine
Ofc: The Clinical Neuroscience Institute
30 E Apple Street #5254 - 409
208-4200 FAX: 208-4205
Nilratan Sircar Medical College, Univ of Calcutta - 2001
(A)MVH

W. BRIAN NEWMAN, D.O. (Carol)
Obstetrics & Gynecology
Ofc: Women's Health Specialists and Midwives of Dayton
900 South Dixie Drive #40 -377
890-6644 FAX: 890-1726
Res: 230 Haver Road – 319
707-718-6893
University of New England College of Medicine – 2000
(A)MVH
MCMS Answering Service DID#:463-1653

HERBERT B. NEWTON, M.D. (Cindy)
Neurology
Ofc: Kettering Physicians Network
3535 Southern Blvd Ste 5200 - 429
395-8043 FAX: 395-8139
Res: 5953 Trafalgar Ct, Dublin – 43016
614-210-0415
State University of New York, Buffalo - 1984
(A)KMC

MERCEDES PALMISANO, M.D.
Obstetrics & Gynecology
Ofc: Miami Valley Women's Health
1 Wyoming Street Ste 4140 - 45409
208-4110 FAX: 208-6260
Res: 1440 Beaushire Cir - 459
UL
WSU Boonshoft School of Medicine - 2011
(A)MVH
MCMS Answering Service DID#: 463- 1667

SYLVIA PARKS, M.D. (Yousef Ghalib)
Pediatrics
Ofc: South Dayton Pediatrics
617 Shroyer Road – 419
296-1126 FAX: 296-1728
Res: 4413 Williamspoa Drive, Bvck - 430
702-9278
Ross University School of Medicine- 2012
(A)KMC
MCMS Answering Service DID#: 463-1763

JONATHAN G. POPE, M.D. (Constance)
Infectious Diseases
Ofc: Premier Infectious Diseases
1222 S. Patterson Blvd Ste 120 - 402
208-8885
Res: 2736 Fairmont Ave – 419
UL
Northwestern University College of Medicine - 1998
(A)MVH (A)GSH Kindred

RADHIKA RAJSHEKER, M.D.
Internal Medicine
Ofc: Dayton Physicians LLC
235 N Breiel Blvd, Middletown - 45042
513-423-0504 FAX: 513-423-9536
Res: 5669 Brentwood Drive, Mason - 45040
513-445-3840
Kakatiya Medical College, India - 2003
(P) MVH GSH ATRIUM KMC
MCMS Answering Service DID#: 463-1728

ANNE K. REDDINGTON, D.O.
Internal Medicine - Hospitalist
Ofc: 1222 Cumberland Ave – 406
602-0121
Res: 1222 Cumberland Ave – 406
938-8581
Ohio University College of Osteopathic Medicine - 1991
(A)KMC KINDRED, HEALTHSOUTH, LIFECARE, RIVERVIEW

HEMANT SHAH, M.D. (Anjana, MD)
Pulmonary Critical Care – Sleep Medicine
Ofc: Pulmonary Medicine of Dayton
4000 Miamisburg-Centerville Rd Ste 450
Miamisburg – 45342
439-3600 FAX: 439-3786
Res: 10607 Chestnut Hill Ln - 458
885-1882
GS Medical College, University of Bombay- 1985
(A)MVH (A)KMC (A)SYC

H. NICHOLAS SHAMMA, M.D.
Anatomic/Clinical Pathology - Dermatopathology
Ofc: American Dermatopathology Laboratory
210A E. Spring Valley Road - 458
412-4230 FAX: 488-0542
Res: 10888 Waterbury Ridge Lane - 458
886-0876
American University of Beirut, Lebanon - 1990
(A)GVH

JUAN TORRES-REVERON, M.D.
Neurosurgery
Ofc: The Clinical Neuroscience Institute
30 E Apple Street #5254 - 409
208-4200 FAX: 208-4205
Res: 57 Magnolia Lane Apt 3312, Bvck - 440
203-506-3384
Baylor College of Medicine - 2007

LINDSAY WARDLE, D.O.
Obstetrics & Gynecology
Ofc: Advanced Women's Healthcare
3535 Pentagon Blvd Ste 220, Bvck - 431
429-7350 FAX: 431-2623
Res: 806 Vernis Drive, Bvck - 434
330-806-9456
Ohio University College of Osteopathic Medicine - 2011
(A)KMC SOIN
MCMS Answering Service DID#: 463-1556

SAMANTHA L. WIEGAND, M.D. (Robb Wiegand MD)
Obstetrics & Gynecology
Ofc: Perinatal Partners
One Wyoming Street – Berry Ground Floor - 409
208-2516 FAX: 208-6124
Wright State Boonshoft School of Medicine - 2003
(A)MVH
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