

DAYTON MEDICINE

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Gary LeRoy, MD

*MCMS Congratulates Gary LeRoy, MD
President-Elect of the
American Academy of Family Physicians*

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MCMS is for YOU!

by William Michael McCullough, Jr., M.D., MBA, FACOG



In the summer of 1849, our MCMS was founded through physician collaboration in response to a devastating national cholera epidemic that was killing about 15 to 20 Dayton area residents per day. Equivalent ratios in 2018 would indicate a catastrophic loss of about 15,000 souls every single sunset. What an unimaginable nightmare!

Today, located near the “ground zero” of our nation’s opioid crisis, Dayton area physicians are once again called to action to supply collaborative leadership during difficult times. Working together, local community resources, law enforcement, and physician-led care teams have all been more successful finding productive pathways. We are winning some battles by addressing specific components of our opioid crisis. However, there is still much work to be done, if we are to have more encouraging changes.

My inaugural address this past January emphasized professionalism, collaborative healthcare, and finding your sense of purpose to reduce burnout. My tenure has moved quickly, characterized by balancing a robust clinical and administrative schedule. Personally, most weeks are blended with direct patient care and population health management in fairly equal parts. Making the lives of people better surely ignites my internal

flame, be it either an individual candle one, at a time, or a large autumn bonfire from which many can derive warmth. Proudly passing the gavel to Dr. Jeffery Studebaker this January will continue our chain of strong advocacy for Dayton area physicians. Moreover, Dr. Studebaker distinctively emits a dedication to great patient care and sports a winsome talent for leading physician advocacy.

The complexity of healthcare alone has the propensity to drive doctors towards the fringes of burn-out. Collaboration in healthcare is no longer an option. It’s a fundamental truth. For example, care management strategy at my hospital system has developed operational methods to connect the dots for care resources to better serve our high risk populations while improving physician quality metrics. By allowing docs to be docs—and not pharmacists, social workers, or transportation gurus—we seek more efficient care for our patients with far less aggravation and office expense for our doctors. Working together these teams can and do make a fundamental difference for our patients.

Physician burnout has been at the forefront of concerns for our physicians’ wellbeing. Clearly having our doctors just “work harder” won’t work anymore. Moreover

it isn’t morally right or fair. Past MCMS president and now current OSMA president Evangeline Andarsio, MD, said, “The reason we should care about burnout is because it has the potential for serious consequences on the quality of patient care and safety, patient satisfaction, professionalism, physician’s own care and safety, and the viability of our health care system.”

Be mindful, “You can’t give what you ain’t got” - a heartfelt expression that national speaker, Dike Drummond, MD, emphasized to my own medical network. He also spoke about several root causes of burn-out such as residency conditioning and evolving workaholic habits. I found the process of developing your own personal “perfect job description” to be a very fascinating exercise, one that seems to be a prudent way to help return joy to medical practice. Organizational strategy that allows doctors to practice more autonomously and drive much of the clinical quality leadership are attributes which also resonated generously among physicians. Let’s all take a deep squeegee breath and embrace what we do!

With MCMS’s firm commitment to advocacy and education, many resources are accessible providing improved system approaches. And these methods facilitate a more suitable practice steeped with aspects

of better life balance. An understandably challenging task, given the recent times of rapid changes in value-based care contracting. Nevertheless, physicians should always approach their patients with a meaningfully mending spirit engrossed with a love of our sacred mission to serve.

Professional doctors must stay faithful to our obligations. Gratefully, organized medicine continues to relentlessly advocate on our behalf. Clearly there is no time more important than now, considering that the house of medicine is under challenges from the forces derived at the intersection of governmental regulation, insurance company intrusion, and market forces.

Our steadfast determination marches forward. Working together as one, our voice echoes ever louder, advocating for more sustainable care models immersed in high quality and better physician satisfaction. I strongly urge you to participate in all levels of organized medicine, especially within your own community. Physicians are leaders and physicians active in MCMS are leaders of leaders!

Together we will find ways to improve opioid prevention and treatment strategies.

Together we will promote and protect physician professionalism.

Together we advocate for our patients to have affordable access to quality healthcare.

Together we encourage our physicians to develop and embrace meaningfulness of service.

Working together we are stronger and more able to leverage healthcare into a brighter future.

PLAN TO ATTEND

MCMS Annual Meeting

Saturday, January 12, 2019

6:30 PM - Marriott /UD Hotel

with

***Inauguration Ceremonies
of***

***Jeffrey B. Studebaker, M.D.
as 170th President***

Cocktails and Hors d'oeuvres at 6:30PM

Dinner and Program to Follow

****Also****

***Come and Celebrate the Recipients of
2018 OSMA Fifty-Year Award:***

Pani Akuthota, MD

James Binski, MD

John Bullock, MD

Richard Cammerer, MD

Robert Goldenberg, MD

Charles Goodwin, MD

James Graham, MD

Sammy Hamway, MD

Edward Jacobs, MD

Javad Kardan, MD

Maria Lim-Kong, MD

James Linta, MD

Henry Maimon, MD

Homayoun Mesghali, MD

Mohammad Motekallem, MD

Cyrus Rahimi, MD

Thomas Rau, MD

Edward Sachs III, MD

Mahesh Shah, MD

Lee Steinfurth, MD



A Current Legislative and OSMA Activity Update

by Lisa B. Egbert, M.D.

It's hard to believe that Fall is here and the end of 2018 just around the corner. Your Ohio State Medical Association has been hard at work on your behalf, as always. Below are some updates on our key areas of activity (updated 9/13/2018).

Legislative and Policy Updates

Scope of Practice Issue

- HB 726 was introduced in August 2018.
- Bill aims to allow APRNs to have independent practice authority.
- OSMA opposes the bill in the interest of patient safety and quality healthcare.
- The OSMA continues to believe that APRN'S play a vital role on medical teams but that authority and oversight for those teams must lie with a physician.
- A similar bill was brought two years ago and was rejected.

Medical Marijuana

- Ohio's law was scheduled to begin distribution on Sept. 8, 2018, but it is delayed.
- State regulators were slow to award contracts to companies

to grow the plant, which triggered the delay.

- The program is not expected to be fully operational until first quarter 2019.
- Thru the end of September, 293 physicians had earned a certificate to recommend medical marijuana.
- More information at osma.org/marijuana.
- OSMA policy opposes medical marijuana but the association is committed to providing information and education about the law so that physicians who choose to recommend the drug for patients are able to do so while complying with the law.

Telemedicine

- House Bill 546 is a telemedicine bill supported by the OSMA and other physician associations.
- This bill would require health benefit plans to pay coverage for telemedicine services on the same basis as it would for in-person services.
- It would prevent plans from excluding telemedicine services from coverage and

prohibit insurers from imposing annual or lifetime benefit maximums.

- The bill would have to be approved before the end of this calendar year. If it is, new provisions would begin January 2019.

Education

Professional Development Opportunities

- The OSMA continues to provide high quality professional development and training opportunities for physicians and their staffs.
- In October, the OSMA will hold policy and payer reimbursement updates in Toledo, Canton, Columbus and Cincinnati.
- Coding and documentation updates and refresher courses for cardiology, orthopedic, ENT, surgery, and pulmonary care services are available on-demand.
- For more information, visit www.OSMA.org/education.

OSMA Governance

Town Hall Meetings

- In September and October, the OSMA is holding a series of eight Town Hall style meeting discussions with physicians across the state.
- The goal of these meetings is to draw new ideas for how the OSMA can become a more responsive association in its effort to support physicians and organized medicine.
- The OSMA president and CEO will staff each meeting and later bring ideas to the association's House of Delegates for further action.
- For more information visit the Events tab at www.OSMA.org/education.

Election Day – November 6

OSMA Endorsements

- OSMAPAC has chosen to endorse Mike DeWine for Governor for, among other reasons, his commitment to helping to keep and revise Ohio's Medicaid expansion program.
- OSMAPAC has chosen to endorse incumbent Sherrod Brown for U.S. Senate for his ongoing general support of physicians and healthcare.
- Full list of endorsements can be found on the OSMA website, www.OSMA.org.

Montgomery County Medical Society

Nearly 1,000 physician members are represented in the MCMS. MCMS is led by a Board of Directors, elected each year in a ballot election, and also including the physician leaders of local hospital medical staffs. Your Board of Directors meets bi-monthly throughout the year. At the MCMS Annual Dinner Meeting in January, the President is installed and the OSMA 50-Year Awards are presented to those members who have served the medical profession for 50 years. The President typically will also schedule a general membership meeting in the Fall season to bring members and spouses/guests together for a social dinner gathering and to hear a presentation on a topic of interest. As your local arm of organized medicine, MCMS represents your voice where it matters to local community, state and national legislative and business leaders. In conjunction with the Ohio State Medical Association legislative team, physician advocacy on legislative health-care related matters is a high priority.

MCMS is represented by elected physician members who serve as Delegates in the Ohio State Medical Association House of Delegates. These dedicated individuals review and debate a number of resolutions that are brought forth annually on a host of topics related to the profession of medicine and the impact of healthcare regulations on physicians and their patients. All members' input and participation in this activity is welcome and encouraged.

MCMS has fostered physician leadership at the local, state and national levels. Numerous MCMS physicians have served as President of the OSMA, and on various levels of leadership at the American Medical Association and medical specialty organizations. You are well-represented by your very knowledgeable and talented local physician colleagues at all levels of organized medicine.

MCMS serves as a referral base for the community in providing names of physician members to those who are seeking a physician. Additionally, MCMS staff fields numerous calls throughout the year from the general public seeking advice about issues they are experiencing with their health insurance and healthcare providers.

The MCMS Alliance is an organization of physician spouses which supports social and fund-raising events for the benefit of the local community and for the benefit of scholarship funding for medical and nursing education students.

The Perfect MA Solution

by Annette Chavez, M.D.



Regular readers of this publication will know that I have owned my practice for 17 years, and I am still independent. I have always employed nurses in my office as I felt that they were best suited to help me provide excellent care. The RN's were graduates of St. E's or Good Sam or Sinclair, salt-of-the-earth diploma nurses or associate degree nurses. I did employ one excellent LPN, a graduate of the MVCTC program. Almost all of these nurses had previously worked in medical offices and knew their way around this medical setting. But as the years passed, most of my RN's retired, leaving me with one 60+ year old nurse. A few years ago I placed an ad for a replacement nurse and received over 200 resumes. We hired an LPN who was sweet and hardworking and who left after 6 months to obtain more hours and better benefits with a hospital network. So the ad went on the internet again, and the response was...crickets. After a long delay, we received two resumes, unfortunately from candidates who were grammatically challenged. One could not correctly spell the name of her nursing school. I believe that a resume is a window into a person's attention to detail, and if there are mistakes in their resume, then they are likely to make mistakes with my patients.

I felt I was at a crisis point. How was I going to staff my office? If I couldn't find a competent RN or LPN, I knew that the usual standard medical office worker, the medical assistant, was never going to work in my office. I am well aware that most offices employ MA's. I actually worked with them in a former practice. Some are reasonably adequate but I feel that most are lacking in education and training. In my prior practice, an MA made a serious mistake that created a significant liability issue for me. After that incident I decided that I would never again work with MA's.

I have visited the occasional physician office myself as a patient and have found many MA's to be singularly lacking in professionalism and social skills. My patients have commented about their visits to specialists in which the MA stands with her back to them asking questions while she types. Once I saw a physician for an initial visit where the MA asked my history. I started to rattle off the first of a few problems and the MA cut me off after only one. My doctor never learned about the several other important parts of my family history either. Oh well. I figured I would tell my doctor if she needed to know those things. But I am a physician and I know when it is important for my doctor to be informed of these facts. What about all of this

colleague's many other non-doctor patients who were never given the opportunity to offer a complete history? (The fact that an MA is often delegated to obtain a chief complaint, past, social and family history goes against everything I was taught in med school, but that is the topic of another article!)

I was stuck with an office staffing dilemma. Would I actually advertise for an MA to work in my office? It just so happened that last summer I had two fine young premed students from UD working the front desk at my office. One of them, a burly red head named Colin (whom my husband called Colon), mentioned that he was offered a gap-year job as a medical assistant at an outpatient clinic back home. Now that intrigued me. I asked what kind of training he would receive and he had no idea. I did a quick internet search and found an online accelerated MA class for \$700.00. The courses offered locally are much longer in duration. A student in the accelerated program only had to have some prior medical experience, and my office could serve as the clinical training site. The student had to pass the online school's exam and then could sit for the state CMA exam. It just so happened that I had met a sharp young UD premed on my most recent brigade to Nicaragua. She was doing a gap year scribing

at UC hospital in Cincinnati. She was not full time there and was happy to work part time at my office as well.

Sarah started last summer and greatly exceeded all expectations. She learned the job reasonably well in about a month and extremely well two months in. She had not had one day of nursing or med school, yet she was far better than several of my more recent nursing hires. She was smart, dedicated, showed up to every scheduled shift, and learned really quickly. Things that I would normally have to repeat to a new hire several times, she picked up after only one telling. Once she even overheard me saying something to a med student and she put her new knowledge to use the next day. I hadn't even been aware she was in earshot. She became proficient at venipuncture, immunizations, and injections and could anticipate my needs. Dare I say that she was one of the best MA's in this area and did it for only a year! She was always curious about the presenting symptoms and diagnoses and asked the patients extra questions when obtaining their chief complaint. I in turn tried to teach her as much as I could so it would help her in med school. I know that she will make an excellent physician. Since students generally take only one gap year before moving on, I knew that I would only have Sarah for a year. So I asked my other summer hire, Ben, if he knew a rising senior at UD who would be a good fit for my office. He recommended Lauren, whom I met when we travelled on another brigade to Nicaragua. Lauren started part-time at my office in January 2018 and began full-time after her graduation in May.

It is no surprise that Lauren is also a slam-dunk. She is a pro

on phone triage and can perform her job seamlessly. There is a lot to learn (such as the difference between hepatitis surface antigen and antibody), but she is a quick study. Plus she has a bachelor's degree in premed and excellent MCAT scores. She is sharp. My nurse commented on how quickly she picked up on everything. She is sure to be sought after by the med schools back home in Nebraska and in Ohio where she is also applying. She is going to be a doctor and it shows.

The next student in the pipeline is Max. He is a Junior at UD and has been working both the front office and as an MA since the summer. Now I had thought I would only hire young women, but it has worked out fine with Max. I either have one of the female nurse/MA's do EKG's or gluteal injections on female patients or I have a chaperone in the room with Max when he does the procedure. Max is also smart, of course, and was the TA for the freshman chemistry students last year. When he started, he was quite green but he has become quite good at venipuncture as well as the other MA tasks. Of note is that his grandmother was my office nurse in my very first practice. She was of course, a fine St. Elizabeth nursing graduate.

Another young premed emailed me asking for a job and I had no spots available so I referred her to a colleague of mine. Abbey is now president of the Global Brigades chapter at UD and plans a gap year after graduation in May 2019, and she also aced the MCAT. My friend hired Abbey and soon after called me raving about how great she is doing in her office and with the EMR. Don't forget that these students are digital natives.

So take it from me. If you are less than thrilled with the quality of some of your employees, consider hiring a premedical student from UD or Wright State. I also had a WSU student named Joe work in my front office this summer. I met him at Reach Out one night! There are hordes of smart students who are very eager to get experience in the medical world. Many of them are deciding to do gap years. They can work part time while still in school if they are upperclassmen, and then go full-time in the summers and after they graduate. I personally think that their work as an MA is more valuable than if they act as a scribe. They get much more hands-on experience. Also they can find a mentor in you, the doctor. I think it is fun and refreshing to interact with students who are the future of our profession. I have learned all kinds of things from these students! (Like they have no idea who the Beverly Hillbillies are, they don't watch TV, they don't read newspapers, and they can type way faster than me). They are also learning things in college that I didn't study until medical school.

We have a treasure trove of future doctors right here in our community who would love to work for you if you would only give them a chance. People like Sarah, Lauren, Max, Abbey and Joe would fulfill a need in your office, learn from you, and obtain really valuable experience on their road to becoming physicians. There it is, the perfect office staffing solution. If you need more information or a student referral, contact me at achavez676@aol.com. A future colleague would love to hear from you!

We're Making A Difference!

by Jeannie Kupper, Past MCMS and OSMA Alliance President

The Montgomery County Medical Society Alliance (MCMSA) is making a difference as we continue to support the family of medicine and the health of our community. We were very successful with our fundraising efforts in 2017-2018 and because of projects like the Holiday Sharing Card, the Holiday Bazaar, Empty Bowls, and through Memorial Donations, we were able to gift a total of \$45,105.95 from the MCMSA Foundation.

- \$23,000 was awarded as scholarships to 10 medical students and 3 nursing students at Wright State University
- \$8,000 was awarded as scholarships to 8 students at Kettering College
- \$1,779.38 was gifted to the Domestic Violence Shelter at the YWCA
- \$1,500 was donated to the Reach Out program
- \$9,055 was donated to The Food Bank

What a tremendous accomplishment in one year!

Special thanks to our Immediate Past Presidents Connie Kaminski and Beth Salama for their leadership, dedication and hard work this past year!

Our Installation Luncheon was held at The Dayton Racquet Club on May 29th and the 2018-2019 officers were installed. They include

President – Stephanie Clark

President-Elect – Angela Dunaway

Recording Secretary – Pat Templeton

Corresponding Secretary – Jeanie Kupper

Treasurer – Kanna Muthiah

Membership Treasurer – Shirley Nicholson



2018-19 MCMSA President
Stephanie Clark with husband,
Dr. Michael Clark



MCMSA Officers (shown L-R) : Kanna Muthiah, Connie Kaminski, Beth Salama, Stephanie Clark, Shirley Nicholson, Angela Dunaway, and Jeannie Kupper



The Ohio State Medical Association Alliance (OSMAA) held its Annual Fall Focus Meeting at Maumee Bay Lodge and Conference Center on September 12th and 13th. Attending from Montgomery County were Diana Gilliotte and Jeanie Kupper.

OSMAA President Gretchen Dupps planned this wonderful meeting which included several very informative presentations, OSMA Legislative and AMA Alliance updates, a New England Clambake, shopping, and of course a pajama party!



MCMSA held its first event for the 2018-2019 year – an Oktoberfest Luncheon at the Dayton Art Institute on September 21st. A German buffet, live music and a tour of the DAI was enjoyed by all who attended.

MCMSA 2018-2019 Programs

Tuesday, October 9, 2018

11AM

Make a Fall Door Wreath and bring a Pumpkin Dish to share

Tuesday, November 13, 2019

11AM

Cooking Class and Lunch at Dorothy Lane Market

Tuesday, December 4, 2018

11AM

Holiday Luncheon at NCR Country Club, Silent Auction Donations to YWCA Domestic Violence Shelter

Tuesday, January 15, 2019

TBA

Movie and Lunch at The Greene

Tuesday, February 12, 2019

2-4PM

Valentine High Tea at The Patterson Homestead Tour of Homestead

Tuesday, March 12, 2019

TBA

Ukrainian Easter Egg Class at St. Paul's Church

Tuesday, April 9, 2019

11AM

Fresh Bulb and Flower arranging at Grandma's Garden

MAY INSTALLATION

TBA

If you are interested in becoming a member or would like more information about the Montgomery County Medical Society Alliance, please contact Membership Treasurer Shirley Nicholson at (937) 434-8507.



Montgomery County Medical Society
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2018 MCMS Election Results

Congratulations to:

MCMS Second Vice President:

David O. Griffith, MD

MCMS Treasurer:

Evangeline Andarsio, MD

MCMS Secretary:

John Fleishman, MD

MCMS Director at Large:

Margaret Dunn, MD

OSMA Alternate Delegate:

John Corker, MD

OSMA Alternate Delegate:

Gary LeRoy, MD

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