

DAYTON MEDICINE

The Journal of the Montgomery County Medical Society

Volume 73, No. 2

October-November 2017



*Evangeline C. Andarsio, M.D.
President-Elect
Ohio State Medical Association*

PLAN TO ATTEND

***MCMS Annual Meeting
Saturday, January 13, 2018
Dayton Marriott Hotel***

with

***Inauguration Ceremonies
of
William Michael McCullough, Jr., M.D.
as 169th President
Cocktails and Hors d'oeuvres at 6:30PM
Dinner and Program to Follow***

****Also****

***Come and Celebrate the Recipients of
2017 OSMA Fifty-Year Award:
Ramagopala Reddy Avutu, M.D.
Sylvan Eller, M.D.
Parviz Gohari, M.D.
Tae Kim, M.D.
Ronald Loesch, M.D.
Angel Manalo, M.D.
Parimal Nandy, M.D.
Nola Palomino, M.D.
Richard Reiling, M.D.
William Kenneth Rundell, M.D.
Rolando Sineneng, M.D.
Thomas Sorauf, M.D.
Gilbert Templeton, M.D.
Frances Unger, M.D.
John Wiley, M.D.***



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Deepak Kumar, M.D.

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Your Cheerleading Report

by Lisa B. Egbert, M.D.



In my inaugural address, which was reprinted in the last edition of *Dayton Medicine*, I spoke about the role of our leaders in organized medicine as advocates on the members' behalf - in effect, our cheerleaders. Here is an update on what those cheerleaders have been up to recently.

(NOTE: For those of you pressed for time, yes I know you're doctors, please read the second to last paragraph on page 6 for the most time sensitive message.)

On the local level, your Montgomery County Medical Society continues to be one of - if not THE most - financially stable and viable county medical societies in the state. We offer a unique answering service for our members which boasts "live" attendants answering the phone 24/7; no endless loop menus that never seem to end up with a human on the other end! Over 600 members currently utilize this service, and we are always ready for more.

At the state level, your Ohio State Medical Association has been working on many advocacy issues at the state house. The top 10 anticipated issues impacting the practice of medicine in Ohio are (reprinted from the OSMA website):

1. Telemedicine Reimbursement Parity

As a steadfast proponent of telemedicine, the OSMA is seizing upon the opportunity to advance standalone legislation creating telemedicine reimbursement parity this fall session. Telemedicine reimbursement parity would require health insurers to cover telemedicine services to the same extent that they would cover an in-person service. A provision accomplishing this was originally in the House version of the 2018-2019 Ohio Budget bill, but unfortunately it was removed before reaching the Governor's desk. The forthcoming legislative proposal is an OSMA priority this fall. Not only will this legislation ensure proper reimbursement to physicians, it is a valuable opportunity to increase access to critical patient care, particularly for Ohioans in underserved areas.

2. Maintenance of Certification

HB 273, recently introduced in the Ohio House, would prohibit a physician from being required to secure a maintenance of certification (MOC) as a condition of obtaining: Medical licensure; Reimbursement; Employment; or, Admitting/surgical privileges at a hospital or health care facility. The OSMA anticipates that

HB 273 will generate a significant amount of interest and activity in the coming months. The Advocacy team will inform members of our official position and of any developments on the bill once the physician legislative task force meets to decide upon the OSMA's position this month.

3. Price Transparency

The August hearing on the lawsuit against the State of Ohio, filed by the Ohio State Medical Association (OSMA) and the Ohio Hospital Association (OHA), has been postponed (previously anticipated for the end of September but at time of this article again postponed to a time uncertain). The lawsuit halted a flawed price transparency statute, which was inserted into an unrelated bill without any stakeholder or public hearings. The lawsuit was initially filed in December of 2016, which delayed the law's January 1, 2017 effective date. It would have been impossible for Ohio physicians to comply with this law's vague mandates. The OSMA will continue to advocate for a better solution as we move into the next phase of this lawsuit. In addition, we will continue dialogue with lawmakers, other associations, and other interested parties to create an Ohio price transparency law that benefits everyone.

4. Prescriptive Authority – Psychologists

HB 326 would authorize certain psychologists to prescribe psychotropic drugs for the treatment of drug addiction and mental illnesses. An alliance of groups in the medical community raised concerns when the prior version of this bill was introduced in the last General Assembly, stating that psychologists do not possess the proper medical training and education to prescribe drugs to patients. The bill mandates pharmacological training for psychologists interested in prescribing. The OSMA, the Ohio Academy of Family Physicians, and the Ohio Psychiatric Physicians Association stressed that the knowledge and experience of a licensed physician are vastly different than those of a psychologist. The educational requirements of this bill are inadequate. The OSMA will remain firm in our stance against this legislative effort and will continue to advocate for physician-led, team-based patient care.

5. Independent Practice & Prescriptive Authority – CRNAs

HB 191 would grant certified registered nurse anesthetists (CRNAs) independent practice authority and prescriptive authority. Last General Assembly, a coalition of medical groups fought against the previous version of this legislation. Not only was this push back driven by serious concerns about patient safety, but under the physician anesthesiologist-led anesthesia care team model, the OSMA and allied state medical associations emphasized that there is no patient care need

for this change. In the fall session, we will continue to oppose this legislation and stress that physician anesthetists should remain the leaders of the care team.

6. Tort Reform

HB 7, known as the Medical Malpractice Litigation Improvements Act, will continue to be a major priority during the fall session. The bill has had several hearings in the Ohio House. The OSMA hopes to strengthen and fill loopholes in the existing tort reform statute, which has resulted in 10 years of declining and stable medical liability insurance rates in our state. HB 7 includes 10 provisions which bolster current protections with enhancements such as amending the “apology statute,” reducing “shotgun lawsuits,” and abrogating the “Loss of Chance” theory. To help the OSMA build momentum for HB 7, visit the OSMA Advocacy Action Center and tell your legislators that Ohio physicians need these protections!

7. Diagnosing Medical Conditions & Ordering of Imaging/Tests – Physical Therapists

This fall, we will sound off against a piece of legislation that is once again vying to grant physical therapists (PTs) the legal authority to diagnose a patient’s medical conditions as well as order medical tests and imaging. During the last General Assembly, we worked tirelessly against this legislation to assert that a physical therapist does not have the proper education and training to diagnose medical conditions. HB 131 would allow PTs to order

tests and imaging which could be duplicative, unnecessary and costly.

8. Compounding

In the coming months, the OSMA hopes to work with the Ohio State Board of Pharmacy (OSBOP) to revise the current regulations on physicians who are compounding in-office. The current rules and regulations are overly burdensome and cause patient care delays.

9. One-Bite

Earlier this year, the Ohio House passed House Bill 145, a bill which requires the State Medical Board of Ohio to establish the “One-Bite” substance use disorder treatment program for health care practitioners. The bill comes as the result of months of meetings between the Medical Board, medical associations, and other health care organizations after a proposed change was announced that would require mandatory reporting to the Board to determine the practitioner’s eligibility for the program. The OSMA acted to defend the anonymity of One-Bite, believing that threatening its anonymous nature could force physicians who want help to avoid seeking treatment for fear of being publicly exposed and harming their careers. In turn, there would also be a risk of negative impact upon patient care. Ultimately, HB 145 revises current law to maintain confidentiality and clarifies the eligibility requirements for participation in One-Bite. The OSMA will continue to support the bill in the Senate this fall.

(Continued on Page 6)

Cheerleader..(Continued From Page 5)

10. Medicaid Reimbursement Rates (note the following includes recent updates to your OSMA council in addition to the information found on the website)

The final 2018-2019 state budget included 5% cuts for reimbursement codes for imaging, radiology, and pathology, despite push back from the medical community. A provision in the budget requires certain neonatal services to be equal to 75% of Medicare, but the impact of any increase must be revenue neutral in the Medicaid program.

Furthermore, the Medicaid department reports that it believes that the current appropriation for the entire Medicaid program includes a shortfall of approximately \$1.3 Billion. According to the Kasich Administration this shortfall, \$450 million dollars (state share), was a result of House/Senate assumed budget savings from hospital and nursing home rate reductions that ultimately were unrealized. As a result of this projected shortfall, the OSMA was told this could necessitate a 5 to 7% across-the-board cut in Medicaid provider rates, including the physician fee schedule. Over the last few months, Medicaid has worked with potentially impacted providers, including the OSMA, to develop a proposal to close the Medicaid funding gap. Fortunately, the OSMA has just learned that the Medicaid physician fee schedule will not be impacted by the Administration's proposal to close this funding gap. Instead,

to avoid the shortfall, the Kasich Administration will implement a 5% cut to hospital inpatient/outpatient services, will increase the Medicaid Managed Care Organization(MCO) withhold by 2% and synchronize the Medicaid FFS/MCO payment schedule. Additionally, nursing homes will not receive their legislatively approved rate increases as Governor Kasich vetoed that language from the budget.

In addition, the Administration has proposed to partially continue the Comprehensive Primary Care (CPC) pilot program (\$106M over two years). The program will continue for existing participants and others that meet the initial qualifications (more than 5,000 Medicaid patients and national certification) but at this point won't be expanded to smaller practices. This was a priority issue of the OSMA during the budget deliberations in the legislature.

At the national level, your American Medical Association continues to work on your behalf to reduce the regulatory burden on physicians, to ensure adequate, cost-effective insurance coverage for all patients; in short "to promote the art and science of medicine and the betterment of public health." While the details behind this lofty mission statement are too many and varied to encapsulate quickly here, I do want to touch on perhaps the most important and time sensitive item. As I'm sure most of you are aware, the implementation of the Medicare Access and CHIP Reauthorization Act of 2015, MACRA, officially began in 2017.

URGENT!!!: in order to avoid a potential 4% penalty in 2019, all qualifying Medicare providers must report on at least one measure on one patient before the end of this year. To learn how to do this, the AMA has created a step by step video instruction that is available on their website ([https://www.ama-assn.org/qpp-reporting#One Patient, One Measure, No Penalty](https://www.ama-assn.org/qpp-reporting#One_Patient,_One_Measure,_No_Penalty)). Allow me to reiterate, if you do not meet the low volume threshold (clinicians who bill less than or equal to \$30,000 in Medicare Part B allowed charges OR provide care for 100 or fewer Part B-enrolled Medicare beneficiaries in a designated period) or are a part of a qualifying APM (Alternative Payment Model), you **MUST** report the one measure for one patient to **AVOID A 4 % PENALTY!**

That's your quick, well maybe not so quick, update from your cheerleaders. As always, thanks for your ongoing support through your membership. Please feel free to join the cheer team if you feel so inclined; we're always looking for enthusiastic new members for our squad!

*2010 sq ft
Medical Office with basement
in Clayton, Ohio.
Located at the corner of
Garber Road and N. Main St.
directly across from
Good Samaritan North.
Currently set up with
2 private doctors offices,
4 exam rooms,
large front desk area,
lab area, 2 bathrooms and a
kitchen/ break room.
Call or text information to Todd
@ 937-344-0550*

Running With The Little Dogs

by Annette Chavez, M.D.



I graduated from the University of Dayton in 1981. Today's UD premeds are certainly young enough to be my children and I can foresee a time when they will find me completely irrelevant, if that has not happened already. I have enjoyed trying to influence these future physicians for a number of years now, with my ulterior motive that of trying to convince them that family medicine is a cool specialty. Most of them have never even entertained that thought and indeed often fantasize about their lives as radiologists or surgeons or heaven help us, MD/PhD's. They start working in the fruit fly lab and think that family medicine is so passe. I have even had students shadow me in the office and proclaim that they will specialize in something much more meaningful and exciting than this outpatient stuff. I figure I have lost those people to the ED or the OR anyway. Fine, you guys can have them. But I actually had a med student just this year say that her rotation with me had convinced her that family medicine was the path for her! I think I felt the earth's crust shift just a little that day. And she was indeed a former Flyer.

Back in the waning days of the great St Elizabeth Family Medicine Residency program, the OB attending, Dr. Percy Frasier, had

a favorite admonition to the residents. He told them that they were real doctors now, and were "running with the Big Dogs". I consider my time with the premeds as running with puppies. They are so young and eager and unspoiled by the rigors of medical training. Over the years, I have had some rather interesting experiences with undergraduate Flyers. A most memorable time was when I traveled to Honduras with 16 students and their premed advisor, a Microbiology professor. We stayed at a clinic run by the University of Cincinnati Family Medicine Department and provided medical care to some villages during the day. At night, the UC 5th-year FM/Psych resident and I alternated being on call for deliveries. Did not know I had signed up for that! The premeds were fascinated by patients with the most trivial of issues during our daytime clinics, and all of them wanted to see a baby born. About midweek, a 16 year old gravida 2 para 1 arrived when I was on call. I asked the resident and our two "on call" premeds to assist as it had been, oh, maybe 20 years since I had delivered a baby. We were told to let the patient follow cultural norms, which meant letting the girl squat on the floor to deliver her baby. Big mistake. There was no opportu-

nity for me to control the baby's head and the young mom tore a third-degree laceration. Immediately after the delivery, I left the patient briefly to attend to the baby. Caring for the new infant, assigning Apgars and signing the birth certificate gave me that old familiar charge of excitement as it always had. I loved delivering babies when I was a resident. I walked the premeds Annie and Gabby through a basic neonatal exam and explained everything to them. Next was the delivery of the placenta and the repair of the vaginal laceration. I asked Laurie the resident if she wanted to sew up the patient and she informed me that she had never repaired a third degree and maybe I had better do it. Uh oh. Twenty-some years is a long time to remember how to do a procedure. I went to the supply room with the students in tow in search of lidocaine and suture and drapes. I searched for two Allis forceps and miraculously located them, only to have one fall out of the unsealed package onto the floor. Drat. I could not find another sterile one and so had to settle for a towel clip.

I tried to conceal my worry from Laurie, Annie and Gabby but anxiously took a few minutes to visualize the procedure in my head and called upon God to remind

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me “what would Dr. Rahimi do?” (Cyrus Rahimi had been my OB attending). I used the Allis and the towel clip, found the retracted rectal sphincter on each side and sewed a figure-of-eight stitch. Then I sewed up the vagina, finishing with the subcuticular stitch on the perineum, all the while battling rivers of blood obscuring my field. Later I realized that I had forgotten to put a lap sponge in the vagina to tamp the blood while I sewed. It wasn't my best effort ever but I think it was a reasonable repair. Laurie first-assisted, the patient was a trooper, and the premeds were MIA. I figured that they had gotten tired and returned to bed. Too bad. They missed an interesting procedure. I should mention that the room was not air-conditioned and Laurie and I were both drenched with sweat. We cleaned up the room and the patient and let her nurse her baby. Laurie and I then walked out into the hallway only to find Annie and Gabby lying prostrate on the floor, diaphoretic and pale. They quickly exclaimed “There was so much blood! We couldn't watch any more! We thought we were going to pass out!” Later Laurie and I nearly split our guts laughing about their reactions. Yes, the little pups were still tender and vulnerable. A recent internet search surprised me to discover that Annie is, amazingly enough, a family medicine resident at UC! Not sure if I or that third-world delivery had anything to do with her career choice.

I have accompanied UD premed students on five other medical brigades to Central America. The numbers of students on these

trips has grown significantly, up to 60 students plus the premed advisor and 3 other doctors. I have come to greatly enjoy the trips for my interactions with the students as much as the medical care we provide. We have endless discussions about the MCAT, their GPA, MD vs DO schools, courses they are taking, doctors they have shadowed, etc. I have learned that to current students, premed can mean anything from pre-PA school to pre-pharmacy to pre BSN/NP as well as actual pre-medicine. It costs money to apply to medical schools, and they all apply to many of them. I can recall only applying to 6 and I don't remember paying anything for the privilege! Not many students seem to get multiple acceptances any more and the competition seems intense. Back in the Neolithic of the 80's, there were about 7 of my UD classmates in my Ohio State University College of Medicine class, and most of the rest attended UC, WSU and Toledo out of a class of 17 accepted students. This academic year saw only 1 UD grad at Wright State, 3 at UC, 6 at Toledo and none at OSU from a class of 44 accepted students. There is also a trend of Ohio allopathic schools accepting many less in-state residents. There have been large shifts of UD students admitted to osteopathic schools, which have always been welcoming to Flyers but now even more so.

Other differences from my college days are that now there are a significant number of students doing actual research, unlike me who was a glorified dishwasher (and breaker) of lab glassware. I have met several students who

think they want to pursue research and tell me that med schools are focused on that. Now I am certainly a fan of medical research, but I wonder who will see all of the patients if everyone is conducting research? I believe that the looming physician shortage necessitates that most students should anticipate that they will spend their lives delivering patient care.

On recent brigades I have shared stories of my life in family medicine to give the students an idea of the possibilities in my specialty. We have had entire conversations about rashes, tumors, resistant bacterial infections, and different types of emboli. When we are still in the US and their phones are operable, I tell them about bizarre medical happenings like misplaced NG tubes. Within seconds they have found internet examples of xrays showing NG tubes coiled neatly in someone's brain. That certainly gets a reaction. On brigades I have taught the students how to tie surgical knots using yarn as suture material. They ask about the surgeries that would require those knots and how often they are used. They ask me questions about what they have learned in their classes and often it surprises me that they know things that I never learned until medical school. They bring up basic science topics that I never learned at all so I have to let them know that whatever they are talking about wasn't discovered in the 70's. If they have parents who are physicians, I ask them if their mother or father know that stuff and they say no. Makes me feel slightly less out of touch.

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Congratulations to Evangeline C. Andarsio, M.D., OSMA President-Elect

MCMS congratulates Evangeline C. Andarsio, M.D., as she became the President-Elect of the Ohio State Medical Association. She will assume her role as OSMA President in April 2018.

Dr. Andarsio perhaps best came into the view of local medical leadership in 2002, when in the midst of the national medical liability crisis that was especially engulfing Ohio, she became the recognized spokesperson at both local and statewide physician rallies to raise awareness of that issue. Well-known for her many leadership activities in our local Montgomery County community since that time, Dr. Andarsio served as President of the MCMS

in 2010, and is currently an active member of the Board serving as Treasurer. She led the MCMS Affordable Care Act Taskforce in 2013. She served as the OSMA District Two Councilor from 2011 to 2017, and as an MCMS representative to the OSMA House of Delegates from 1997-2017. She also served as an Ohio representative to the AMA House of Delegates from 2009 to 2016.

A graduate of Wright State University School of Medicine in 1984, she completed residency training in both Family Practice and Obstetrics and Gynecology, opting to pursue her professional career in private practice as an OB/GYN.

Dr. Andarsio retired from her clinical medical practice after 25 years, and is currently the Director of the National Healer's Art Program, The Remen Institute for the Study of Health and Illness (RISHI) at WSU Boonshoft School of Medicine, where she facilitates a Finding Meaning in Medicine program for physicians and medical students, as well as serving as Co-Director of the Healer's Art Course and Chair of the Annual Medicine-Spirituality Conference. She never ceases to champion the needs of physicians and works to ensure physician well-being and resiliency in the midst of the many challenges facing the profession today.

One of the new trends that I have observed the premeds following is taking a gap year so they have more time to study for the MCAT and can take it later. They all take a practice MCAT just before the actual test, and of course most take the expensive prep class. Sounds really painful to me. I just studied my notes from my classes like most everyone else did in the day. These kids are all involved in various service and premed clubs, and UD even has a student EMS squad mostly staffed by – guess who- the premeds. And let us not forget the scribes who take Dr. Kim Kwiatek's class and are trained to work in the ED or various physician offices. They learn Epic and how to write notes before they know what anything means. But what a great experience in patient care!

As for the MD/PhD students, I

had a very bright (of course) student shadow me several times. He apparently is an all-star in some UD lab and is doing graduate-student level work. He asked to come to my office to see what a family doctor does. I am pretty certain that he had no interest in family medicine, but I usually take any shadower who asks. After the first day in which I saw a newborn, incised and drained an abscess, took care of a patient recently discharged with pneumonia, and treated my other usual patients one afternoon, he seemed intrigued. He asked "Do you actually know all of your patients?" I told him yes, unless they come very infrequently. I often know their entire family, much of their medical, social, and family history, and sometimes who their neighbors are, all without looking at the chart. All generalist physi-

cians know that stuff. He said he didn't realize private practice was like that. He even said "I might need to rethink things..." Now if he is destined to do research, that is fine. But if I have shown him the value of patient care, I have done my job. I believe that nurturing long-term relationships with people is one of the most gratifying that a physician can have.

One day the little dogs will be Big Dogs, changing the face of medicine and caring for you and me in our dotage. I hope I have shown them the value and importance of family medicine even if they choose otherwise. At any rate, I know that the future of our profession is in good hands. These are smart, perceptive and caring young men and women who will one day replace all of us in the world of modern medicine.

Upcoming Programs - Come Join the Fun!

by Beth Salama Ahmad, RPh

The Montgomery County Medical Society Alliance Celebrates its 70th Anniversary this year!

The installation of officers was held on June 6, 2017 at the NCR Country Club.

Here are the names of our 2017-2018 Officers;

Co-Presidents- Beth Salama Ahmad & Connie Kaminski

Vice President- Benu Kulkarni

Recording Secretary- Pat Templeton

Corresponding Secretary- Stephanie Clark

Treasurer- Kanna Muthiah

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

Some activities include providing scholarship funds for local medical, physician assistants, and nursing students, in addition to supporting the Empty Bowls-Food Bank, Reach Out of Montgomery County, Artemis Women's Shelter, and other health and educational projects.

More than \$1,330,000.00 has been given by MCMSA throughout the years. This shows the dedication and commitment of the members to giving back and helping our community.

This year we thrive to increase our membership, reach out to new MCMSA families, continue our fundraising through Holiday Sharing Cards, Holiday Bazaar, Empty Bowls, memorial donations, and other projects.

Come along and connect with other members, attend the variety of programs we offer every month, and stay up to date on health and social related matters in our community and state.

Some of our upcoming programs are:

- **Meet the Author** October 18th at noon at Mimi's Cafe

- **Flower arrangements and make your own holiday wreath** in November

- **Holiday Luncheon and Bazaar** in December

- **Self defense and taking care of our health and mind** in January



Co-Presidents: Connie Kaminski and Beth Salama Ahmad

- **A visit to the Blood and Tissue Center** in February.

Our members get an invitation to all these activities and more. Also, they are welcome to bring family members and friends.

Tiffany Blue is our color of the year. Healthy Minds and Healthy Bodies is our theme - as we recognize the stress and complexity of our daily lives we are encouraging each other to take at least 20 minutes everyday for ourselves. For instance, taking a walk, listening to music, or enjoying a hobby.

A special thanks to all the dedicated members who kept this organization thriving for the last 70 years.

Congratulations to Hyacinth Dey for winning the "Woman of the Year" nomination by the American Leukemia and Lymphoma Society and gratitude to all the members who supported her.

To learn more about the MSMCA and how to be part of it, please visit our website mcmsa.com



NEW ACTIVE MCMS MEMBERS

MALAVIKA BALACHANDRAN, M.D. **(Surya Prakash, MD)**

Internal Medicine
Ofc: South Dayton Acute Care Consultants
33 West Rahn Road – 45429
433-8990 FAX: 433-8691
Res: 3163 Clubhouse Dr Apt 3,
Beavercreek 45431
Kilpauk Medical Coll University of Chennai - 2011
(A)KMC

JASON BALLIN, D.O.

Dermatology
Ofc: Dermatologists of Southwest Ohio LLC
45 Stanfield Road, Troy – 45373
937-339-8380 FAX:937-335-4096
Res: 5444 Sulphur Springs Rd
Brookville - 45309
610-716-8655
Philadelphia Colleg of Osteopathic Medicine - 2006
(P)GSH
MCMS Answering Service DID#: 463-1670

NICHOLAS BELLANCO, M.D. (Molly)

Family Medicine
Ofc: Greystone Family Care
6438 Wilmington Pike Ste 100 - 459
558-3840 FAX: 558-3844
Res: 2813 Kenmore Ave - 420
330-466-4189
WSU Boonshoft School of Medicine - 2014
(A)KMC
MCMS Answering Service DID#: 463-1656

WHITNEY CRYE, D.O. (Charles)

Obstetrics and Gynecology
Ofc: Huey & Weprin, OB/GYN
20 West Wenger Road, Englewood – 322
771-5100 Fax: 832-3014
Res: 4372 Stonehenge Ln - 429
937-243-3555
Ohio Univ Heritage Coll of Osteopathic Med -2013
(P)MVH (P)KMC (P)MCEP
MCMS Answering Service DID#: 463-1878

MICHAEL N. DOHN, M.D. (Anita Dohn MD)

Internal Medicine
Ofc: Public Health Dayton & Montgomery County
117 North Main Street - 45422
496-7190 Fax: 496-3070
Res: 4901 Meadow Vista Ct,
Liberty Twp – 45011
513-266-9020
University of Cincinnati Coll of Medicine – 1979

RAJEEV KULKARNI, M.D. (Benu)

Hematology Oncology
Ofc: Dayton Physicians LLC
3130 N County Rd 25-A Ste 107,
Troy-45373
937-293-1622 Fax:937-245-6308
Res: 1574 Gatekeeper Way – 458
937-238-2950
Seth G.S. Medical College Bombay, India - 1984
(C) KMC (A)UVMC (A)WILSON
MCMS Answering Service DID#: 463-1779

A. MARISWAMY ARUN KUMAR, M.D.

Internal Medicine
Ofc: South Dayton Acute Care Consultants
33 West Rahn Road – 429
433-8990 FAX: 433-8691
Jagadguru Jayadeva Medical College - 2011
(A)KMC SYC SOIN LIFE GMH

DANIEL A. LARSON, M.D. (Kristy)

Otolaryngology
Ofc: Southwest Ohio ENT Specialists Inc
1222 S. Patterson Blvd Ste 400 -402
496-2600 FAX: 496-2610
Res: 203 Harman Blvd – 419
513-476-0137
University of Cincinnati College of Medicine - 2007
(P)DCH (T)MVH (P)GSH (P)KMC (P)GVH
MCMS Answering Service DID#: 463-1505

KELLY L MILLER, M.D. (Christopher)

Hematology / Oncology
Ofc: Dayton Physicians LLC
9000 North Main Street Ste G-36 -415
293-1622 FAX:245-6308
Res: 2310 Miami Village Drive,
Miamisburg - 45342
WSU Boonshoft School of Medicine - 2012
(A)MVH (P)GSH (P)KMC
MCMS Answering Service DID#: 463-1599

SABYSACHI MOHAPATRA, M.D.

Gastroenterology
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