Every business has different goals and requirements. And an insurance policy is just the beginning.

At Huntington Insurance, Inc., our agents take the time to get to know your business, making sure you have the proper coverage. But we also look at laws governing risk management and employee benefits, then pass along information to help our clients identify ways to lower their risks. Most important of all, we make sure the policies we recommend are some of the best options for meeting the specific needs of your business. Give us a call to set up an appointment with one of our licensed agents.
We understand your risks and unique issues!

Our talented and proven professionals have the medical risk experience and expertise you need. With our depth of resources, we develop innovative insurance programs dedicated to reducing risk and improving the operating performance of your health care organization.

Hylant

811 Madison Avenue | Toledo, OH 43604 | P 419-255-1020
Medical Devices | Clinical Research | Clinical Trials | Pharmaceuticals
Biotechnology | Product and Technology Development

No incisions, no hospital stays, just accurate, aggressive cancer surgery. That’s the power of the latest addition to our oncology department, the Varian® Edge™ radiosurgery system, expanding your options so we can fight your cancer without leaving a trace. Find out if radiosurgery is right for you at utmc.utoledo.edu/centers/cancer or 419.383.4541.

QUALITY INSURANCE SERVICES

The OSMA INSURANCE AGENCY is committed to offering quality insurance services to all OSMA members, their families, and their staffs. The OSMA’s in-house insurance agency is dedicated to providing useful advice, review and planning on a wide range of insurance products and services, all designed to meet the individual and practice insurance needs of member physicians.

In addition to medical liability insurance, the Agency also provides:

PLANNING SERVICES
- Employee/Employer Benefit
- HRA Feasibility Study
- Retirement

BUSINESS INSURANCE PLANS
- Medical Malpractice
- Group Medical
- Limited Benefit Medical Plans
- Group Long & Short Term Disability
- Dental
- Vision
- Life
- Office Overhead Expense

INDIVIDUAL INSURANCE PLANS:
- Long Term Nursing and Home Health Care Plans
- Commercial Liability (BOP’s)
- Voluntary Products

For details on OSMA insurance benefits call the OSMA Insurance Agency at (800) 860-4525.
EDITORIAL BOARD

Editor
S. Amjad Hussain, MD
aghaji@bex.net

Stephen P. Bazeley, MD
BGBazeley@yahoo.com

Howard S. Madigan, MD

Gerald W. Marsa, MD
marsas2tol@gmail.com

Jennifer L. Middleton, MD
Jennifer.Middletonmd@ProMedica.org.

James G. Ravin, MD
JamesRavin@bex.net

Stephen J. Rubin, MD
rubin@buckeye-eye-express.com

OFFICERS

President
Charles L. Filipiak, MD
cfilipiak@toledoclinic.com

President-Elect
Henry H. Naddaf, MD
hnaddaf@toledoclinic.com

Vice President
Manour B. Elkhatib, MD
melkhatib@toledoclinic.com

Secretary
JoDee E. Ahrens, MD
jodeeahrens1@gmail.com

Treasurer
William C. Sternfeld, MD
wsternfeld@toledoclinic.com

Immediate Past President
Steven J. Rubin, MD
rubin@buckeye-eye-express.com

STAFF

Executive Director
Lee F. Wealton, MPH
lwealton@aol.com

Managing Editor
Johanna D. Begeman, JD
joey.begeman@gmail.com

Advertising Manager
Janice M. Schutt
jm.schutt@gmail.com

TOLEDO MEDICINE is an official publication of The Academy of Medicine of Toledo and Lucas County.

All statements or comments in TOLEDO MEDICINE are the statements or opinions of the writers and not necessarily the opinions of The Academy of Medicine of Toledo and Lucas County. The Academy of Medicine does not necessarily endorse the advertisements in TOLEDO MEDICINE.

Published quarterly during February, May, August and November. Subscription rate $20 per year. Contributions to TOLEDO MEDICINE are due before the first of the month preceding publication.

Send information to:
The Academy of Medicine, 4428 Secor Road Toledo, Ohio 43623
Ph: 419.473.3206  Fx: 419.475.6744  joey.begeman@gmail.com
www.toledoacademyofmedicine.org
Extending the Health Transition

As the recent recurrence of measles and mumps has taught us, our health status and longevity should not be taken for granted. The local pediatricians who have taken the stance demanding vaccination for their patient’s should be applauded. They are carrying out their role as public health officers deputized to extend the health of our children through the time tested and proven means available.¹

It was not long ago that before 1800 more than one half of the population of most countries died before age 10 and most in infancy. After that point, it is loosely established as the early stage of society’s advancement to longevity. This has been referred to as the “health transition”. Each area of the world has seen its transition based primarily on local directives, in addition to its government’s and global factors, to extend life expectancy. In Rising Life Expectancy—a Global History, the book points out that success in raising societal health is accomplished in many different ways based on regional circumstances, not the same approaches across the world. Immunization of children has been essentially the most cost-effective use of resources that immediately improves public health.²

In 1800 life expectancy was 30 years, by 2000 it was 67 years and most recently in 2010 in the US, it is 78.7 years with women ahead by 4.8 years.³ This achievement of extended longevity surpasses all wealth, military and political successes. Historical points have reached some conclusions according to a United Nations publication in 1953. It suggested the health transition has occurred in stages. Prior to 1850 it improved as standards of living elevated with more abundant, spacious, separate housing, better clothing and strongly due to improved, safe, available nutrition, especially for children. Between 1850 and 1900 sanitary projects were the primary factors enhancing age. Since 1900 a combination of factors, most notably economic development, public health control measures and Biomedicine have advanced life years.

Since disease can be communicable or noncommunicable, the latter has become today’s bigger focus as longevity has now been established. As health officers, we must focus on both to continue the process. The key factors in diminishing disease are through avoidance, prevention, treatment, and management of morbidity.² Prevention is a predictable means of public health.

"Filth theory” which began around 1800 in Western Europe was an example of introducing concepts such as sanitation that removed human feces from the local environment. It showed reduction of smallpox, typhoid, along with other fevers and diarrheal illnesses by avoiding decaying organic matter. This led ultimately to Germ Theory, by Louis Pasteur and Robert Koch in the 1880s. These findings led to measures such as home and personal cleanliness, isolation of TB patient’s, Vector control, vaccination, purified water and food, nutritional and maternal education and tracking epidemics. Eventually this extended to mass immunizations and epidemiologic surveillance and eventual expansion of medical services. Using antibiotics especially has greatly extended life this century. Infant mortality early in the 20th century most likely fell due to milk pasteurization and nutritional supplementation, preventative care for mothers and infants, pediatric expertise and oral rehydration.² Persistent diligence to control resistance to organisms must be a focus to maintain our lead against these infectious agents.⁴

The final stage of the transition likely began in approximately 1900 when cardiovascular, degenerative diseases and cancer began to dominate in the developed countries. The top 10 illnesses according to the National Vital Statistics Report 2013, in order include: heart disease, cancer, chronic lower respiratory illness, CVA, accidents, Alzheimer’s, diabetes, kidney disease, influenza pneumonia and suicide. Therefore as health officers, doctors need to continue surveillance of their communities and regions. These are done both by education such as “safe sleep”
practices for our infants and following nutritional and cancer risk prevention strategies outlined by our health related societies.

The American Cancer Society recommends breast screening mammograms yearly at age 40 and clinical breast exams every 3 years at age 20. Colon polyp screening starting at age 50 (45 for African Americans) with a colonoscopy every 10 years or alternative limited exams; cervical cancer screening with Pap smear at age 21, then every 3 years until 29 and then every 5 years with HPV until age 65. There are other optional screening guidelines for endometrial, lung and prostate cancer outlined by the society on its website. Young persons should also consider screening for thyroid, testicular and skin cancers as well.  

The US Preventative Task Force and public health department bulletins give information on infection screening, injury and violence prevention and mental health recommendations on their website. Our universities and research facilities and Center for Disease Control additionally are resources for updating epidemic and infectious patterns through public health officers of the US Public Health Service.

As physicians, our advice regarding everyday safety such as helmets for cycling, sunscreen, avoiding tanning booths, protected sex, wearing seatbelts, safety evaluation with eye exams for the driving elderly, as well as alcohol, tobacco and drug surveillance is imperative. Instructions on child dangers including neglect and abuse surveillance, nutrition and diet control at all ages, exercise promotion and the medical control of hypertension, cholesterol and risk factors for cardio-vascular disease are all essential. Promoting these will enhance the present stages of advancing life expectancy in our local society, as those in the past have done. In the end it’s up to physicians as health officers to prolong life through ongoing public health standards. Like fire and police officers, who we cherish to save lives in emergencies, it is our ongoing duty to protect our patient’s and prolong their lifespan.  

---

1. The (Toledo) Blade, June 2, 2014.
New President for the Ohio State Medical Association

The Ohio State Medical Association hosted its Annual Meeting in April during which Mary J. Wall, MD, JD of Bellevue became president. During the meeting Robert E. Kose, MD, JD, a Maumee pulmonary and critical care specialist, was chosen as president-elect and will succeed Dr. Wall as president in 2015.

During her inauguration speech, Dr. Wall challenged OSMA physician members to become more engaged with the association and their profession during this constant change in healthcare reform. “Although OSMA members have been struck by the enhanced changes in the medical environment, they have recently been provided with opportunities to shape the landscape of medical regulation and practice in a manner not seen in recent history, certainly not in at least a generation,” Wall said during a speech to the House of Delegates during the Annual Meeting. “I challenge all of you to bring forth your capabilities, your formidable talents, your persistence, and your courage to bring the OSMA along in its progress toward being a more influential, respected and powerful professional organization.”

Dr. Wall has said physician engagement, healthcare reform, graduate medical education funding and opioid awareness are among her top priorities during her presidency.

Government Relations Update for Ohio Medicine – Issue 2, 2014

The 130th General Assembly (GA) just left Columbus for the summer and they won’t return until sometime after Labor Day. The final weeks before a recess generally entail a flurry of legislative maneuverings, as lawmakers and advocates all work to pass bills before taking a break. This May was no different, and the last few weeks of spring flew by as the House and Senate worked through wide ranging legislation that impacts the practice of medicine. Over the past few months, the OSMA government relations team closely monitored nearly twenty legislative proposals. Some of the most important bills are outlined below.

Passed by both chambers and being sent to the governor:

House Bill 341 – Use of the Ohio Automatic Rx Reporting System (OARRS) – OSMA Supports

This bill requires prescribers who write for opioids and benzodiazepines to (1) register to use OARRS and (2) to query OARRS if they are writing prescriptions for 7+ days under most conditions. The OSMA’s lobbying efforts also ensured that there are a few important conditions when prescribers do not need to query the database.

Senate Bill 99 – Oral Chemotherapy Cost Parity – OSMA Supports

Currently, the cost of oral chemotherapy treatment can force patients to pursue use of less expensive intravenous chemotherapy drugs. SB 99 addresses this issue by requiring insurance companies and Medicaid plans that cover traditional intravenous treatments to either establish comparable coverage for oral medications or to only charge up to $100 for a 20-day supply of oral chemotherapy medication. The OSMA strongly supported SB 99 because it champions each individual patient’s ability to receive the chemotherapy treatment that their physician feels will be most effective.

Senate Bill 230 - Standards for the Delivery of Non-Self-Injectable Cancer Drugs – OSMA Supports

This legislation will end the dangerous drug dispensing practice known as “brown-bagging,” which occurs when an insurer requires a patient to receive medications from a mail-order pharmacy. To end “brown-bagging,” SB 230 prohibits pharmacists from dispensing non-self-injectable cancer drugs to a patient, a patient’s representatives, or a patient’s private residence. The OSMA supported SB 230 because it goes a long way towards ensuring the integrity of some very important medications while furthering patients’ safety.
Passed by the House Judiciary Committee and awaiting consideration by the full House:

House Bill 276 – Medical Liability Tort Reform – OSMA Supports

HB 276 contains two changes to Ohio’s medical malpractice laws: (1) Updates Ohio’s “I’m Sorry” law to allow health care professionals to have a broader conversation with a patient following an adverse event – beyond just offering an apology – and then protects that conversation from later being introduced into evidence as an admission or statement against interest. (2) Prohibits the use of federal and third-party insurer payment policies and quality guidelines from being used to establish the standard of care to determine medical liability. The OSMA developed this legislation, in consultation with the Ohio Hospital Association, and it is a priority for enactment by the end of the year.

Passed by the Senate and now pending in the House:

Senate Bill 54 – Dense Breast Tissue Notification – OSMA Neutral

This bill requires mammography facilities to send a letter to each patient who has a mammogram containing the written results of the test. If a patient is found to have dense breast tissue, the letter must contain specific language that tells the patient they have dense breast tissue, that this is not a cause for concern, and that they should discuss this finding with their health care provider. Though the OSMA generally opposes regulation that details exactly why, when, where, or how providers should talk with patients, the organization is not opposed to this particular bill because it was crafted in a minimally prescriptive way and it encourages discussion between providers and patients.

Great Physicians to Great Leaders: Sign Up Today

We know that you are a great physician, now let the Ohio State Medical Association help you to become a great leader in the healthcare industry. The OSMA is currently accepting applications for the third class of the Physician Leadership Institute of Ohio (PLIO), a full-curriculum program designed for physicians who are emerging as leaders within their health systems and practices. The OSMA co-hosts the program with the Ohio Hospital Association. The next class is scheduled to start this fall.

As Ohio’s first and only statewide physician leadership development program, the PLIO has a goal of developing cultures of team leadership in hospitals, health systems and group practices that include skilled physician leaders. This innovative program is intended to provide Ohio physicians with a forum to become transformational leaders in clinically integrated delivery systems across our state. This unique collaborative effort will improve leadership skills in the area of physician hospital relations, team management, care coordination and population health management. Its creation is the product of physician leaders and hospital administrators committing to empowering physicians with the knowledge, skills and experience to provide more than clinical care and to become dynamic leaders in integrated delivery systems.

To apply, or to learn more information about the PLIO, please contact Reginald Fields, the OSMA’s director of communications and external affairs, at 614-527-6726.
Where is Joe Welch?

While decluttering my house after the death of my dear wife, I found this photograph (yes, that is me), taken circa 1980. Whenever I show this photo, the immediate response is laughter. If I attempted to do this today, assuming I could get this close, the end result would probably be a bullet through my head. Back then, nobody cared. I am sure if I had jumped the fence, something would have happened. We, as a country, have gone overboard.

Consider what happened to the lady who either had a mental breakdown or simply panicked when she approached or tried to run her car into the grounds of the White House. She was shot down like a dog. It is not that she was simply shot, but that she was shot so many times “they had difficulty identifying her because of the extent of her injuries”. If you take the time to view some of the videos taken after the incident, you will see the officers involved carrying M-4s: the same weapon our troops use in Afghanistan. Lethal military-style force with overkill was used against an unarmed civilian who probably had a psychological disorder, with a baby in a car. And nobody, at least in power, seemed to care.

Our country has a long history of periods of overreaction against foreign threats: the Alien and Sedition Acts over fears of the French Revolution coming to the United States; the Know-Nothings in the 1850s after the revolution of 1848 in Europe associated with the influx of immigrants from Germany and Ireland; the Red Scare after 1919 in response to the Russian Revolution; the McCarthy era in the 1950s; and, I believe, today after 9/11.

On continuing the process described above, I discovered correspondence between my wife’s grandfather and his relatives in Europe prior to and during World War II. The letters are written in Polish, Yiddish and German. When I showed them to my 92-year-old father-in-law to find out who was who, he expressed interest and surprise, asking “where did I get them?”, having never seen them. They had sat in his basement for 30-plus years in a box after the death of his mother. I have inherited them. In 1939 the return address on a series of them changed from Lodz, Poland to Warschau (German for Warsaw) with a Nazi stamp on them. Until 1941 the postmarks in Chicago are dated fairly contemporaneously, but after that date the letters were not received until 1946. This entire family perished.

As an American, the most remarkable document is a letter dated September 26, 1938 from the American Consul in Warsaw, Poland regarding the im-
for getting a line of credit from someone who understands your practice.
migration case of Miss Fryda Heller (my wife’s maiden name is Galler; Galler, Geller, Heller are all the same name) wherein are described the hoops she would have had to jump through to emigrate to the United States pursuant to the Immigration Act of 1924. The United States had no comprehensive immigration policy until 1917, if I may overlook the Chinese Exclusion Act of 1882 and the “Gentleman’s Agreement” of 1907 with Japan, both of which had the obvious goal of keeping Asians out, when concerns about National Security during World War I aimed at preventing immigrants with potentially radical views, primarily Jews and Italians, from entering the country. The Immigration Act of 1921 set quotas based on the number of foreign-born citizens in the 1910 census. This was felt not to be restrictive enough and the Act of 1924 proportioned quotas on the origins of the entire American population based on the 1890 census. The intention was to encourage immigrants from the British Isles and Northern Europe while excluding those from Eastern and Southern Europe (Jews and Italians). Thus the 1938 quota for Poland was roughly 5000 and was generally never filled. This letter was a bureaucratic death sentence.

I have no animus towards the American Consul: he was carrying out the duly promulgated laws of the American Congress. But did carrying out his duties give him any qualms? Create any psychic stress? Did he have any regrets? I attempted to contact one of his descendants but received no answer to these questions.

Our periods of overreaction seem to be more protracted as the Republic ages. The Alien and Sedition Acts were very short-lived and led to an ignominious end to the Adams administration. The Know-Nothings were and have been an object of ridicule. The Red Scare effects were more long-lasting (vide supra). And the McCarthy era slowly petered out only in the early 1960s. The extreme fear which has characterized the present time has led to more than 12 years of limited liberty, more pervasive because of technology, with no end in sight. And again note that immigration policy is somehow intertwined. No establishment figure of probity has stood up and said we are out of control or, frankly, crazy. The critics who have had some effect either demonstrate a profound hatred of the United States, are very strange individuals with delusions of grandeur, or are a combination of both (think Julian Assange and Edward Snowden), and thus, perhaps rightly, have been marginalized.

**Where is Joe Welch?**

At the climax of the Army-McCarthy hearings of 1954 when Sen. McCarthy accused a junior associate of Joe Welch, an old-time Boston lawyer, who was the lead counsel defending the Army, of being a communist, Mr. Welch replied, “Senator, may we not drop this? We know he belonged to the Lawyer’s Guild... Let us not assassinate this lad further, Senator; you’ve done enough. Have you no sense of decency, sir? At long last, have you left no sense of decency?” That was the end of a demagogue’s career. I strongly suggest anyone who has not seen this confrontation view it², or better yet watch the documentary *Point of Order* (1964)³.

We live in pusillanimous times.

--- Steven J. Rubin, MD

---

2. www.youtube.com/watch?v=1Aur_l077NA  
3. www.youtube.com/watch?v=2EhOdS518n4

---

**Membership Memo**

The following physician was approved for Associate membership in The Academy of Medicine.

Wael M. Otaibi, DO  
1050 Isaac Streets Dr.  
General Surgery

Michigan State University. General surgery internship and residency at St. John Oakland Hospital.
As I was exiting a cab to enter the Ritz-Carlton Hotel in Battery Park at the lower tip of Manhattan for a medical meeting, all the taxi drivers were pointing toward a muscular man who was climbing the steps toward the entrance, saying “Tyson.” There were a few people around, but not many, and Mike Tyson was amenable to a chat. He is not tall but is very broad and muscular, with a distinctive Maori tattoo on the left side of his face, and a lisping voice that can be difficult to understand. Fortunately there was something left of my hand after a handshake. The conversation was short and we did not discuss any of the controversy in his life.

Tyson was the former undisputed heavyweight boxing champion and the youngest man to win the title, at age 20. His record includes 58 fights, with 50 wins and 44 by a knockout, 6 losses and 2 no contests, and at age 47 he still looks like he can throw a punch. Born in a very rough area of Brooklyn, he never knew his father, and as a child was exposed to a difficult culture of drugs, shootings and thefts, but does return to see some friends from the neighborhood who are still around. He has a brother who works as a physician’s assistant in the trauma center of Los Angeles County – University of Southern California Medical Center. In describing his mother, who died when he was 16, Tyson said she was never happy with him or proud of anything he did, for he was just a wild kid who roamed the streets. By the age of 13 he had been arrested 38 times. He was sent to a boys’ school in upstate New York, where a counselor and former boxer saw that Tyson was talented, and introduced him to Cus D’Amato, who became his boxing manager and trainer as well as his legal guardian. Although Tyson dropped out of high school, in 1989 he was awarded an honorary Doctorate in Humane Letters from Central State University in Wilberforce, OH.

His boxing career was marred by one of the most controversial fights ever, the 1997 match with Evander Holyfield which earned Tyson $30 million and Holyfield $35 million. The fight was stopped at the end of the third round, when Tyson was disqualified for biting Holyfield on both ears. Tyson said this was in retaliation for Holyfield head-butting him. His last heavyweight championship fight was in 2002, a loss to Lennox Lewis which was the highest grossing event in pay-for-view history at that time, earning $107 million. Despite making several fortunes, he overspent, gave much away, and divorces were very costly. He did return to the ring in 2006 for a series of exhibition fights to help pay off his debts.

Despite a life full of controversy, Tyson’s fame as a boxer is undeniable. Ring magazine has listed him as number 14 on its list of greatest heavyweights of all time. His knockout power and intimidation made him a fighter people wanted to watch. After his boxing career was over, he acted on television and in the movies. The 2009 movie, The Hangover, a parody of himself, is well known. He has appeared on Broadway, and his one-man show, Mike Tyson: Undisputed Truth, toured the country in 2013. His autobiography, Undisputed Truth, also appeared in 2013, and reached the best seller list of The New York Times.

Tyson has been married three times. The first marriage (1988-89) was to the sitcom star Robin Givens, and was particularly rocky. The second marriage (1997-2003) was to Monica Turner, a physician, who was a pediatric resident in Washington DC when they were wed. Tyson married his third wife, Kiki Spicer in 2009.

ESPN has rated Tyson the #1 Most Outrageous Character in the history of modern sports. In his autobiography he says sometimes life, with its extreme highs and lows, seems an illusion to him. When I met him there was nothing illusory about the man. —James G. Ravin, MD—
Trees, Roots and Us
Words and Images by S. Amjad Hussain, MD

The fascinating world of plants and trees is all around us but somehow we have become insensitive and oblivious to its presence. It may appear mundane and ordinary but it influences our lives in ways we can scarcely comprehend.

It is amazing how trees and their roots work in a slow-motion symphony to amuse, entertain and sustain us. While the trees look skyward in pursuit of sunlight, their roots spread deeper in the earth to tap moisture and nutrients from mother earth. As the tiny sapling grows into a majestic and towering tree, its roots, hidden from our view, also grow and match the majesty of the visible parts.

Like us trees are also susceptible to the forces of nature. When devastating storms and hurricane-force winds spread their misery, trees also get uprooted and toppled. The branches of some of these fallen trees, in an expression of Darwinian survival of the fittest, reach down to the ground and make new connection with the earth. Roles change and the branches become roots to sustain the mother tree. Most fallen trees would whither and die but some refuse to succumb.

Years ago a friend showed me a large sheesham (rosewood) tree in a small dilapidated cemetery in the northern mountains of Pakistan. The tree was lying horizontally across the scrub and some graves. Most of its branches, exuberant and luxuriant, were pointing heavenward but some of the branches had made connection with the earth below. The tree reminded me of the Reclining Buddha of Wat Phra in Thailand that appears happy, content and tranquil in recumbent position.

That tree was like my friend. Poverty and deprivation had kept him away from school for nine years and during that time he worked as a little shepherd boy. In the hot and humid summer afternoons he would bring his flock of sheep to this cemetery and rest by the recumbent tree.
My friend lacked the nurturing and sustaining roots of education. With a curious mind, sharp intellect and a drive to learn, he absorbed whatever he could, not in a regular school, but by hanging around other students in the tiny village. My friend, Dr. Alaf Khan, went on to become a well-known and highly respected professor of medicine in Pakistan but like the tree has remained connected to the soil. Still is.

Then there are the banyan trees. They stand tall and proud and constantly reinforce their connection to the earth below. They drop aerial roots from their branches to the ground that act as anchors and give them added strength and provide more sustenance. Banyan trees seldom succumb to the fury of nature but they are vulnerable to the cruelty of man.

There was this large peepal (a kind of banyan) tree in my hometown of Peshawar in the northwestern corner of Pakistan. It had stood tall...
and proud, proving a canopy of comforting shade over four adjoining bazaars. It also nestled birds of all kind who roosted among its branches through the millennia. When Shin Fa-Hian, a Chinese Buddhist pilgrim, passed through Peshawar in 400 CE, he mentioned the tree on the bank of River Bara, the four statues of Buddha that the great King Kanishka had installed at the base of the tree. The tree was at least 2000 years old.

I grew up a few minutes walk from the tree. Ten men with outstretched arms could not circle its trunk. In the 1970’s shop keepers and city fathers conspired to cut it down because of the filth of bird droppings and the noise that the birds made. They cut down the massive tree flush with the ground and constructed dozens of more shops on the site.

I have often wondered about that noble tree. Considering its massive canopy, its ancient roots must have spread over a wide swath of the soil and soul of my city. I imagined their heart-wrenching cries of anguish and lament when that living history was being put to sword.

We live in perfect harmony with trees and their magnificent roots. Our reliance on each other goes beyond the oxygen and carbon dioxide cycle we share. It also goes beyond the trees’ capacity to provide us with shelter, shade, and food. Ours is a metaphysical relationship. After all, life started in the primordial soup 4.6 billion years ago when the first cell turned into eukaryotes, which then differentiated into primitive multicellular plants and animals. Though the animal and plant kingdoms diverged from that point at the dawn of our planet, we are still closely connected with the world of plants and trees.

Acknowledgement:
I am grateful to Ms. Brae Hayes for technical support.
Successful Year!

The Alliance had a very successful year under the leadership of Linda Mowat, our Past President. Due to the efforts of several members and of course Linda Mowat, the Alliance received eight awards from the OSMA Alliance this year:

- First place for Membership Brochure
- First place for Newsletter
- First place for our website
- Second place for program flyer
- Second place for Medical and Allied Health Scholarship-Bollywood Night
- Membership award for largest number of state members
- Doctor’s day award for Doctor’s day cards
- Award for Community service-Kids Unlimited

This year we are awarding $5,000 to UTCOM students based on their volunteer community service efforts, specifically within Toledo/Lucas County. We are also awarding $500 to a well-deserving Toledo Public Schools’ student. In addition, the Alliance is awarding money to Mobile Meals’ weekender program, Aurora House, Mom’s House, Bethany House, Kids Unlimited and Read for Literacy. We have most recently donated $1,500 to the YWCA Battered Women’s Shelter, which will use this money towards purchasing a locked storage cabinet to safely store medicines out of the reach of young children and also towards taxis and bus tokens for emergency transportation of women and their children.

The Alliance has been busy this past year doing many community service projects. Our members have volunteered their time to cook at Ronald McDonald house and facilitate craft projects with Kids Unlimited. Thank you to Debi Lewis for organizing these projects and to everyone who has donated their time to make them possible. In addition, the Alliance delivered twenty Easter baskets to the YWCA women’s shelter and fourteen Easter baskets to Ronald McDonald house. Baskets and goodies were also supplied to Bethany House and YWCA. Thank you to Mona Parikh and Linda Husted for their combined efforts and to everybody who donated money to fund these projects.

We have another exciting year planned for our Alliance. Please save the date for our annual Fall Trunk Show on October 15 at Sylvania Country Club. It will be chaired by our past presidents Jackie Zakheri and Mary Saddemi. For more information please see the Alliance website at www.lcmalliance.org.

Lastly, if you would like to join the Alliance, please visit our website and pay your dues online. Your membership dues help to support all that we do for our community.
The golden anniversary of the founding of the Medical College of Ohio at Toledo is an important opportunity to recognize the evolution of medical education in our community.

When it was officially created on December 18, 1964 with legislation signed by Ohio Gov. James A. Rhodes, the college was the 100th medical school in the country and only the fourth in the state of Ohio. What is now The University of Toledo Health Science Campus was just a cornfield back then.

Today, there are more than 4,000 applicants each year for the 175-seat class at the UT College of Medicine and Life Sciences. And our graduates match at prestigious residencies across the country and become leaders in the health care community.

Thank you to the hundreds of people who gathered for the 50th Anniversary Celebration to recognize the milestone and all of the people who worked to bring a medical school to our community. We are deeply grateful for the efforts of Paul Block Jr., who was co-publisher of The Blade at that time, for his advocacy for Toledo as the best location for the new medical school that was needed in Ohio. Thank you also to Allan J. Block and John Robinson Block for serving as honorary co-chairs of the anniversary celebration committee.

R. W. Mills, MD
Mercy Children’s Hospital

Mercy Children’s has used clinical guidelines and evidence-based practice for the last 15 years or more to deliver the best care possible. In 2009, Mercy Children’s Hospital joined Ohio Children’s Hospitals Solutions for Patient Safety (OCHSPS), which has since evolved into a national collaborative – Solutions for Patient Safety – comprised of approximately 74 children’s hospitals. Together, we are committed to decreasing the incidence of serious safety events in all of our children’s hospitals. We track and report adverse events as part of this effort and I am very happy to share that it has been more than 620 days since our last serious safety event.

At Mercy Children’s, we have made significant reductions since 2011 in many hospital-acquired conditions, including adverse drug events, surgical-site infections, central line acquired bacteremia and other hospital-acquired infections. We have accomplished this by standardizing care and incorporating best practices, along with training of all staff on error prevention techniques and behaviors.

Mercy Children’s has always been committed to providing safe, quality care. The Solutions for Patient Safety collaborative, however, provides a resource that standardizes care for children served by all the children’s hospitals in the state of Ohio so we can continue to measure outcomes, disseminate evidence and refine best practices with others in Ohio and throughout the nation.

I am also excited to share that this year’s Children’s Miracle Network (CMN) Telethon, which took place the first weekend in June, raised more than $981,000 nationally for Mercy Children’s Hospital. We are the CMN children’s hospital for northwest Ohio and southeast Michigan. The telethon mentioned many of our Miracle kids, showcasing on television the wonderful services they are able to take advantage of through Mercy Children’s Pediatric Specialty departments. We deeply appreciate the continued support we received from the community through the Children’s Miracle Network. For more information about this important organization, please contact Kristi Frederick at 419-251-2121.

Ted E. Barber, MD
Mercy St. Anne Hospital

Construction of a new interventional cardiac catheterization lab at Mercy St. Anne Hospital is on schedule to open for patients in early August. The lab was created in space within the hospital’s surgery center and is designed to support both coronary and peripheral percutaneous diagnostic and interventional procedures. The state-of-the-art lab will include integrated imaging, reporting and intra-vascular ultrasound capabili-
ARE YOUR ACCOUNTANTS HEALTHCARE SPECIALISTS?

As regulatory, economic and technological changes influence the healthcare industry, GJM’s Healthcare Specialists group can be an invaluable partner in maximizing your productivity and profitability. We have committed significant resources to the area of healthcare financial management, and our professionals have extensive experience helping over 900 healthcare providers and hospitals increase cash flow, manage costs and improve reimbursements.

Call us today at 419-794-2000 so you can spend more time doing what you do best- treating patients- with GJM’s innovative ideas and trusted advice by your side.

GJM
Gilmore, Jasion & Mahler, LTD

ACCOUNTING | TAX | CONSULTING

www.gjmltd.com
ties. We anticipate hosting the first elective diagnostic cardiac cath patients in early August, followed by the first elective cardiac surgery in early September, with percutaneous coronary interventions to follow soon after.

The Mercy Cancer Centers was one of just 74 accredited cancer programs throughout the United States that was granted a 2013 Outstanding Achievement Award by the Commission on Cancer (CoC) of the American College of Surgeons. Established in 2004, the CoC’s Outstanding Achievement Award is designed to recognize cancer programs that strive for excellence in providing quality care to cancer patients. Programs are evaluated on 34 cancer program standards categorized within one of five cancer program activity areas: cancer committee leadership, cancer data management, cancer conferences, clinical services and quality improvement. Programs are further evaluated on seven commendation standards. Award recipients must have received commendation ratings in all seven commendation standards, in addition to receiving a compliance rating for each of the 34 cancer program standards. The 74 award-winning, cancer-care programs represent approximately just 14 percent of cancer programs in the U.S.

We also share with all of Mercy the honor of being named by Truven Health Analytics as one of the nation’s top performing hospital systems in the nation. Mercy is one of just 68 systems throughout the U.S. out of a total of 300 health systems that were studied independently by Truven and its healthcare team, which analyzed clinical quality and efficiency to identify the top quintile of high performing hospitals in the United States.

Karl S. Fernandes, MD
Mercy St. Charles Hospital

I am very pleased to share that Mercy St. Charles Hospital had a very successful visit from the Joint Commission in May, receiving high marks and re-accreditation for another three years. The lead surveyor for the Joint Commission’s site visit cited several positive, best practices at our hospital, including:

- rounding of clinical pharmacists on every inpatient unit to assist with patient care, medication education and discharge planning
- care teams that are proficient on CarePATH, the new electronic health record system, just five weeks after implementing the system
- expansion of behavioral services
- the dietary team’s approach to ensuring that whichever team member takes a patient’s food order is the one who delivers the food directly to that patient

I also am happy to report that the Behavioral Health Institute project at Mercy St. Charles Hospital is moving forward rapidly. The site work has been completed and in June the construction crew began to set precast wall sections in place. The outer shell of the building will be completed and then the interior work will begin later this summer.

Mercy St. Charles went live with the CarePath Electronic Health Record on March 31, as did Mercy St. Anne Hospital. We are very grateful to all of our physicians for their support during CarePath implementation.

Our physicians also are actively engaged in making major revisions to our bylaws to bring them into the 21st century while still protecting physician governance and rights, and we appreciate these efforts as well.

Finally, I would like to share that, as part of Nurses Week activities, the Physicians Choice Award was given to Jessica Pelish, RN, for her service to her patients and the medical staff. A special award was given posthumously to Amy Santus, RN, for her service and dedication. Amy tragically was taken away from us in a boating accident earlier this year. We are creating a living memorial in the form of a tree we will plant on St. Charles grounds to honor her memory.

Gregory C. Kasper, MD
Mercy St. Vincent Medical Center

We made an exciting advance in robotic single site surgery this spring, branching out into the field of Gynecology. Andrew Croak, DO, Medical Director of Robotic Urogynecology, performed Mercy St. Vincent Medical Center’s first robotic single site hysterectomy.

We also continue to progress in the area of stroke care. We received primary certification for our stroke program in 2012 and were re-certified this spring. To be recognized as a Certified Stroke Center, St. V’s consistently demonstrated increased patient satisfaction, fewer peristroke complications, improved long-term outcomes, reduced mortality and morbidity and reduced costs to the healthcare system (through increased use of acute stroke therapies and reduced readmissions). St. V’s stroke program consistently has lower
mortality than is predicted based on the patient population and consistently has lower length of stay for stroke than predicted. Most importantly, our stroke program has a complication rate significantly lower than the national average. We also exceed the state average for administering the clot-busting drug to ischemic stroke patients within three hours of symptoms. Per the Medicare reporting website, the average percentage of the time this goal is met is 61 percent in the state of Ohio. At St. V’s, we are meeting this goal 73 percent of the time. We are very proud of our stroke program, which has continued to thrive and grow as a component of the neuroscience division. We are now able to take care of complex stroke patients and treat aneurysms.

This April, we welcomed Kerry R. Tirman, JD, MBA, FACHE, as president and chief operating officer at St. V’s. Mr. Tirman will lead and further develop the operations for Mercy St. Vincent as well as engage with physicians to strengthen the continuum of care. He reports to Thomas Arquilla, who continues in his dual role as metro chief executive officer for Mercy and president and CEO for St. V’s.

David S. Mierzwiak, MD
ProMedica Bay Park Hospital

ProMedica Bay Park Hospital was recognized for multiple awards during the 60th Annual Industrial Awards Banquet presented by the Safety Council of Northwest Ohio (SCNWO). The event was held at The Pinnacle in Maumee, OH, on May 15, 2014, and recognized 63 organizations in northwest Ohio.

SCNWO is the premier provider of safety, health and environmental services for the workplace and the community. The mission of the Safety Council of Northwest Ohio is to enhance the quality of life by providing education, programs, and services that improve the safety, health and environment within our community.

From September 14, 2012 – December 31, 2013, employees at ProMedica Bay Park Hospital worked 874,678 hours without a lost time injury.

ProMedica Bay Park Hospital was also recognized in the following categories:

- 100% Award - to company that works the entire year without a lost-time injury
- Achievement Award - to company that decreases its incident rate by at least 25% from the previous year
- Group Award - to company with lowest incident rate in each group
- Special Award - to each company that accumulates at least 500,000 hours and at least six months without a lost-time injury

As a continued commitment to patient and employee safety, ProMedica Bay Park Hospital has partnered with Diligent and ArjoHuntleigh to implement safe patient handling equipment. This partnership provides caregivers with the equipment, tools and training to minimize manual lifting and decrease injuries during patient transfer and mobilization.

Thank you to ProMedica Bay Park Hospital’s employee injury prevention committee. The group is well represented by many departments throughout the hospital, and very dedicated to the safety and well-being of our patients, visitors, and employees.

Agha Shahid, MD
ProMedica Flower Hospital

The phrases “Without Exception” and “Every, Every, Every” have been adopted by leaders at ProMedica Flower Hospital as a hallmark of excellence. In 2003, Flower Hospital embarked on a journey of excellence by adopting the Baldrige framework to improve patient care and outcomes. We continue to ask the right questions and relentlessly focus our efforts on safety, quality, and satisfaction as our pillars of success.

Because safety is the number one core competency in our Baldrige framework, we provide ongoing safety training for employees and hold them accountable for implementing the techniques they learn. There are department champions for every area including pressure ulcers, CAUTI, CLABSI, and falls. These teams meet bimonthly to discuss issues, brainstorm creative ways to decrease the number of incidents and foster responsibility.

Physicians are our key partners in delivering safe, reliable and effective care. Physician leadership and collaboration with hospital leadership and hospital staff, is essential to error prevention and ensuring a safe patient care environment.

Because of our persistent work in the last year, Flower Hospital has experienced some of the best quality trending the hospital has seen. We’ve had the highest patient satisfaction scores in the hospital’s history, there has been a 73% reduction in employee injuries due to moving patients, and a 37% reduction in CAUTI. At the time (continued on Page 18)
of this writing, Flower Hospital has had zero CLABSI’s in the last 17 months.

These impressive results speak volumes about the dedicated physicians and employees who, without exception, put patient safety, quality and satisfaction first. They continue to make Flower a better hospital for our patients and their families by living out our mission to improve the health and well-being of our communities.

Rajendra R. Kattar, MD
ProMedica St. Luke’s Hospital

The significant news of course was the 6th District Court decision to uphold the FTC ruling on the ProMedica – St. Luke’s merger. Although many members of the Medical Staff have expressed concern and disappointment, it is business as usual as the decision is in the appeals process. We at ProMedica St. Luke’s continue to take steps to improve our quality of care. We will continue to follow our motto of putting Patients First.

Our Emergency Department (ED) renovations were recently completed. This should help with improving patient flow which in turn will improve the patient’s experience and satisfaction.

Another key to improving our patients’ experience is communication. We are currently working on a more efficient nurse-physician rounding system. This in turn should reduce errors due to communication. This rounding will occur with the patient and their family, making sure the patient and their family have a better understanding of their disease process and the treatment. This team approach should improve out physician’s rounding experience.

Howard M. Stein, MD
ProMedica Toledo Children’s Hospital

The Centers for Disease Control (CDC) estimates that 20,000 Americans are currently affected by hemophilia, and that each year 1 in 5,000 male babies are born with hemophilia in the United States. Hemophilia is an inherited bleeding disorder which makes the blood not clot properly. This can lead to spontaneous bleeding as well as bleeding following injuries or surgery. Other major diseases that can cause bleeding, especially menorrhagia and nosebleeds, are Von Willebrand’s disease and platelet function defects. These affect 1% and 10% of the population respectively. Other rare bleeding defects also exist.

A CDC study found that patients treated in hemophilia centers are 40% less likely to die of hemophilia related complications and their hospital stays are 40% shorter. The Northwest Ohio Hemophilia Treatment Center on the campus of ProMedica Toledo and Toledo Children’s Hospitals specializes in the diagnosis and treatment of hemophilia, von Willebrand’s disease and other genetic bleeding disorders in infants, children and adults. The center is the only federally designated facility serving 21 counties in northwest Ohio and Michigan.

The center participates in national research and outcome studies to improve the care and treatment of bleeding disorders. A multidisciplinary team of experts provides comprehensive care to patients and their families. Lead by Dr. Dagmar Stein, the team includes pediatric and adult hematologists, orthopaedists, nurses, a social worker, a nutritionist, a dentist, a psychologist, a physical therapist and a genetic counselor. School visits, home visits and home therapy education are also provided to families. Significant surgical coordination is also done.

The center has a strong orthopaedic program to address joint problems caused by the chronic bleeds. The center is the only site in the region to provide radionuclide (isotopic) synovectomies, a non-surgical joint procedure to prevent bleeding.

The Northwest Ohio Hemophilia Treatment Center can be reached at 419-291-2210.

Peter F. Klein
ProMedica Toledo Hospital

ProMedica Toledo Hospital is partnering with the local community to deliver outstanding care. Recently, the hospital has participated in two initiatives to help raise funds to enhance the patient care in our region.

In May, ProMedica Toledo Hospital’s premier fundraising event, The Classic, was held at the historic Secor Building in downtown Toledo, featuring haute cuisine, live and silent auctions, and entertainment. The event raised over $240,000 to support the Tomosynthesis campaign and Maternal Fetal Medicine (MFM) program.

The addition of Tomosynthesis (also known as 3D mammography) equipment will significantly improve breast cancer detection capabilities at Toledo Hospital al-
ollowing more detailed 3D images of the breast to be captured, giving doctors the ability to examine breast tissue layer by layer and spot abnormalities not visible in a 2D image. This new technology is scheduled to be introduced at Toledo Hospital this fall.

The funds raised by The Classic event will also benefit ProMedica Toledo Hospital’s Maternal Fetal Medicine (MFM) program which provides specialized care for women and babies during high-risk pregnancies. The trained specialists of the MFM program care for mothers-to-be who are experiencing diabetes, high blood pressure, abnormal bleeding, cardiac problems, or trauma. They also provide consultation services to help mothers identify problems and potential treatment options. Last year, the MFM Program provided services to approximately 18,000 patients throughout Toledo and 21 counties across northwest Ohio and southeast Michigan.

This summer, another fundraising project will take place—Toledo’s Ronald McDonald House is conducting a capital campaign to build a new facility on the campus of ProMedica Toledo Children’s Hospital. The new Ronald McDonald House will double the number of rooms available to families whose children are being treated at Toledo Children’s Hospital and other healthcare facilities.

The cost of the project is approximately $8 million and it is scheduled to be completed in the summer of 2015. McDonald’s Co-op of Northwest Ohio and Southeast Michigan and ProMedica are two of the major donors for the construction project.

Thomas A. Schwann, MD
The University of Toledo Medical Center

Millions of people suffer each year from mental health disorders and too often these conditions go undiagnosed or are looked at skeptically by a society that still does not give appropriate weight to the seriousness and ubiquity of mental illness. The University of Toledo Medical Center is setting out to change that with the recently opened Senior Behavioral Health Center.

UTMC has partnered with Horizon Health to shine a light on the importance of mental health with a particular focus on treatment for adults 55 and older at this new center, located in the Kobacker Center on the UT Health Science Campus.

The Senior Behavioral Health Center will monitor and holistically manage the health of adult patients who are experiencing emotional or behavioral health issues. Unlike other geriatric care facilities, the Senior Behavioral Health Center will thoroughly address all aspects of the patient’s condition, including prior and current health issues, medications and lifestyle choices as they impact the patient’s acute condition and strive to expeditiously and effectively provide a positive outcome for the patient.

There are 18 beds available at the center, which accepts patients 24 hours a day. A dedicated multidisciplinary team will direct patient care. Referrals can be made by anyone, including physicians, psychologists, social workers and family members. The first patients were accepted beginning June 10.

Dr. Bryan Moloney will serve as the Medical Director of the Senior Behavioral Health Center with a staff that includes Program Director Carol Schaad, Community Education Manager Ryan Donmschot, Clinical Assessment Coordinator Nancy Sheets and Nurse Manager Wendi Sorensen.

In line with the mission of an academic medical center, the Senior Behavioral Health Center also is available to present free mental health educational programs in the community.

Given the changes the health care industry is facing, public-private partnerships such as this will likely be one of the ways hospitals like UTMC continue to provide superior care in an increasingly competitive environment. Horizon Health Services is a great partner because of its experience as a behavioral health management company that builds, manages and improves psychiatric programs within a hospital setting.

Contact the Senior Behavioral Health Center at 419.383.6161.

Frank P. Manning, Jr.
Chartered Property & Casualty Underwriter

Professional Liability Coverage for the Medical & Dental Professions

Brooks Insurance Agency
1120 Madison Avenue
Toledo, Ohio 43604
419-254-7353
If you missed the “Toledo Stories” documentary by WGTE, you can watch “MCO: A History of Healing and Teaching” on the media station’s website to hear stories from prominent faculty members and students, as well as community members.

Toledo’s medical school, of which I am a proud graduate, has evolved over the years to stay ahead of the curve in health science teaching and research, as well as the delivery of university quality health care. We look forward to the next 50 years.

—Ronald A. McGinnis, MD

What’s new at The Trust Company?

The same old thing - Expertise, Professionalism, Experience.

Meet PJ Jacobs.

PJ is a native Toledoan with nearly 40 years experience in all aspects of trust management. PJ oversees corporate finance and has made a name in the administrative management of Taft-Hartley relationships. She helped found The Trust Company where, for more than a generation, families and organizations have come to work with professionals they know and trust.

419.865.8778
www.ttcot.com
No incisions, no hospital stays, just accurate, aggressive cancer surgery. That’s the power of the latest addition to our oncology department, the Varian® Edge™ radiosurgery system, expanding your options so we can fight your cancer without leaving a trace. Find out if radiosurgery is right for you at utmc.utoledo.edu/centers/cancer or 419.383.4541.

The Eleanor N. Dana Cancer Center
One Team. One Place. One Patient at a Time.
WE’LL COVER YOUR BOTTOM LINE.

Every business has different goals and requirements. And an insurance policy is just the beginning. At Huntington Insurance, Inc., our agents take the time to get to know your business, making sure you have the proper coverage. But we also look at laws governing risk management and employee benefits, then pass along information to help our clients identify ways to lower their risks. Most important of all, we make sure the policies we recommend are some of the best options for meeting the specific needs of your business. Give us a call to set up an appointment with one of our licensed agents.

419.720.7900
1670 INDIAN WOOD CIRCLE | MAUMEE, OH | 43537

Insurance products are offered by Huntington Insurance, Inc. a subsidiary of Huntington Bancshares Incorporated and underwritten by third party insurance carriers not affiliated with Huntington Insurance, Inc. Insurance products are:
NOT FDIC INSURED • NOT INSURED BY ANY FEDERAL AGENCY • NOT OBLIGATIONS OF, DEPOSITS OF, OR GUARANTEED BY THE HUNTINGTON NATIONAL BANK OR ITS AFFILIATES • MAY LOSE VALUE

® and Huntington® are federally registered service marks of Huntington Bancshares Incorporated. HuntingtonWelcome™ and ™ are service marks of Huntington Bancshares Incorporated. ©2013 Huntington Bancshares Incorporated.