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Ad position is at the sole discretion of the Editorial Board.

Members are urged to submit articles for publication in The Bulletin. Deadline for copy is the 11th of the month preceding date of issue. The Bulletin of the Muscogee County Medical Society is the official monthly publication of the Muscogee County Medical Society, 2300 Manchester Expressway, Suite F-7, Columbus, GA 31904. All material for publication should be sent to the Managing Editor not later than the 11th of the month. Advertising requirements and rates upon request. Opinions expressed in The Bulletin, including editorials, are those of the individual authors and do not necessarily reflect policies of the Society unless stated. Advertisements in this magazine do not necessarily represent endorsement or support by the Muscogee County Medical Society.
The U.S. Department of Health and Human Services estimates that the physician supply will increase by only 7 percent in the next 10 years. In some specialties, including urology and thoracic surgery, the overall supply of physicians will actually decrease. At the same time the Census Bureau projects a 36 percent growth in the number of Americans over age 65, the very segment of the population with the greatest health care needs.

Our doctors are getting older, too. Nearly one-third of all physicians will retire in the next decade, just as more Americans need care. I did a quick count of Family Medicine docs and Internists in the Columbus Georgia Yellow Pages. Of the total of 73, those above the age of 55 numbered 40, or 54%. So we can estimate that within 10 years, we will locally experience a greater than 50% drop in primary care physicians who treat adults. What adds to that trend is the relatively few number of primary care physicians who are entering the community in office based practices.

According the Association of American Medical Colleges, physician supply in 2010 was 709,700 with a primary care shortage of 8000. By 2025, Physician supply will be 785,400 with a primary care shortage of 65,800. Medicare’s support for graduate physician training has been frozen since 1997. Medicare currently pays $9.1 billion a year to teaching hospitals, which goes toward resident salaries and direct teaching costs.

So the AAMC has responded. Several new medical schools have opened around the country. As of last October, four new medical schools enrolled a total of about 190 students and 12 medical schools raised the enrollment of first-year students by a total of 150 slots. Added together, that only comes to 340 additional medical students for a population that exceeds 308 million. In Georgia, Mercer and Georgia Health Sciences University (formerly known as Medical College of Georgia) have increased their enrollments and opened branch campuses.

If we continue to grow the medical school enrollment by annually adding 340 additional medical students per year between now and 2025, we still cannot fill the void. We would end up with a total physician shortage of 80000. To fill the physician void by 2025, we need to add 900 additional medical students each year. The percentage of residency slots assigned to primary care would have to increase substantially. Allopathic Medical School enrollment has been increasing at 306 per year, while Osteopathic School enrollment has been increasing at a rate of 338 per year. However, the combined rate still leaves us short by about 270 annually added slots.
So there is now a modest expansion of medical students, but no adequate increase in residency slots. Each year about 16,500 medical students and 5,500 osteopathic students graduate and enter into residency. They are competing for 25,589 total PGY-1 slots (22,934 allopathic and 2655 osteopathic). Since 2008, there has been an increase of 498 new slots each year that have become available (1994 total). This rate of growth still leaves us 400 newly added slots shy of the 900 needed to achieve the estimated need.

There are currently 9161 Residency Programs accredited by the ACGME, training 115733 physicians. Of that, 38067 physicians are training in traditional primary care specialties of Family Medicine, Internal Medicine, OB-GYN, Pediatrics, and IM-Peds. Of that number, 23181 are in Internal Medicine residencies. So if you factor that 3 of 4 Internists go on to subspecialty training, only 5795 of the 23181 would go on to become general Internists. That reduces the number of Primary Care residents to 30590. From that amount, we can expect 9413 Primary Care graduates per year. That translates to 26% of Residency slots can be expected to generate primary care physicians.

There is also a geographic disproportion effect that occurs with the high number of residency training slots concentrated in the northeast. Georgia, Alabama, Mississippi, Texas, Oklahoma, Nevada, Utah, and Idaho have the lowest concentrations with less than 1 primary-care physician per 1,000 people. In the northeast, there are more than 1.5 primary care physicians per 1,000 people. There is no willingness to move these slots from high density areas to areas like Georgia. Georgia medical schools graduate more students than are available PGY-1 residency slots in Georgia. Consequently, we export medical school graduates, who become unlikely to return. If we try to reverse this trend, any increase in Georgia slots will need to be funded by Georgia hospitals without the benefit of additional Medicare funds.

Since Medicare funding has been frozen since 1997 and one of the biggest issues for increasing graduate medical education is the funding that needs to be made available, it is up to individual hospitals and university systems to totally fund any increases. In the Senate of the United States, on September 23, 2011, Mr. Nelson of Florida (for himself, Mr. Schumer, and Mr. Reid) introduced Senate Bill 1627; which was read twice and referred to the Committee on Finance. It is termed “Resident Physician Shortage Reduction Act of 2011”. This was to amend Title XVIII of the Social Security Act to provide for the distribution of additional residency positions, and other purposes.

This bill still sits in Committee. It appears that the shortage in physicians will continue.
What to Make of the New Narcotic Prescribing Regulations

I will never forget the torturous days in the basement of Dwight D. Eisenhower Army Medical Center where the General Surgery clinic and office was located. I was a general surgeon intern but after two rotations everyone on service knew that my heart was not into the program. It was not until my fourth rotation that I figured it out! However, what I did hear constantly, and subsequently have never forgotten, was my service chief, Colonel (ret) Manuel Ramirez hammering into my head, “Never operate on pain!” At the time, I did not quite know exactly what he meant. (Again, it took me four rotations to realize that I was an orthopaedic surgeon at heart.) I eventually came to understand his teaching: determine the pathology and make a diagnosis, THEN operate only if absolutely necessary without allowing the pain to necessarily influence the diagnosis or decision.

During my first years of practice, I remember telling myself, “Wow, I never really learned how to prescribe narcotics JUST for pain.” I never had a class or seminar specifically for pain during medical school, AND I am quite certain that I never had a lecture on narcotic prescribing while an orthopaedic surgery resident nor a spine surgery fellow. I am sure my attendings would have scoffed at the concept. Unfortunately, it is something that I deal with on a daily basis now. I remind myself everyday of Dr. Ramirez’s comments.

I do not want to spend this brief period of time informing you HOW to treat pain in your practice, but instead to inform you that while our state regulations have tightened with regard to narcotic prescriptions for pain, there exists a bright side to this.

Practically every patient I see has some form of pain. It is my goal to diagnosis the problem then treat the dysfunction. However, the problem often boils down to just pain. Although a small number of my patients may be solely seeking narcotics, I try to trust all of them. To maintain my moral and ethical compass in the correct direction, I have specific treatment algorithms for each type of patient. Without boring into the details of each, I submit that the hardest patient to treat is the “chronic pain” patient. But, I am NOT a pain management expert.

So, for those of us who are not Pain Management physicians, the state has recently provided us with an outlet. (I must apologize in advance to our pain management colleagues as they, specifically, have different regulations to follow.) Despite the fact that it seems that we have had the veritable rug pulled from underneath us when it comes to narcotic prescribing; I believe that this is appropriate. For numerous reasons, the new prescribing policies benefit patients AND physicians.
patients can be informed that “experts” exist for the management of pain—this should comfort them,
physicians can deflect narcotic prescribing ‘debates’ to pain management physicians,
ideally, it will decrease unnecessary (and sometimes, unwanted) telephone calls from patients requesting narcotic refills, and
(I feel most important) it will provide better management of ALL patients and in particular those at risk of potential narcotic abuse.

The new regulations dictate completely separate parameters and criteria for management of chronic pain by pain management physicians. These parameters must be followed by any physician in which “pain” appears in the title of the group. Highlights of the new regulations for NON-pain management physicians are summarized here:

• “Chronic pain” shall mean pain requiring treatment for greater than 90 days or greater in a year not including peri-operative pain, pain during an emergency, or end-of-life pain;
• “Monitoring” means any method to assure treatment compliance including but not limited to the use of pill counts, pharmacy or prescription program verification and MUST include random urine, saliva, sweat, or serums tests;
• Treatment of pain beyond 90 days requires a written agreement with the patient and appropriate monitoring (as noted above);
• When prescribing a Schedule II or III controlled substance for greater than 90 days, the physician must have a written treatment agreement with the patient and must see them every 3 months;
• When a physician determines a new medical condition exists that is beyond their scope of training, he/she shall make a referral to the appropriate practitioner; and,
• If a physician determines/discovers the patient is a substance abuser, the physician shall appropriately refer for treatment of substance abuse.

Again, these rules are completely new and must be followed to be in compliance of our state medical board. They can be found under Rule 360-3-.06. Pain Management. I encourage you to visit the Georgia Composite State Medical Board to review these guidelines in more detail. These can be found at: http://medicalboard.georgia.gov/recently-passed-rules.

Our collective goal is to treat patients to the utmost of our ability and expertise. I believe the new rules allow better management of our patients. I hope this information helps your practice. Personally, I can now rest better knowing that I won’t have night terrors with Dr. Ramirez in my head.
We welcome our new members to the Muscogee County Medical Society:

Kevin King, M.D. earned his medical degree from the Medical College of Ohio in Toledo, Ohio. He completed his internship and residency at The University of Kentucky, Lexington. Before moving to Columbus, he practiced in the Emergency Department at Mary Chiles Hospital and with Commonwealth Family Physicians in Lexington. He was also the Medical Director and Hospitalist at Clark Regional Medical Center and worked at The Roman Medical Group in Columbus. He currently is a hospitalist with St. Francis Hospital. Welcome to the Muscogee County Medical Society, Dr. King!

Kaizad Percy Shroff, M.D. graduated from the University of Mumbai School of Medicine in Mumbai, India and completed his internship at the Rajawadi Hospital at the University of Mumbai. His did his adult psychiatry residency at Loyola University in Chicago followed by a child and adolescent psychiatric fellowship at Albert Einstein University in New York. He practices adult and child psychiatry at 700 Center Street, Suite 501. His office phone is 706-653-1152 and he is accepting new patients. Welcome to the Muscogee County Medical Society, Dr. Shroff!
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In June 2012, I visited these two nations with a group of doctors affiliated with the Southern Medical Association (SMA) and the Auburn University MBA program, which is designed primarily for doctors who wish to go into administrative medicine. The program is called Comparative Healthcare Systems. My interest was mostly curiosity. I attended a previous program two years ago with the same group in England and France which was very revealing. Even though both countries have state and private medicine, the French general practitioner has a much better income and practice conditions. Both Switzerland and the Czech Republic are tiny countries with populations about the size of greater Chicago (around 8 and 10 million respectively). Switzerland is divided into 26 cantons with a five man council as the central government. It is further divided into four language groups: French, German, Italian, and Romansch. There are 30,000 doctors, 36% of which are women, and 95% of all MDs work for the national government. Healthcare is funded by mandatory insurance called “Public Healthcare Insurance” which is a euphemism for 100% government money. Private supplementary insurance is also available for a small premium. Over 70% of MDs are Family Practice doctors who are not allowed to admit patients to hospital. All hospital care is given by Hospitalists and Specialists. One of our lecturers stated that hypochondrias is a great and growing problem. Visiting the doctor is almost an avocation with many. The MD population is aging rapidly as young people decline to enter the profession. Taxes are very high and funding the system is a worsening problem just as in France and the United Kingdom. The population, including most doctors, like their system and want to keep it. As in most European countries, medical school is six years long and is entered into after high school by passing competitive examinations which are strict.

We visited the World Health Organization and heard several lectures there in an enormous building containing over 7000 employees. Though our group asked many questions about the WHO, it was very unclear just what this organization does to justify the huge UN budget it has. The Czech Republic has a parliamentary system of government and is centered in the capital, Prague. The meeting was held here for five days as in Switzerland. The Czechs and Slovaks had only two years of freedom after World War II. Then the USSR set up the puppet state of crushing communist government which lasted 17 years. In 1989 the Czechs threw off the communist government and established a parliamentary democracy. They separated from the Slovaks in 1993 at the request of the Slovaks who felt that they were dominated by the Czechs. They call their healthcare system the Bismarck System, as it is similar to the German system organized by
Otto von Bismarck in the 1870s, which provided a government sponsored insurance which was implemented by private doctors. This program today is a mix of private and public practice financed by public not-for-profit insurance. I asked how not-for-profit insurance worked. The lecturer laughed and said it didn’t work. All the money was provided by the government. Supplementary insurance is also available, but although cheap, it is not popular. The MDs think the reason it is not popular, is that the people since communist days prefer to give a little bribe to their physician to get extra favors. GPs don’t practice in the hospitals which are run by hospitalists and specialists. Hypochondriasis is a growing problem and the aging population, including doctors, is also a problem. Inflation has been a continuing burden for the Czechs and has slowed their full acceptance into the European Union. They are known throughout Europe for their hard work ethic and technical innovation. Medical school is six years as in Switzerland and classes are taught in English as they are in Switzerland. Prague is a large city of 1,200,000 and is very interesting to visit. The Czechs make good Pilsner beer too!
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St. Francis to Host ‘Topping Out’ Ceremony
St. Francis will host a Topping Out Ceremony at 10:30 a.m. on Tuesday, September 18, in the Building H parking lot on the hospital’s main campus. The ceremony will include hoisting of the final 42-foot steel beam to the top of St. Francis’ clinical tower, followed by a celebration luncheon. Parking and shuttle service will be provided in the back parking lot adjacent to St. Francis Avenue.

Paperless Order Entry Goes Live September 1
St. Francis will go live with Horizon Expert Orders (HEO) on Saturday, September 1. Beginning that day, all St. Francis providers must enter their orders via Computerized Provider Order Entry (CPOE). HEO will improve patient safety and satisfaction by enabling physicians to enter orders at the point of care, thus expediting orders. For example, a “stat” medication or order will automatically display in the appropriate department as soon as the provider enters it in the system. Orders will no longer sit in a stack of charts waiting for a secretary or nurse to fax them to the pharmacy or enter them in the computer; pharmacists and clinicians will no longer have to decipher illegible handwriting.

Additionally, HEO and electronic medical records will enable providers to access the latest patient information from their offices or the comfort of their own homes, thus decreasing the number of phone calls to clarify orders. St. Francis began transitioning to electronic medical record system in 2009. That year, the hospital initiated the McKesson order entry system for nursing and ancillary staff. In 2010, the hospital implemented electronic documentation for nursing and ancillary staff. HEO is the last step in implementing a totally electronic medical record.

Orthopaedic Institute Publishes ‘A Systematic Approach to Shoulder Rehabilitation’
The St. Francis Orthopaedic Institute and Human Performance and Rehabilitation Centers (HPRC) at the St. Francis Rehabilitation Center recently published “A Systematic Approach to Shoulder Rehabilitation.” The book focuses on rehabilitation for shoulder injuries and covers a wide variety of pathologic conditions and surgical interventions. Its purpose is to provide therapy students and general physicians and physical therapists a detailed understanding of current best practices in shoulder rehabilitation. The content focuses on non-operative and post-operative rehabilitation programs with very specific detail and criteria to progress. The illustrations and photographs are clear and colorful and will help clinicians educate patients about their shoulder conditions. The book also provides clear rehabilitation principles to explain the logic behind treatment. “A Systematic Approach to Shoulder Rehabilitation” is available online at https://www.ccorp-inc.com/shoulderrehabbook/Login.aspx or from HPRC; call 706-322-7762 for more information. The cost is $150 plus tax.
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Dr. George Lipscomb Retires
Dr. George Lipscomb, an interventional radiologist with Radiology Associates of Columbus, retired from practice and from St. Francis’ medical staff June 29, after 44 years of service. Dr. Lipscomb pioneered interventional radiology in Columbus and was the 2012 recipient of St. Francis’ Dr. Clarence C. Butler Service and Leadership Award. The hospital hosted a retirement reception celebrating Dr. Lipscomb’s service on August 2 at Green Island Country Club.

September Educational Opportunities
St. Francis will offer these educational opportunities in September:

Cancer Conference: Wednesday, September 19, 12:30 p.m., St. Hospital Francis Board Room (first floor). Lunch will be provided. A reservation is not required. For more information, contact Ruby Gladney at 706-660-6096 or gladneyr@sfhga.com.

Breast Cancer Conference: Friday, September 21, 7-8 a.m., St. Francis Hospital Boardroom (first floor). Breakfast will be provided. A reservation is not required. For more information, contact Ruby Gladney at 706-660-6096 or gladneyr@sfhga.com.

St. Francis Hospital is accredited by the Medical Association of Georgia to provide continuing medical education for physicians. St. Francis Hospital designates this live activity for a maximum number of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
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Columbus Regional Physician Group Formed
Columbus Regional Healthcare System has announced the development of the Columbus Regional Physician Group (CRPG), comprised of Columbus Regional-employed physicians.

“Physician involvement and leadership is crucial and critical to the overall success of any healthcare organization,” said Mike Hill, President and CEO, Evergreen Medical Group, an affiliate of Columbus Regional. “Physicians will have an opportunity to participate in the governance and operation of CRPG through a Board of Managers and Administrative Operating Committee. While we do not want to lose the individual identity of our physicians, we do want to take advantage of the strength and power of our employed physician group as the CRPG develops its identity and presence in our community.”

Following are the 48 members of the CRPG who come from a number of specialty areas:


**Hospitalists:** Bernadette Blount, M.D.; Jude Emokpare, M.D.; Marie Fervil, M.D.; Sukant Gupta, M.D.; Aileen Huynh, D.O.; Beata Majewski, M.D.; Syed Naqvi, M.D.; Ike Nwaobi, M.D.; Trina Parker, M.D.; Rotimi Samuel, M.D.; Leilani Shivers, M.D.

**Maternal/Fetal Medicine:** Demetrice Hill, M.D.

**Regional Obstetrics and Gynecology:** Tommy Stewart, M.D.; Timothy Villegas, M.D. Columbus Regional Obstetrics-Gynecology Clinic: Richard Allen, M.D.; Kendall Handy, M.D.; Jefferson Jones, II., M.D.

**John B. Amos Cancer Center:** Wilbur Bassett, Jr., M.D.; John Currie, M.D.; Peter Jiang, M.D.; Wendy Mahone-Johnson, M.D.; Suresh Nukala, M.D.; John Pawloski, M.D.; Andrew Pippas, M.D.; Antonio Rodriguez, M.D.

**Columbus Regional Pediatrics:** David Flowers, M.D.; April Hartman, M.D.

**Pediatric Hospitalist:** Jeffrey Brewster, M.D.

**Columbus Regional Pediatric Hematology/Oncology:** Paul LoDuca, M.D.

**Regional Neurology:** Nojan Valadi, M.D.

**Espinel and Streetman General Surgery:** Jose Espinel, M.D.; Clint Streetman, M.D.

**Outpatient Clinic:** Grace Chin Yut, M.D.; Srividya Nukala, M.D.

**Columbus Regional Orthopedics:** Christopher Johnson, M.D.; John McGuigan, M.D.

Doug Colburn Promoted to Senior Vice President and CIO
Doug Colburn has been promoted to Senior Vice President and Chief Information Officer (CIO) for Columbus Regional Healthcare System. Mr.
Colburn joined Columbus Regional in July 2010 as Vice President and CIO. Over the past two years, Mr. Colburn has led a multidisciplinary team of physicians, nurses, pharmacists, clinical informaticists, information technology and other support staff to launch The Medical Center’s Soarian Clinicals and Financials project. Other clinical technologies such as Bedside Medication Verification (BMV), electronic assessments and Computerized Provider Order Entry (CPOE) have been made to our organization under his leadership and with the dedicated team of talented professionals who work with him.

Mr. Colburn came to Columbus from the Nebraska Heart Institute and Nebraska Heart Hospital in Lincoln, Neb. He began as director of Information Technology at the Institute and was promoted to CIO following the construction of the physician-owned hospital. He is a graduate of Union College where he received a bachelor’s degree in computer information systems with a pre-medical school emphasis. He also holds a master’s degree in healthcare administration from Bellevue University.

John Sims Named Spring Harbor’s Executive Director
John Sims, FACHE, has been named Executive Director of Spring Harbor at Green Island, a continuing care retirement community sponsored by Columbus Regional Healthcare System. A Senior Vice President at Columbus Regional, Mr. Sims has over 30 years experience in skilled nursing and long-term care. Mr. Sims held a senior management position at Columbus Regional from 1996-2001 and rejoined the organization in 2008.

He holds a bachelor’s degree from Emory University and a master’s degree in Aging Studies from the University of North Texas. He currently serves on the Board of Regional Rehabilitation Hospital in Phenix City, as treasurer on the Board at TIC Federal Credit Union and is a member of the Rotary Club of Columbus. Mr. Sims is past chairman of the Georgia Healthcare Association, a long-term care organization, and a former member of the Columbus Specialty Hospital Board. Additionally, he has served as the CEO for the Hospital Authority of Columbus and as the CEO for Evergreens Healthcare Systems in Greensboro, N.C. He was the Vice President of Operations for Magnolia Manor, a Methodist retirement home in Americus, Ga.

Site Visits Help Move Hospitals toward Single EMR System
Recent physician site visits to hospitals in Ohio and South Carolina are another milestone in the selection of a single Electronic Medical Record (EMR) and financial system for Columbus Regional Healthcare System. “We are committed to moving to a single platform by January 2016,” said Doug Colburn, Senior Vice President and Chief Information Officer for Columbus Regional. Currently, The Medical Center uses the recently launched Siemens Soarian platform for financials, clinicals and pharmacy. This contract runs through 2015. Doctors Hospital and Hughston Hospital use the Meditech platform because of a contract put in place when the hospitals were acquired. This contract runs through 2018.

“Our goal is to switch to either Meditech or Soarian for a single product across all
Only two rehabilitation hospitals in Georgia have earned The Joint Commission’s Gold Seal of Approval™ for Stroke Rehabilitation.

One is the Rehabilitation Center at Hughston Hospital in Columbus.

The Hughston Hospital and Rehabilitation Center is one of only two in the entire state of Georgia to achieve this certification from The Joint Commission. This prestigious designation demonstrates Hughston Hospital’s commitment to providing the highest level of care for its Stroke Rehabilitation patients.

From compliance with national standards to effective use of evidence-based clinical practice guidelines to an organized approach to performance measurement and improvement activities, our Stroke Rehabilitation program focuses on one goal—to help each patient return home as quickly as possible with the highest achievable level of function.

Our Hughston Spirit, combined with our expertise and state-of-the-art technology have made us Southwest Georgia’s leading rehabilitation hospital. Your health is our mission.
three hospitals,” Mr. Colburn said. “We recently took physicians to MedCentral Health System in Mansfield, Ohio, where they saw Siemens working with a broader range of functionalities in multiple facilities and to Beaufort Memorial Hospital in Beaufort, S.C. where they saw a newer version of the Meditech platform,” said Mr. Colburn.

“Physicians came back with pro’s and con’s of both products,” Mr. Colburn said. “Factoring their valuable input, our existing contracts and our financial considerations of multiple high priority projects vying for limited capital dollars, we will be able to make a sound decision and put our system on a path toward a single EMR.”

Physicians and staff on the trips were Dr. Drew Williams, Dr. Jose Espinel, Dr. Nojan Valadi, Dr. Wendy Mahone-Johnson, Dr. Vincent Nicolais, Dr. Georgina Asante, Dr. Michael Walsh, Sharon McDaniel, Neal Compton, Oliver Banta, Terry Richards and Mr. Colburn.

THE MEDICAL CENTER
First Female Chief of Staff at The Medical Center
Susan McWhirter, M.D., is the new Chief of Staff at The Medical Center, the first female to hold this role in the hospital’s 176-year history. Dr. McWhirter received her undergraduate degree from the University of Maryland in College Park and her medical degree from Emory University School of Medicine in Atlanta. She also completed a pediatric residency at Emory University School of Medicine Affiliated Hospitals.

Dr. McWhirter is board certified by the American Board of Pediatrics and a Fellow in the American Academy of Pediatrics. Besides her private pediatric practice at Rivertown Pediatrics, P.C., she is on the faculty of the Family Practice Residency Program at The Medical Center. In her position as Chief of Staff, she also chairs the Medical Staff Executive Committee, which includes Jefferson Jones, M.D., Chief of Staff-Elect; R. Scott Hannay, M.D., Immediate Past Chief of Staff; John Bucholtz, D.O., Director, Medical Education; Camilo Gabiana, M.D., Chair, Department of Internal Medicine; Emanuel Wilkes, M.D., Chair, Department of Surgery; Dennis Harden, M.D., Chair, Department of Family Medicine; Ruthann Rees, M.D., Ph.D., Chair, Department of OB/GYN; Thomas Ellison, M.D., Chair, Department of Pediatrics; Mark Pinosky, M.D., Chair, House-Based Specialties; and Family Medicine residents Jonathan Menezes, M.D. and Aref Rafsanjani, M.D.

In Appreciation to Dr. Louis Levy
Family, friends, colleagues and staff surprised Dr. Louis Levy at The Medical Center on July 31 with a reception of thanks and appreciation for his more than 35 years of dedication to the babies and families of our region. Dr. David Levine of Neonatology Associates of Columbus presented a plaque with those sentiments to the retired High Risk Nursery medical director.

“Dr. Levy was and is the heart and soul of the High Risk Nursery,” said Dr. Levine, medical director of Newborn Services at The Medical Center. “While it has changed
tremendously in the four decades he has led it, it will always carry the imprint of the man who had the vision to build it to serve the babies and families of our region.”

Dr. Levy was the 2008 recipient of Georgia Hospital Association’s Lifetime Heroic Achievement Award. Called by some the father of neonatal medicine for our state, he has been at the forefront of neonatal medicine almost since the day the subspecialty of neonatology emerged. He was one of the first neonatologists to practice in Georgia and has been a pioneer in this specialized field of medicine. Through his leadership, The Medical Center’s Newborn Services program has grown from a small room with a few bassinettes into a Level III nursery with 28 beds and a Level II nursery with 12 beds.

CME Opportunities Offered for Physicians
Each of the following Continuing Medical Education (CME) opportunities for physicians has been approved for one hour of CME credit:

**Pediatric Grand Rounds:** Every Thursday, 8:15 a.m., Columbus Regional Conference Center at The Medical Center. Open to any physician or other health professional providing care for children. For more information, call Margaret Caldwell at 706-571-1220.

**Perinatal Grand Rounds:** Every 4th Tuesday, 9 a.m., 4th Floor, Neonatal Conference Room, The Medical Center. (Approved as a series.) Open to pediatricians and OB/GYN physicians. For more information, call Audrey Willis at 706-571-1112.

**Cancer Conference:** Every Monday, 12:30 p.m., Conference Room at the John B. Amos Cancer Center, except for first Monday which is held at Columbus Regional Conference Center at The Medical Center. (Approved as a series.) For more information, call David Fletcher at 706-571-1102.

The Medical Center is accredited by the Medical Association of Georgia to provide continuing medical education for physicians. The Medical Center designates this educational activity for a maximum of 1 Credit in Category I toward the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity.
“THE DNR BAND” IS SEEKING A LEAD VOCALIST

The band is comprised of physicians. The DNR Band performs only for charity functions and fund raisers. There are approximately 12 members with a brass section, percussion section and guitars/bass and keyboards. The variety of music played ranges from Chicago, Blood Sweat and Tears, Earth Wind and Fire, Motown, funk, rock and some country.

Contact: Vincent M. Nicolais, M.D. at 706-571-1454 or email vincent.nicolais@crhs.net

Send all announcement and notices to Lisa Venable at lisavenable@muscogeeomedical.org or Call 706-322-1254
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Joint Commission
Why Participate in Clinical Research?

Participation in clinical research is a fascinating and incredibly rewarding addition to the practice of medicine today. Through clinical research, we are able to participate in the newest and most innovative thinking in medicine. And through this process, we are able to provide patients with incredible levels of medical care, completely free. Additionally our patients are, many times, able to receive a class of medications that has never been available before.

Did you know that in 1997 Singulair didn’t exist? In fact, neither did Detrol, Viagra, Aggrastat, Integriilin, Atacand, or Micardis. These are some of the medicines that were approved by the FDA in 1998. We use these medications so often today. And we’ve used these medications so often in the last 14 years. But 15 years ago they didn’t exist. And the only reason we have the luxury of access to these medicines today is because someone did clinical research 15-20 years ago. The examples are endless. Every medicine, vaccine, biological, and medical device we use today is available to us because a team of dedicated people did research and presented that data to the FDA.

According to the most recent data from the Tufts University Center for the Study of Drug Development (CSDD), the average time in clinical development for a new drug is 8.3 years! That’s not including all the pre-clinical work. The total time is nearly 20 years! So if someone invents the cure for cancer today, it could be 2032 before it is approved by the FDA. And if someone invented that cure back in 2002 and the drug is entering clinical trials today, it will be 2021 before it’s approved. Many of us will be retired before the innovations made today ever reach our patients.

The Tufts University CSDD has also studied how long it should take to develop a new drug. They have looked for areas of waste, areas where no productive activity is taking place, and areas where inefficiencies could be easily remedied. What they have found is that there is wasted time while research is taking place, such as during a phase of active research. But they also found wasted time between active trials. Much of this waste is because we simply don’t have enough physicians and patients participating in the research process. As a result, it takes tremendous effort and lengthy times to find healthcare providers to run the research and even lengthier times to find the patients.

The medical specialty where finding investigators and patients is easiest is oncology. Research is baked into the culture in oncology. I’ve never met an oncologist who isn’t participating in research in one way or another. Perhaps it’s by being a research investigator. Perhaps by being a member of the IRB. Or
perhaps it’s by knowing what research is available to his or her patients and actively referring patients when appropriate. But this isn’t the case in other areas of medical practice. In other areas of medicine, fewer than 10 percent of medical providers are participating in research. This lack of participation is slowing medical innovation and pushing more medical research overseas. Since 2001, more than 50 percent of all research that was conducted in the US has moved overseas. One reason is that it is easier to find patients for research trials there. And improving the speed of research reduces the cost of research.

We can be successful in keeping research in the US. We can be successful in improving the speed of medical innovation. And we can be successful in dramatically expanding the number of physicians involved in the research process. By no means am I suggesting that we should all become researchers tomorrow. That would never work. Research is difficult, and it takes dedication and passion to be willing to be a research investigator. The first step is merely to open our minds to the research process. The second step is to find out what research is being conducted in your region and how to get your patients information on these possibilities. And if you want to become personally engaged in the process, get experienced research professionals to help. Look for research certifications and significant experience in the type of research you are considering. I’m happy to speak with anyone about research. I’m passionate about it.
Mercer Medical School Students Arrive in Columbus

Medical students from Mercer University School of Medicine arrived in Columbus on July 16 as the beginning of a partnership by Mercer University, The Medical Center, and St. Francis Hospital to establish a Columbus campus for the Mercer University School of Medicine. The 14 3rd year medical students were welcomed at a reception hosted by the Greater Columbus Chamber of Commerce. The group underwent orientation at St. Francis Hospital and The Medical Center that week, while also visiting area attractions and getting settled before beginning their rotations on July 23 at the two hospitals. Rotations will last from 6 to 12 weeks, and the students’ time will be equally divided between the 2 institutions. Students at The Medical Center will rotate in Internal Medicine, Family Medicine, Obstetrics, and Pediatrics. Students at St. Francis Hospital will do rotations in General Surgery, Family Medicine, Internal Medicine, and Psychiatry at The Bradley Center.

The partnership with Mercer aims to address the growing shortage of physicians in Georgia. Over the Mercer University School of Medicine’s 30-year history, 65.7 percent of medical school graduates have remained in Georgia or returned after completing their residencies, a higher percentage than any other medical school in Georgia. A faculty development session for physician community preceptors was held on August 25 at the Columbus Regional Conference Center at The Medical Center sponsored by Mercer and the Muscogee County Medical Society. For more information about the Mercer University medical school campus in Columbus or to become involved, contact faculty co-leaders Luther “Butch” Wolff Jr., MD, at 706-324-3243 or John Bucholtz, DO, The Medical Center, at 706-571-1837.

Pictured at the Chamber of Commerce’s welcome reception are (front, L-R) Mike Gaymon, president, Chamber of Commerce; Chuck Stark, president and CEO, Columbus Regional Healthcare System; Regina Brady; Farah Khan; Bowhee Sohn-Gwak; Christina Jayakumar; Mike Sims; Nick Dallas; (back, L-R) Jay Alexander, president, Chamber of Commerce Board of Directors; Dr. David Matthis, assistant dean, Mercer University School of Medicine; Jacob Werkin; Forrest Powers; Bryan Whitfield; Hailey Hembree; Brent Speer; John Vaughns; Courtney Jones; Arshia Khan; Kelly Davison; Robert Granger, president and CEO, St. Francis Hospital; and Reverend Jimmy Elder, First Baptist Church.
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Doctors Joshua and Tanda Lane are board certified in dermatology. In addition, Dr. Joshua Lane is one of only 30 fellowship-trained Mohs surgeons in Georgia and the only one in Columbus. We are pleased to introduce our Physician Assistants, Anna Summerlin, PA-C and Mark Spatz, PA-C, both of whom previously practiced dermatology in the Metro Atlanta area.
MAG creates value for every physician in Georgia because MAG represents every physician in Georgia.

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