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“Realistic goals:
Beyond your grasp,
but within your reach.”
—anonymous

Cover Art:
Rainbow Falls,
Watkins Glen, NY
by Lester O. Prince, M.D

Dr. Prince is a plastic surgeon. His photo is the grand prize winner in the 2003 Bulletin Photo Contest.
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Committed to Pennsylvania Physicians

PMSLIC was established twenty-five years ago by physicians for physicians. Our concern for health-care professionals practicing in Pennsylvania extends beyond writing policies. Our defense of good medicine is vigorous. Risk management activities are tightly integrated with underwriting standards. We lobby persistently for meaningful medical liability reform. While malpractice carriers falter and fail, PMSLIC is taking actions today to maintain a stable source of professional liability insurance for Pennsylvania physicians for the future.

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As we embark upon the New Year, one can't help but reflect on the past year and resolve for the upcoming months. The Bulletin Editorial Board and staff worked very well together to bring our readership articles and topics of interest in a timely manner. At times our peers’ thought-provoking articles sparked dialogues and discussions, all a very healthy civic duty to perform. Other times we just had fun looking at the photographic skills of our fellow physicians and were impressed with their artistic talents.

Having had the opportunity to serve as medical editor over the past couple of years, I had the pleasure of seeing our ACMS leadership at its best. The time and effort put forth for the sake of organized medicine and advocacy of patient care by our elected officers and Board of Directors is just enormous. The passion to preserve the best of medicine for our region just seeps through the countless meetings and hours spent in discussions about a multitude of matters. Needless to say, during this past year, the growing and never-ending malpractice crisis has consumed most of the medical society’s energy. Our legislators and citizens need to understand that the ever-increasing healthcare costs need to be contained by having caps on malpractice lawsuits and giving some respite to the deep pockets and scare tactics of trial attorneys. The system is going broke and its impact is being felt by those who provide precious healthcare and the ones who receive it. Having temporary fixes by our legislators is akin to placing a Band-Aid on a profound bleeder. Physicians struggling to address this malpractice issue represent, in fact, a struggle on behalf of all citizens of this region.

Our readership needs to resolve to and become more active by participating in various platforms of advocacy to preserve health care for all of us, affordable and at its best.

I would like to thank various associate editors who took on the responsibility of writing for the various columns in the Bulletin with an attempt to reflect the growing needs of our readership. Technology, executive physicians, medical students and physician’s profile columns were among those columns initiated last year. Other areas of interest like medico-legal related matters have been discussed as possible columns, but did not yet gather enough steam to get rolling. Your thoughts are always greatly appreciated on ways to enhance the Bulletin further as a meaningful periodical for you.

Contributors for our Pill Box column are a remarkable group of dedicated pharmacists who have consistently enriched us with valuable information about an ever-increasing depth of knowledge of various pharmaceuticals. On behalf of the Editorial Board and our membership, I would like to extend my special thanks for their many years of service.

I am greatly interested in having our area residency and fellowship program directors and residents address the issues of pertinence to physician training in this emerging healthcare paradigm, but I have had little success in persuading them to write. It seems they were all very busy...
doing many things and have had little
time to spare. Some of our potential
relief for busy practitioners has not
been much utilized. The Bulletin
offers the opportunity of just picking
up the phone and dictating your
message and opinions; however, our
readers have not used this service
much. The Bulletin is also posted
online at www.acms.org; hopefully
we can use this format for quick
browsing, easy feedback and your
suggestions for articles and/or com-
ments.

Keeping our Bulletin open for
physicians to express their opinions,
making it a vibrant and attractive
periodical, providing you with critical
and timely information, keeping the
lines of communication open with

our local media, legislators and key
stakeholders for the sake of providing
the best health care for our region, all
remain among our goals. Of course,
these noble goals require your help,
guidance and critique, so that we can
do our best. Collective wisdom needs
to prevail for months to come. Best
wishes for all during this rise and fall
of the years, an eternal cycle of
cosmos and life.

Drs. Chaudhary is a psychiatrist and medical
editor of the Bulletin. He can be reached at
schaud2815@cs.com or (412) 427-6828.

The opinion expressed in this column is
that of the writer and does not neces-
sarily reflect the opinion of the Editorial
Board, the BULLETIN, or the Allegheny
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to edit comments for brevity, clarity, and
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terial submitted.
SOCIETY NEWS

Urological association meets
Eric A. Klein, MD, head, Section of Urologic Oncology, Glickman Urological Institute, Cleveland Clinic Foundation, served as guest lecturer at the November 24 meeting of the Pittsburgh Urological Association. Dr. Klein, who has received numerous awards, including the R.J. Behan Prize for Excellence in Surgery from the University of Pittsburgh, presented Prevention and Genetics: Lessons from the Prostate Cancer Prevention Trial. He currently is the national study coordinator for the NCI-sponsored Selenium and Vitamin E Cancer Prevention Trial (SELECT).

The urological association will host its next meeting at the medical society headquarters on February 9, with registration and cocktails beginning at 6 p.m., dinner at 6:45 and the program at 7:15. Nelson N. Stone, M.D., clinical professor of urology and radiation oncology at the Mount Sinai School of Medicine and Derald H. Ruttenberg Cancer Center, is the invited guest lecturer. Dr. Stone will present Prostate Brachytherapy: What Type and for Whom?

Dr. Stone, who is vice-president of medical affairs for Proseed Inc. in Covington, Georgia, has participated in approximately 25 research studies on prostate cancer and authored over 200 articles, abstracts and book chapters, most on prostate cancer. He is currently studying the neoadjuvant/adjuvant use of Docetaxel and Estramustine in high-risk localized prostate cancer patients treated with brachytherapy and 3D external beam radiation.

Prior to the program, the association will hold a brief business meeting to discuss formation of an executive committee. The association is in the process of obtaining non-profit status. Members will receive an update by mail in January. Those interested in laying the groundwork for this new committee are encouraged to attend the meeting to discuss details of this important change. To register for the program, contact Nadine Popovich at (412) 321-5030 or e-mail npopovich@acms.org.

Societies hold combined meeting
The Pittsburgh Pediatric and the Pittsburgh Obstetrical Gynecological societies held their annual combined meeting on December 1. This year’s meeting, titled Obstetric Care in Southwest Pennsylvania: Outcomes and Opportunities, highlighted the pivotal methodology decisions in the Pittsburgh Regional Healthcare Initiative (PRHI) Delivery Outcome Report, a collaborative effort between Pennsylvania Healthcare Cost Containment Council (PHC4) and PRHI OB/Pediatric Clinical Subcommittee. Dr. Robert Guthrie, a member of the committee and chair of the neonatology department at Allegheny General Hospital, opened the meeting and introduced the speakers: D. Geoff Webster, PRHI associate director; Jayne Jones, M.P.H., special projects coordinator, PHC4; Leah M. Arkowitz, B.S., M.H.P.E., research analyst, PHC4; and Jon Lloyd, M.D., PRHI medical advisor.

Members of the PRHI Obstetric/Gynecological Working Group and community physicians discussed the
findings presented and how southwest Pennsylvania can move forward in providing perfect births.

**Ophthalmology society meets**
Janet Davis, M.D., professor of ophthalmology at the University of Miami, served as guest speaker at the December 4 meeting of the Pittsburgh Ophthalmology Society. Dr. Davis, who is on staff at the Bascom Palmer Eye Institute, presented two lectures, Posterior Uveitis in the Z-Plane and What to Order, When to Refer. The following residents from the UPMC Department of Ophthalmology presented at the grand rounds portion of the meeting: John King, M.D., Retinal Vasculitis; Walter Krasinsky, M.D., TB or not TB; and Melissa Derenzo, M.D., Perplexing Presentation.

**PM S releases 2004 Fee Schedule**
The Pennsylvania Medical Society has released an updated reproduction fee schedule summarized in the chart to the right.

A patient may request a copy of his/her record for personal use. A medical record, as defined by state regulation, is “all clinical information pertaining to the patient that has been accumulated by the physician, either by himself or through his agents.” This includes diagnostic test results, X-rays, physician notes and any records from prior treating or consulting physicians. The charge list does not apply to an X-ray or any other portion of a medical record that is not susceptible to photostatic reproduction.

Neither Act 26 nor HIPAA mandates that charges be assessed for copies of medical records; they merely set the maximum fees that can be charged. In addition to the amounts listed, charges may also be assessed for the actual cost of postage, shipping and delivery of the requested records.

For complete text of the reproduction fee document, including what and how to charge attorneys and insurance companies, log on to www.pamedsoc.org or call (800) 228-7823. You can also access the information at www.acms.org/medrec.html.

**Medical 'biz in the 'Burgh**
Diane P. Holder has been named president and chief executive officer of UPMC Health Plan, effective Jan. 1. Holder is president of Western Psychiatric Institute and Clinic (W P C) and vice president of UPMC Behavioral Health, and also chairs the board of Community Care Behavioral Health Organization, an insurance subsidiary of UPMC.

Claudia Roth, vice president of ambulatory services at W P C, will serve as interim chief executive officer of W P C and vice president of UPMC Behavioral Health while UPMC conducts a search for Holder’s successor.

[12/5/03 Pittsburgh Post-Gazette]

Cost increases for health insurance in western Pennsylvania outpaced national averages this year, while industry officials predicted double-digit rate increases again in 2004. In a survey by Mercer Human Resource Consulting of 34 employers with 500 or more employees in western continued on page 10
Pa., total health benefit costs this year increased 13.5 percent to an average of $6,006 per employee, outpacing a national survey that found rate increases of 10.2 percent to an average of $6,348 per employee. Local employers expect rate increases of about 17 percent next year, compared to about 3,000 national employers who were predicting a 12.5 percent increase. [12/9/03 Pittsburgh Tribune-Review]

A physician lawsuit alleges that doctors and administrators at University of Pittsburgh Medical Center, driven to increase profits, falsified hundreds of thousands of cancer screenings, allowed systemic errors to occur and subjected cancer patients to unnecessary testing. Dr. Susan A. Silver, a pathologist formerly at UPMC’s Magee-Womens Hospital, further alleged in her lawsuit that multiple patients with cancer and other tissue abnormalities were declared healthy in falsified reports and not properly diagnosed for up to four years. Silver’s contract wasn’t renewed earlier this year after she complained about UPMC’s alleged deficiencies, while the lawsuit seeks more than $500,000 in damages. Dr. George Michalopoulos, professor and chairman of the University of Pittsburgh School of Medicine’s pathology department, called the lawsuit, which implicates 19 medical officials by name, a “complete distortion of any sense of reality,” and UPMC issued a statement standing behind the quality of its laboratories and assuring patients about Magee’s high quality of care. [12/18/03 Pittsburgh Tribune-Review]

To learn more about medical liability reform, call the Pennsylvania Medical Society’s Liability Reform Action Center at (800) 566-TORT (8678) or log on to www.pamedsoc.org/lrac. You also can call the Allegheny County Medical Society at (412) 321-5030 and ask for tort reform updates or log on to www.acms.org.
Christopher J. Daly, M.D., FACS, general surgery, was selected by the Executive Committee of the Board of Governors of the American College of Surgeons to serve on the Governors' Committee on Blood-borne Infection and Environmental Risk.

The University of Bulgaria in Plovdiv recently awarded Philip Caushaj, M.D., colon and rectal surgery, with its Medal of Honor and named him a professor of surgery for his efforts to train surgeons in Bulgaria and Eastern Europe in the latest surgical techniques. He was also awarded Bulgaria’s Badge of Honor. Other recent honors for Dr. Caushaj include receiving the Danish Surgical Society Medical of Honor, being named as an honorary fellow of the Argentine Society of Coloproctology and Argentine Surgical Society and being inducted into the United States Laparoscopic Founder's Society. For these honors Dr. Caushaj was also recognized as a Pittsburgh Tribune-Review Newsmaker in December.

Marilyn Brooks of WTAE-TV interviewed Sandeep S. Rana, M.D., neurology, on the clinical aspects of Guillain-Barre Syndrome for a feature that aired November 26.

Robert F. Yellon, M.D., pediatric otolaryngology, has been accepted as a Fellow of the American College of Surgeons and was appointed medical director of the new Children's Hospital of Pittsburgh Airway and Voice Center. He was also invited to participate in the 11th International Endoscopy Days, an invitation-only conference for pediatric otolaryngologists and pediatric anesthesiologists concerning pediatric airway problems. Dr. Yellon is associate professor of otolaryngology and pathology at the University of Pittsburgh School of Medicine.

The Bulletin
The Bulletin January 2004

Eugene N. Myers, MD, professor and Eye and Ear Foundation Chair for the Department of Otolaryngology at the University of Pittsburgh School of Medicine, was the invited guest speaker at the Xth Clinical Congress of the Saudi Arabian Chapter of the American College of Surgeons held in Beirut on September 6. He also received a Presidential Citation at the Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery held in Orlando on September 21. Dr. Myers was inducted as an honorary member of the Slovak Society of Otolaryngology-Head and Neck Surgery at its 50th Anniversary Congress held in Bratislava, Slovak Republic, on October 10.

Clark A. Rosen, MD, otolaryngology, presented the lectures, 24 hoursto curtain: care of the singer, Challenging cases in voice disorders and Laryngeal-pharyngeal reflux: pearls and pitfalls at the 2003 Fall Meeting of the Arizona Society of Otolaryngology-Head and Neck Surgery in Phoenix on October. He also spoke on Vocal fold injection: fact, fiction and material selection at the 2003 Fall Meeting of Albany Medical College Updates in Otolaryngology-Head and Neck Surgery in Manchester, Vermont, in October. He presented at the lectures, Vocal fold scar and sulcus vocalis: a primer, Stump the voice team and Ocupational problems across professions: identification and treatment at the ASHA Annual Meeting in Chicago in November.

The Board of Regents of the American College of Surgeons appointed Suman Golla, MD, otolaryngology, to serve a three-year term on the Advisory Council for Otolaryngology-Head and Neck Surgery as a Young Surgeon Representative for the American Academy of Otolaryngology-Head and Neck Surgery.

Anil Gungor, MD, otolaryngology, presented Eustachian tube form and function in cleft palate at the Annual Musgrave Lectureship at the University of Pittsburgh in November. He also presented Evaluation and Treatment of Cleft Palate and VPI at the American Academy of Otolaryngology-Head and Neck Surgery Academy Meeting in Orlando in September. In October, Dr. Gungor was the invited speaker for Astra-Zeneca at Lincoln Plaza Hotel in Reading, presenting Allergic rhinitis in pediatrics.

The Allegheny Division of the American Heart Association honoring the late Peter Safar, MD, with its Pulse of Pittsburgh Award at the Pittsburgh Heart Ball on February 14. Dr. Safar is known internationally as the Father of CPR.

Dr. Myers

Dr. Rosen

Moises A. Arriaga, MD, otolaryngology/neurotology, wrote about new advances in implantable hearing aids and the three implantable hearing aids that have been approved by the Food and Drug Administration: Soundtec, Retro X and Bone Anchor Hearing Aid.

Saul Silver, MD, cardiovascular disease, wrote about steps a person with risk of heart disease can take to reduce that risk: Attain an ideal body weight; control blood pressure; be tested for diabetes; stop smoking; know your cholesterol and triglyceride levels and what your HDL and LDL are; and take a baseline stress test.

Send your Activities & Accolades items to the attention of Elizabeth Fulton at ACMS, 713 Ridge Ave., Pittsburgh, PA 15212 or e-mail efulton@acms.org. We also encourage you to send a recent photograph, indicating whether or not it needs to be returned.

The Dear Doctor column is published regularly in the Pittsburgh Post-Gazette's Health Section. To contribute a Dear Doctor column, call Elizabeth Fulton at (412) 321-5030 or e-mail efulton@acms.org.

Physician Referrals

Did you know we get calls daily asking for referrals to physicians? Be sure your membership information is up to date so that you get connected, including:

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-√ Hospital Affiliations
-√ E-mail address
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E-mail acms@acms.org or call (412) 321-5030 and ask for Nadine Popovich (ext. 110) or Jim Ireland (ext. 101)

January 2004
**Pediatric epilepsy lecture**
The University of Pittsburgh Center for Continuing Education in the Health Sciences will present the program, Pediatric epilepsy: Epilepsy has many faces, on February 4 at 1 p.m. Eileen P. Vining, MD, Lederer Professor of Pediatric Epilepsy, professor of neurology and pediatrics, Johns Hopkins Medicine and director, The John M. Freeman Pediatric Epilepsy Center, will serve as guest faculty. For more information call (412) 647-8255.

**Rx Council**
The Rx Council of Western PA will be moving its offices in the near future. The council has been using donated space from Pittsburgh Mercy Health System for several years, but the site is scheduled for demolition and the council must find a new location and pay for rent and utilities. The Rx Council would like your help in continuing to provide prescription aid to people in need. Donations can be mailed to 1709 Boulevard of the Allies #100, Pittsburgh, PA 15219, or designate your United Way pledge donation to the Rx Council by marking its address and contributor choice number 3405 on your United Way Pledge Card.

**HPI Lecture Series**
As part of its ongoing lecture series in health policy and management, the Health Policy Institute will sponsor a lecture on February 4 at the University of Pittsburgh Graduate School of Public Health from 4-5:30 p.m. Jessie C. Gruman, PhD, president and executive director, Center for the Advancement of Health, will present Basic vs. applied research: rebalancing the nation's health-research portfolio. CLE credit is available. Lectures are free and open to the public; there is no registration. For additional information, call (412) 624-6104 or visit www.pitt.edu/~hpi. This website also features summaries of past lectures.

**Childhood obesity study**
Researchers at the University of Pittsburgh School of Medicine and
Children’s Hospital of Pittsburgh are conducting a study to determine if family-based behavioral weight control is effective in the management of severe pediatric obesity. The research study, called KidQuest, is funded by the National Institute of Child Health and Development. To be eligible for the study, children must be between 8 and 11 years old, be at least 150 percent of their ideal weight, be free of acute obesity-related medical conditions such as diabetes, undergo a complete study physical and meet additional eligibility criteria. A parent or guardian must participate in the study with the child. For more information call (412) 647-7181.

Stroke Institute service
Stoke specialists from the UPMC Stroke Institute have initiated a new stroke consult service for physicians with direct pager access to a stroke specialist 24-hours-a-day, every day of the year. Stroke specialists will be available to discuss acute stroke management, complications following stroke or complicated cases and secondary prevention options. They also can offer clinical trial participation. Physicians can call the Stroke Institute at (412) 647-8080 to obtain the pager number.

Depression study
Researchers at the University of Pittsburgh Medical Center are looking for teenagers to participate in a three-year national study funded by the National Institute of Mental Health called Prevention of depression. To qualify for the study, teens must be between the ages of 13 and 17 and have at least one parent who has suffered from depression. For more information contact project coordinator Timothy Pitts at (412) 246-5616 or (800) 515-7298.

CANCER SUPPORT GROUPS: The Cancer Caring Center provides a number of support groups locally for patients and their families. You can reach them at (412) 622-1212 or log on to http://trfn.clpgh.org/cancercaring. Current meetings include:

- Brain Tumor Group/Bloomfield Center, 1st & 3rd Wed, 7-8:30 pm;
- Wellness Group/Bloomfield Center, 2nd & 4th Mon, 7:15-8:30 pm;
- Cranberry Group, 2nd & 4th Wed, 7-8:30 pm;
- Monroeville Group, 1st & 3rd Wed, 7-8:30 pm;
- North Hills Group, 1st & 3rd Thur, 7-8:30 pm;
- South Hills Group, 2nd & 4th Thur, 7-9 pm;
- North Side Group, 1st & 3rd Tues, 5:30-7 pm;
- Jefferson Group, 2nd Tues, 7-8:30 pm;
- Mercy Group, 2nd Tues, 6-7:30 pm;
- Aspinwall Group, 1st & 3rd Mon, 7-8:30 pm;
- Mind Body Spirit Group/Bloomfield Center, 1st & 3rd Mon, 7-8:30 pm;
- Movement Health & Wholeness Group/Bloomfield Center, 1st & 3rd Thursday, 7-8:30 pm;
- Shadyside Group, 1st & 3rd Tues, 1:30-3 pm;
- Lung Cancer Group, Shadyside Hospital/3rd Thur, 6:30-8 pm;
- Oakland Group, 1st & 3rd Tues, 7-8:30 pm;
- Penn Hills Group, 2nd & 4th Wed, 7-8:30 pm;
- North Hills Breast Cancer Group (women), 1st & 3rd Wed, 7-8:30 pm;
- Friendship Breast Cancer Group (African American women), 2nd & 4th Wed, 6-7:30 pm;
- Friendship Breast Cancer Group (women), 2nd Wed, 6:30-8 pm;

SAVINGS ON AUTO RENTALS
You’re entitled to receive the medical society’s corporate rate on automobile rentals at Enterprise rent-a-car, for everything from compact cars to luxury cars, trucks and passenger vans.

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Member Benefit

Working for Physicians.
January is National Volunteer Blood Donor Month. February is American Heart Month; Feb. 1-7 is National Burn Awareness Week and Feb. 8-14 is National Children of Alcoholics Week and the 14th is National Condom Day. (Source: U.S. Dept. of Health and Human Services).

Jan 19, 6 pm .................................. Pittsburgh Surgical Society
Jan 21, 11:30 am-3:30 pm ............... Emergency Medical Services
Jan 22, 10 am-3 pm ......................... PMS Videoconference
Jan 27, 4-6:30 pm ........................... PMS Videoconference
Jan 28, 5:30 pm ............................. Pittsburgh Pathology Society
Jan 30, 8:30 am-3:30 pm ............... Pittsburgh Public Schools
Jan 31 ........................................... Ralph Minto Jr. & Associates
Feb 2, 5 pm ................................. Pittsburgh Obstetrical/Gynecological Council
Feb 2, 6 pm ................................. Pittsburgh Obstetrical/Gynecological Society
Feb 5, 3:30 pm .............................. Pittsburgh Ophthalmology Society
Feb 6, 12:30-3:30 pm .................... Pittsburgh Public Schools
Feb 8, 12-5 pm .............................. PA Academy of Family Physicians
Feb 9, 5:30 pm .............................. Pittsburgh Urological Association
Feb 10, 10 am ............................... ACMS Alliance
Feb 10, 6 pm ................................. ACMS Executive Committee
Feb 11, 9 am-2 pm .......................... PMS Videoconference
Feb 11, 6:30 pm .............................. Medical Assistants
Feb 15, 12-5 pm ............................ PA Academy of Family Physicians
Feb 20, 8:30 am-1 pm .................... Three Rivers Adoption Council

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When I was a little girl, I used to gaze out the windows of our Brooklyn apartment, watching the patterns of dripping rain on quiet misty days. The hospital my father worked in stood directly across, with amber colored brick and meticulously regimented sections; I dared not underestimate its authority. At the age of four when I decided I wanted to become a doctor, the predominant images in my mind tied to this profession were flashes of my father's white coat and stethoscope, the bare white walls of the hospital whose corridors I walked on occasion, and the movement of tall people covered in colored pajamas or adorned with various metal instruments and plastic nametags. It was all very bewildering—yet I knew I somehow wanted to become a part of the magical power held within the confines of those bare white walls, to speak the language and understand the variety of information and nuances I seemed much too young to ever comprehend.

Eighteen years later, after countless science classes, standardized tests and book learning, I find myself in the first year of medical school delicately peeling fascia away from various muscles. The satisfaction in finally being immersed in material that is directly relevant to my future profession is also combined with much self-reflection. Why medicine? I love reading good literature, writing stories and drawing. I try to continue to make these interests a part of my life while being aware that time is very limited and more likely to be filled with immunology, biochemistry, cell biology and ambulatory care classes that will mold me into what I have chosen to become: a physician. Amongst all the experiences I have had in my life, one in particular reminds me of why I have chosen to commit to this particular path.

Two summers ago I spent a month in Oaxaca, Mexico, working in various hospitals and rural clinics through a program called Child Family Health International. In addition to being exposed to various elements of Oaxacan health care, I was also able to learn about indigenous health and cultural issues. Given a white coat and stethoscope, I was called “doctora” by unassuming patients who were unaware that I had not yet received any formal medical training. The serene city was filled with colored buildings, talented artisans and vast marketplaces—as well as somber child workers, street beggars and impoverished pueblos. I became immersed in a novel culture and new clinical experiences. I was able to communicate more easily with the healthcare providers as my Spanish improved and, for the first time, witnessed procedures that had only been familiar by name. In the clinics, I felt distinctly segregated as a foreigner and as a woman. Most of the doctors in the larger clinics were male and few spoke English. I conversed to the best of my capabilities, smiled often and tried to understand the rapid flow of words and exchanges, but it was evident that I was an outsider looking into a tapestry of production I was not a part of. Yet these barriers became inconsequential in moments that evinced what I had always valued about medicine: There is a distinct humanizing aspect that leaves one with the barest of formulas. The woman in labor, screaming with misery, did not care that my soothing words were thickened with an American accent. My sympathy, presence at her side and my hands working to comfort her spoke with eloquence.

In the more rural areas, I worked in less affluent clinics and charity care organizations. Dr. Margarita Acevada, a striking
A woman in her mid-40s who charged approximately 25 pesos (around $2.50 USD) per office visit, was my truest inspiration. During the afternoon breaks spent trying to understand each other despite language barriers (which decreased with passing days), I learned much about the problems concerning nearby and distant pueblos that patronized Dr. Acevada’s clinic. Ironically, the city’s poorest were faced with the largest financial healthcare burden. The larger clinics I had worked in, Mexican social security institutes known as IMSS and ISSSTE, served patients who received health insurance coverage in part or wholly from the federal government (see box below). All federal workers automatically qualified for coverage through the government and received treatment at ISSSTE, while other workers were treated at IMSS—an institution jointly funded by the government, employers, and employees. Coverage at both facilities included prescription drug costs. While about 50 percent of the population were able to utilize either IMSS or ISSSTE—hospitals with the best resources—the remaining half was covered through public services or private per-pays, which failed to include drug costs. Craftsmen, street vendors and pueblo workers were amongst those who received the poorest quality of care, in addition to facing financial hardships when burdened with inevitable payments.

Most valuable was what I glimpsed within Dr. Acevada herself: extreme compassion, warmth and sensitivity towards her patients. She struggled to reconcile her observations of patient problems, many preventable, and limited ability to assist. Promiscuous extramarital affairs resulting in young pregnant girls who were brought in by their lovers were numerous, yet a pervading cultural stigma against birth control and condoms propagated the problem. A simple lack of clean water manifested itself as

IMSS: for all employees, covered by the federal government
ISSSTE: federal employees, covered by the federal government
IMSS: funded by government, employers and employees
IMSS and ISSSTE: provides coverage to 49 percent of the population; rest of 50 percent covered by public services (IMSS Sol and SSA) and private per-pays (private health insurance doesn’t cover prescription drugs). Public services also don’t cover prescription drugs.
In 2002, public=48 %, private=2.1 %, 49.9=no insurance

continued on page 18
The Bulletin January 2004

PITTSBURGH FOOT AND HAND CENTER, P.C.
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Michael W. Bowman, MD, and staff are pleased to announce the opening and relocation of his practice under our new name: Pittsburgh Foot and Hand Center, P.C. We are committed to providing the same quality orthopaedic care for the foot and hand that you have come to expect.

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We appreciate the opportunity to continue to care for your patients.

MUSINGS continued from page 17

various disorders and infections, primarily due to a poorly informed or apathetic public. Malnutrition in these impoverished areas was rampant, especially among children. As Dr. Acevada would ask me to take a pap smear from a woman with a vaginal infection, or give a breast examination to an emaciated old woman, or comfort a young infant screaming incessantly; the endless concerns seemed to confront me from every direction. I wanted to do more than my knowledge or resources permitted. I realized more vividly then that I was going to devote my life's work to being a part of a certain world, surrounded by a plethora of sicknesses, unable to find concrete answers to every problem, trying to retain professionalism without losing humanity. Everything I had experienced in Oaxaca was a striking contrast to the endless hours of poring over textbooks and memorizing details; I was given a taste of something very real that only underscored my certainty that I was working towards a profession in which I could be challenged and tested, disappointed and frustrated, and most importantly, a profession that would fill me with a particular unmatched connection towards people, allowing me to feel utterly alive.

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The opinion expressed in this column is that of the writer and does not necessarily reflect the opinion of the Editorial Board, the BULLETIN, or the Allegheny County Medical Society.

Member Benefit A Place to Turn

The answer to your question may be just a phone call away. Your medical society can almost always give you an answer or direct you to exactly where you can get it. Problem Solved.

So get back to your patients. They’re the reason you became a doctor in the first place.

Working for Physicians.
Successful retirement planning should take into account the need for and cost of health insurance. A physician planning retirement needs to find the answers to many questions before settling in for a long happy retirement.

What about Medicare?
Medicare is not the single comprehensive solution to retirement insurance needs. Medicare benefits, except in some limited circumstances, are not available until age 65, regardless of whether Social Security retirement benefits are elected at age 62. The exceptional circumstances relate to qualified disabilities and specific diseases, not early retirement. Even with Medicare in place, supplemental coverage is needed to respond to the copays, deductibles and prescription drugs that are not covered. For complete details visit Medicare's website, www.medicare.gov.

Can I keep my present coverage?
With more and more physicians participating in employer-provided health insurance programs, COBRA (Consolidated Omnibus Budget Reconciliation Act of 1986) regulations may require the physician's employer to continue to offer health insurance benefits for 18 to 36 months, depending on the physician's age. This continued coverage is at the physician's expense. In fact, the employer can charge 102 percent of the actual premium cost. Even with COBRA coverage, the retiree needs to confirm what coverage would be available as the COBRA period expires. If COBRA is not applicable, continuation of coverage may depend on the renewal terms of the insurer. It would be advisable for the retiree to obtain written confirmation from his or her employer or insurance agent of the exact renewal terms before retirement.

What will health insurance cost before age 65?
With so many different insurance plans available, any statement regarding cost must be qualified. All of the following are based on the Allegheny County Medical Society plans and assume coverage for a husband and wife over age 60. Prior to age 65, a program of managed care health insurance would cost approximately $17,000 annually. A Traditional Blue Cross/Blue Shield/Major Medical program would cost almost $20,000 annually.

What will it cost after age 65?
Medicare supplemental programs offer an even broader cost range, depending on the plan selected. Again, looking at those plans most often carried by ACMOS members, the current cost ranges from $3,500 to $8,000 annually.

Will these costs change over time?
In the most recent years, health insurance premiums have increased annually at an alarming rate. Annual premium increases of 20 percent or more have not been uncommon. Over the last two decades the average annual increase would be closer to 10 percent. Either of these numbers makes it quite clear that any retirement budget should allow for significant future increases in healthcare costs.

If you are planning your retirement, make certain that your plans include for the provision of adequate health insurance coverage.

Don Ivol is vice president of USI Colburn Insurance Service. He can be reached at (724) 873-8150.
Suicidality in Pediatric Patients Treated with Antidepressants for MDD

Bethany Fedutes, PharmD
Nicole Ansani, PharmD

Due to the occurrence of suicidality (both suicidal ideation and suicide attempts) in clinical trials for paroxetine and venlafaxine in pediatric patients with major depressive disorder (MDD), it is recommended that the agents not be used in children or adolescents for the treatment of MDD until the Food and Drug Administration (FDA) has completed its evaluation of antidepressant safety in this patient population. The recommendation is in accordance with the FDA’s statement regarding antidepressant use for pediatric populations.

Submission of (unpublished and unavailable) safety data for all pediatric studies to the Food and Drug Administration's (FDA) by GlaxoSmithKline to gain approval for use of paroxetine to treat obsessive compulsive disorder in children led to the FDA recommendation that paroxetine not be used to treat depression in adolescents or children until further safety evaluations are performed. According to the FDA’s Reports, among a total of 1,134 children aged 7-18 years included in the pediatric trials, 3.2% of the paroxetine- and 1.5% of the placebo-treated patients experienced “emotional liability” which included crying, mood fluctuations, thoughts of suicide and attempted suicide. However, there were no completed suicides. Due to the majority of suicidal behavior occurring in patients treated with paroxetine for major depressive disorder (MDD), the FDA announced the further review of reports of possible increased risk of suicidal thinking and attempts among persons younger than age 18 who take paroxetine as a treatment for MDD on June 19, 2003.

Similarly, data submitted by Wyeth Pharmaceuticals during an attempt to gain FDA approval for use of venlafaxine to treat MDD and general anxiety disorder (GAD) in children led to the FDA’s recommendation to add the recent pediatric safety precautions to the product labeling of venlafaxine. The precaution states that there were increased reports of hostility. The recent change in the labeling for venlafaxine products notes...
increased reports of hostility, suicidal ideation and self-harm in pediatric patients who participated in studies of the drug for treating MDD.

The available data regarding the pediatric and adolescent safety precautions is summarized below.

**Paroxetine**

A total of three large placebo-controlled, clinical trials have been performed to evaluate the efficacy and safety of paroxetine compared to placebo for the treatment of MDD in pediatric and adolescent patients.

Keller et al is the only published trial evaluating the use of paroxetine in the treatment of adolescent depression with favorable, yet modest results. The authors performed an eight-week, multicenter, double-blind, randomized, parallel-design comparison of paroxetine with placebo and imipramine with placebo in adolescents with major depression. The study enrolled 275 patients aged 12-18 years with DSM-IV major depression. The patients were randomized to receive paroxetine 20 mg/day during weeks 1 through 4, with optional dosage increase to 40 mg/day (n=93); imipramine 50 mg/day with optional dosage increase to 300 mg/day (n=95); or placebo (n=87). Efficacy was assessed by incidence of response defined as score of <8 or a ≥50% reduction in baseline Hamilton Rating Scale for Depression (HAM-D) and change in baseline in HAM-D total score. Treatment groups were similar with regard to demographic characteristics and psychiatric profile. Results revealed that the response rate (score of HAM-D <8) for the paroxetine group was 63% compared with 46% for the placebo group, p<0.02. No difference was reported between the number of patients with a score of <8 or a ≥50% reduction in baseline HAM-D in the paroxetine (66.7%) versus the placebo group (55.2%), p<0.11. Furthermore, no difference between the paroxetine (8.24) and placebo (9.88) was noted in change in HAM-D total score from baseline. Emotional liability was reported in six (6.5%) patients in the paroxetine group with five being classified as severe compared to one (1.1%) in the control group (no p value reported).

The authors concluded that paroxetine is safe and effective in the treatment of adolescent depression. This study is well designed; however, only one of the two prospectively identified primary outcome measures achieved statistical significance and a large placebo effect was noted.

The two other large, unpublished trials reported that effectiveness of paroxetine could not be differentiated from placebo. With limited data and no benefit reported, the data provided by the manufacturer does not allow a complete assessment of the study population, methodology, analyses of data or safety evaluation.

Currently under review by the FDA, a pooled analysis of the pediatric placebo-controlled trials performed by GlaxoSmithKline reported a difference between paroxetine and placebo in suicidal thinking and suicide attempts. There were two treatment period analyses (on therapy and on therapy plus 30-day follow-up). The incidence of adverse events possibly related to suicidal behavior while on therapy (treatment plus a taper phase) was 2.4% (18/738) for paroxetine and 1.1% (7/647) for placebo in the overall population, p=0.07. The analyses of the incidence of adverse events possibly related to suicidal behavior while on therapy plus 30 days of follow-up continued on page 22

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(treatment phase, taper phase and follow-up period) was 3.4% (25/738) for paroxetine and 1.2% (8/647) for placebo, p=0.01. Evaluation of the incidence of these events by specific psychiatric disorder shows that the majority of events occurred in patients with MDD.4

Venlafaxine

The safety and efficacy of venlafaxine XR for the treatment of depression in pediatric patients ages 6-17 years was assessed in two unpublished, double-blind, eight-week, placebo controlled trials and one unpublished, open-label six-month trial. According to information provided by Wyeth, the double-blind trials included 166 and 201 patients, respectively; and the open-label trial included 87 patients. All patients included in the trials met DSM-IV and Kiddie Schedule for Affective Disorders and Schizophrenia, Present and Lifetime Version (KID D I E-SAD S-PL) criteria for major depressive disorder. Patients had a Childhood Depression Rating Scale, Revised (C DRS-R) score >40 at baseline, with no greater than a 30% decrease during screening, Clinical Impressions Severity of Illness (C G I-S) score ≥4, and depressive symptoms for at least one month prior to entry into the study. Patients in the active-treatment groups received venlafaxine 37.5 mg/day during week 1; all doses were titrated according to weight and response using a flexible-dosing regimen. On day 8, doses were increased to 75 mg/day for all patients weighing ≥40 kg. Dose increases were optional for patients in the 25-39 kg group. On day 15, the doses were titrated to a maximum of 75 mg, 112.5 mg, or 150 mg daily for the 25-39 kg group, 40-49 kg group, and ≥50 kg group, respectively. The doses were further titrated to a maximum of 112.5 mg, 150 mg and 225 mg, respectively, on day 29 for the 25-39 kg, 40-49 kg, and ≥50 kg patient weight group.7

Data on file from the manufacturer reveal results of no difference between the venlafaxine XR and placebo groups in C DRS-R scores in either of the placebo-controlled trials (no data points reported). In one placebo-controlled trial, adverse events were the primary and secondary cause for the discontinuation of study drug in 13% of venlafaxine XR treated patients compared with 5% of the placebo group. The adverse events that most frequently caused discontinuation of treatment in the venlafaxine XR group were mania reaction (3%) and suicidal ideation (3%). In the second placebo-controlled trial, 8% of patients in the venlafaxine XR group compared to 1% of the placebo treated patients experienced adverse events that led to discontinuation of the study. The most common adverse events that led to discontinuation in the venlafaxine XR group were hostility (2%) and suicidal ideation (2%). In the open-label trial, adverse events were the primary reason for discontinuation for 17% of patients, with hostility (3%) being the most commonly cited event.7

A pooled analysis of the two randomized, controlled trials in MDD, performed by Wyeth and under review by the FDA, reveals that the most common adverse events...
leading to discontinuation in at least 1% of the venlafaxine XR group and at a rate twice that compared to placebo were hostility (2%, <1%) and suicidal ideation (2%, 0%), respectively. Abdominal pain (21%) and anorexia (7%) were the most common treatment-emergent adverse events with venlafaxine XR.7-8

With limited information regarding study methodology and safety assessment received from the manufacturer, thorough analyses of the studies are not possible.

Summary
The FDA has completed a preliminary review of reports for eight antidepressant drugs—citalopram, fluoxetine, fluvoxamine, mirtazapine, nefazodone, paroxetine, sertraline and venlafaxine—all studied under the pediatric exclusivity provision of the FDAMA Modernization Act (FDAMA, 1997). Although fluvoxamine data were reviewed along with the other antidepressant drugs, it should be noted that it is not approved as an antidepressant in the United States.8

The FDA notes, to date, that the data do not clearly establish an association between the use of these drugs and increased suicidal thoughts or actions by pediatric patients. Furthermore, the agency states that it is not possible at this point to rule out an increased risk of these adverse events for any of these drugs, including paroxetine. In order to promote a public discussion of data and pertinent regulatory actions, the FDA has scheduled a meeting on February 2, 2004, before the Psychopharmacologic Drugs Advisory committee and the Pediatric Subcommittee of the Anti-Infective Drugs Advisory Committee.8

Additional Information
Some explanations concerning the possible reason(s) for suicide/suicidal ideation with SSRIs and children:

Depression is an illness with agitation, despair, self-loathing and suicide. Suicide attempts may occur as depression is lifting and an individual is energized enough to act on thoughts of self harm. Since suicide is rare in children and adolescents, ascertaining whether there is a meaningful increased suicidal ideation, suicide attempts and/or suicide completion associated with any medication used to treat depression will require review of large numbers of patients.9

Adverse affects in children, including nausea, nervousness, insomnia and fatigue have been similar to those in adults. However, an increase in motor activity is more common in children than adults.10

Childhood depression is different from adult depression. Reasons are not clear but could relate to the continuing development of the child's brain. It has been difficult to show effectiveness in children of antidepressants known to work in adults, and a number of effective adult antidepressants have not been shown to work in childhood depression. Children may also react very differently to some medicines; some side effects over a range of drugs are seen in children that are not seen in adults.11

REFERENCES
tobacco free allegheny

The Bulletin January 2004

FREE smoking cessation services for Allegheny County residents through these organizations:

- Caring Foundation: 888-304-7133 (for the uninsured or underinsured)
- Clean Air Plus: 412-622-7909 or 412-327-6800 (Children's Hospital/Magen partnership; classes for pregnant population and parents/显著 of young children)
- Centers for Healthy Hearts and Souls: 412-221-8992 (pregnant and general population)
- Merri Behavioral Health: 412-323-2599 (for MH/IHC clients only)
- Pittsburgh STOP Program: 412-581-4694 (pregnant population)
- UPMC Baldwin: 412-647-8783 or 800-533-8783 (general population)
- UPMC McKeesport: 412-647-8783 or 800-533-8783 (general population)
- UPMC Oakland: 412-647-8783 or 800-533-8783 (general population)

NOTE: Smoking cessation programs sponsored by Tobacco Free Allegheny offer the nicotine patch, free of charge, for those individuals who participate in the classes except those contraindicated or for persons under the age of 18.

Additional smoking cessation programs in Allegheny County may or may not charge a small fee for the classes and/or the nicotine patch. These include:

American Respiratory Alliance: 888-239-1500 or 724-773-1700
Forsyth Regional Hospital: 412-996-6500
Giant Eagle Pharmacy: 800-884-9884 (medical assistance recipients only; non cash)
Highmark Blue Cross Blue Shield/Health Place: 888-349-3826 (members only)
KLI CMH Hospital: 412-344-4480 or 11113
UPMC Penn Duerr Hospital: 412-647-8783 or 800-533-8783

The U.S. Surgeon General's Report Concluded

"Cigarettes and other forms of tobacco use are addicting."

Patterns of tobacco use are regular and cumulative, and a withdrawal syndrome usually accompanies tobacco abstinence. The pharmacological and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.

Smoking cessation involves the breaking of a physically addictive habit and the modification of learned behavior. Common features of successful smoking cessation programs include social support, skill training, support groups, and community education and counseling. Many programs use nicotine replacement therapies in behavioral therapy. Nicotine replacement therapies have been shown to be more effective in supported cessation attempts on those attempts without trials.
Policies and procedures relevant to granting medical staff appointments and clinical privileges have been a source of conflict ever since the organized hospital medical staff emerged. Some conflicts are between the hospital and individual physicians; other conflicts pit the institution against the medical staff. Hospitals are struggling in today's competitive healthcare environment to secure and maintain the commitment and loyalty of prospective and current medical staff members. They fear that a staff physician with a conflict of interest, such as employment by a competing healthcare entity or an ownership interest in a competing facility, will take actions that favor the organization with which the physician has a financial relationship to the detriment of the hospital.

Some hospitals now require disclosure of financial relationships with competitors—hospitals, health systems, ambulatory surgery centers—as part of their credentialing process. Often these disclosure requirements are accompanied by policies that restrict the participation rights of a conflicted staff member, such as holding medical staff office and voting, and may extend to denying physicians clinical privileges or staff appointment. Hospitals justify such policies, asserting they are needed to meet community health needs. For example, they view competing ambulatory surgery centers as skimming off hospital business and see no reason to grant privileges to surgeon-investors in the center who would use hospital facilities only for procedures that could not be performed at the center. Thus, a professionally qualified physician may be restricted, even excluded, solely because of a conflict of interest, regardless of personal capability.

In the earliest stages of hospital credentialing, attention was often given in granting staff appointment to an applicant's religion, race, gender and ethnic background, rather than to professional qualifications and competence. With the passage of time and the adoption of civil rights legislation, discriminatory criteria played a diminished role as credentialing moved to quality of care considerations.

Exclusive contracting, initially adopted by hospitals for traditional hospital-based services such as radiology and pathology, restricts privileges to members of a selected physician group with which the hospital contracts. Courts have generally rejected challenges to exclusive contracting by physicians who were denied or lost privileges by virtue of such contracts, and exclusive contracting has been extended to many specialist services.1

Introducing conflict of
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interest policies and procedures into credentialing can be seen as another step by hospitals to limit appointments and the role of the medical staff in determining who may practice at the hospital. Three controversies involving such policies and procedures illustrate why they generate so much passion.

1. Mahan v. Avera St. Luke’s concerned two hospital board motions. One closed the hospital’s medical staff to new physicians seeking privileges for three specified spinal procedures. The second closed the staff to surgeons applying for orthopedic surgery privileges, other than two general orthopedic surgeons being recruited by the hospital, to minimize competition and enhance the recruited surgeons’ revenue prospects.

   The challenge to the board’s action was brought by Dr. Mahan, who had been denied an application for staff privileges, and Orthopedic Surgery Specialists, Ltd. (OSS), a surgical group based in Aberdeen, where Avera was located, that had recruited Dr. Mahan, a spine-fellowship trained orthopedic surgeon. OSS had built an outpatient surgery center that competed with Avera, reducing substantially the volume of operating room usage at Avera.

   The South Dakota Supreme Court rejected the challenge to the Avera board’s policies limiting the consideration of applicants, other than Avera’s recruits. It stated: “When making these decisions, the board specifically determined that the staff closures were in the best interests of the Aberdeen community and the surrounding area,” and ruled the board acted within its corporate powers and did not have to consult the medical staff. When the hospital board’s decision is portrayed as reasonably related to the community’s interests and is found to be within the board’s authority, adversely affected physicians ordinarily do not obtain relief in court.

2. The opinion in Walborn v. VHHS/CSAH Cuyahoga, Inc., details a battle in the Cleveland area between two hospital systems. Simply stated, hospi-
tals of one system adopted conflict of interest policies that denied staff reappointment to physicians employed by a clinic of the competing system. The court ruled against the physicians, finding the policies within the hospitals’ discretion. Evidence clearly indicated that the clinic physicians, by virtue of their employment agreements and their system’s policies, were obligated to utilize facilities of the system to which they belonged to the greatest possible extent.

In a battle between systems, with salaried physicians expected to refer as much business as possible to other of their providers system’s, there is no reason for a competing system to facilitate any aspect of the practice of a salaried employee of its competitor, and a restrictive policy is seen as the board’s business decision that a court is not prone to overrule.

The chief executive of Community Memorial Hospital of San Buenaventura, Ventura, California, resigned at the hospital board’s request during a heated struggle between the hospital and physicians over financial relationships disclosure requirements and policies, and a code governing physician conduct. Several staff members had shifted their practices to other hospitals, apparently in response to the new policies and the code, to the financial detriment of the hospital. The CEO’s resignation is seen as a step toward settlement of litigation over the policies.

Bluntly put, these clashes are all about money. Physicians investing in specialty hospitals, ambulatory surgery centers and other facilities, usually promoted and operated by for-profit entities, are seeking to benefit in some manner from the revenue derived by the facilities to which they refer and at which they practice. The Stark law and regulations and the anti-kickback law block many avenues for reaching the facility revenue, but some remain open. As physicians seek to generate more revenue by financial relationships with other entities, at the expense of hospitals on whose staffs they serve, the hospitals respond defensively by using loyalty criteria in credentialing to discourage physicians from entering into conflicting arrangements and to punish those who do.

That recourse to the courts to counter board-created policies may be of little avail does not mean that physicians are without weapons with which to respond. They must be careful to avoid boycotts and/or other concerted action. The Ventura situation shows they can bring pressure on a hospital by moving their practices to more physician-friendly institutions. There is room, within the parameters imposed by law, for conducting an economic struggle. Despite pronouncements from participants on both sides of these conflicts about the benefits of competition, meeting community needs, market economy, etc., remember, it’s all about dollars.

Nathan Hershey is professor of health law at the University of Pittsburgh Graduate School of Public Health. He can be reached at (412) 624-3609 or hershey@pitt.edu.

References
2. 621 N.W.2d 150 (2001).
3. 621 N.W.2d at 156.
As an owner or partner in a medical practice, you may be taking advantage of one of the numerous company retirement plan savings vehicles available to you as an employer. And if so, it may have, along with your personal assets, been recently affected by some troublesome findings about mutual fund trading practices.

The scandal, as it has been referred to, resulted from a probe conducted by New York Attorney General Elliott Spitzer into mutual fund trading practices. The investigation has revealed information about occurrences of late trading among certain mutual fund managers. The term describes the placement of orders by fund managers after the close of trading, which can over time dilute the overall returns for investors. As the scope of the investigation widens, more funds, many thought to be respectable and with long standing histories, have come under scrutiny.

What does this mean to you? If you hold some of these funds in your personal accounts, it means obviously that you need to be aware. If, however, you are involved in the prudent management of other people’s money—say your employees—it means something more than vigilance. You have fiduciary duties, set forth by ERISA (Employee Retirement Income Savings Act, 1974) to both monitor and to disclose.

The phrases, “duty to monitor” and “duty to disclose,” while among many in the prudent retirement plan trustee’s repertoire, have become prevalent in recent weeks against the backdrop of these troubling allegations. It may not seem fair to be held to a higher standard of care because of the actions of some people currently in the news, but fair or not, you’re now fair game for litigation. So be wary.

Your fiduciary “duty to monitor” doesn’t mean that you have to perform extensive research on each investment in your retirement plan. But it does mean that you have to watch over people like me: a service provider, an investment adviser, and a purveyor of retirement plan platforms and service. Though I and others like me who are “in the business” are held to our own set of strict rules, it’s your job to watch us, as it relates to the money being invested on behalf of your employees. Your monitoring of us gives you the material you need as part of your “duty to disclose” the information necessary to fulfill your fiduciary obligation.

Sound tricky? Not when you have the right help. Here are examples of what to be looking for and some positive indications that you’re receiving the right help:

- You have received a call from or met with your financial advisor to discuss the scandal, its impact on your employees’ retirement plan assets, if any, and a recommended and specific course of action.
- You have been given a list of the “scandal-tainted” funds and compared the list against those held in your company retirement plan.
If changes to your choice lineup have occurred, you have documented all changes as an amendment to your practice plan’s Investment Policy Statement.

Your employees have had an opportunity to speak to an adviser with questions or concerns about their own selections in the retirement plan. If you’ve not received this help, seek it. Employee benefits attorney Jeff Robertson states in regard to the recent fund allegations, “the largest area of legal exposure to a plan sponsor is not to act at all. Inaction in the face of troubling information may expose a plan sponsor to significant fiduciary liability.”

Nicole Cavoti is a corporate financial consultant for The Fragasso Group, Inc., in Pittsburgh and specializes in evaluation and solution-driven analysis for retirement plans and fiduciaries. She can be reached at 800-900-4492.

REFERENCE
1 Source: 401khelpcenter.com – Guest Article, 11/04.
In all of its activities in the year 2003, the Allegheny County Medical Society (ACMS) has continued to be guided by its mission—to be a vigorous advocate for the provision of the best available medical care for patients and for the promotion of an environment conducive to the provision of such care by physicians.

The past year at the ACMS has been dominated by one catastrophic image: the professional medical liability crisis. This subject has permeated all avenues and aspects, from the leadership at the Executive Committee and Board of Directors' level, through the Delegation, Legislative Committee, Communications and more. Training and Membership Services have also been affected by this phenomena. As such, it is worthy to note that all the various committees and sections of the medical society have come together as one to work on obtaining this single goal: achieving tort reform.

Membership Committee

In 2003, the ACMS Membership Committee continued to work towards strengthening and growing the membership of the medical society. Their efforts once again have kept ACMS the largest county society in Pennsylvania with the largest number of active members. In addition to recruitment efforts, the committee sponsored several educational and networking events. It hosted the annual Contract Review Seminar for residents and young physicians to teach them what to look for and what to avoid in their employment contracts. On March 6, the committee jointly sponsored the University of Pittsburgh School of Medicine's Choices program for medical students; the program gives medical students a chance to interact with practicing physicians and learn about balancing clinical and personal lives. In September, in cooperation with the Resident Physicians Section of the Pennsylvania Medical Society (PMS), the committee hosted a networking session at the Waterfront in Homestead for medical students and residents from area programs.

ACMS Foundation Grants

In 2003, the ACM S Foundation awarded more than $70,000 in grant monies to area organizations, including: $7,500 to Mom's House; $5,000 each to Allegheny County Respite Care Coalition Inc., Carnegie Science Center Health Education Program for Reaching Underserved and At Risk Youth, Family Medicine Education Consortium, The Albert Schweitzer Fellowship 2003-2004 Program, Greater Pittsburgh Council of the Boy Scouts of America Scouting for Youths at Risk program, the
Nazareth Housing Service Senior Homeowner Assistance Program, Providence Connections Inc., Rx Council of Western Pennsylvania and the Woodlands Foundation Inc.; $4,000 each to Children’s Hospital of Pittsburgh Foundation Sickle Cell Camp Escape 2003 and Girls Hope of Pittsburgh Inc.; $3,000 each to CCAC Education Foundation Scholarship Fund, Health Policy Institute, and The Foundation of the Pennsylvania Medical Society; and $700 to the Pittsburgh International Science and Technology Fair.

In addition to the above grants, ACM S Foundation awards in 2003 included $1,000 to the Salvation Army for the 2002 Community Health Service Award, $500 to Achieva for the 2002 Individual Public Health Service Award, and $250 to each of three students for the 2003 Medical Student Awards, including Sara Trucco of the University of Pittsburgh School of Medicine, Gregory Fulchiero of the Allegheny General Hospital Drexel University College of Medicine, and J ohn Valosen of the West Penn Hospital School of Medicine at Temple University.

Communications

This year, the ACM S continued its aggressive activities in positioning physicians as patient advocates and raised pointed questions about the direction health care is taking.

The Straight Talk about Health Care radio campaign continued for a sixth year on local radio. Designed to help patients understand the importance of becoming informed healthcare consumers, the commercials addressed the professional liability crisis and the need for meaningful tort reform. The commercials ran on KQV (1410 AM), KDKA (1020 AM), WWSW (94.5 FM), WJJJ (104.7 FM), WRRK (96.9 FM), and WOGI (98.3 FM).

ACM S targeted the Pittsburgh business community by placing an advertisement in the December 12 Pittsburgh Business Times regarding the professional liability insurance crisis. The ad focused on the effect that lawsuit abuse has on Pittsburgh businesses and the medical community.

The Speaker’s Bureau maintained another active year; well over 100 interviews and activities were conducted by ACM S, many of which attracted media exposure. Throughout the year ACM S President G. Alan Yeasted, M.D., fulfilled numerous radio and television interviews, especially during Code Blue Emergency Week, April 30-May 6. Interviews included: Honsberger Live with Fred Honsberger on cable station PCNC; Fox 53 News; KDKA-TV News; KDKA radio with Mike Pintek and Barbara Boylan, KQV radio with PJ M alone; WPPT radio (1360 AM) with Jerry Bowyer; On Q Magazine with Chris M ore on WQED-T V; WPXI-TV with consumer investigator Becky Thompson; and the Sunday Morning Magazine show with radio personality Sean McDowell on FM stations WW SW, WJJJ, WDVE (102.5), W XST (96.1) and W XDX (105.9).

Between 3,000 and 4,000 physicians, healthcare professionals and patients trekked to Harrisburg on May 6 to protest a broken liability system during Code Blue Week.

Barbara E. Barnes, M.D. (right), presented University of Pittsburgh Medical School graduate Sara Trucco, M.D., with one of the 2003 ACM S Medical Student Awards.

Barbara E. Barnes, M.D. (right), presented University of Pittsburgh Medical School graduate Sara Trucco, M.D., with one of the 2003 ACM S Medical Student Awards.
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The Communications Committee also enlisted the medium of television last year when it featured ACM S board member and Past President Nancy Nieland-Fisher, M D, in the third of a series of four Physicians Care informative health spots on smoking cessation. The spot aired on W TAE-TV Channel 4 and was underwritten by GlaxoSmith-Kline. It presented a message on how smoking changes your physical appearance.

ACM S partnered with the public affairs show, Focus on the Issues, hosted by Jerry Bowyer on Cornerstone Television (WPCB-TV) as the sponsor of four to six healthcare panel shows featuring President-elect Edward Teeple Jr., M D, along with other guests. The first of this series appeared several times in November on Cornerstone Television.

The “Dear Doctor” column entered its seventh year of publication in the Pittsburgh Post-Gazette Health Section. This valuable public service answers patient questions in an easy-to-read column and provides ACM S member physicians with positive exposure. An average of two columns per month appeared in the health section in 2003.

On February 4, 15 fellows from the Coro Center for Civic Leadership got a firsthand look at professional medicine when they shadowed physicians from various specialties for the day. The fellows, mainly graduate-level students with career interests varying from medicine to law to public policy, accompanied 15 physicians in surgery, physician offices and hospital rounds. The fellows gained a new perspective on medicine at a crucial time in their lives as they were making decisions concerning their own careers.

ACM S continued its partnership for the second year with Carnegie Library of Pittsburgh’s consumer health initiative, Partners for a Healthy Pittsburgh. This initiative educates local citizens on the hottest health topics and assists them in accessing the latest health information. It was originally launched in collaboration with Highmark, Pittsburgh Mercy Health System, UPMC Health System, West Penn Allegheny Health System and Allegheny County Medical Society. Leo R. Mccafferty, M D, chair, ACM S Communications Committee,
moderated the Partners programs including “Sports Medicine: Things You Should Know” on June 10 and “Women’s Health—Hormone Replacement Therapy: The Risks, Benefits, Options” on September 9.

In June, the medical society entered its second year as the exclusive non-profit co-sponsor of the Healthy 4 Life campaign. The campaign was introduced three years ago to increase consumer awareness of cardiovascular disease risk, screen for risk factors and encourage a healthier lifestyle. The program specifically targets the dangers of obesity, smoking, high cholesterol and hypertension.

The ACM S participated in several outreach events this past year, including the Healthy 4 Life Expo on August 23 which drew a crowd of approximately 7,000 people at the Pittsburgh Expo Mart in M onroeville. More than 20 physicians participated in Ask the Doctor, consulting with patients who attended the event and answering general health questions. As the non-profit partner of the Healthy 4 Life campaign, ACM S also offered a variety of health screenings at the expo, including cholesterol screening conducted by Forbes Regional Hospital; blood pressure screening sponsored by Sanofi and conducted by Renaissance Family Practice, Penn Hills Division; osteoporosis screening sponsored by Proctor & Gamble and Aventis and conducted by MAI N Medial; vision screening provided by Allegheny Ophthalmic and Orbital Associates; and height, weight and body mass index testing by University of Pittsburgh medical students.

The medical society also offered an Ask the Pharmacist booth staffed by the Drug Information Center, University of Pittsburgh School of Pharmacy.

The ACM S participated in a number of other Healthy 4 Life outreach events in 2003, including: YMCA’s Open House and Fitness Day on January 17-18; web chats on cardiovascular disease throughout the month of February; the American Heart Association’s second annual World’s Largest Indoor Walk at M onroeville M all on M arch 15; H ighmark Blue Cross Blue Shield’s Walk for a Healthy Community on M ay 24 at Station Square; and Commit to Quit in conjunction with the American Cancer Society on N ovember 15 at M onroeville M all.

The Child Health Committee

Jeffrey Upperman, M D, pediatric surgeon, was appointed chair of the ACM S Child Health Committee in 2003. Dr. Upperman’s first point of business was to document the history of the committee as well as to investigate and determine the direction in which members wanted the committee to proceed in the next several years.

On June 19, the Child Health Committee invited experts to its meeting to discuss topics and issues related to the health and well being of children who are in need of attention and action, including child abuse and neglect, childhood obesity and pediatric trauma. Guest speakers included M arcia Sturdivant, PhD, deputy director, Office of Children Youth and Families; Timothy Kane, M D, director, M inimally Invasive Surgery, Division of Pediatric Surgery, Children’s Hospital of Pitts- burgh; and Barbara Shultz, RN, trauma nurse coordinator, Children’s Hospital of Pittsburgh. The speakers introduced programs and initiatives of interest to the committee for possible action.

The committee is in the exploratory stage of planning a large-scale program that will target teachers, counselors, community/social work-
ers, pediatricians, pediatric nurses and parents. It is planning this program for the 2004-05 fiscal year to provide adequate time to build alliances with organizations in the community with which they can partner, as well as to secure local and national speakers.

The Bulletin

This year marked major changes in the Bulletin publication schedule and format. The magazine grew in size from approximately 32 to 52 pages and changed to a monthly schedule, publishing just 12 issues annually instead of 21. New design changes were implemented, including the cover, table of contents, page headers and column sizes. The staff also added a variety of new columns. These changes appear to have been favorably accepted. The medical society also began archiving the Bulletin on its web site (www.acms.org); readers can access each issue for a period of 12 months after publication, and advertisers enjoy seeing their ads on the Internet as well.

The Editorial Board lost two associate editors in 2003, as Jonathan Kaye, M.D., resigned to begin his residency in New York State and Kimberly Cockerham, M.D., resigned to relocate to California. Dr. Cockerham, who was the magazine’s newest associate editor coordinated and often wrote the new technology column.

The annual Bulletin photo contest was moved from summer to fall this year. Judges selected from among more than 60 entries for 12 winning images to appear on 2004 covers. The photos are given a prominent position with the new cover design and readers say they always enjoy seeing them.

Executive Committee and Board of Directors

The year 2003 was a non-stop whirlwind of events for the physician community. The ACM S, in cooperation with its committees, specialty societies, and community relationships, worked tirelessly on the campaign for tort reform and would like to acknowledge all parties who have participated throughout the year. The Executive Committee and the Board of Directors hosted many individuals and associations at their regular and special-call meetings to review and discuss ongoing events.

ACMS welcomes Highmark Blue Cross Blue Shield on a regular basis to review changes and updates on insurance, reimbursement, formularies and critical issues. Attending in 2003 were: Augusta L. Kairys, vice president, provider relations; Donald E. Fetterolf, M.D., vice president/senior medical director; Patrick L. Kerrish, vice president, pharmacy affairs; Robert T. Wanovich, manager, clinical services and product development; Sandy Reich, M.D., medical director. Additionally, Norton Hall, M.D., medical director, gave a presentation on Highmark’s Smoking Cessation Program and the resources available to physicians.

The PMS worked diligently during this professional liability insurance crisis. Members of the PMS staff traveled the commonwealth this year, meeting with physicians, fact-finding and disbursing information. The ACM S is pleased to have hosted Roger F.

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![Dr. Kaye](image)

![Dr. Cockerham](image)

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Mecum, executive vice president; Dennis L. Olmstead, vice president, representation and chief economist; and Stephen E. Foreman, director, health services, Research Institute. Other members of the PMS network include Sharon Ryan, PMSCO president and chief operating officer and David Hess, PMSCO director of marketing. Shirl Shaffer, senior director of philanthropy, PMS Foundation, provided a brief presentation on the works of the foundation.

The medical society also welcomed Loren H. Roth, MD, MPH, senior vice president, UPMC Health System, to discuss the new Children's Hospital and its effects on the community. Dr. Roth also arranged a meeting with representatives from the various specialty societies and ACMS leadership with Senator Arlen Specter to discuss the professional liability issue. Senator Specter visited the society again in November for a discussion on the current issues of professional liability and Medicare reimbursement. Also attending from the University of Pittsburgh Medical Center were Sandra McAnallan, vice president of network administration; Diane Holder, president and chief executive officer, UPMC Western Psychiatric Institute and Clinic; Tony Benevento, director, reimbursement services; Marshall Webster, MD, president, physician services division, UPMC, and president, University of Pittsburgh Physicians (UPP) and Community Medicine, Inc. (CMI); and Francis X. Solano, Jr., vice president, physician services division and medical director, Institute for Performance Improvement.

Rani Kumar, MD, emergency department director, UPMC McKeesport, and David Werle, director, American Project Access Network, presented information on a new system for healthcare access for the uninsured. Joseph Kiss, MD, Pittsburgh Blood Bank, reported on the serious need to increase donations. In follow-up to the 9/11 attack and a recent outbreak of hepatitis in western Pennsylvania, the Allegheny County Health Department is organizing a Medical Reserve Corps. Victor Tucci, MD, a member of the American College of Occupational and Environmental Medicine, who works with the health department as emergency and bioterrorism coordinator, outlined the structure of the Medical Reserve Corps and asked the medical society to help recruit volunteers for this important service.

The political arena is critical to the efforts of tort reform. PMS, ACMS and counties statewide have met with legislators, both locally and at the state capital, to provide information and promote the idea for a cap on non-economic damages and on attorney's contingency fees. Meeting with ACMS was David Uzelac, chief of staff, Office of Congressman Tim Murphy. Congressman Murphy also spoke to the membership and encouraged physicians to keep the pressure on the legislators. The society also met with Congresswoman Melissa Hart.

Elections were of key interest to the medical society in promoting individuals sensitive to the plight of physicians in the state. The society hosted the Hon. Joan Orie Melvin, Judge, Superior Court of Pennsylvania, who ran for Supreme Court Justice, and Jacqueline Shogan, Esq., as candidate for Superior Court of Pennsylvania.

Rose Ann DiCola, executive director, Community College of Allegheny County (CCAC) Foundation, and Kathy Malloy, dean of health professionals, Community CCAC, provided information on the healthcare programs offered at the college and thanked the society for its support.
continued educational grant support through the Foundation. Among the various media connections in 2003 were: Lynne Glover, healthcare reporter, Pittsburgh Business Times; Debbi Casini Klein, special projects coordinator, WTAE-TV Healthy 4-Life Campaign; Marilyn Brooks, WTAE-TV; Pam Gaynor and Chris Snowbeck, healthcare reporters, Pittsburgh Post-Gazette; and Luis Fabregas, Pittsburgh Tribune-Review. Topics covered by the media included the impact of the closing of St. Francis Medical Center on patients, physicians, and the community; pharmaceutical costs; quality assurance projects; and, of course, the spread of the professional liability crisis to western Pennsylvania.

Several board members are involved in civic projects and other healthcare committees with various insurance providers. ACM S has representation on the Pittsburgh Regional Healthcare Initiative, Allegheny County Jail Health Advisory Board, Allegheny County Suicide Prevention Task Force, the Working Hearts Coalition and the Healthy Policy Institute. Also included in board activities are reports and updates from the Medical Student Section and the Resident Section. Both areas are active and participate with ACM S on many of its projects such as the Healthy 4 Life project.

**Legislative Committee**

The Legislative Committee continues to pool its efforts with the Board of Directors, the Foundation, and representatives from the specialty societies to monitor the malpractice crisis on a daily basis. The Western Caucus (which includes representatives from the medical societies of the 14 counties surrounding Allegheny County) has not met formally, it has participated with ACM S on the legislative issues and Code Blue efforts. Following is a list of some of the activities that took place throughout the year:

- engaging in ongoing letter writing campaigns to local, state and federal officials;
- providing information materials to patients and involving the public in a letter-writing campaign;
- sponsoring roundtable discussions with ACM S leadership and representatives from the local specialty societies, hospitals and the business community;
- representatives from the society meeting with Congressman Timothy Murphy and Congresswoman Melissa Hart in early January;
- physicians making personal visits to the office of their local senator and representatives;
- holding meetings with Senator Rick Santorum and his staff to discuss professional liability and Medicare reimbursement policy.

Most notable of the legislative actions were:

- **House Joint Resolution No. 3**, which rolled back the additional 4.4 percent cut in Medicare reimbursement levels for physicians and leaves intact 2002 reimbursement levels.
- **Senate Bill 50** to initiate a constitutional referendum to allow the people of Pennsylvania to decide if they want to cap non-economic damage awards.

The ACM S participated with the PMS in sponsoring a variety of activities during the April 26-May 6 Code Blue Week, including April 30 blood drives at various locations; educational programs on May 1 and May 5 ("Current Issues in Obstetrics and Gynecology" and "Medical Liability Issues in Orthopaedic Surgery"); and two ACM S sponsored buses on May 6 to attend the PMS rally at the Capitol in Harrisburg.

The fight for professional liability and tort reform in Pennsylvania makes it critical that physicians support the state medical society's political action committee (PAMPAC). Only PAMPAC dues income can be used for direct campaign contributions to candidates. The ACM S has been diligent in contacting its membership seeking support; its leadership went a step further this year by holding meetings with Senator Rick Santorum and his staff to discuss professional liability and Medicare reimbursement policy.

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further and contacted area hospital medical staffs seeking support for the campaign. Local medical staffs contributed significant amounts to the effort. Similar actions are being considered at hospitals statewide.

ACMS co-hosted a video-conference with PMS to review and discuss the Code Blue campaign.

ACMS leadership participated in a variety of television and radio talk shows on the subject of professional liability and other issues of interest to the community. We gratefully acknowledge the many physicians who have found the time in their busy schedules to participate in these programs.

ACMS Alliance
The ACMS Alliance continues its many works in the community. In conjunction with the PMSA Health Project, the alliance presented Henry the H and, a hand-washing technique program for school age children. As the result of its many fundraising activities the alliance provided gifts to the Auberle House in McKeesport and benefited the Allied Health Associate Degree Scholarships at Community College of Allegheny County.

Delegation
The House of Delegates focused on several issues, most notably the professional liability issues. The House of Delegates' Pennsylvania Medical Society Board of Trustees expanded the board to include representatives from the various specialty groups. Representing their specialties, three ACMS members have been elected to this newly expanded board, including: Ralph Schmeltz, M.D., Primary Care Trustee; Bruce A. MacLeod, M.D., Hospital-Based Trustee; and Adam J. Gordon, M.D., Young Physicians Trustee. Dr. Jitendra M. Desai was installed as the 154th president of the Pennsylvania Medical Society.

Specialty Societies
Local specialty societies participated in and played a key role in Code Blue activities in seeking tort reform as noted above. The ACMS gratefully acknowledges these fine organizations and appreciates the cooperation and hard work of their membership: Allegheny Vascular Society; American College of Surgeons/SW Pennsylvania Chapter; Minimally Invasive Surgery and Therapeutics; Pennsylvania Academy of Family Physicians/Allegheny Chapter; Pennsylvania College of Emergency Medicine; Pennsylvania/West Virginia Geriatrics Society; Pittsburgh Academy of Dermatology; Pittsburgh Allergy Society; Pittsburgh Obstetrical and Gynecological Society; Pittsburgh Ophthalmology Society; Pennsylvania Orthopaedic Society.

The Pennsylvania/West Virginia Geriatrics Society, in conjunction with the University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences, held its annual Clinical Update in Geriatric Medicine in April, with nationally known speakers and 18 breakout workshops.

Along with Alik Widge and Matt Feng, medical student Avinash Manchandia (left), shown here with George F. Buerger Jr., M.D., participated in the House of Delegates proceedings.
Society; Pittsburgh Pathology Society; Pittsburgh Pediatric Society; Pittsburgh Psychiatric Society; Pittsburgh Roentgen Society; Pittsburgh Surgical Society; Pittsburgh Urological Association; Western Pennsylvania College of Internal Medicine; and the Western Pennsylvania Society of Anesthesiology.

The ACMS also provided seminars for the benefit of its members. Duquesne University Department of Health Management Systems HIPAA seminars were a huge success. Nearly 400 physician members and their staff took advantage of this comprehensive program. A media training class sponsored by PMS was held at the ACMS facility for physicians to become better acquainted with the techniques of media interviews.

**Occupational Medicine Committee**

Approximately 65 participants attended the Occupational Medicine Committee's spring seminar, 2003 Medical Office Challenges: occupational health and OSHA update. The seminar focused on relevant office topics such as infectious disease immunization update, facilitating return to work, indoor air quality, Department of Transportation exams driver qualifications, 2003 update of bloodborne pathogens, and an update on the Occupational Safety and Health Act.
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Edward J. Teeple Jr., M.D., a board-certified anesthesiologist, is the 2004 ACM S president. A member of the medical society since 1983, he was a member of the Executive Committee and Board of Directors from 2000-2003. He served on the Finance Committee in 2000 and was an active member of the Communications Committee from 1993-2001, having served as chair from 1994-1999. Dr. Teeple served as an alternate delegate to the PMS in 1993 and 2001, a delegate from 1995 through 2000, and delegation vice chair in 2001. He also served as AMA delegate in 2001 and 2002 and chaired the Bylaws Committee in 2002. He was ACM S vice-president in 2002 and president-elect in 2003. Dr. Teeple is affiliated with UPMC Presbyterian and St. Clair Hospital. He resides in Mt. Lebanon with his wife Dr. Christine Edelmann; they have four children.


Terence W. Starz, M.D., is ACM S vice-president for 2004, having served as secretary in 2003 and treasurer in 2002. Board certified in internal medicine and rheumatology, Dr. Starz has been a member of the ACM S since 1977. He served as alternate delegate to the PM S in 1983-1987 and delegate in 2001. He belonged to the Medical Staff Officers Group from 1993-1997 and served on the Nominating Committee in 2001. In 2002 he served on the Finance Committee and sat on the ACM S Board of Directors from 2001-2003. Dr. Starz is affiliated with UPMC Presbyterian, Shadyside and St. Margaret. He resides in O'Hara Township with his wife Jody; they have two children.

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Benjamin Rush Individual Public Health Award

Anne Steytler has been selected as the 2003 recipient of the Benjamin Rush Individual Public Health Award. Established in 1947, this award honors a lay person who has made an outstanding contribution to the betterment, health and welfare of citizens in Allegheny County.

In 1974, Steytler, a clinical social worker, saw the need for domestic violence services. Along with some friends, she began offering shelter and counseling on a volunteer basis to women who were victims of domestic violence. This program soon evolved into the founding of the Women's Center and Shelter of Greater Pittsburgh by Steytler and Ellen Berliner.

Throughout the years, Steytler has served as a counselor, board member and a volunteer at the center. She was instrumental in preparing proposals which earned the first government funding for programs for battered women and lobbied for the enactment of the Protection from Abuse Act. After her retirement, she continued to volunteer as a counselor at the Women's Center and Shelter.

In 1998, Steytler was honored with the Community Champions/ Jefferson Award by the Pittsburgh Post-Gazette.

Benjamin Rush Community Organization Health Service Award

The Facts of Life program is this year's recipient of the 2003 Benjamin Rush Community Organization Health Service Award.

The program was created in 2002 to provide an easy way for senior citizens to manage their medications. Facts of Life is modeled after a similar program, which had been dismantled, conducted by the City of Pittsburgh Paramedics.

Facts of Life is a collaboration of Allentown Senior Centers, Brashear Association, City of Pittsburgh Senior Interests, Elder-Ado, Seton Center, University of Pittsburgh School of Pharmacy and UPMC South Side and is supported by the Pennsylvania Medical Society (PMS) through the use of its medical wallet card program.

Participants of the free program receive a pouch with a medical profile card. They fill the card out with all their medical information, including emergency contact numbers, physician's name, hospital preference and current medications. They then place the card in the pouch. The pouch attaches to the inside of the participants' refrigerator. The participants then place a Facts of Life magnet on the outside of the refrigerator door, informing emergency personnel they are participants in the program. Participants also receive a medical wallet card that they can keep with them at all times. They are reminded every six months to update their information.

University of Pittsburgh pharmacy students present a program explaining Facts of Life to seniors groups throughout the community. The students educate the group on safe and effective medication management and help participants fill out a medical profile card.

Frederick M. Jacob Outstanding ACMS Service Award

Carl A. Sirio, M.D., internal medicine, has been selected as the 2003 recipient of the Frederick M. Jacob Outstanding ACMS Service Award. Established in 1966,
this award honors a member of ACM S who has performed exemplary service to the medical society.

Admitted to ACM S in 1984, D r. Sirio has served on the Board of Directors, Managed Care Committee, which he chaired from 1994-1997, and Substance Abuse Committee. He has served as a delegate for the American Medical Association (AM A) and the Pennsylvania Medical Society (PM S) and is currently an alternate delegate to the PM S.

D r. Sirio also has been committed to patient care through his work with the Pennsylvania Health Care Cost Containment Committee and the Pittsburgh Regional Healthcare Initiative.

According to Alan Axelson, M D , chair of the ACM S Awards Committee, “D r. Axelson's energy and commitment have motivated ACM S members to involve themselves in other community activities.”

Nathaniel Bedford Primary Care Physician Award

Elmer J. H olzinger, M D , internal medicine, has been selected as the 2003 recipient of the Nathaniel Bedford Primary Care Physician Award. The award honors primary care physicians for outstanding and long-term dedication to patients' physical and psychological needs.

A graduate of the University of Pittsburgh School of Medicine in 1954, Dr. Holzinger served an internship at Columbia Hospital in Pittsburgh and residencies at St. Francis Medical Center and the Veterans Administration Hospital, also in Pittsburgh. He has taught at the University of Pittsburgh Medical School since 1960.

Admitted to ACM S in 1958, Dr. Holzinger is also a member of the AM A, PM S, American College of Physicians, American Society of Internal Medicine, Association of Program Directors in Internal Medicine and Clinical Directors in Internal Medicine.

Mark L. Zeidel, M D , who nominated Dr. H olzinger, says, “He practices medicine with the philosophy that a great deal of trust and confidence is placed in a physician when a patient and their family reveal their innermost thoughts and secrets so that their physician may help them.”

Physician Volunteer Award

Daniel R. Lattanzi, M D , a practicing obstetrician/gynecologist in the South Hills, has been selected as the 2003 recipient of the Physician Volunteer Award. Established in 2001, this award honors a member of the ACM S who is dedicated to providing medical care on a volunteer basis.

A member of ACM S since 1986, Dr. Lattanzi is the founder and president of Mission for Haiti's Children, a non-profit organization committed to improving health care, education and economic development in Haiti. The health clinic he founded in Lacroix in 1996 treats 25,000 patients a year, employs 20 full-time workers and is supported by physician groups who visit on a weekly basis. The clinic provides general medical and pediatric care as well as contraception, prenatal care and midwife services. He also helped establish a community health nursing program. The nurses travel to nearby villages on bicycles to provide health care to the 15,000 residents.

Dr. Lattanzi and his family built a school in the village of Paul, where 600 children receive an education and meals. And to improve the economic situation, he coordinated the building of a grain mill and helped to establish a fish farm and a well-drilling program. A rabbit farm run by volunteers from Washington, Pennsylvania, was also established.

Ralph C. Wilde Award

Richard D. Bruehlman, M D , family practice, has been selected as the 2003 recipient of the Ralph C. Wilde Award. Established in 1975, this award honors a physician who exemplifies the personal and professional characteristics—physician, teacher, leader and human being—of the late ACM S president for whom this award is named.

Dr. Bruehlman is a 1982 graduate of Jefferson Medical College in Philadelphia and served his residency at St. Margaret Memorial Hospital. He is currently a physician with Renaissance Family Practice in Gibsonia.

Dr. Bruehlman has taught at the University of Pittsburgh School of Medicine since 1994 and is a preceptor and faculty member of the Family Residency Program at UPMC St. Margaret. He makes quite an impression on many of his residents. Former resident, Sukanya Srinivasan, M D , M PH , says, “Dr. Richard..."
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Bruehlman was more than a teacher to me; he served as one of my role models for what a good physician and teacher should be. He brings enthusiasm and sincerity to everything he does and inspires people to do their best.”

Since 1996, Dr. Bruehlman has dedicated time to YMCA Camp Kon-O-Kwee/Spencer in Fombell, Pennsylvania, as the medical consultant to the camp infirmary. Since 1997, he has been a member of its Board of Directors and was instrumental in helping to design the camp’s medical clinic which was completed in 1998.

In October 2003, Dr. Bruehlman traveled to Kyrgyzstan with Heart-to-Heart International, delivering over $8 million of donated medical supplies and medicine to hospitals and clinics. He also taught advanced life support in obstetrics to obstetrician/gynecologists and family practitioners, provided pharmaceutical update training and held symposiums. Along with his daughter Alyssa, Dr. Bruehlman also delivered supplies and Beanie Babies to children in four Kyrgyzstani orphanages.

Admitted to ACMS in 1983, Dr. Bruehlman is also a fellow of the American Academy of Family Physicians.

Helen Thornton, M.D., and Sarah Gilmour, M.D., two of his colleagues at Renaissance Family Practice, best explain why Dr. Bruehlman is receiving the Ralph C. Wilde Award. “Richard Bruehlman is a study in admirable contrasts—a physician who is well versed in the science of evidence-based medicine while embracing the emotional and spiritual sides of his personal and professional life, a man who can offer comfort in times of sorrow and who can celebrate upon occasions of joy,” they say. “In a world in which doctors are sometimes seen as extensions of a faceless healthcare conglomerate, Richard Bruehlman stands out as an example of what a physician can and ought to be.”
I would like to thank Dr. Chaudhary very much for bringing up the issue of the cost of drugs and its burden on our patients who have to make choices between medications and medicine vs. food due to limited resources and the ever-increasing cost of “new” drugs. (“Escalating Prescription Drug Costs,” The Bulletin, November 2003, page 514.)

It is a well-known fact that the cost of drugs is much higher in the United States than in Canada. Physicians do not have any control on this issue, but at the same time they are not helpless either. I will ask, “Where is the physician responsibility?” It is the physicians who write the prescriptions. They have lot of control about what drugs they prescribe. I believe the cost of the drugs and the burden on the patient and payer should be one of the factors considered when selecting any particular drug. Physicians can write for cheaper generics rather than similar brand name “new” and “improved” drugs. As we all know, many of these are just MeToo drugs that are similar to already existing and most likely just gone generic alternatives. Surprisingly, a new preparation of an older medication will appear in the market as an improved version or a longer acting preparation just when the original drug is losing its patent. There are many equally effective and safe older antibiotics, cardiac and anti-hypertensive drugs and generic SSRI antidepressants.

A recent study published in the Journal of the American Medical Association (JAMA) concluded that a newer atypical antipsychotic “Olanzapine does not demonstrate advantages compared with haloperidol (in combination with prophylactic benzotropine) in compliance, symptoms, extrapyramidal symptoms, or overall quality of life, and its benefits in reducing akathisia and improving cognition must be balanced with the problems of weight gain and higher cost.” The difference in the cost was $3,000 to $9,000 higher annually with Olanzapine.1

We all seem to succumb to the advertisements and sales pitches. If physicians start using more of the cheaper and generic versions of the drugs, then pharmaceutical companies will be willing to listen and respond.

Dr. Kant used the “Express Yourself” portion of the ACMS website to submit this Perspective. We’d love to hear from more of our readers in this way. Simply log on to www.acms.org and select “Bulletin Information,” then click on “Express Yourself.”
I see an increasing problem of polypharmacy, even in children. It has become common to see children on four to five psychotropic drugs, with two to three atypical antipsychotic drugs. I have admitted a few children on nine or 10 drugs with four atypical anti-psychotics. There are many reports in the literature about prevalence and dangers of polypharmacy in adult and geriatric populations. This serious issue of polypharmacy is another big factor in raising the total burden of drug costs on governmental and private insurance programs and individuals.

Inappropriate prescribing for vague or irrational indications further complicates this problem. I have seen prescriptions of some newer anti-psychotics for weight gain and/or sedation, newer anti-epileptic for weight loss, expensive “improved” and longer-acting versions of older stimulants for AD H D, etc. These drugs are very expensive and do not add anything significant compared to older and equally effective drugs. Some of the newer anti-psychotic drugs cost $4-$6/pill. How can a patient on Medicare get a good night sleep with these drugs while struggling to afford other life saving medicines and foregoing food? Polypharmacy, inappropriate prescribing and not writing generic drugs are also very important reasons for the total high cost of drugs. Moreover, all of these factors are in our control and can be acted upon right away. Rather than just talking about high prescription costs and asking the government to step in, we altogether can make a big impact ourselves. These steps will be needed even if the prices of drugs come down.

Dr. Kant is a neuro-psychiatrist and child psychiatrist in private practice. He can be reached at (412) 220-7323 or rkant@headinjuryclinic.com.

REFERENCE
A report submitted by Suzanne Leehan, president, ACMS Alliance, indicated that the alliance will again sponsor a basket raffle at the ACMS Annual Dinner in January. Funds will be gift-matched from the ACMS Foundation, with all proceeds benefiting the CCAC Allied Healthcare Scholarship Fund.

Safdar I. Chaudhary, MD, medical editor, noted that the Bulletin’s new format has been well received. The Editorial Board is now searching for other means of financial support besides ads, such as possible educational grant monies.

Student Section Representative Adam Tobias introduced Megan Groh, the newly elected representative. The students recently assisted ACMS with the Healthy 4 Life Project at the Monroeville Expo Mart and visited elementary schools to promote an anti-tobacco campaign called Tar Wars. He said 13 students would be attending the PMS House of Delegates in October; three will be ACMS alternate delegates.

G. Alan Yeasted, MD, ACMS president, noted that ACMS has contacted all area hospital medical staffs seeking funds for PAMPAC or the Pennsylvania Medical Society (PM S) for direct action on tort reform. Many hospital staffs have contributed and the fundraising effort continues.

Susan Bowyer, producer, Focus on the Issues, asked ACMS to be an anchor sponsor for the program. ACM S officers have appeared regularly on the television show, which airs on cable television and reaches over one million households and 800,000 cable households in southwestern Pennsylvania. This would involve quarterly panel discussions with Dr. Teeple acting as anchor panelist. ACM S will also recommend subjects. The Board of Directors approved the $2,500 sponsorship fee.

Paul W. Dishart, MD, reported that the Pittsburgh Regional Healthcare Initiative (PRHI) is moving along with its current projects, patient safety issues and diabetic care.

Dr. Pifer reported on activities of the Allegheny County Jail Advisory Board. Inmates are allowed to purchase over-the-counter drugs and drug trafficking has become a problem. Measures are being taken to combat these problems.

John F. Delaney, MD, reported that the Suicide Prevention Task Force is examining how the court and the jail might better address the problem of suicide attempts during the first 48 hours after someone has been convicted of a crime and sentenced to jail.

Unfinished Business

The ACMS will no longer offer Pittsburgh Steeler pre-game brunches. Free parking with security is still available at the society parking lot, and the Allegheny Club will welcome ACMS members to participate in pre-game brunches there.

The Board of Directors was encouraged to support Judge Joan Orie Melvin, the endorsed PAMPAC candidate for Supreme Court, and member physicians were asked to work the polls at the Nov. 4 election.

Accepted as informational was a letter from Diane Koken, insurance commissioner (9/15/03), regarding Medical Care Availability and Reduction of Error Fund, stating: (1) that physicians withhold payment for the MCARE assessment if they are in the highest-risk specialties; and (2) all others submit 50 percent of the MCARE assessment.

New Business

The medical society has submitted nine resolutions for consideration at the October House of Delegates, where Jitendra M. Desai, MD, will be installed as Pennsylvania Medical Society president and Dr. Pifer is running for vice president.

The board then approved the Nominating Committee Report for election of 2004.
ACMS officers.

Christina E. Morton, ACMS director of communications, reported that an estimated 7,000 people attended the August Healthy 4 Life project at the Monroeville Expo Mart; funding for the event was provided by grants from Proctor & Gamble, Aventis and Sanofi. With the approval of the board, the new nomination and selection process for the ACMS awards has been put into effect. It was noted that the medical society would acknowledge past presidents at the ACMS annual dinner in January. A short survey designed by KDKA-TV in conjunction with the ACMS Communications Committee, will go out to the membership, asking them to identify areas for which a public health campaign would be appropriate and feasible.

James D. Ireland, assistant executive director/membership services director, noted that there has been discussion of elimination of the free year for residents; this will be determined by the PMS House of Delegates. ACMS has arranged several seminars, including Understanding Physician Employment Contracts, and HIPAA training.

Mr. Krah noted that a federal government's General Accounting Office report contains facts rebutting the August 2003 report on Medical Malpractice and Implication of Rising Premiums on Access to Health Care. He also noted that the Pittsburgh Pediatric Society will be collecting toys and donations for families, through the Office of Children, Youth and Families, as part of its annual Holiday Project.

It was announced that Ian Rawson, PhD, president, Hospital Council of Western Pennsylvania, will retire next year. The board agreed that Mr. Rawson should be recognized for his service to the community over the years at the upcoming ACMS annual dinner.

This is a summary report. A full report is available by calling the ACMS office at (412) 321-5030. Board meetings are open to members. If you wish to attend, contact the society to receive a schedule and meeting agenda. The next regular Board of Directors meeting is Tuesday, March 23, 2004.
Krishnan A. Gopal, M.D., is the newest member of the ACM S Executive Committee, having been elected to serve as secretary in 2004. Board certified in colon and rectal surgery and general surgery, Dr. Gopal has been a member of the ACM S since 1980. He served on the Medical-Legal Committee from 1992-2003, chairing the committee from 2000-2003. He served on the Bio-Ethics Advisory Committee from 1993-2001 and as a member of the Medical Staff Officers Group in 1993-1994. Dr. Gopal was an alternate delegate in 1995 and 2002, delegate from 1996-2001 and again in 2003, and in the Organized Medical Staff Section in 1998-99. He was a member of the Nominating Committee in 2000-2002 and the Finance Committee in 2002. He resides in Upper St. Clair with his wife Dr. Indira Gopal; they have two sons, also physicians.

David L. Katz, M.D., will serve a second term as ACM S treasurer in 2004. Board certified in obstetrics and gynecology, Dr. Katz has been a member of the medical society since 1962. He has served both as alternate delegate and delegate to the PM S, has chaired the Continuing Medical Education Committee and served on the Board of Directors and the Peer Review Board, which he chaired in 2000. He also served on the Finance Committee in 2003. Dr. Katz is affiliated with Magee Women’s Hospital and the University of Pittsburgh Medial Center. He resides in Fox Chapel with his wife Dr. Mary Lou; they have four children and 11 grandchildren.
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