

COMMUNIQUE



MARCH 2006

Community Health Commission Notes

HIV/AIDS Update - The CDC cited data from 33 states indicating HIV positive estimates of 1.2 million, 47% of whom are non-Hispanic blacks. Male to male sexual contact leads the risk factors followed by drug use.

Immunization Update - The 2006 recommended vaccine schedule from the CDC is now available: hepatitis A vaccine is now universally recommended because of the high success rate in eliminating the disease in the Southwest. Oral rotavirus vaccine has been approved and released and will soon be added to the childhood schedule. The CDC is now recommending that all healthcare personnel be vaccinated annually against influenza.

Infectious Diseases - The CDC has recommended against the use of Amantidine and Rimantidine for prophylaxis or treatment of influenza A this season citing widespread resistance of the current virus. Unfortunately, the alternative medications, Tamiflu and Relenza are being withheld and stockpiled for fear of "bird flu." The government stockpile of Tamiflu can be released only on request from each individual state health department. The manufacturers of Tamiflu and Relenza have initiated a voluntary stockpile making the medications available only if the local health department cites an increase in flu activity; initial cases are expected to not have treatment available. Influenza cases in Ohio have been sporadic this year until this week when more confirmed and suspected cases of influenza A are being reported in Northwest Ohio.

A rapid PCR assay for avian influenza A/H5 is now available at regional Laboratories in the Laboratory Response Network.

The CDC is reporting an increase in cases of Orf virus infection in humans from contact with recently vaccinated sheep and goats. The infection is similar to cow pox causing pustules, usually on the fingers.

The Medical Letter (Fe. 13, 2006) has published Treatment of Community-Associated MRSA Infections.

Patient Safety - A survey of local hospitals found a remarkable agreement on emergence codes, but the number is daunting and the codes hard to remember. There is also a remarkable disparity in the number and color of arm or wrist bands designating patient status, risk and level of care. It was suggested that there be a series of vignettes to be presented at medical staff or other educational meetings as part of patient safety and risk management topics.

Colon Cancer Awareness Month

Please notify all of your patients born in 1956 of the significance of their fiftieth birthday. By attaining age fifty, they are eligible to begin colon cancer screening.

March is colon cancer awareness month. The American Cancer Society recommends the following screening methods that have been shown to reduce the death rate from colon cancer.

1. **Fecal occult blood testing yearly.**
2. **Sigmoidoscopy every five years.**
3. **Combination of yearly fecal occult blood testing with sigmoidoscopy every five years.**
4. **Barium enema every five years.**

Colonoscopy has been shown to reduce the incidence of developing colon cancer. Colonoscopy is recommended for screening every ten years.

The following patients are not included in the above screening categories and should be in a surveillance category.

1. **Family or personal history of colon cancer.**
2. **Personal history of colon polyps.**
3. **Personal history of inflammatory bowel disease.**
4. **Family history of familial adenomatous polyposis.**
5. **Family history of hereditary non-polyposis colon cancer.**
6. **Personal history of unexplained anemia.**
7. **Personal history of change in bowel habit.**
8. **Personal history of bleeding from the rectum.**
9. **Personal history of unexplained weight loss.**

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*2006 Academy/Bar Association/St. Luke's Hospital Seminar
and Academy Golf Tournament Forms Inside*

IN MEMORIAM

TED A. ZDANOWICZ, MD
9/8/48 - 2/27/06
FAMILY PRACTICE

PAUL F. BAEHREN, MD
9/22/21 - 3/5/06
PEDIATRICS

Ohio State Medical Association EMR Conference

Adding an electronic medical record (EMR) is at the top of the "To Do" list for most Ohio physicians, but many practices remain wary about actually purchasing and implementing these systems. Research conducted by the Medical Group Management Association indicates that currently, just over 14% of medical group practices use an EMR. But, by 2007, that number could be nearly 60%!

One reason is that private payers and the government are turning up the heat on physicians to implement EMR systems and practices. Another reason is that physicians are just beginning to realize how much value an EMR can eventually bring to their practice in terms of enhanced clinical quality, patient satisfaction and increased reimbursement. Either way, physicians will need to make an EMR decision – relatively quickly.

Join your colleagues on April 1 for this information-packed conference that will provide you with the information and resources you need to confidently make the right EMR decision. Go to www.osma.org and choose Education>Current Courses>April 1 for complete details.

As an added bonus, attendees will receive valuable take-home materials which include a template for developing a RFP, plus the American Medical Association's "EHR Implementation: Step-by-Step Guide for the Medical Practice."

Another important part of this conference is the ability to meet with a variety of EMR vendors all at one time and in one place. To date, the following vendors have confirmed their participation:

- *3rd Evolution Healthcare Solutions*
- *A4 Health Systems*
- *ABELSoft Corporation*
- *Allscripts*
- *athenahealth, Inc.*
- *digiChart, Inc.*
- *DoX Systems, LLC*
- *e-MDs*
- *GE Healthcare*
- *Greenway Medical Technologies*
- *Misys Healthcare Systems*
- *Navigator Management Partners*
- *Ohio KePRO*
- *Technology Now, Inc.*

New guidelines address how to prevent a second stroke, TIA

The greatest threat a stroke or transient ischemic attack (TIA) survivor faces is another stroke.

That's the conclusion of the AHA/ASA in its "Guidelines for prevention of stroke in patients with ischemic stroke or transient ischemic attack." Published in *Stroke: Journal of the American Heart Association*, these guidelines are the association's most comprehensive recommendations for preventing recurrent strokes and "mini-strokes."

Almost a third of the estimated 700,000 strokes that occur each year in the United States are recurrent strokes, said Ralph L. Sacco, M.D., M.S., chair of the American Stroke Association's Stroke Advisory Board and of the association's Secondary Stroke Prevention Guidelines Committee. The risk of another stroke among stroke and TIA survivors is as high as 40 percent within five years. The elderly, Mexican Americans and African Americans, as well as members of lower socioeconomic groups, are at high risk of recurrent stroke.

For more information go to <http://www.american-heart.org/presenter.jhtml?identifier=3037102>

Join Academy Mailing List today!

The Academy is currently updating its website (www.toledomedicine.org). If you would like to receive website updates and a FREE online subscription to **Toledo Medicine** and the **Communiqué**, please type "subscribe" in the subject header of an email to joey.begeman@gmail.com.

Academy well represented at 2006 OSMA Annual Meeting

The 2006 OSMA Annual Meeting will be held in Cleveland on May 19-21, 2006 at the InterContinental Hotel at the Cleveland Clinic. The OSMA Annual Meeting provides members an opportunity to learn more about priority issues of the OSMA and actively participate in policy discussions of the organization. The House of Delegates, which provides the membership a forum for debating and establishing organizational policy, will convene during the meeting to review and take action on resolutions presented to the body.

The OSMA Organized Medical Staff Section (OSMA-OMSS) meeting registration opens at 11 am on Friday, May 19, in the 3rd Floor Ballroom, followed by lunch at 11:30 and business meeting at noon. The OMSS Education Session will begin at 1:00 pm and last until 4:00 pm. The agenda includes:

Leveraging Technology to Enhance Practice Operations
 - Jeffrey Daigrepoint, Principal, The Coker Group

Hospital-Medical Staff Relations: Independent and Inter-dependent

- J. James Rohack, MD, Immediate Past Chair,
 AMA Board of Trustees

Pay-for-Performance

- Julie Baker, Director, Healthcare Advisory Practice,
 PricewaterhouseCoopers

Any resolutions to be considered by the OSMA-OMSS must be submitted by April 20, 2006, to comply with the 30-day requirement of the Section's bylaws. Resolutions can be forwarded via e-mail to OMSS Chair Dr.

Gregor Emmert, Jr. at info@osma.org. If you have not made a reservation for the OMSS meeting you can do so by calling 800/766.6762 or 614/527.6762, or by fax at 614/527.6763. Toledo is well represented on the OMSS as in addition to the Chair, Dr. Gregor K. Emmert, Jr., Drs. Louito C. Edje and Donna A. Woodson are members of the Steering Committee.

The registration for the OSMA House of Delegates begins at 8:00 am on Saturday, May 20, in the MBNA Conference Enter on the 3rd Floor, followed by the Opening of the House of Delegates at 9:30 am. Resolutions Committee No. 1, Committee on Strategic & Governance, will commence at 10:30 am, will go until lunch at noon and will reconvene at 1:15 pm until 2:45 pm. Resolutions Committee No. 2, Committee on General Resolutions, will commence at 2:00 pm and go until 4:30 pm. Resolutions Committee No. 3, Committee on National/AMA Resolutions, will commence at 3:00 pm and go until 5:00 pm. There will be candidate interviews for the AMA Delegation at 4:30 pm until 6:00 pm and the Women in Medicine Reception from 5:45 pm until 6:30 pm. The President's Inauguration and Reception will be from 7:00 pm until 9:00 pm. The House of Delegates will reconvene at 10:00 am on Sunday, May 21, for elections and committee reports.

Dr. Patrick W. McCormick is the OSMA Fourth District Councilor. Dr. Gerald W. Marsa is Chair of the Lucas County Delegation to the OSMA and Delegates include Drs. John P. Anders, Riaz N. Chaudhary, Robert E. Kose, Donald B. Marshall, Diane A. McCormick, Ruby N. Nucklos, Philip C. Stiff, Jr., Herbert E. Stockard, Richard J. Wiseley and Donna A. Woodson. Alternate Delegates include Drs. Timothy J. Anders, Anthony J. Armstrong, Stephen P. Bazeley, Kenneth R. Bertka, Scott T. Dull, Louito C. Edje, Gregor K. Emmert, Jr., Mary J. Gombash, John D. McBride and James G. Ravin.

Joint Meeting Dates

*The Academy of Medicine/
 St. Luke's Hospital Joint Meeting*

Tuesday, May 2, 2006
 St. Luke's Hospital Auditorium

*The Academy of Medicine/
 St. Anne Mercy Hospital Joint Meeting*

Tuesday, September 12, 2006
 The Pinnacle

HOT TOPICS STATE NEWS AMA NEWS PRACTICE MANAGEMENT ISSUES POLICY NEWS COMMUNITY HEALTH ISSUES
UPCOMING EVENTS MEMBERSHIP SERVICES & BENEFITS TIPS & TRICKS BREAKING NEWS ACADEMY MEETINGS NEW
MEMBERS THE MONTHLY NEWSLETTER OF THE ACADEMY OF MEDICINE OF TOLEDO AND LUCAS COUNTY TORT REFORM

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SAVE THE DATE!

ACADEMY NIGHT AT THE MUD HENS!

WEDNESDAY,
AUGUST 16, 2006

THE MUD HENS VS. THE DURHAM BULLS

APPLICATIONS

TIMOTHY M. HICKEY, MD
Neurology

ANGELA R. JONES, MD
Obstetrics & Gynecology



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