

Established 1867

NEW HANOVER - PENDER COUNTY MEDICAL SOCIETY BULLETIN

Winter 2006

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January 18, 2006 The Changing of the Guard
Mike Moulton, MD administered the oath to Dr. Rob Shakar. In his first official act, Shakar awarded the 2005 President's plaque to Moulton.

PRESIDENT'S MESSAGE

Dear Fellow Society Members,

We are off to another great year. Your Executive Committee is working hard to bring interesting speakers and include more social meetings to enhance our time together. **Jack Barto, CEO** of New Hanover Health Network, will speak at the April meeting and the President of the AMA, **Dr. Edward Hill**, will speak in September. In August we will host our **Annual Summer Social** - and mark your calendars for the **Bald Head Retreat** set for October 13 - 15th.

We should all be proud that, as a Society, we continue to give back to the community. We are one of only two NC county societies that provide a local **Health Hotline** to approximately 1000 people who are unable to go to a physician or cannot afford care. Our **free athletic physicals** to school students in June provide a \$40,000 - \$50,000 per year service to the community.

2005 membership reached 458 (441 physicians and 17 PA's) out of a total 748 physicians in our two-county area. The local society is a support mechanism to achieve common goals of physicians in New Hanover and Pender counties and in North Carolina. This is evident in the state and local societies' defending us against encroachment by other allied health professionals, addressing declining reimbursement, promoting fairness in the CON process and tackling ongoing medical liability issues. You can help increase our membership. Get your peers involved, and let's protect our interests. By not getting involved there is no one to blame but ourselves. We are all busy but we cannot wait until there is a crisis to act.

The **State Society** will conduct a **Town Hall Meeting** May 11th and wants to hear what they can do for you. Please plan on attending. Spouses and officer managers are welcome. Call 800-722-1350 for reservations.

Equally as important as protecting our own interests is doing everything possible to be good physicians and becoming valued advocates for our patients. Only then, I believe, will we have accomplished our goals and feel secure in our future direction.

Rob Shakar MD

IN MEMORIAM

Deepest sympathy is extended to R. Bertram Williams, Jr., MD and Family in the March fifth death of **Mary Ellen Shannon Williams**; to the family of **Donald Conrad Schweizer, MD** who died, March seventh and to Elizabeth Griffin Feezor, MD and Family in the March twenty-third death of **William Stokes Feezor**.

HONORS



Hicks



Jones

Robert Jones, MD was presented for NCMS Life Membership, January 18 by Dr. R. V. Fulk. **Charles Hicks, MD** was presented for NCMS Life Membership, February 15 by Dr. Patrick Edwards. Both men gave inspiring responses to their awards.

GIFT

In the Fall of 2005, **E. Thomas Marshburn, Jr., MD**, 1965 Society President, gifted the Medical Society with a book from his personal library written by one of our own: *A TREATISE ON PELLAGRA FOR THE GENERAL PRACTITIONER* by Edward Jenner Wood, S.B., M.D. Dr. Marshburn wrote: “Dr. Edward Jenner Wood, a native Wilmingtonian, graduated from the University of Pennsylvania School of Medicine in 1902. He returned home for the General Practice of Medicine. He was elected to be President of the North Carolina Medical Society in 1910. He later served our own New Hanover County Medical Society as President.

Dr. Wood ultimately became interested in the symptom complex of dermatitis, gastroenterology, and neurological symptoms of Pellagra, which seemed to be on the rise locally, nationally, and internationally. He consulted local physicians as well and found that Dr. R. H. Bellamy of Wilmington and Dr. J. B. Bright of Lincolnton, NC were the first physicians in NC to recognize Pellagra.

All sorts of treatments were attempted but none appeared to help. Even arsenicals were given a trial. He visited his colleagues in Italy for new ideas, but received none.

In spite of all of his very extensive research, Dr. Wood never determined the real cause of Pellagra. I’m sure that he would be surprised to learn that the lack of water-soluble Vitamin B ‘Niacin’ in the diet was the guilty party. Little, if anything, was know of vitamins in his day.”

WELCOME 2006 NEW MEMBERS TO DATE:

Christopher Andrew Dixon, MD.....AN
 David Michael Brouhard, MD.....AN
 Mark David Darrow, MD.....IM
 Heston Channing Lamar, MD.....EM
 Luis Fernando Tobon, MD.....OBG

WE CELEBRATED THE WORK OF PHYSICIANS ON DOCTORS DAY, MARCH 30! When a physician spouse conceived the idea of Doctors Day in 1933, it was unlikely that she suspected that, 57 years later, the President of the United States would proclaim March 30 a national day to recognize and honor physicians’ contributions. To quote one of your colleagues, “The physician is the last advocate that a patient has.” Thank you, physicians, one and all, for your expertise, caring ways and advocacy!

PROGRAMS

January 18’s program by five physicians, who had worked in an area ravaged by Hurricane Katrina, was inspiring. Each shared some of what made their experiences life-altering. Thank you, **Neill Musselwhite, Peter Purcell, John Tseng, Peter Kramer and moderator, Sam Spicer**



Purcell, Tseng, Musselwhite, Kramer, Spicer

ONE OF OUR OWN!

The New Hanover - Pender County Medical Society is proud to recognize one of our own. **Catherine Varner**, daughter of 1996 Medical Society President, **Wayne Varner, MD** and **Becky Varner**, is an exceptional student and a Morehead Award recipient. It was the Morehead Award that funded her travels in Peru. She graduated from UNC-CH in 2004 with majors in both English and Chemistry and is currently completing her second year of medical school at the UNC School of Medicine. One of her poems, *Isabel* (See below.), was recently published in *JAMA*. Congratulations, Catherine, on another stellar achievement!

JAMA, January 11, 2006, Volume 295, Page 139, Copyright © (2006) American Medical Association, All Rights reserved.

Isabel

Arequipa, Peru

Resistant like rigor mortis, her hands scrunch
as I try to open palms to place a few coins,
enough for an empanada or adobo soup.
Resistant, she whispers *gracias*
and unlocks her fingers to accept my help -
a blind woman with a baby bundled in her lap.
Resistant, because she did not choose to be
poor
in this crowded Peruvian city, sleeping
on steps in the winter's dry cold.
Resistant at first she spoke slowly, saying
her life had ended after the Shining Path
burned her fields and alpacas
in the high altitude farms of Cancapa:
flaming animals ran screeching
into the night, under the blackened sky.
Resistant, she did not tell me what I later
learned,
that her husband's neck was sliced
by the rusted machete of his brother,
who continued by cutting out her eyes.
Resistant for the sake of the baby
cradled in the folds of her skirts,
her orphaned grandson. Silent in the night,
she covers in this shopkeeper's door,
her days spent selling the fruit of the cactus
that leaves her fingers pricked and swollen,
stained by the red nectar of sweet slices.

Catherine Varner, Chapel Hill, NC

To learn more about the mission to Peru that inspired Catherine's poem, go to:
www.uncw.edu > Academics >
School of Nursing > Peru: Cultural Immersion.



Catherine Varner

NEW HANOVER COUNTY HEALTH DEPARTMENT NEWS

“Little Mouths Create Big Challenges:
Mobile Dental Unit On The Way!”

North Carolina has one of the worst dentists to population ratios in the nation. If we doubled the number of dentists in our state we would still not be at the national average. That spells trouble for Medicaid recipients and the uninsured. The result is dental neglect and people eventually crowding local emergency rooms for dental extractions, which is expensive dental care.

New Hanover County is fortunate to have some dental providers that do accept Medicaid patients. However, the growing number of Medicaid, undocumented and uninsured children has created a situation where providers cannot meet the

current demand. New Hanover and Brunswick county officials are sensitive to this situation. There are over 18,000 children ages birth to 18 on Medicaid between the two counties. That number rises to over 27,000 when the uninsured children and those on NC Health Choice are added into the equation.

New Hanover and Brunswick County Health Departments have teamed up to develop a mobile dental unit program that will set up at local elementary schools in both counties to address this growing need. Grant funding has been received from the Kate B. Reynolds Charitable trust (\$311,000), the Cape Fear Memorial Foundation (\$175,000), and the Cape Fear Area United Way (\$38,000) to construct a state of the art mobile dental unit. The unit is 53 feet long, 8 feet wide, with three chairs and a full dental staff to include a dentist, three dental assistants and a support position. Construction began in Decem-

-ber 2005, with a scheduled delivery of April 2006.

There have been 4 elementary schools identified in New Hanover, and 2 in Brunswick County, and additional partners such as Boys and Girls Clubs and Headstart are possible target populations as well. This program should accomplish three main goals: provide a dental home to Medicaid children, offer low cost treatment to the uninsured, and provide some free treatment to children in hardship situations. This program should have an instant impact on the lives of the children in Brunswick and New Hanover counties.

GUEST ARTICLE ON QUICKIE CLINICS

"LOW, LOW PRICES EVERYDAY!"

Robert Brockmann, MD, ADEMS, Secretary
Feb 2006 Issue / The Advocate
Dr. Robert Brockmann contributes monthly to the ADEMS publication, "The Advocate".
Arapahoe Douglas Elbert Medical Society, in Colorado was established in 1890 and services 980 members in the south metro Denver area.
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I'll bet this sign is not hanging in your office window, but it is the sign hanging over the newest trend in healthcare, the Quick Clinic. Big box stores like Wal-Mart and Target, big chain pharmacies and even chain grocery stores are getting into the health care business. They have

discovered a lucrative niche and are gearing up rapidly to exploit it.

Quick clinics are small walk-in clinics set up inside big stores, and offer rapid, cheap diagnosis and treatment of more common medical conditions.

Some have x-ray machines and all have small labs. They offer physicals, diagnoses for a wide variety of common illnesses, and of course treatments readily available on the shelves or at the pharmacy a few steps away. Most are staffed by PA's or NP's. The Big Boxes love the new enterprise. You can bring your sniffly 6 year old to the clinic, pick up a prescription at the store owned pharmacy, and drop off your photofinishing all in one stop!

The marketing is simple and direct - fast, cheap, and customer driven. Most clinics have a billboard of services and prices hanging right over the front counter, a bit like McDonalds, and the customer/patient picks off the menu a la carte style. "I'd like a prescription for my bronchitis and a flu shot, and oh, could you remove this wart while you're at it?" might be a typical request. The clinic promoters say they are not attempting to replace primary care docs. They say they will readily refer patients with chronic or serious illnesses to a local PCP.

Retail healthcare is run like a fast food business, and in fact many of the top execs were drafted from the fast food industry. MinuteClinic, one of the largest chains, is run by the former Arbys CEO. His company's motto is "You're sick, we're quick!" The business manager for the Wal-Mart clinics is a recruit from the Waffle House. He says keeping customers happy with syrupy breakfasts is not so different from satisfying them with speedy x-rays. Yum.

Health insurance providers are behind the clinics, too. The prices are much less than a doctor's office visit and some insurers are offering to waive co-pays if the patient goes to the quick clinic instead of the doctor's office. Wal-Mart may have its employees use the quick clinic instead of doctor's visits to reduce sick leave time. The clinics can charge less, and still generate a better profit margin than a typical office, because they have reduced overhead and eliminated many non-revenue generating activities. There are few send out labs to handle or results to relay to patients, no follow up phone calls, no struggling with payors over preauthorizations or denials, no front desk staff to book appointments, no "no-shows", minimal record keeping, no phone time with specialists,

no call, no pagers or answering services, and no after hours coverage. They can skim off the quick and easy illnesses, and leave the complex, time consuming problems to someone else. Unlike you, the clinics will spend no time providing pay-for-performance data to get paid. On the revenue side, its cash, credit or insurance on the spot. Some do not accept Medicare or Medicaid.

These clinics are a great convenience and likely to be a huge success with the customer/patients. They will also be profitable for the stores who have them. The question is - What will the quality of care be like? Since it's a customer driven system, the patient makes the first guess as to the diagnosis. They decide if their illness is a "quick clinic type of illness". The practitioner, a paraprofessional with limited tools, practicing alone, no previous medical records, no medical history (other than what the customer remembers), no documentation of medical allergies (again, relying on that memory), and no current med list will do their best to diagnose and safely treat the patient in front of them. There will be time pressure, pressure to offer a definitive diagnosis, and pressure to meet the customer's expectations (fast, cheap, syrupy?). No customer will be happy if they pay their \$50 only to be told they need to go see their doctor, or that they don't need antibiotics for their cold. "The nurse at Target gave them to me last week!" will be the irate complaint. It is episodic, acute illness care, not continuous care with a foundation in prevention, like the kind a patient gets at their primary care doc. The missed diagnosis is the most common reason for lawsuits in primary care, and a fear primary care docs live with daily. I have no idea how they will avoid the malpractice issues that will arise, but I suspect customer/patients will sign a waiver of some sort.

There is no specific legislation regarding this type of clinic, and none being considered.

"Attention shoppers - blue light special! Half off on epigastric pain for the next 15 minutes!"

2006 HEALTH HOTLINE

The January 25 Hotline was an unqualified success with 972 callers being served by the following list of 57 physicians who manned phones and/or participated in live interviews on WWAY Television. Elisabeth Constandy from the Health Department and John Gizdic from the Medical Center were also among the interviewees. Thank you, physicians, to all who

participated and to those who would have if they could! **Rob Shakar, Robert VerNooy, Damian Brezinski, Linda Calhoun, Rich Tamisiea, Mary Lou Courregé, Michael Donahue, Cynthia Bowers-Lee, Joseph Arena, Mike Moulton, Bryson Ley, Thomas Morris, Phillip Moye, Gloria Vreeland, Sam Spicer, Noah Pierson, Albert Abrons, Bryan Weckel, Steve Klein, C. K. Rust, Kavita Persaud, Charles Schlepner, John Sanders, James Boston, Regina Jenson, Russell Gerry, Douglas Dixon, Marsha Fretwell, Daniel Tesfaye, Thad Coin, Joshua Vogel, Joseph Swain, Henry Temple, Clarence Wilson, David Joseph, Greg Johnson, James Kesler, Richard Nasca, Christopher White, Christopher McKinney, Ben Wall, Patrick Boylan, Patrick Edwards, Gordon Coleman, Ken White, Constance Olatidoye, Charlie Vernon, Elizabeth Coleman, Bob Weinstein, David Snow, Kamran Goudarzi, Thomas Clancy, Hormoze Goudarzi, David Miles, Edward Whitesides, Peter Purcell, and Susannah Aylesworth, you did a great job!**



Kim Ratcliff interviewed Susannah Aylesworth, MD.



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Member and Nonmember Edition

Next General Meeting: April 19

the contract renewal dates for re-credentialing were not necessarily tied to re-evaluation of the preferred provider contracted rates. These "evergreen contracts" require periodic re-credentialing of the physicians, but don't necessarily adjust contracted rates unless the provider specifically requests a rate review. So mark your calendars and plan a time each year for your practice to roll up your sleeves and work a little harder for better reimbursements. You may not always get what you want, but it certainly doesn't hurt to ask! Every dollar gained in fee schedules is a dollar added to your bottom line."

This tip was provided by Tina Rivenbark, MHA. Tina has been an administrator and independent practice management consultant in the eastern NC area for many years.

The North Carolina Medical Society
Town Hall Meeting
For MD's, DO's, Spouses, PA Members & Staff

Thursday, May 11, 2006

6:30 – 8:30 PM

Cape Fear Country Club

Please plan on attending. Let yourself be heard on
important State issues!

Reservations: 800-722-1350