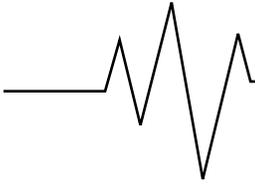


THE PULSE

NEWSLETTER OF THE DEKALB MEDICAL SOCIETY



Winter 2010

President's Message

The Healthcare Reform Agenda

Physicians have reason to feel angry, fearful and frustrated. Change is here. No matter how we slice and dice the issue of healthcare reform it is difficult to imagine that we can continue to deliver care in the way we do now. After spending almost \$2 trillion dollars a year on healthcare we still have 47 million uninsured. In other words, status quo is not acceptable.

Cost of healthcare is out of line. Access to affordable health care is lacking. Hospitals are shutting down and doctors are quitting private practice. There is a shortage of primary care doctors because reimbursements have not kept up with inflation and patients are sicker today and demanding more of the doctor's time. Despite the gross domestic product topping 20 percent for healthcare, the World Health Organization grades the United States as only the 37th healthiest country in the world.

Healthcare reform is on the top of the political, social and economic agenda. The Senate and the House bills are up for debate and at the 11th hour the country is held being hostage by one Senator at the time of this writing.

Rick Boden to be Honored at Annual Meeting

Infectious disease specialist Dr. Rick Boden will be honored with the coveted Julius McCurdy Citizenship Award at the 2010 annual meeting of the DeKalb Medical Society. The meeting will be held at Druid Hills Golf Club on January 23.

Rick has worked for years in various initiatives to serve the needs of the poor and mentor medical students in our community and abroad. His passion to serve was fueled by a visit to Bangkok during medical school and to South America immediately after entering practice here in DeKalb County. Over the years, he has led nine teams of medical students and other volunteers to cities in Venezuela, Peru, Honduras and Nicaragua. Through his work with the Christian Medical and Dental Association, he has coordinated medical teams to all areas of the world,

continued on page 7

Change must be faced with a positive attitude and with the intention of capitalizing on it. Physicians must plan for it so that they become efficient and effective while adding value for our services. We must embrace it since that attitude will prepare us to become successful clinicians.

Our medical societies are and have been our strong voices depending largely on membership and dues. More than any time ever in our careers, this is undoubtedly the time to join and get involved. Healthcare reform is a work in progress

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Dr. Gulshan Harjee

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**You are Invited to
The DeKalb Medical Society's
2010 Annual Meeting**

*A Gala Celebrating the
Physicians' Care Clinic*

Honoring Milton D. Boden, M.D.
with the Julius McCurdy
Citizenship Award

Saturday, January 23, 2009
Druid Hills Golf Club

Reception - 6:30 p.m.
Dinner - 7:30 p.m.

Black Tie Optional
RSVP by January 18, 2010



On Being Ordinary

by Dr. Jay Coffsky

There is no way to glorify or whitewash something or someone that's ordinary. Just as most people do not want their favorite team to be ordinary nor do they want themselves to be considered ordinary by others.

The term ordinary means "common, nothing special, and of no special importance." Most people don't really want to be thought of as "nothing special." Yet by averages alone most people are ordinary. Why even Professor Henry Higgins a.k.a. Rex Harrison in *My Fair Lady* sang that "I'm just an ordinary man – until I let a woman in my life." That's another story though.

Compared to someone who didn't play 30 years of tennis and golf I am pretty good. Compared to most people who played these for 30 years, I'm pretty ordinary.

When it comes to doctors, most patients or potential patients want to describe their doctor as "the best" or something along that line. In fact most patients would never go to a doctor whose shingle stated "ordinary surgeon, ordinary internist, ordinary radiologist, or ordinary pediatrician." Few of my non-medical friends would go to a doctor who is thought of as ordinary.

Most of my non-medical friends like to describe their doctor as "known to be the best." Somewhere along the line there must a rating service to rate our area of training that patients have access to for physician selection. My friends seem to all go to the "best" of whatever specialist they see.

It reminds me of the inhabitants of Garrison Keillor's township of Lake Wobegon. This was the fictitious Midwestern town where all women were good-looking, all men were strong, and all the children are superior and in the top 2 percent of the class. I'm sure the physicians in Lake Wobegon are also known to be the "best."

Let's face it most people are ordinary. It really sounds dull and low class to be considered ordinary. The awful truth is that most of us are ordinary in our field.

I have known hundreds of board certified radiologists and read reports of scores of others. There is not a hairs difference in most competent radiologists. We all had the same

training, all took the same courses, all took the same boards and when it all shakes out, there is little difference overall. Yes, all of us are pretty ordinary, competent radiologists.

When comparing first year medical students, they are not the same compared to someone walking on the street, but compared to each other, pretty ordinary.

If you would take a board certified radiologist's imaging skills compared to most other doctors imaging skills in general, no we are not ordinary, but compared to each to each other, we are.

Recently, I asked a competent pulmonologist at our hospital if he thought he was special or ordinary. He answer was just as expected. Compared to the other trained pulmonologists he was ordinary, compared to treating doctors in general, he was special.

The next time someone asks about the competence about a doctor you may know, see how insulted they seem, when you say, "Oh, sure he or she is an ordinary surgeon or whatever field they practice."

There is a lot of difference in being an ordinary radiologist or ordinary any kind of doctor and being a special or extraordinary person. There is a world of difference to me. The extraordinary physician may not have any better training, be any smarter, or work any harder.

There is a way you can change the ordinary to the extraordinary – that is a feeling for your patients, the way you treat others. The "hello, how are you doing" rather than the business face, being fun to be around and just being pleasant.

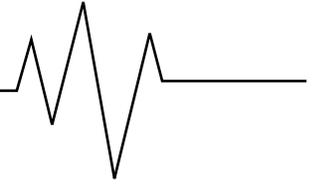
An extraordinary person returns phone calls in a timely manner rather than ignoring the call back, helps someone find their way in the halls, says hello to everyone, smiles rather than ignores people. The extraordinary do favors for others without thought of any repayment. They are sensitive to others.

They drop a timely note at a time of illness. They give a



Dr. Jay Coffsky





THE PHYSICIANS' CARE CLINIC

Let's Give Thanks

by Carole Fortenberry, RN, MS, PCC Nurse Administrator

Have you ever felt that you were different from the rest? That you felt things others couldn't? That you saw things that others didn't? Or that you knew something more than they did? Well, tucked away on a less traveled street in DeKalb County lies a place that's also a little different from the rest. It's a place of passionate caring and commitment. This place is fondly called PCC by its employees, volunteers and patients.

You should feel a sense of pride in this place. When others were self-absorbed in their own problems, you recognized a great need and created a healthcare safety net. When others were too busy to help, you supported it with your money and volunteer time. When others would only see paying patients, you made a difference in the lives of so many by your sacrifice.

Today, there are still thousands of DeKalb County citizens who are in need of a medical home. DeKalb County ranks second in metro Atlanta for the highest concentration of uninsured (207,200 according to the 2008 U.S. census). In 2009 PCC will serve over 1,600 of these citizens with passionate caring and commitment. For this first issue of the 2010 newsletter, I thought you might like to hear some of their thanks.

I couldn't have expressed this any better than they have. Wishing you and yours a safe and happy new year!

Editor's Message continued

compliment when deserved. They make decisions that are not primarily financially-based. They speak up for others, even when they don't agree. They aren't silent when someone else is being thrown under the bus or attacked.

When you leave this earth all you are remembered by is your reputation among your friends, peers, and your name. If your spouse, children, and grandchildren think of you as extraordinary you have really achieved something special. It may sound self-serving. I feel I am an ordinary radiologist by my definition. I try hard to be considered by others as an extraordinary doctor and person. Only time will tell if I have been successful.

Ralph Waldo Emerson said, "You cry when you are born, those around you smile. If you smile when you die and those around you cry."

If that happens you have had a very nonordinary life.

PATIENTS OF PHYSICIANS' CARE CLINIC SING PRAISES

Thanks so much for the EKG. My chest has been hurting and this procedure will give me some piece of mind.....Bernice

The people and services were better than any I ever received when I had insurance. Thank God for good people who care! God bless all of you!!.....Sherry

I am so grateful for the assistance and professionalism of everyone.....Sarah

Thank you all for helping to fulfill my medical needs. I thank you.....Willie

I have been so satisfied with the doctors, nurses and pharmacy care. I cannot sing praises enough for the care I have received.....Marie

I thank God for this clinic, its doctors and nurses!.....Cora

I so appreciate the services you voluntarily provide....always compassionate and caring. I feel truly blessed by the help and the ability to get my medications.....Debra

This clinic is really a blessing for all who have no insurance. I really thank God for this place and for the people that share their time to help us.....

Thank God for a place that poor people can come to for care and feel cared for and respected.....

Thank all of you at PCC for all you do. Your sacrifice is greatly appreciated by me and all who benefit from your services.....Geraldine

In all my life, I have never seen such kind, helpful and happy people. I appreciate the service so much and I sing your praises all the time. Thanks so much and God bless!.....Bridgette

You guys are doing a great service for this community.....

I am forever grateful for this service – without it I wouldn't have any medical help for my diabetes. This service is wonderful. I hope everyone realizes how much I appreciate the help and will never take it lightly.....Sandra

 DEKALB COUNTY BOARD OF HEALTH

Novel H1N1 Vaccine Distribution Lessons and Challenges

S. Elizabeth, M.D., M.B.A. District Health Director, DeKalb County Board of Health

As the Centers for Disease Control and Prevention, state health agencies, hospitals and thousands of private physicians across the United States begin to receive and administer their first shipments of novel H1N1 vaccine, there have been some lessons learned and challenges presented.

I want to provide you with an understanding of the Georgia Department of Community Health's vaccine distribution process and how the more than 200 private vaccinators in DeKalb County are being served.

The Georgia Department of Community Health (DCH) signed up more than 2,700 vaccinators across the state to administer the novel H1N1 vaccine. These vaccinators represent a wide array of health care providers from hospitals, to private physician offices, to large retail pharmacy chains and others. Through a contractual process with DCH, that includes training on the Georgia Registry of Immunization and Transaction Services (GRITS) system to register and document vaccines given, each vaccinator must meet stringent guidelines for receipt, storage and administering of the novel H1N1 vaccine. These vaccinators, once they have their GRITS certification number, receive direct shipment of their vaccine from the federal distributor, McKesson.

H1N1 vaccine is being distributed to vaccinators in Georgia in the following way:

1. The CDC provides an allocation notification to the Georgia Department of Community Health, advising them of the maximum amount of vaccine that they may order, (e.g.) "Georgia can now order 100,000 doses of LAIV."
2. The Georgia Department of Community Health enters its orders based on the CDC's allocation notice. The order is given to the CDC.
3. The CDC relays Georgia's order to the CDC's distributor, McKesson.
4. McKesson delivers the vaccine directly to the health care providers' offices or clinics.
5. The CDC does not report back to the Georgia Department of Community Health on which private

providers have received the vaccine or when it was delivered.

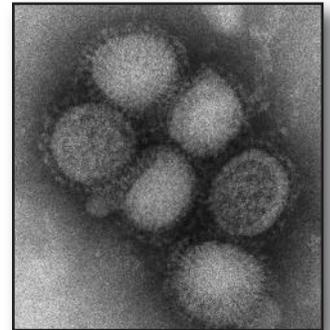
About 50 DeKalb County vaccinators with vaccine requests of less than 100 doses will receive their shipments directly from the DeKalb County Board of Health's supply. Shipment to these providers is based on available amounts of vaccine being shipped to the Board of Health from DCH. As of November 4, 2009, the Board of Health received 4,000 doses of the live nasal spray and 7,000 doses of inactivated, injectable vaccine. The live nasal spray was distributed to the priority group of healthy people between the ages of 2 and 24 years old and to health care staff responsible for direct patient care. A portion of the Board of Health's inactivated, injectable novel H1N1 vaccine will be distributed to private providers who have completed the contracting process with the Board of Health.

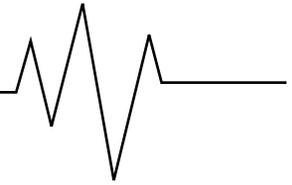
There is no doubt that DeKalb County Board of Health, like other providers across the nation, has been challenged by the vaccine shortage. Some vaccinators have not received any shipment of novel H1N1 vaccine, while others may have only a small limited supply. When more vaccine becomes available from the manufacturer, DCH will repeat its distribution process until all vaccinators have an ample supply of the vaccine to administer to the clients that they serve.

It is clear that some of the lessons learned regarding the manufacturing of new vaccine must result in technology and equipment improvements in the nation's vaccine manufacturing processes. Producing vaccine in such large amounts has proven to be a very complicated process. Although the first doses of novel H1N1 vaccine in the U.S. were administered faster than in any other country except China and Australia, there is no doubt that government projections of vaccine availability did not take into account the natural vagaries of vaccine production.

Here are only a few of the challenges. They include:

- By late May, vaccine manufacturers were provided with seed strains of the H1N1 virus. However, some manufac-





urers reported that seed strains were not growing well. Better strains were developed, but they were not ready until August.

- Development of a potency test to tell how many doses were being produced in each egg showed some companies that they had less vaccine per yield than they had originally projected. (One company that did not have yield problems produces the live virus nasal spray vaccine and uses a unique seed strain. It was able to supply about 40 million doses to the government.)
- Some manufacturers did not even know how little they were producing until a vaccine potency test became available.
- Some companies were challenged putting the vaccine into vials and syringes.

While these production issues were being addressed, vaccine was delayed in getting out supply to the public and providers.

To address Georgia's vaccine shortage issues, DCH recommended that vaccinators only administer novel H1N1 to priority risk groups. In addition, DCH has an H1N1 Influenza Vaccine Provider Locator to inform Georgia residents about which health care providers have registered to provide the H1N1 vaccine. You can visit: <http://health.state.ga.us/h1n1flu>. DCH also established a statewide novel H1N1 call center for the public and physicians who have questions. The public can call 1-888-416-4636 (1-888-H1N1-INFO); physicians should call 1-888-416-1633 (1-888-H1N1-MED).

The DeKalb County Board of Health has a novel/seasonal flu information line at (404) 508-7880 or you can visit www.dekalbhealth.net for up-to-date information regarding vaccine availability.

One of the critical lessons learned is that communication regarding the vaccine shortage must be timely. As your local public health system, we will continue to provide updated information to our private medical partners and the public as the distribution of H1N1 vaccine continues.

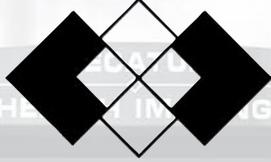
Some additional Georgia resources are:

Georgia Department of Community Health's

site: <http://health.state.ga.us/>

Georgia Department of Community Health's H1N1 web site: <http://health.state.ga.us/h1n1flu/>

DeKalb County Board of Health's web site: www.dekalbhealth.net.



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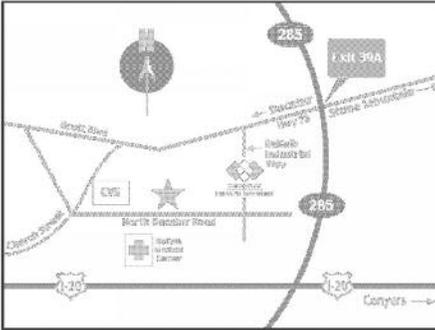
Hours of Operation

MRI Hours	CT Hours	PET Hours
Monday through Friday 7 a.m. to 9 p.m.	Monday through Friday 8:30 a.m. to 4 p.m.	Monday through Friday 8 a.m. to 8 p.m.
Saturday 8 a.m. to 5 p.m.		Saturday 8 a.m. to 3 p.m.

Directions

From Emory: Go east on North Decatur Rd. approximately three miles. Decatur Health Imaging is on the left just past Dekalb Medical Center.

From I-285: Take Exit 39A onto Hwy 78 west. Turn left at the 2nd traffic light onto Dekalb Ind. Way. Go to the 1st traffic light and turn right onto N. Decatur Rd. Decatur Health Imaging will be 300 yards on the right.



From I-75: Exit at I-20 East. Take the second Moreland Avenue (US 23) exit. Go North on Moreland Avenue. Turn right onto Ponce De Leon Avenue. Continue on Scott Boulevard (US 29) approximately one mile. Turn right onto North Decatur Road. Continue on North Decatur Road six tenths of a mile and Decatur Health Imaging will be on your left.

2774 North Decatur Road • Decatur, GA 30033

Confused about covering risk exposures in your practice? Here's a Glossary of Medical Practice Insurance Solutions!

As a physician-owned and -led Insurance Agency, we know your focus is on managing your practice and providing quality patient care. Insuring your practice for a variety of potential liabilities can be confusing. In addition to your medical professional liability insurance there are other insurance programs you should consider. How can you sort out your options? MAG Mutual can help you decide what you need and we hope this glossary of insurance coverages will help.

Medical Professional Liability Insurance – Protects your assets and reputation against claims of negligent acts or omissions that result in injury or harm to your patients.

Businessowners Policy – Combines your property, general liability and business income coverages into one policy.

Workers' Compensation – State mandated medical coverage for your employees when injured at work. Requirements may vary by state.

Employment Practices Liability – Provides defense costs and indemnity protection from employee allegations of discrimination, harassment and other employment law claims.

Fiduciary Liability – Protects your employees who have discretionary authority over a benefit plan or assist in its administration.

Physicians Regulatory Liability – Covers fines, penalties and related limited defense costs for government audits (Medicare/Medicaid). Also provides limited defense costs for HIPAA, STARK and EMTALA violations.

Personal Insurance – Automobile, home and personal umbrella protection for individuals and families.

Cyber Liability – Provides protection for various computer based risks, including network security, privacy, viruses, digital media and notification of breach, etc.

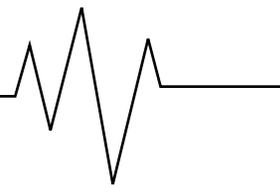
Directors & Officers Liability – Covers defense costs and indemnity protection for the officers and directors of your practice for claims from employees, patients, vendors and creditors.

Commercial Umbrella Liability – An additional layer of coverage which increases your general liability protection.

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IA-141/10-09



Boden Honored continued

including Central America and the Middle East, as well as in our own inner city clinics. His group is also helping to raise awareness of the problems of human trafficking in which young girls and boys are being sold for sexual exploitation.

During his spare time, he serves as an elder at Intown Community Church where he leads music during the children's service!

Join us in honoring Rick's extraordinary life of service and celebrating the continued success of our own Physicians Care Clinic.

President's Message continued

and our participation is vital NOW, for primary care physicians and specialists. The Medical Association of Georgia, our state organization led the NHCR Coalition in Georgia.

MAG's principles have focused on the sacred relationship of the doctor and patient, that the patient be able to choose their doctor, their insurance plan, be able to privately contract with their doctor and that the doctors be allowed to make decisions without interference.

On December 14, Mr. David Cook, the executive director of the MAG and former Professor of Constitutional Law, appearing at the DMC auditorium under the sponsorship of the DeKalb Medical Society, made an excellent, eloquent and brilliant presentation of the House and Senate Bills HR 3200 and HR 3962 respectively as they stand today. HR 3962 passed the House 220 to 215 and is in the Senate. Sixty votes are needed to close the debate in the Senate as of today.

Offering Medicare to those aged 55 and up is being debated. Public options may be the solution in several states for the uninsured that make more than \$75K and have declined to buy insurance. It will be mandatory for employers to offer insurance to their employees or pay penalties. There will be higher taxes for those making over \$250K and an expansion of Medicaid for those making less than 150% of federal poverty level. There is discussion for possible provision for preexisting conditions. Solvency of Medicare is a matter of much concern. The House estimates a Medicare savings of \$426 billion as opposed to \$494 billion estimated by Senate.

HCR has many moving parts and is complex. The focus will continue to be quality. Payment for performance and measures of outcomes will prevail rather than procedures and

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ASSUME LEASE: GE Vivid S-5 Ultra Sound. Used 6 months. Assume monthly lease of \$1516. Multiple probes included. 404-817-0062 ext. 231.

testing. Prevention and early diagnosis will continue to be favored, quality versus quantity and rational rather than ration of care are the words most spoken of it. Healthcare reform will be admired for monitoring, reducing errors and for ease of transferring records to avoid duplication of services. Medical Homes will ultimately create the efficiencies insurance companies have been predicting for a longtime.

Medicare reports an overhead of 5 percent whereas private insurance companies call \$600 billion dollars their management fee? It is no wonder insurance companies can lobby every single day at \$2 million dollars a day to fight health-care reform.

Let us, as physicians stress the importance of personal responsibility. Obesity has reached epidemic levels. This has created metabolic syndrome and adult onset diabetes, arthritis and premature coronary disease adding to the cost of care that can be handled by altered life style. Americans must exercise and eat healthy, stop smoking and practice safe sex.

Some things seem clear, in the absence of HCR, our insurance premiums will hit the roof, more doctors will retire early, more hospitals will close, and Medicare will be bankrupt by 2017. The uninsured will continue to stress emergency rooms and primary care shortage will reach a dangerous level.

Those who missed Mr. Cook's presentation missed a wonderful opportunity to learn what your county and state medical societies are doing for you. If you cannot be active with us in our fight to preserve our professional dignity and freedom to treat patients with our best clinical judgment, at least join us in membership. We need your support!

DEKALB COUNTY
**MEDICAL
SOCIETY**

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Jay S. Coffsky, M.D.–*Editor*
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Address Correction Requested

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**American Health Imaging
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**Our Thanks to the Members of the
DeKalb Medical Society
for their support over the years.**

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