President’s Message: Let’s Give Them Something to Talk About
Thomas H. Waid, M.D.

“An established panel of medical experts would review proposed medical malpractice claims against health care providers before the case could be taken to court.” Senate Bill 119, authored by State Senator Julie Denton (R. 36th District) passed the Kentucky Senate only to die in the Kentucky House of Representatives. The bill’s intent was to “speed up the review process and eliminate meritless medical malpractice suits” by creating a three-member panel of experts to review evidence before claim could be taken to court. The plaintiff and defendant could each choose one expert panelist and the two panelists could choose the third. Indiana and other states already have such a system.

This was yet another attempt at Tort reform which withered on the vine. Previous attempts at Tort reform have been passed by the Kentucky Legislature only to be deemed unconstitutional by the Kentucky Supreme court. The court ruled that the legislation violated the Separation of Powers, i.e. the legislature can’t tell the judicial branch how to do their job. While medical malpractice reform legislation has been introduced at both the state and federal levels, attempts to pass real reform have had some success at the state level; however, federal legislation has been largely unsuccessful.

Segue to the present. While in Washington D.C. for the AMA National Advocacy Conference, the Kentucky delegation visited Rep. Andy Barr (R. 6th District). After lengthy discussions about repeal of the SGR and delaying ICD-10 implementation, he introduced his piece of legislation, H.R. 4106, The SAVING LIVES, SAVING COSTS ACT, cosponsored by Rep. Amerish “Ami” Bera (D-CA, 7th district), a physician who has been in congress since 2013. The Bill seeks to “provide for the development and dissemination of clinical practice guidelines and the establishment of a right of removal to federal courts for the defendants in medical malpractice actions involving a federal payor and for other purposes.” In today’s litigious climate, more than 75% of physicians face a malpractice claim which forces the practice of defensive medicine and adds billions of dollars in costs without improving outcomes.

What does this legislation do?

The legislation allows physicians to focus on practicing medicine and improving quality by encouraging the use of evidence-based guidelines. If physicians can demonstrate that they followed best practice guidelines, they benefit from increased liability protection in the form of a legal “safe harbor” which would allow them the right of removal to federal court and of alternative dispute resolution (ADR) with an independent panel of experts. If the panel finds the defendant in compliance with the evidence based guidelines, the plaintiff would be required to meet a heightened burden of proof in order to proceed with the case. Therefore, by reducing the practice of defensive medicine and promoting adherence to evidence-based medical guidelines, it is presumed that the legislation will help lower health care costs.

Formation of Evidence-based Guidelines

Under this legislation, guidelines will be developed by a panel of physicians, based on the best available scientific evidence, through a multidisciplinary transparent process as recommended by the Institute of Medicine’s Standards for Developing Trustworthy Guidelines. Professional organizations that have published and maintained clinical practice guidelines may submit them to the Secretary of Health and Human Services to have them treated as the “Standard of Care.” These guidelines are to be reviewed and updated every five years.

Right of Removal to Federal Court

If the physician can document the adherence to evidence-based guidelines, a loyal safe harbor is created and
there can be a right of removal of a malpractice lawsuit to federal court when a federal payor is involved.

**Expert Review Panel, ADR and Implications for Trial**

Upon removal and prior to discovery the case would be subject to mandatory ADR by a panel of three experts. The decision regarding compliance or noncompliance with standards of care would not be binding but would be admissible in court. The panel also allows for a human element to weigh each case on its own merits. If the panel finds no negligence on the part of the defendant, the plaintiff would be required to meet a heightened burden of proof if the case proceeds to trial. Therefore, the “legislation is designed to protect physicians from frivolous lawsuits, benefit patients by encouraging the practice of evidence based medicine and help lower health care costs.”

In tort law, the “standard of care” is the degree of prudence and caution required by any individual (not just physicians or nurses) who is under a duty of care. A medical “standard of care” is sometimes nebulous as it can change from practice to practice, as it should, and from region to region, in the USA. Standardization along evidence based guidelines tempered by a “human element” and individualized for each case would be a welcome development and could become part of a medical school curriculum. This legislation, which is bipartisan and co-authored by a physician and lawyer, stands out as a statement of cooperation.

The LMS executive committee discussed this bill and noted that it was being followed with great interest by the AMA and KMA. The executive committee decided to draft a letter to the Congressmen recognizing the value of the legislation, but tabled a formal endorsement for now. HB 4106 has great merit in its current form, but legislation can be homogenized and amended with the end result having little resemblance to the original. The Society will continue to follow this piece of bipartisan legislation and hope that it does not go over the way of the “attempt to repeal the SGR.” Let us know how you feel regarding the above legislation and whether the LMS should endorse it in the present form. Let’s give everyone something to talk about.

**To learn more copy/paste http://barr.house.gov/sites/barr.house.gov/files/Barr%20Bera%20HR%204106%20One%20Pager.pdf in your internet browser.**
25th Annual
BB&T/Lexington Medical Society Golf Outing

SAVE THE DATE
Wednesday, August 27, 2014
University Club of Kentucky
1:00 p.m. shotgun start

Get your team together, sponsor a hole and register to play!

FORMAT: Shamble Tournament (Play best drive then play own ball to the hole)

TEAMS: Put together own Foursome or Committee will help form teams

More information will be sent out soon. Please contact a committee member or contact Jaime Verba (verba@lexingtondoctors.org) or at LMS office 859-278-0569 with questions or to sign up.

All proceeds to benefit the Lexington Medical Society Foundation. Each year the LMS Foundation distributes grants to several local organizations, including Baby Health Service, God’s Pantry Food Bank, Faith Pharmacy, Mission Lexington, Ronald McDonald House and Surgery on Sunday.

Golf Committee:
John W. Collins, M.D., Chairman
Patrick Cashman, SIS
Wendy G. Cropper, M.D.
Kenneth V. “Tad” Hughes, III, M.D.
W. Lisle Dalton, M.D.
Gil Dunn, M.D. Update
John Maher, BB&T
Jon H. Voss, M.D.
David Smyth, Family Financial Partners
Mark your calendar now to attend the 164th KMA Annual Meeting at the Hyatt Regency Louisville, Monday, September 15, through Wednesday, September 17. The theme of this year’s Annual Meeting is “Focus Forward: The Path to Quality Care.

The first General Session will be combined with the first House of Delegates meeting this year on Monday, September 15, at 8:30 am, and will include a presentation of the KMA Strategic Plan. This is an open meeting to all KMA members.

Other meeting highlights include:
- KPPAC will host a free reception on Monday, September 15, at 5:00 pm
- The President’s Installation and Awards Dinner will be held on Monday, September 15, at 7:00 pm (ticket required)
- The closing session of the KMA House of Delegates will take place Tuesday, September 16, at 7:00 pm
- At least fifteen medical specialty groups will host meetings and events on Tuesday and Wednesday, September 16 and 17.

BEWARE OF TAX RETURN SCAM AIMED AT PHYSICIANS

KMA has recently learned of a tax scam directed at physicians. According to reports from other states, including Indiana, an individual or individuals are filing fraudulent federal income tax returns using physician names, addresses, and Social Security numbers. In some cases, the fraudulent tax returns also list an unknown person as the spouse of the physician. No common link among the victims has been identified.

The scam has affected hundreds of physicians and other health care professionals across the country. In addition to the IRS, the Secret Service is leading an investigation of this year’s tax refund identity fraud.

The majority of affected physicians are first becoming aware of this issue when they receive a 5071C letter from the IRS alerting them of possible fraud. Other physicians are receiving a rejection notification when they attempt to electronically file their taxes. The notice indicates the return cannot be submitted because a “return” has already been filed under that Social Security number.

KMA continues to monitor the situation and will forward information to members as it becomes available. However, if you believe you are a victim of this scam, you may also want to consider taking the following steps:

- Contact the IRS – The IRS 5071C letter provides instructions about contacting the IRS through its identity theft website or by phone at (800) 830-5084 to let officials know you did not file the return referred to in their letter.
- Additional information – Consult the U.S. Department of Justice website for additional information, including checklists, about identity theft and fraud.
Welcome New Members

The following were elected to membership at the May 13, 2014 meeting of the Society:

**ACTIVE**
- Cheryl W. Lee, M.D.
- Justin A. Saunders, M.D.
- Malay B. Shah, M.D.
- Stephanie Shumate, D.O.

**IN-TRAINING**
- Anthony J. Voelkel, M.D.
- Ryan J. Whitted, M.D.

**ASSOCIATE**
- Syamala Reddy, M.D.

**ACTIVE TO LIFE**
- Kenneth L. Gerson, M.D.
- Andrew R. Pulito, M.D.
- H. David Wilson, M.D.

Applications Pending

The following application for membership in the Lexington Medical Society has been received. Please forward any pertinent information about the applicant to Thomas F. Whayne, Jr., M.D., chair of the Administrative Council, 2628 Wilhite Court, Suite 201, Lexington, KY 40503-3328.

Active Membership

Gery F. Tomassoni, M.D.
cardiovascular disease
1720 Nicholasville Road # 601
Lexington, KY 40503-1424

Photos from the May 13 dinner meeting at the Hilary J. Boone Center:
Dr. Daniel Rodrigue gave a CME entitled “MRSA Update 2014”

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High School Award Recipients

Congratulations to these outstanding seniors who received the LMS High School Awards for 2014.

**Hannah Gadberry**
*Lexington Catholic High School*

Hannah is described as “a good person with a huge heart” & “committed to healthy living—mind, body & spirit”. As a junior, she won the prestigious honor as being named Girl of the Year. She is an excellent student & is interested in studying pediatric medicine in college.

**Cesar Garcia**
*Tates Creek High School*

Cesar will be attending Centre College in the fall, and he will double-major in Neuroscience & Physics. His desire is to become a physician. While at Tates Creek, Cesar was a Governor’s Scholar & a full IB Diploma Candidate.

**Mireya Castillo**
*Bryan Station High School*

Mireya has shown leadership skills and maintained a 3.59 GPA throughout high school. She is an active member of the nursing program at Bryan Station High School and has a sincere desire to serve in the healthcare profession after graduation.

**Reed Gilbert**
*Lexington Christian Academy*

Reed has shown an academic ability & enthusiasm of the highest level. He has been involved in leadership forum, National Honor Society, Student Government & was a member of the lacrosse team. Reed has offers from UK and Vanderbilt and plans to become a 4th generation doctor in his family.

**Mayte Hernandez Murillo**
*Henry Clay High School*

Mayte plans on attending the University of Kentucky and majoring in biology/pre-med. She is the vice-president of the Henry Clay Medical Club and participates in the local health fair. Mayte is also a coach with the Lexington Top Soccer League.

**Monisha Rekhraj**
*Paul Laurence Dunbar High School*

Monisha is a member of the MSTC magnet program & has maintained a 4.59 GPA. She volunteers at many local organizations & completed a 360-hour graduate level research program at UK and focusing on myelodysplastic syndrome cell differentiation & inhibition while using Withaferin A & similar drugs.

**Caroline Pellegrino**
*Lafayette High School*

Caroline is in both the Pre-Engineering and SCAPA programs (vocal & theatre) at Lafayette. She has excelled in Heredity & Comparative Anatomy & Advanced Biology classes. Caroline would like to enter college as a Pre-Med student and study ophthalmology.

**Grace Rahman**
*Sayre School*

Grace will be attending George Washington University as a Pre-Med student this fall. She is described as being “extremely conscientious regarding health matters”, an excellent student, and an outstanding athlete in both soccer and basketball.

**Mireya Castillo**
*Bryan Station High School*

Mireya is described as “a good person with a huge heart” & “committed to healthy living—mind, body & spirit”. As a junior, she won the prestigious honor as being named Girl of the Year. She is an excellent student & is interested in studying pediatric medicine in college.
I don’t just have insurance.
I own the company.

Katrina Hood, M.D., F.A.A.P.
Pediatric & Adolescent Associates
Lexington, KY
Pediatrics

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On October 1st, 1904, Phi-Delta-Epsilon was officially founded on the guiding principles of philanthropy, deity and equity in education, while heavily emphasizing the principles of inclusion, academic excellence and teamwork. Initially comprised of Jewish medical students and physicians, the founders of this fraternity were determined to set a standard of excellence, as well as establish themselves as a premier medical fraternity.

In the two years that Phi-Delta-Epsilon has been on the University of Kentucky’s campus, this mission has not died. In terms of academic excellence, the Kentucky Gamma Premedical Chapter of Phi Delta Epsilon International Medical Fraternity only accepts full time students enrolled with at least 12 academic credit hours who have been declared as premedical students. Membership requires a minimum grade point average of at least 3.400, and even then, acceptance is not guaranteed. Students must not only exemplify passion within the personal statements in their application but also amicability and formality during promotional events and interviews. The Kentucky Gamma chapter welcomes only those who exemplify the founding principles as well as demonstrate dedication to academics, service and philanthropy.

Phi Delta Epsilon participates in many different events during the year. One of Kentucky Gamma’s more recent service events concerns the Children’s Miracle Network. In the fall of this year, KY Gamma was able to raise thousands of dollars for the Kentucky Children’s Hospital. We have also had many guest speakers including orthopedic hand surgeons, psychiatrists, ethics professors, anesthesiologists, research professors and forensic medics. We have also partnered with Helping Hands several times to make blankets for the underprivileged. While this is only our second year since our chartering in the Spring of 2013, we have continually strived to epitomize the mission of doctors everywhere. We have used integrity and passion to promote service to the community and equal opportunity for all. Proper mentoring from organizations like the Children’s Miracle Network and University of Kentucky Medical School have enabled Phi Delta Epsilon’s growth into a great organization for future doctors. With help from organizations like the Lexington Medical Society, we will continue to promote these ideas for years to come through recognition of the individuals who will become the best doctors of tomorrow and development of new programs for shadowing and mentoring.
Our local Ronald McDonald House recently celebrated its 30th anniversary with a reopening which capped a four month, $650,000 renovation. By “our” I mean it is our communities’ house. The Ronald McDonald House is not a top down driven enterprise but a bottom up team effort of caring people, organizations and businesses. It is one of several incorrect assumptions I had before I paid a visit. What I found was a fascinating story of determination, perseverance, and teamwork that is a model for future endeavors.

My first incorrect assumption was cleared up as soon as I walked in the door. The Ronald McDonald House is not a house. It is hotel in size with 21 rooms but a home at heart. It is operated by a small, professional staff led by Sarah Lister, the Executive Director and Beth White, the Volunteer and Guest Services Manager. The energy and enthusiasm of these purpose driven leaders is contagious. Unlike a hotel, there is no house cleaning staff. Families clean their own rooms, and volunteers clean the rooms after the families check out. They ask the families to pay ten dollars a day, but many don’t have the means. There is a very modern, large, fancy looking kitchen, but there is no cook on the staff. Volunteer families, organizations and businesses sign up to cook dinners 98% of the time for the families. The volunteers bring all the food and ingredients. The kitchen doesn’t have the large commercial ovens and stoves. Instead, the kitchen has three residential home-style stoves that volunteers would be comfortable and familiar with using.

Like many hotels, there is a centralized, common living room-like area, but it is different at the Ronald McDonald House. A hotel “living room” is rather generic and a place to wait rather than hang out. Families at the Ronald McDonald House come out after dinner and “live” in the living room and support one another. They watch TV, their kids play, and they share their experiences. They are not going through their trying time alone. This is what makes the hotel-like house a home.

My next incorrect assumption was that everything is provided for by McDonald’s. I thought McDonald’s built and operated the facility. Not correct. The Ronald McDonald House operational model is more top down guidance and train-
ing from McDonald’s Ronald McDonald House Charities than bottom-up community operated and supported. It takes about a million dollars to operate the house each year. Around a third of the operating costs are covered, not by corporate McDonald’s, but by our local McDonald’s restaurants. That leaves two-thirds of the costs that come from local community donations. Your LMS Foundation is a long-time supporter, as is the LMS-Alliance, the Rotary Club, many hospitals and businesses, church groups and many individuals. The University of Kentucky leases the land for a dollar a year. Tempur-Pedic donated the beds. Lazy Boy donated much of the furniture. Coke provides soft drinks. Kroger provides flowers, milk, and juice. These are but a few of the many supporters.

The vision to bring a Ronald McDonald House to Lexington came from Phyllis Cronin, wife of John D. Cronin, M.D., upon a visit to Richmond, Virginia for a class reunion. A classmate of hers was involved with bringing a Ronald McDonald House to Richmond, and Phyllis saw that Lexington could really use one. McDonald’s required the partnership of a local support group sponsor, the local McDonald’s restaurant’s support, and a Parent’s Group in order to get approval for a house. The LMS, LMS-Alliance, the local McDonald’s restaurants, and a Parent’s Group partnered together to fulfill this requirement. It took four years to raise the $700,000 to build the house. The house opened in December of 1984 fully paid off.

The huge success of the Ronald McDonald House is clear. In the thirty years since it opened, over 25,000 people have stayed at our Ronald McDonald House. In 2013 there was a 78% occupancy rate and 70% of those were families of preemies. You can help financially or get details on how to volunteer by going to their website, www.rmhclexington.com. A few “dream big items” they could really use (all new) are six wire shelving racks, a coffee table for the living room, a VCR/DVD combo player and an eight foot step ladder.

I find that whenever my birthday takes me into another decade, it causes me to reflect on how I am doing in life. Our Ronald McDonald House at 30 physically looks great, but more importantly, it is our communities’ enduring, caring support of Kentucky families of ill children that looks even greater. It is your support of your Ronald McDonald House that you can be most proud and will propel it for decades to come.

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David Preston, M.D.  David.preston2@va.gov  cell 859-396-3323
Brian Adkins, M.D.  Brian.adkins@uky.edu  cell 859-552-7467

Further details on the program will be provided upon contact.
Examining an earth worm in sixth grade science class and her desire to help people ignited the interest in science and medicine for one of our newest members of the Lexington Medical Society. Jennifer D. Rea, M.D., is a recent transplant to Lexington via Louisiana, California and Oregon. Her taking of the oral boards in September and having recently passed her written boards with flying colors will mark the completion of fifteen years of education and training since graduating high school. She is a colorectal surgeon with Colorectal Surgical and Gastroenterology Associates located on Wilhite Court, near the intersection of New Circle and Nicholasville Roads. She and her husband, Joseph have a young family consisting of an eighteen month old and are expecting another baby in July.

Dr. Rea is a Louisiana native that spent ten years of her childhood living in Southern California before moving back to Louisiana when she was twelve. Her undergraduate and medical school education was at Louisiana State University. Her family home was flooded by Hurricane Katrina during her fourth year of medical school. Although she loves her new home of Lexington, she is very much a Louisiana State University fan, especially during football season. She did her internship at the University of Virginia, five years of residency at Oregon Health and Science University, and a year-long fellowship at Ochsner Medical Center in New Orleans.

She has a wide variety of interest and hobbies that include gardening, hiking and activities outdoors, cooking and doing things with her family. She is a rare, leap year baby, born on February 29th, whose actual birth date rolls around once every four years. To eliminate confusion she celebrates her birthday for the entire month of February. That is a great deal. She and her husband have a life-long passion for volunteer work and to get involved in the community. We are very happy to have the Rea family in Lexington and give her a pass on being a Tiger fan. :)

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