



# medical matters

A Quarterly Newsletter of the Pitt County Medical Society

Spring 2010

## PCMH, ECU expand transplant program

Pitt County Memorial Hospital and East Carolina University are working together to expand the kidney transplant program.

The Brody School of Medicine at ECU has hired two new transplant surgeons this year. PCMH has roughly doubled the size of its multidisciplinary transplant staff, and the jointly run program will move into a new physical space later this year.

The program's expansion reflects both organizations' commitment to caring for patients with chronic kidney disease, said Sanjay Saha, PCMH vice president and executive director for surgical services. "This is an advanced program that represents the combined efforts of nephrologists, urologists, pathologists, and transplant surgeons. Our team of physicians and staff are experts at identifying, evaluating, treating and supporting patients suffering from renal disease who would ultimately benefit from organ transplantation."

The new surgeons are Dr. Robert Harland and Dr. Jason Rolls.

Harland joined ECU as a professor of surgery. He comes to ECU from the University of Chicago Medical School, where he was associate professor and director of the Multi-Organ Transplant Fellowship Program. He has a bachelor's degree from Whitworth College in Spokane, Wash., and a medical degree from the Duke University School of Medicine. Harland completed residency training in internal medicine, general surgery and a fellowship in transplant surgery at Duke. He has also been on the medical faculty at Duke, UNC-Chapel Hill and the University of Massachusetts.

Dr. Jason Rolls has joined ECU as a clinical assistant professor of surgery. He comes to ECU from Columbia University, where he completed a fellowship in abdominal organ transplantation. Rolls has a bachelor's degree from Bucknell University in Lewisburg, Pa., a medical degree from Columbia University in New York, and he completed residency training at the New York Presbyterian Hospital, Cornell Medical Center. He also completed a fellowship on the Weill Cornell Burn Unit at New York Presbyterian Hospital.

Harland and Rolls join Dr. Carl Haisch, a Brody surgeon for more than 18 years. Over the last five years, Haisch has

performed 35 to 40 transplants annually. With the two new surgeons on board, PCMH and ECU officials expect to do at least twice as many each year.

In addition to the new surgeons, the program has also added new nurses, social workers and financial counselors. Currently, 283 people are on the kidney transplant waiting list at PCMH. The average patient spends between three and six years on the waiting list. Finding a living kidney donor among friends and family can drastically reduce that wait time.

Nearly two-thirds of patients on the PCMH waiting list developed end-stage renal disease because of hypertension or diabetes. A kidney transplant offers the possibility of a longer, more comfortable life for eligible end-stage renal disease patients on dialysis, Harland said.

"Most people believe that a transplant is more of a normal life," he said. "So, instead of being tied to a dialysis schedule, you can just take your medicine every day. You're more likely to be able to work and travel and do the things you like to do."

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# mark your calendar with these upcoming 2010 events!



New Physicians Dinner - September 23  
PCMS Fall Mini-Internship October 12 - 14  
NCMS Annual Meeting - October 22 - 24

## pcms dues reminder—

.....  
It's not too late to pay your 2010 PCMS dues. Checks (payable to Pitt County Medical Society) and credit cards are accepted. We can bill your practice or department, too. Please contact us with questions or to renew your dues at 758-8833 or [kbeanpcms@earthlink.net](mailto:kbeanpcms@earthlink.net).

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Crystal Manuel, MD  
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## Docs On Call!

A very busy Docs On Call resulted in over 650 phone calls from local viewers to eastern North Carolina doctors on April 21st. This community service program that has been an annual event for 22 years allows access to health information to those who lack the means to access the system. Many of the participating physicians were also interviewed about their area of expertise during the afternoon and evening news hour.

THANK YOU to WITN-TV Channel 7 and to all the participating physicians!!!



## PCMS Welcomes New Members

William H. Bailey, MD  
Department of Medicine/Cardiology, BSOM

Michael R. Bard, MD  
Department of Surgery/Trauma & Critical Care, BSOM

Carter Childs, MD  
Department of Medicine/Pulmonary, BSOM

Elizabeth Cole, MD  
Department of Ob/Gyn, BSOM

Jennifer M. Defazio, MD  
Department of Medicine/Dermatology, BSOM

Shawna Patterson, MD  
East Carolina Neurology, Inc.

Richard W. Stair, MD  
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## Mini-Internship Program



Myers Chandler, right, of First Citizens Bank, shadowed Dr. Richard Zeri, left, of the ECU Department of Surgery/Plastic and Reconstructive

Four Greenville professionals recently spent 2 days with Pitt County Medical Society physicians participating in the Mini-Internship that is held every spring and fall. The Mini-Internship offers community professionals an opportunity to experience the medical world by shadowing a physician as they go about their daily schedule.

The spring participants included:

- Myers Chandler, First Citizens Bank
- Bert Powell, Powell Financial
- Donna Raynor, City of Greenville
- Beth Sigmon, Pitt Memorial Hospital Foundation

Participating private practice physicians:

- Edward Brown, MD, Orthopaedics East, Inc.
- Eric Lindbeck, MD, Eastern Carolina Ear, Nose & Throat/Head & Neck Surgery

Participating physicians from the Brody School of Medicine at East Carolina University:

- Hyder Arastu, MD, Dept. of Radiation Oncology
- Bill Chapman, MD, Dept. of Surgery/General
- Richard Zeri, MD, Dept. of Surgery/Plastic & Reconstructive

The Fall Mini-Internship Program is scheduled for October 12th-14th. For more information, or if you would like to volunteer, please call the Pitt County Medical Society office at 252-758-8833 or email Karen Bean at [kbeanpcms@earthlink.net](mailto:kbeanpcms@earthlink.net).

## Review Panel Seeks Applicants for NC Medical Board

The independent review panel that nominates candidates for seats on the N.C. Medical Board is seeking applicants for four (4) physician positions. Applications and letters of recommendation are due by 7/1/10.

The terms of three current board members will expire at the end of October, Thomas Hill, MD, Janice Huff, MD, and William Walker, MD. All three physicians are eligible for reappointment. State law requires the Review Panel to recommend at least two candidates for each open seat, or a total of six candidates, to Gov. Beverly Perdue, who will make the final selection.

Also, the seat occupied by George Saunders, MD, who completed his second full term on the Board in October 2009, remains open. The Review Panel is seeking physician applicants for this seat. The Review Panel must submit at least two candidates for this seat to Gov. Perdue for her consideration. The panel seeks eight candidates.

Applicants must have an active, full and unrestricted license to practice medicine in N.C., among other qualifications. They must have no public disciplinary actions with the NCMB or any other professional licensing board for the past 10 years. Applicants may complete an application online or download an application and instructions. Those interested may contact David Feild, Coordinator, at 919-861-4533 or [dfeild@firstpointresources.com](mailto:dfeild@firstpointresources.com), or Angela Kite, Asst. Coordinator, at 919-787-5181 x1241 or [akite@firstpointresources.com](mailto:akite@firstpointresources.com). For details, visit the Review Panel's website at [www.ncmedboardreviewpanel.com](http://www.ncmedboardreviewpanel.com)

# Greenville Community Shelter Clinic

THE BRODY SCHOOL OF MEDICINE AT EAST CAROLINA UNIVERSITY

Dear Physicians:

The time is here for the Greenville Community Shelter Clinic to renew its 'call to arms' for the summer semester. The Greenville Community Shelter Clinic is a free, acute-care medical facility run by highly dedicated medical students from the Brody School of Medicine at East Carolina University. Our patients are primarily residents of the Greenville Community Shelter. We are open Mondays for General Clinic and every other Thursday for a Women & Children's Clinic.

Medical and pre-medical student volunteers open the clinic at 6:30 pm and are ready to present patients at 7 pm when the physician arrives. We manage patient flow in order for all physicians to leave around 9 pm. We need physicians to lead and inspire us in our endeavor to provide basic medical services and consultation for those in need. The students provide feedback that work in this clinic has been amongst the most important, practical, and impactful events of their first years in medical school. While volunteering at the clinic, our physicians are not only providing a great community service, they are also furthering the education of medical and premedical students.

To sign up, please visit our website at (<http://www.ecu.edu/org/gcsc/index.htm>) and click on "MD Scheduling," then:

- \* Choose from the vacant dates on the list and provide your contact information at the bottom of the page.
- \* We will send an email reminder 2 business days before the scheduled clinic.
- \* At the clinic, medical students take vital signs and basic histories, present the patients to you, and complete SOAP notes.

We rely on the efforts of volunteer providers to fulfill our mission to serve this vulnerable population. In addition, the current and future students of the Brody School of Medicine need your example as our mentors and role models as we hone our clinical skills. We will be thrilled to have you as a supporting member of our team and urge you to help us fill our schedule this summer and beyond. Feel free to contact me with any questions about our clinic and its services.

D.J. DeYoung, Jr.  
Co-Director  
Greenville Community Shelter Clinic  
Brody School of Medicine, class of 2013  
336-408-3045  
[DEYOUNGD09@students.ecu.edu](mailto:DEYOUNGD09@students.ecu.edu)



## Greenville Community Shelter Clinic

for additional information, please contact us:

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Brody School of Medicine at ECU  
Brody Medical Sciences Building  
Greenville, NC 27858-4354  
252-816-2278

# Public Health in North Carolina

Article By: John Morrow, MD, MPH  
Health Director  
Pitt County

North Carolina is unhealthy. Some of our health status indicators are as bad as or worse than those found in third world countries. What we need in NC is not a better healthcare system but rather a better system for health.

People need easy access to screening for common diseases and their risk-factors for these common diseases. These include things like obesity, diabetes, hypertension, pregnancy, some cancers and dental decay. Those who are diagnosed with these diseases should then receive quick, efficient and effective triage to appropriate care providers who are accessible and affordable. Hopefully most of these disease issues will be handled by primary care providers (Family Medicine, Pediatrics, Internal Medicine, Obstetricians/Gynecologist and Dentist).

Public Health departments can provide the community assessment and triage function across the state while private physicians and rural or community health centers provide the primary and secondary care services. Hospitals should provide tertiary care services with staffs of specialist who are well equipped to provide the technologically dependent procedures often required by these ill patients.

Our Public Health departments are present in all one hundred counties of North Carolina. Their primary mission is, and must remain, focused on the prevention of communicable diseases (dealing with outbreaks/ epidemics, etc.); their secondary function should be focused on other population based preventive efforts like screening for these common diseases.

North Carolina needs healthy people to build a strong economy and infrastructure. Our State has the best health care available in the world. It is time to stop making excuses for not also having the best health among our people. Let's get busy building a system for health.

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## "In Remembrance"

Dr. Emmett K. Bearden  
passed away on Friday, March 19, 2010.  
Memorials may be directed to the  
American Heart Association, Greenville, NC.

Dr. Theodore "Ted" Kushnick  
passed away on Saturday, May 1, 2010.  
Memorials may be directed to the  
J. Bernstein Medical Center, Snow Hill, NC  
or Congregation Bayt Shalom, Greenville, NC.

Dr. Irwin S. Johnsrude  
passed away on Sunday, May 16, 2010.  
Memorials may be directed to ECU Medical  
and Health Sciences Foundation,  
Attn: Johnsrude Memorial Gifts.

**It is very easy  
to forgive others their mistakes;  
it takes more grit and gumption  
to forgive them for having  
witnessed your own.**

**- Jessamyn West**

**Seaboard Medical Association  
Annual Meeting  
June 24 - 27, 2010  
Hilton Garden Inn, Kitty Hawk, NC**

featuring:

**Jon Oberlander, PhD**

Health Care Reform and the Obama Administration -  
Jonathan Oberlander is associate professor of Social  
Medicine and Health Policy & Management at UNC-CH.  
He has special expertise in the politics of health care  
reform and has researched the Obama administration's  
plan for health care reform and cost control.

**Mohit Bhasin, MD**

Basic Cardiovascular Imaging for the  
Primary Care Physician  
Advanced Cardiovascular Imaging for the  
Primary Care Physician

**Michael McVaugh, PhD**

Prescientific Medicine from the Physician's Perspective  
Prescientific Medicine from the Patient's Perspective

**Jeff Hoggard, MD**  
Uric Acid  
Kidney Stones

**Christopher Wrubel, MD**  
Multi-tasking & Focus  
Childhood ADD: Myths and Misconceptions  
Childhood Immunizations:  
Separating Facts and Separating Fiction

**John Kalafsky, MD**  
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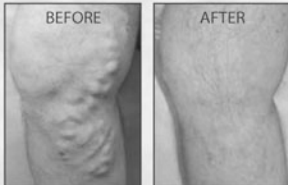
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# 8 Reasons to Drink Coffee



According to the newest research, the potential benefits of caffeine for maintenance of proper brain functioning has only recently begun to be appreciated. Proper brain functioning? Those of us who stumble blindly, mumbling unintelligibly, from bed to coffee pot first thing in the morning already appreciate the effect of caffeine on proper brain functioning — but the benefits now seem to be further-reaching than simply the need to shake off the morning cobwebs.

In a study just published in a special supplement to the *Journal of Alzheimer's Disease*, researchers explored the potential benefits of caffeine and found substantial evidence that it may be protective against the cognitive decline seen in dementia and Alzheimer's disease.

For the study ("Therapeutic Opportunities for Caffeine in Alzheimer's Disease and Other Neurodegenerative Diseases") a group of international experts looked into the effects of caffeine on the brain. The result was a collection of studies exploring a number of topics which ranged from the molecular targets of caffeine, neurophysiological modifications and adaptations, to the potential mechanisms underlying the behavioral and protective actions of caffeine in distinct brain pathologies. Here's a summary of what they found:

1. Caffeine has a positive effect on cognition, memory performance, and the ability to complete complex tasks.
2. An inverse association between caffeine consumption and the incidence of Parkinson's disease was found — in other words, caffeine looks to be protective against Parkinson's disease.
3. The consumption of moderate amounts of caffeine was seen to decrease the cognitive decline associated with aging, as well as the incidence of Alzheimer's disease.
4. Caffeine prevented motor deficits, normalized brain function, and prevented brain degeneration.

Other studies have shown:

5. Caffeine improves a sense of well-being, happiness,

energy, alertness and sociability.

6. Caffeine enhances a person's aerobic endurance.

7. Consumption of coffee can lead to a decreased risk of Type 2 diabetes.

8. Coffee has a whopping amount of antioxidants — on the average, Americans receive 1,299 milligrams of antioxidants from their 1.64 cups of daily coffee. The closest competitor was tea at 294 milligrams. Rounding out the top five sources of antioxidants were bananas, 76 milligrams; dry beans, 72 milligrams; and corn, 48 milligrams.

## Concerns about coffee?

Some of the concerns about coffee include heart disease hypertension, cancer, and leaching of calcium. A *New York Times'* article in 2008 debunked many of these myths and found this: an analysis of 10 studies of more than 400,000 people found no increase in heart disease among daily coffee drinkers, whether their coffee came with caffeine or not. A study of 155,000 nurses, women who drank coffee with or without caffeine for a decade were no more likely to develop hypertension than non-coffee drinkers. An international review of 66 studies last year, scientists found that coffee drinking had little if any effect on the risk of developing pancreatic or kidney cancer. Coffee and tea drinkers who consume the currently recommended amount of calcium need not worry about caffeine's effect on their bones. (Of course, if you have any concerns about coffee, check with your physician.)

## How to Brew the Greatest Greenest Cup

Coffee enthusiasts swear by the press pot, aka the French Press, popularized in the United States by Bodum. Press pot brewing retains more of coffee's flavor and essential oils that might otherwise be filtered out by a paper filter. In terms of energy efficiency, the manual press pot requires only the energy to heat the water (an electric kettle is most efficient). Americans spend roughly \$400 million annually on electricity for coffeemakers — press pots, virtually \$0.

When selecting coffee, Fair Trade, organic, or shade coffees farmed with farmer and planet-friendly systems are now increasingly available in the mainstream marketplace.

*Article By: Melissa Breyer, the Senior Editor for Healthy and Green Living. She is a writer and editor with a background in sustainable living, specializing in food, science and design. She is the co-author of True Food (National Geographic) and has edited and written for regional and international books and periodicals.*

## Physicians File Lawsuit on Federal Trade Commission's Red Flags Rule

The AMA, the American Osteopathic Association (AOA) and the Medical Society of the District of Columbia filed a lawsuit on May 21, 2010 in federal court seeking to prevent the Federal Trade Commission (FTC) from extending identify theft regulations to physicians. The lawsuit on behalf of physicians does not suspend the June 1st deadline. Physicians can visit the FTC website at [www.ftc.gov/redflagsrule](http://www.ftc.gov/redflagsrule) to learn more about the Red Flags Rule and ways to comply with the new requirements. The AMA also offers several resources to help practices comply with the regulations.

*Article from Bulletin NCMS*

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## US House to Vote on Bill Including New Proposal to Address Sustainable Growth Rate

The US House of Representatives is expected to consider a new proposal that addresses the Sustainable Growth Rate (SGR) used to determine the Medicare physician reimbursement fees. The proposal is being incorporated into H.R. 4213 - The American Jobs and Closing Tax Loopholes Act of 2010. The SGR proposal would seek to avert the 21 percent cut in Medicare physician payments that is scheduled to take effect on June 1, 2010. The Senate is expected to take up the bill shortly after it is passed by the House.

The AMA says the proposal contains several elements:

- 1.3 percent Medicare payment update for the remainder of 2010
- 1.0 percent payment update in 2011
- Updates for 2012-13 established under two expenditure targets
- SGR formula resumes in 2014 to reflect current law

The two expenditure targets are patterned after those proposed in H.R. 3961, which passed the House last year. According to the AMA, an expenditure target for evaluation and management and preventive services will be set at GDP plus two percentage points; a separate expenditure target for all other physician services will be set at GDP plus one percentage point. These targets are more generous than the current SGR, which is set at GDP with no additional growth allowance. During the two-year period when the twin targets are in place, an update floor will be set at zero to prevent any conversion factor cuts in 2012-13.

The proposal is similar to one outlined earlier but was scaled back due to objections in the Senate over cost. The AMA adds that a small reserve fund may be set aside for the remainder of 2010, in the event Congress chooses to revisit the issue and make further adjustments to the payment formula.

AMA President J. James Rohack, MD, says that the intervention to delay the scheduled Medicare physician payment cut "will provide temporary stability for seniors and their physicians, but the AMA is deeply disappointed that Congress will once again fail to permanently correct the Medicare physician payment formula that Republican and Democrat members of Congress, President Obama and policy experts have said should be repealed."

*Article from Bulletin NCMS*

# Establishing a Practice Marketing Budget



Healthcare practitioners and staff ask about budgeting more than any other single topic. No one should ever budget by picking some random number out of the air, yet that's precisely what about 80% of private practitioners and small business owners do. So, how about a percentage of sales? That would seem more scientific...base budget on sales volume. As you grow, you can afford more, so spend more. *Wrong.* The correct answer, you may have guessed, is to establish marketing budget by objectives. Here's how:

Start by determining a conservative 12-month collection trend, assuming you do no additional marketing. Stay conservative. Only collections will count (*charges are in the Santa Claus category*). Then establish a collections goal, taking into account capacity, willingness to add capacity if necessary, lifestyle goals, etc.

Next, subtract your trend from your goal to come up with an incremental collections goal. Remember, this number will be "real growth," which is harder to achieve than the "natural growth" you have been experiencing until now.

Then determine your return on investment goal (ROI) for marketing. Depending on the circumstances, we usually set a conservative ROI goal. If, for example, your practice were in the 5:1 category, we'd create a marketing plan for you with a goal of bringing in \$5 for every new dollar spent on marketing.

Keep in mind that while these numbers are based upon the experience of many, many practices before you, it is impossible to guarantee results, and yours will vary. There is always a bell curve, and some practices will do worse, while others will do much better. If you are concerned about overhead, remember in most cases your fixed costs are covered, and variable costs are usually minor, so most of your new revenues will go straight to the **bottom line!**

Divide incremental goal by ROI goal to get a number for new marketing dollars. Add that to whatever you are already committed to marketing-wise (most practitioners have ongoing marketing expenses they are committed to, irrespective of whether or not they are getting results), to calculate your total budget.

The next step is to divide the total budget by 12 to come up with an average monthly budget, though in the real world your budget will be front loaded somewhat, because

you will have to get by some ad agency creative and other fixed costs in order to get started.

Finally, a reality check. Is the budget too high? If so, go back and reduce the budget, and reduce the goal. Are you willing to invest more? Then you can always go back, increase the budget, and increase your goal.

In our example, our sample practitioner always wanted to break the million-dollar barrier but was stuck at right around \$800,000. Using a 4:1 goal, he would invest \$50,000 in new dollars, plus his existing miscellaneous expenditures, which works out to about \$5,000 a month.

Of course, we are not giving you consulting advice in this article. If you are in the process of budgeting, I would highly recommend you call an agency that specializing in medical marketing, so they can help you through this highly specific situation and personal process.

And remember, great marketing generates a great ROI, whereas poor marketing generates no ROI. Consult with an experienced agency.

<u>Budgeting Worksheet</u>	<u>Sample Practice</u>
Collections over past 12 months	\$780,000
Baseline:	\$800,000
Conservative trend over next 12 months (assuming no new marketing)	
12 month gross collection goal	\$1,000,000
Incremental collection goal	\$200,000
ROI Goal (varies by situation)	4:1
New Marketing Investment	\$50,000
Existing marketing commitments	\$10,000
Total Marketing Budget	\$60,000
Average Monthly Marketing Budget	\$5,000 a month

Article adapted from *Healthcare Success Strategies*. [www.healthcaresuccess.com](http://www.healthcaresuccess.com)

# medicalmatters

is a quarterly publication of the  
Pitt County Medical Society.



**Need More Information?**  
Contact us...

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## Got Questions? Contact the Member Resource Center

*Do you or your staff have questions  
and do not know where to turn?*

Visit the North Carolina Medical Society Member Resource Center website at [www.ncmedsoc.org/faq](http://www.ncmedsoc.org/faq) to search the online questions and answers.

If you can't find what you are looking for, use the online form to submit a question to the Member Resource Center. The Member Resource Center staff will research your question and contact you back to assist you.

Your time is valuable, and the North Carolina Medical Society is your source for information when you need it... FAST!

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