

West Virginia

Medical JOURNAL

January/February 2009

West Virginia State Medical Association

Vol. 105, No. 1



Scientific Features:

- ◆ The Use of MR-Myelography ... in the Diagnosis of Cervical Myelopathy
- ◆ Melkersson-Rosenthal Syndrome ... Treated with Minocycline
- ◆ Right-Sided Infective Endocarditis ... Outbreak or Slow Epidemic?
- ◆ Selective Renal Artery Embolism and Renal Trauma: A Case Report

Intractable Headaches

Chronic or severe headaches are among the most common reasons patients visit a physician.

Many headaches can be treated adequately with medications or changes in lifestyle. But for some patients, their headaches prove to be intractable and sometimes debilitating.

The new WVU Headache Center in Morgantown welcomes referrals of such patients.

Neurologist David Watson, MD, medical director of the center, is the only physician in West Virginia fellowship trained and certified as a headache specialist.

When scans or other diagnostic measures are needed, WVU has the most sophisticated imaging equipment and diagnostic labs in the region.

For information, contact Dr. Watson through the MARS line (1-800-WVA-MARS).

To schedule an appointment for your patient:

304-598-6127



David Watson, MD



WVU Headache Center
A better way to care

wvuhealth.com

Continuing Medical Education Opportunities at CAMC Health Education and Research Institute

The CAMC Institute is dedicated to improving health through research, education and community health development. The institute's education division offers live conferences, seminars, workshops, teleconferences and on-site programs to health care professionals. The institute's CME program is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education programs for physicians. The CAMC Institute designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. For more information about these and future programs provided by the CAMC Institute, call **(304) 388-9960**, fax **(304) 388-9966**.

SEMINARS

28th Cardiovascular Conference

Sunday through Wednesday, Feb. 1 - 4
Mountain Lodge Conference Center
Snowshoe, WV

2009 West Virginia Trauma Symposium

Wednesday through Friday, Feb. 11-13
Canaan Valley Resort
& Conference Center
Davis, WV

LIFE SUPPORT TRAINING

Log-on to our web site to register at
www.camcinstitute.org

Basic Life Support – Health Care Provider

Jan. 13, 27
Feb. 10, 24

Advanced Cardiac Life Support – Renewal

Jan. 13
Feb. 5, 17

Advanced Cardiovascular Life Support (ACLS) – Provider

Jan. 14
Feb. 5, 17

Pediatric Advanced Cardiac Life Support (PALS) - Renewal

Jan. 27
Feb. 10

Pediatric Advanced Cardiac Life Support - Provider

Feb. 1

Advanced Trauma Life Support (ATLS)

Jan. 29

CME ONLINE PROGRAMS/ ARCHIVED GUEST LECTURE PROGRAMS

Log on to our web site at
www.camcinstitute.org

System requirements

Environment: Windows 98, SE, NT,
2000 or XP

Resolution: 800 x 600

Web Browser: Microsoft's Internet
Explorer 5.0 or above or Netscape
Navigator 4.7x. (Do not use
Netscape 7.1)

Video Player: Windows Media
Player 6.4 or better. Dial-up or
broadband connection. Minimum
speed, 56k (broadband is
recommended)

WV Mutual Insurance Company: Enhancing the Disclosure of Unanticipated Outcomes to Patients

Thomas H. Gallagher, MD

Osteoporosis Prevention Education Program

Gayle Manchin and Jessica Wright,
RN, MPH, CHES

Diabetes Education for the Primary Care Provider

Daniel J. Dickman, MD; Kristy
Lucas, PharmD; Barbara D. Smith,
RPh, CDE; Sara O'Conner, MD; Asif
Rahman, MD; Harry L. Reahl, MD;
Lori Tucker, DO; Arthur B. Rubin,
DO, FACOP; Robin Bowyer, RN,
BSN, CDE; Marie Gravely, RD, LD,
CDE; Cassandra B. Ford, RPh, CDE

Diabetes Education 2 – Recertification for Primary Care Providers

Palliative Care, Pain Management, Decision Making and Use of the Post Form

Kim Ashcraft, MS, MSN, RN, C-FNP

Asthma Education for Primary Care Providers

Robert J. Crisalli, MD, FCCP;
Robert A. Kaslovsky, MD; Michael
J. Romano MD, MBA; Michael J.
Smith PhD, RPh; Sandra E. Swisher
RN, MSN, C-FNP

Other archived CME opportunities:

Geriatric Series

Ethics Series

Research Series



**CAMC
Institute**

vCi



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1-800-257-4747 or 304-925-0342

President's Message



Healthcare Reform?

Throughout West Virginia and the United States everyone is talking about healthcare reform. It seems everyone has a healthcare “reform plan” and it is definitely going to be on our state’s legislative agenda. We need to crystallize our own thoughts on what we as physicians know is needed to promote access, quality, and cost efficient healthcare. The following is my opinion based on information gleaned from numerous sources and my thirty years as a family physician caring for West Virginia patients.

These are basic principles:

- *The concept of having a medical home.*

I have always tried to advocate for my patients. I provide the services that I feel are appropriate and I try to make sure they are referred to a specialist when necessary and appropriate. I have always felt that it is best for the patient when their physician fully discusses their course of treatment and comes to an agreement as to what tests and procedures should be done, and what referrals should be made. The patient should assume some responsibility in this. When the physician acts as an advisor to the patient, care is likely to be appropriate and the patient is likely to be compliant. When patients have chronic diseases, the treatment team expands and much of the coordination and management is not done at face-to-face visits. The present system does not pay the physician for this service and for many ancillary services such as diabetic education. This needs to change. There

should be widespread agreement that everyone should have a primary care physician as his or her medical home.

- *The availability of insurance must be addressed in any plan for healthcare reform.*

Cost shifting has caused tremendous problems. One of the first steps in universal coverage is to develop risk pools for patients with devastating illnesses, which cause them to be uninsurable. Everyone must have insurance and insurance carriers must pay the actual cost of medical care. There are various proposals as to how to do this. See the AMA’s proposal for expanding health insurance coverage and choice at www.voicefortheuninsured.org. But the end result will have to be that insurance is provided to all with no screens. Physical, mental, long-term and dental coverage must be provided to everyone. This insurance must also pay for the implementation of Health Information Technology.

- *We have to separate medical care from healthcare.*

We have to stop blaming our medical care system for problems such as infant mortality and premature death, which are due to social problems such as substance abuse and unhealthy lifestyles. Society as a whole must take responsibility for encouraging proper diet, exercise and a safe environment. Prevention is a part of medical care but it must be a part of all aspects of our lives.

- *We have to be very careful about making specific recommendations*

such as mandating specific services that must be provided.

The problem is we lack in many areas, evidence-based information on what works and what doesn’t work. We need to have a system which allows continued innovation and monitoring of data.

- *We must encourage the use of information technology.*

This will help to eliminate errors and allow the gathering of information and measurement of outcomes. Best practices will continue to evolve, but we are not yet in a position for a specific mandate.

Physicians try to do what is in the best interest for their patients. When the system tries to impose regulations, money is spent on administration instead of patient care. If costs, payments and outcomes are widely known, market forces will address quality, access and price.

The Healthcare Planning Authority needs to stop interfering with the capitalistic market and simply supply information about charges, payments and outcomes. No one would order a meal or buy a car without knowing the price. Why then do we purchase medical care without knowing the cost?

If we can provide universal health insurance and universal use of information technology and transparency in terms of outcomes and of payments, healthcare may truly be reformed.

Stephen L. Sebert, MD
WVSMA President



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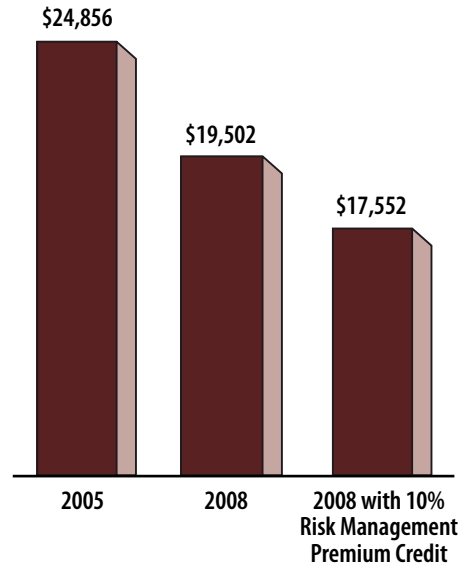
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WV Mutual Professional Liability Premium Trend Mature Policy Class 3 Family Practice

	Class 3 Family Practice	Class 10 Surgeon	Class 13 Obstetrician
2005 WVMIC	\$24,856	\$82,821	\$117,599
2008 WVMIC *	\$19,502	\$55,308	\$76,792
2008 Premium with 10% Risk Management Credit Applied	\$17,552	\$49,777	\$69,113
Reduction Since 2005	\$7,304 29%	\$33,044 40%	\$48,486 41%

* includes 5% renewal credit



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