



SPARTANBURG COUNTY
Medical Society

www.spartanburgmedical.org

Fall/Winter 2010

2010 SCMA Board

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Holiday Gala

Please join
The Spartanburg County Medical Society
for

Cocktails and Heavy Hors d'oeuvres

Friday, December 3

7:00 PM

The Piedmont Club

Presentation of the
2010 D.C. Hull Physician of the Year Award
Election of the 2011 SCMS Officers

Music by Back 9
Black Tie Optional



Spartanburg County Legislative Delegation

CONTACT INFORMATION

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From The President...

Dear Physician Colleagues:

This has been a tremendous year for the Spartanburg County Medical Society. One of the Board's foremost goals this year was to grow and encourage participation with our community physicians; we have succeeded in increasing our membership by 20% from 269 in 2009 to 336 this year. We hope to welcome many more new members this upcoming year. Remember, there is strength in numbers and safety in union.

Our activities this year included our traditional events of the Legislative gathering, Dinner with the CEOs, and the summer Family Picnic. With the advent of the new Osteopathic Medical School to be located in our community, we organized a well attended forum for an open exchange of information with the Dean of the medical school.

Many other goals/accomplishments have been achieved this year, including, but not exclusive of the following in which the SCMS played an instrumental and pivotal role:

1. State cigarette tax increased by 50 cents
2. Passage of the Good Samaritan Law
3. Implementation of Access Health in Spartanburg County to help the medically underserved
4. St. Luke Fundraiser – Wine Stroll At the Grove
5. Docs Who Rock Fundraiser
6. Scholarship Support - \$2500 to USC Upstate Nursing Student
7. Re-launch of our SCMS newsletter

In the spirit of collegiality and partisanship, myself and Larry Ware, M.D. were invited and privileged to attend the Greenville County Medical Society's event in which they hosted the current AMA President Dr. Cecil Wilson. We sincerely hope this will serve as a platform and vehicle for further cooperative ventures in the future.

Our Corporate Friends program continues to grow; we were successful in obtaining a substantial amount of funding this year to support our functions. As always, we would welcome an influx of new benefactors into our program.

Our next and last program of the year is drawing close; our annual Gala will be held Friday December 3, 2010 to celebrate the spirit of the holiday season. During this time, we will hold a brief meeting and elections for 2011, to include our awards presentations.

The SCMS is your representative; we are your voice in our collective efforts for both professional and personal growth. Only through working together, committing to our core principles as physicians, and building on the positive, can we better serve our community and improve the healthcare in the upstate. Please let us know how we can be of further assistance to you.

Lastly, it has truly been a privilege to serve as your President this past year.

Sincerely,
Ashish G. Shanbhag, M.D.
President
Spartanburg County Medical Society



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Spartanburg County Medical Society

Somatization Disorder: The Patient with Ten Physicians

Vonda Kay Gravely, MD
Board Certified General Psychiatry, Board Certified Geriatric Psychiatry,
Board Certified in Psychosomatic Medicine
Spartanburg Regional Healthcare System

We all recognize the science of healing our patients, but there is also the art of healing aspect that forces us all to not only listen to the patient's chief complaint, but to assimilate that information with the intention of always to first do no harm. Somatization formerly known as Briquette's Syndrome dates back to ancient Greek literature in which the diagnosis was given first to women and referred to as hysteria which is a word derived from uterus, and to this day occurs in a female to male ratio of 20:1.¹

Somatization disorder is quite common in primary care clinics with estimates from 2 % up to 11.6%² ; furthermore, these patients can quite frequently end up with...yes ten physicians. So whether you are the first physician in the primary care clinic or you are the ninth specialist on the same case, you have probably met or treated someone with this disorder. It may be tempting as a physician to think that this is "all in the patient's head"; however, this is a common pitfall that may either catapult the patient to the next specialist or result in complete frustration on the part of the physician who feels that he or she has done everything possible for the patient all to no avail. If we choose the first option of sending the patient to the next specialist, we not only contribute to increasing healthcare costs but moreover, the patient is exposed to more invasive tests, procedures and even surgery that makes them truly sick. This disorder can lead to increased healthcare costs with data that indicates they have twice as many inpatient hospitalizations and accrue costs more than double those of patients without excess somatic complaints.

Somatization disorder is a psychiatric condition in which physical symptoms suggest a medical diagnosis for which none can be identified. The Diagnostic and Statistical Manual for Mental Disorders includes the following diagnostic criteria be met for diagnosis: (1) the initial onset of medical symptoms likely first began in patients younger than 30 (2) multiple and chronic complaints of unexplained physical symptoms. (3) Multiple pain symptoms involving various sites such as head, neck, back, stomach, and limbs. (4) at least two or more unexplained gastrointestinal symptoms such as nausea and indigestion (5) at least one sexual and/or menstrual complaint (6) At least one pseudo neurological symptom such as blindness, inability to walk, speak, or move.³

Patients with true somatization disorder do indeed feel the pain and discomfort that they state; they are not acting or trying to illicit secondary gain as in factitious disorder or malingering. These patients have amplification of somatosensory stimuli and feel the stimulus as intense and painful; furthermore, they assume that something is terribly wrong with them.⁴ These patients are invariably resistant to seeking psychiatric care unless their anxiety or depression is so intense they are referred. They resist the notion that this is a psychiatric illness. Even when multiple specialists have exhausted every possibility of medical diagnostic testing, these patients still proclaim that we must have missed something critical. They become angry and we as physicians may become frustrated because we feel we

have failed them in some way or we in turn may become disappointed and "burned out" with them. To complicate matters, these patients have other medical illnesses for which there are positive tests and identifiable causes and we certainly do not want to dismiss these complaints as part of the somatization process. That is where the art of medicine is truly the greater tool than the science itself; it is then that the skilled physician who not only sees their patients, but listens, observes, and formulates a plan of care.

Treatment for somatization disorder is best accomplished by the primary care physician's awareness of the disorder and involves basic principles of an accepting and non-judgmental approach. Medication approaches are rarely successful unless there are co-morbid depression or anxiety disorders.² Education provided to the patient should include that the symptoms do not appear to be due to a life-threatening, disabling medical condition. A regular scheduled appointment in the outpatient clinic by the primary care physician reduces patient stress and overall utilization of emergency services. Patients should be reminded that their symptoms are likely to spontaneously remit. Stress reduction, social/physical activity, and a positive outlook should be encouraged. Family education is very important, should the patient consent for discussion, as this can help promote a positive outcome. Patients should not discuss their specific symptoms with family in terms of their assessment, but should direct those to the primary care physician. The primary care physician should direct any and all specialty referrals and not be unduly influenced by family members who also believe that there must be something wrong that was missed. Family members may help by providing distraction activities if somatic symptoms are present. Family members should also spend time with the patient when they are symptom-free. This reinforces the idea that symptoms do not bring special attention from others; likewise, when symptoms are present, the patient should neither be ignored by family, but should be approached, distracted, and redirected if possible.²

As physicians, we are tempted to practice defensive medicine. This concept is likely even more considered when trying to assess the multiple somatic complaints that patients may present. Now more than ever is competence not only critical but compassion and empathy are also part of the tools that we must employ in clinical practice. When patients know you care, they are more receptive and will more likely comply with treatment. These well-rounded attributes certainly be invaluable in the management of these types of patients.

1. Lantz, Melinda MD. "Somatization Disorder: When the Patient Has Multiple Medical Problems and Ongoing Somatic Complaints." *Clinical Geriatrics* (2010): 9-15.
2. Yates, William R. MD. "Somatoform Disorders." *eMedicine Psychiatry* July 15, 2010.
3. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revised*. Washington, DC: American Psychiatric Association, 2000.
4. Mutsuhiro, Nakao. "Clinical Application of Somatosensory amplification." *Bio psychosocial Medicine*. (2007) 1:17

AccessHealth Spartanburg

WHAT IS ACCESSHEALTH SPARTANBURG?

AccessHealth Spartanburg (AHS) is a system that coordinates healthcare to low-income individuals who do not have insurance, nor do they qualify for public assistance. AHS patients see physicians for free (both primary care doctors and specialists) and get all other healthcare services they need at no cost (hospital inpatient and outpatient services, lab work, x-rays, rehabilitation, medications, etc.).

HOW DOES AHS WORK?

Simply put, AHS is based on physicians volunteering their time to see patients for free, and other community partners, such as hospitals, donating the other medical services the patients need. All this is coordinated by a central AHS office where nurses, social workers and care managers assist patient with eligibility criteria, enrollment and on-going care coordination.

HOW CAN I PARTICIPATE?

Primary Care:

Agree to accept or enroll 5 or ___ new AHS patients per year AND/OR agree to volunteer at St. Luke's Free Clinic 6 or ___ times a year

Specialty Care:

Agree to see 10 or ___ new AHS per year AND/OR agree to volunteer and participate in a specialty clinic at St Luke's Free Clinic 6 or ___ times a year.

Look familiar? This and more information was sent to all Spartanburg physicians in the form of a brochure and letter several months ago. Already, many of you have sent in your positive response to work together to serve this special population. But we need everyone's help to make this succeed. Members of the Physician Advisory Board to AccessHealth Spartanburg, a subcommittee of the Spartanburg County Medical Society, are presently calling and talking to their fellow physicians, asking them to help out and enroll. When they call, please seriously consider joining with us. These are unsettling times for both our communities and our profession. But daily we see just how devastating it is for our uninsured population.

Members of this advisory board:

Drs. Fran Kunda, Rob McDonald, William Powell, Joe Boscia, Steve Harley, David Ike, Gordon Sherard, Ashish Shanbhag and Eric Cole

Rob McDonald, MD

President Elect,

Spartanburg County Medical Society

Board Member, AccessHealth Spartanburg

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Report of your SCMA Trustee Metro District #9 (Spartanburg):

Your SCMA, local SCMS and our Alliance are all vibrant with success these days! All of us in the Hub City are happily awaiting the Holiday Season and our Friday December 3 Holiday Gala and General Assembly at the Piedmont Club here in Spartanburg. Warm fellowship and great food with music and dancing courtesy of the Back 9 Band will once again be the order of the 'black-tie optional' Eve after the brief SCMS general business meeting whereupon we will vote in our new officers for SCMS.

Our recent inaugural autumn President's Reception for our area legislators was a great success, and we thank SCMS President Dr. Ashish Shanbhag and his wife, Meenu, for their warmth and hospitality in hosting this reception in their beautiful Thornblade Club residence. Dr. Shanbhag's leadership was also evidenced by his attendance of Dr. Blake Myers of the Jervey Eye Group and current Secretary of the Greenville Medical Society. Several important legislators with whom we are developing closer relationships- Senator Shane Martin, Senator Lee Bright and Representative Derham Cole- were all kind to attend, and we Physician families enjoyed the elegant informality of the gathering very much thanks to the excellent planning and coordination of our Executive Director, Mr. Robert Conner.

Dr. Shanbhag also joined me in accepting the kind invitation of the Greenville Medical Society to join them in honoring Dr. Cecil Wilson, AMA President, at the Poinsett Club in Greenville. Dr. Wilson is a fine and dignified gentleman, and although I personally disagree with a good many of his own stances on AMA policy and I avidly support our SCMA- led AMA Reform Coalition's work, it was an honor to meet this distinguished Physician servant and I look forward to seeing him again during his promised attendance at our Spring 2011 SCMA General Assembly in Greenville.

Our recent SCMS/MGMA relationship- builder and charitable fund- raiser for St. Luke's Clinic, the North Grove "Wine Stroll", was reported by those who attended as a wonderful event worthy of everyone's continued interest and participation. Our thanks go to Dr. Fritz and Mrs. Lori Butehorn and Mr. Robert Conner in helping with this worthwhile charitable effort.

During and since attending our SCMA Board and Executive Committee meetings at Charleston in early September and then traveling to Hilton Head the next weekend to join our SCMA and SC Hospital Association (SCHA) at the jointly-sponsored TAP Conference as your SCMA Board Executive Committee at-large Representative, I have noticed a resilient spirit within our SCMA Board and our local medical societies in SC. No living Physician citizen is without concern for our profession, our families or our country at this time, but there seems to me to be a new confidence that we who practice medicine are the very ones who should be leading the decision- making processes in health care in partnership with our patients, and that we can do this work together so long as we walk as one.

The positive and inclusive activities of SCMS and our Alliance are respected throughout the state, and we are now rightly held up as a dynamic model of the grand things which can be accomplished by our SC Physician families when we work together proactively as an effective labor organization at the grass- roots level in support of our state organizations and

true national identity... sharing power to promote leadership development and thus exciting membership growth rather than hoarding it for the exclusive few- and thus promoting the involution of the very organization we so importantly need as the true guiding light for our profession.

We formed our SCMS Board Executive Committee during this past year with the much- appreciated coordination efforts of Mr. Robert Conner and our young and involved leadership led by Drs. Ashish Shanbhag, Fritz Butehorn, Rob McDonald, Steve Singleton and Ken Webb. Through their efforts we have seen clearer coordination of our Board's direction and activities and a more cohesive approach to policy and growth. The SCMS Board Executive committee generally meets in the first week of each month in order to focus the SCMS Board's meeting in the 3rd week of that same month, and this has brought both communication and efficiency of production by our leaders to a new standard. The understanding bred by this process has allowed us to reach for even greater goals of membership inclusion and leadership development, and this is witnessed in that our new Board and Executive Committee will be smoothly taking their seats in January 2011 just in time to further consider and implement their own interpretations of new organizational management policies and potential SCMS by-laws revisions which we hope will make us even stronger in the future.

Our new SRHS- and Wofford College - affiliated DO medical school is up and running, and students for the coming academic year have been accepted with a goal of 120 matriculated first year students arriving in the Hub City by the late summer to begin their academic year. Dr. Timothy Kowalski, a recent Columbia resident and Representative to the Board of Medical Examiners, has taken his place as Vice- Dean of the SC campus of the Via School of Osteopathic Medicine- Carolinas Campus and he has joined our SCMS. Our own Dr. Ron Januchowski has accepted the position of Vice- Dean of Clinical Affairs. VCOM students have been rotating at SRHS for several years and a number have been accepted into the SRHS Family Medicine residency program.

This report can not be closed without mentioning the leadership of our SCMS, and more specifically our own Dr. Rob McDonald, in assisting with the development of our SCHA-sponsored Access Health organization in Spartanburg at the cutting edge of SC creation in approximating the now famous Physician- led Asheville/ Buncombe County Medical Society model. Rob's leadership in creating a comprehensive working committee of area Physicians to provide guidance for this program while working to create the local organization itself has been a wonder to behold. Dr. McDonald is now promoting communication on the Access Health program across our SC local medical societies by comparing notes with Charleston, Greenville, Greenwood and the Lakelands area, Oconee and the Golden Corner, Columbia and other areas which are assisting SCHA in fast- growing this significant organization using active Physician Executive leadership and broad- based organizational stake- holder partnership development .

As always I thank you from my heart for this opportunity to serve you as your SCMA Trustee.

Respectfully submitted,
Larry Ware MD



Office Information

2011 Billing Statements will be mailed to your homes in the middle of December. If we have your home address, it will be mailed there. If you are receiving mail outs at your office, we do not have a current home address for you. We could use your help in updating our home mailing addresses. Please email Mr. Conner at rconner@spartanburgmedical.org with your home address. Thanks for all your support and assistance. We look forward to serving you in 2011.

SPARTANBURG COUNTY MEDICAL SOCIETY 2011 Legislative Priorities

The main priorities for the 2011 South Carolina Legislative session are as follows;

- Truth in Advertising
- Medicaid Funding
- Independent practice of non-physicians
- Physician Protection
- Employment of physicians by non-physician practitioners
- Right for Physicians to employee PT's.
- Loser Pay's
- Tort Reform
- Non-physicians performing procedure

Membership Information

VCOM has numerous positions open at the new Osteopathic Medical School. Pediatric Chair, Internal Medicine Chair, Family Medicine Chair, Osteopathic Manipulative Medicine Chair, Psychiatry Chair, Emergency Medicine Chair, Surgery Chair, Geriatrics Chair, Chair for Preventive Medicine, Obstetrics and Gynecology Chair and Clinical Faculty Positions. If you are interested please feel free to email Ron Januchowski D.O., Associate Dean of Clinical Affairs at rjanuchowski@vcom.vt.edu.

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