

Reporter

President's Message

Oil and Water

By Andrew J. Richards, MD, FACS



Change is coming. The elections are over and our government is readying for the arrival of a new Commander-in-Chief. His arrival will be accompanied by many new ideas aimed at changing the direction of

our country and improving the quality of life for its citizens. Among those changes are plans for a greater expansion of health care coverage. The next four years are likely to bring a new approach to health care that will impact us all. We, as health care providers, need to decide whether we are going to sit back and watch it take place or get involved and influence the direction of that change.

I would like to talk about Mcare relief (or lack thereof) for a moment. I refer you to Dr. Peter Lund's recent "State of the State Address 2008," recently delivered at the House of Delegates meeting and available on our website at www.dauphincms.org. Also included in this newsletter is the Mcare timeline. I have talked with many physicians, and there seems to be a

lot of misunderstanding and misinformation on this topic. This resource should help clarify the facts.

Health care and politics are like oil and water. They generally do not mix well. Under the right conditions, they can blend together with a successful result. In this capacity the Pennsylvania Medical Society serves us well, as it interfaces between our interests and their policies. Dr. Lund is right, "politics defy logic." The politicians and our medical society can agree on basic principles and the need for abatement, but agreeing on the details for a plan which includes funding for uninsured coverage derails the process. This is an example of the immiscible nature of health care and politics. The business of politics does not follow the logic of medicine. The timing of the negotiations and the realization of the budget deficit made a solution impossible at this time. There remains hope for a solution and the Pennsylvania Medical Society is still actively engaged. We need to emulsify the mixture of medicine and politics. Supporting the Pennsylvania Medical Society, PAMPAC, and the Dauphin County Medical Society will help

us to achieve this goal. We encourage all of our members to establish a working relationship with their legislators. This is an important step in influencing the direction of upcoming change.

We look forward to your continued support and involvement. Now, more than ever, is the time to join together, contribute, and speak out.

YES, WE CAN make a difference. ■

2009 Calendar of Events

Board of Governors Meetings

February 25, June 3, September 2, and December 2
 6:15 PM at Society headquarters

Executive Committee (Officers)

January 7, February 4, April 1, May 6, July 1,
 August 5, October 7, and November 4
 6:30 PM at Society headquarters

PA Medical Society Annual Business Meeting - House of Delegates

October 24-25, 2009
 at the Hershey Lodge

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In Unity, There is Strength

By Robert A. Ettlinger, MD, Chair, Networking and Membership Task Force

If you, like most physicians, practice clinical medicine, the ultimate reason for your professional existence is to evaluate and treat patients. Your interaction with them occupies most of your day and is your stimulus for lifelong study through reading and lectures. On another level, both concurrent and separate from patient care, lies your state of being a physician as a profession. This involves the business aspects of medicine such as generating revenue and managing expenses, and interacting with other physicians in your specialty department/hospital/community. Your life as a physician also involves mutual relationships with populations of various sizes, businesses, health insurers, and the government.

The clinical aspects of medicine receive their direction from medical schools, researchers and other health experts, while the non-clinical facets belong in the realm of hospital staff organizations, specialty societies and local/state/national medical societies. Without the latter groups, we would all be acting independently of each other. While this individuality is the essence of clinical medicine, the other elements of our profession demand the involvement of organized medical groups. If you stop and think about it, virtually all professions, whether they are blue or white collar, have some type of organization that deals with the trade as a whole in order to protect and promote their interests. Medicine is, and should be, no different.

As clinical medicine is our link to individual patients, organized medicine is our conduit to the macrocosm of health care. It is essential to our success, and we ask that you perpetually continue your membership in county and state medical societies and urge your colleagues to do the same. We cannot optimize our successes if Dauphin County's medical society is composed of a minority of its total physicians. Remember, fighting for our interests in health care demands an element of camaraderie.

When beseeching your fellow physicians to support their profession as a whole, keep in mind the following benefits of membership to the Dauphin County Medical Society.

1. Opportunity to have your voice heard and amplified into one united voice representing all physicians in the greater Dauphin County area
2. DCMS staff resource—accessible Monday through Friday, 8:30 am to 5:00 pm
3. Physician referral service for the community
4. Grievance Committee provides mediation assistance in settling patient complaints and preventing litigation
5. Educational programs on scientific and medical practice topics
6. Opportunity to participate in annual DCMS “Doc Talk” mall event free of charge to market practice and address physician interests/concerns with the public
7. Biennial President’s Dinner (combined social, fundraiser and educational event)
8. Belong to a society that lobbies when necessary (i.e., billboards and newspaper ads on medical liability crisis, legislative visits and letters)
9. Opportunity to meet area legislators and ask questions at legislative events
10. Opportunity to develop leadership skills by serving on DCMS Board, committees and in various delegate/representative positions
11. Speaker’s bureau service for community organizations/groups
12. Quarterly newsletter mailed to members, listing educational seminars, legislative updates/activities, social events, announcements, practice management articles, etc.

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Delegates Tackle Policy Direction

The Pennsylvania Medical Society’s House of Delegates, the body that sets annual legislative and policy direction of the State Society, met October 25-26 in Hershey.

More than 230 voting delegates deliberated resolutions to set policy and elected trustees and officers during the two-day meeting. Voting delegates consist of representatives from the county medical societies, specialty societies and the Pennsylvania Medical Society’s special membership sections.

The House of Delegates considered more than 50 resolutions on issues ranging from medical liability to emergency department overcrowding. The delegates accepted or referred 38 resolutions to the Board.

Resolutions and reports can be referred to the Board either for action or further study. The resolutions accepted by the delegates for action by the Pennsylvania Medical Society include:

- Opening the state’s prescription drug database to access by physicians

- Eliminating written consent for HIV/AIDS testing while alerting the public to the serious threat of HIV and the need to broaden testing
- Prohibiting use of cell phones by drivers
- Pursuing reimbursement for extended physician visits with patients
- Increasing reimbursement for purchasing, administering, and storing vaccines
- Pursuing comparable reimbursement for psychiatrists
- Studying private insurers’ fee schedules for physicians in nearby states to help the Society lobby for increased reimbursement in Pennsylvania
- Optimizing hospital and emergency department patient flow to alleviate overcrowding
- Ensuring that volunteer physicians have adequate medical liability insurance coverage ■

From the DCMSA President

By Kathy Darowish

Wow! Winter is almost here and we are getting back into our regular routines for all of the volunteer work we do (I prefer to call it “not being paid to work”). The Alliance has already had two general meetings where we learned how to write a book and how to eat right. Thanks to John Benedict, MD, and Heather Tressler for sharing their expertise with us. One of the many recognitions that October has is Stop America’s Violence Everywhere /SAVE day. This year, SAVE Day is October 8, and we were able to share our “Hands are NOT for Hitting” program with the Tri-Community Elementary School, kindergarten through second grade. We directly touched 150 students and untold more when they took the message home to share with their families. This simple message is so very powerful and we cannot begin to know how often this phrase is remembered or applied in many situations. In addition to doing our “Blitz” at Tri-Community Elementary, we have also begun our regular monthly visits to Foose and Lincoln Elementary Schools in the Harrisburg School District. We touch approximately 150 students a month and, again, an untold number of families who read our handouts. We’re like dominoes—teach one and others learn too!

In December, we had our annual Silent Auction to raise some of the monies for our many programs. Robert and Marjorie Ettlinger graciously offered the use of their home for this program.

Membership is frequently a challenge for volunteer organizations, and DCMSA is no exception. So we are asking each member to invite a potential member to Tina Powers’ home in January, and we will all learn to play Bunko. This is a nice event because the games are quick and for each round you change tables and partners. The guest will get to meet a lot of members and have fun too. If your spouse is not a member, this is a good time to come and find out what we’re all about. Call us, we’ll provide directions to Tina’s home.

Congratulations to Maureen Callahan, who finished her term as President of the State Alliance. It was a difficult year, but everyone in the PMSA offices came to the forefront and made it successful. Thanks to all of you. Maureen, you continue to make us proud to belong to such a supportive organization. Good luck to Maya Patel who took the reigns of President at the October Convention.

Have a wonderful holiday season. Enjoy your friends, family and all the food. Travel safely and savor all the good times. ■

DCMS Senior Members

By Lawrence Altaker, MD, Immediate Past President

From time to time, the Dauphin County Medical Society Board of Governors has discussed the possibility of developing an organization of our retired and/or senior members. The reasoning behind this proposal was to give those members who continue to reside in Central Pennsylvania an opportunity to meet, socialize with former colleagues, and, to everyone’s benefit, perhaps even become more involved in activities of the Dauphin County Medical Society. As medicine has played such a significant role in our lives, one would expect interest in it to continue beyond retirement with a concurrent desire to interact with those physicians who had been important to us.

To that end, we are asking members of all ages to let us know what you think and if you are interested. We are hoping to get something going in the near future. Please contact Kristi Spargo at the DCMS office at 558-7849 or DauphinCMS@pamedsoc.org with your feedback.

Thank you! ■

Be Sure to Vote!

It’s time to vote for Dauphin County Medical Society’s 2009 elected positions, which include officers, board members-at-large, delegates, alternate delegates, and section delegates. Eligible members should be sure to vote. ■

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Welcome New Members

DAUPHIN COUNTY MEDICAL SOCIETY MEMBERS

August 5 – October 24

Full Active

Arlene S. Bobonich, MD, Internal Medicine
Pinnacle Health Hospitalists, Harrisburg
Judith Wood-Cook, MD, Vascular Surgery
Vascular Associates, PC, Camp Hill
Joseph J. Drabick, MD, Hematology/ Oncology
Penn State Milton S. Hershey Medical Center, Hershey
Barbara E. Ostrov, MD, Rheumatology
Penn State Milton S. Hershey Medical Center, Hershey
Bradly W. Starks, DO, Family Medicine
Pinnacle Health FamilyCare, Camp Hill
Suneetha Vaddineni, MD, Nephrology
Hershey Kidney Specialists, Inc., Harrisburg
Mary M. Waybill, MD, Nephrology
Central PA Transplant Associates, Harrisburg
George T. Zahorian, DO, Urology, Hershey

Practice Administrator

Anne E. Coughlin, Oculoplastic Consultants of Central PA
Cynthia K. Cox, Family Medical Care

Residents—Penn State College of Medicine, Hershey

Faris Ahmed, MD
Kyle M. Annen, DO
Sprague William Hazard, MD
Rebecca L. Roller, MD
Neetu B. Vasu, MD

Residents—PinnacleHealth System, Harrisburg

Jairo H. Barrantes, MD
Monica C. Pierini, MD

Students—Penn State College of Medicine, Hershey

Seper Dezfoli
Samuel Ridout

Deceased Members

Ernest H. Coleman, Jr., MD
Chloe O. Fry, MD, FACS
Galen E. Keeney, MD
James W. Kendig, MD
Jason J. Litton, MD
Bradford K. Strock, MD
Mikhail R. Sukernik, MD
Rosemarie J. Tursky, MD ■

Free Educational Programs

The PA Cancer Education Network now offers interactive educational prevention programs and materials to serve community groups. The programs cover risk factors, symptoms, preventive measures, recommended cancer screening and treatment for skin, colorectal, ovarian, and prostate cancer. Funding for these programs was provided by the Pennsylvania Department of Health, as these four cancers account for almost 30% of the cancer burden in the state. For more information or to schedule a program in your community, please contact the south central region at (717) 531-0003 ext 287469 or baumille@hes.hmc.psu.edu. ■

Dauphin County is Going Green in 2009

In an effort to save both environmental and financial resources, DCMS will discontinue printing and mailing the newsletter. Most of our members already receive the newsletter via email, and we will be contacting those that currently receive it via postal mail to obtain an email address. We want to be sure that all of our members receive the newsletter, so please call the DCMS office at 558-7849 with any problems you encounter. We thank you for your understanding as we streamline our newsletter distribution in 2009. ■

reputation is
everything

You work hard to be the best in your field. You expect a lot from those around you. You know that your future, your financial life, just about everything, depends on maintaining a favorable reputation.

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Director Sales and Marketing,
at 800 217-8080, ext. 5551, or
717 802-2365.



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Jordan Newell Receives the 2008 Scott A. Gunder, MD, DCMS Presidential Scholarship

By Kenneth B. Conner, MD

Jordan M. Newell, a second year student at Penn State College of Medicine, Hershey, was chosen to receive this year's \$1,500 Scott A. Gunder, MD, DCMS Presidential Scholarship from the Dauphin County Medical Society (DCMS). The award presentation took place September 3 at the DCMS Board meeting at Pennsylvania Medical Society headquarters, Harrisburg.

In 2000, DCMS established the Gunder scholarship in conjunction with The Foundation of the Pennsylvania Medical Society to honor the memory of DCMS President Scott A. Gunder, MD. Dr. Gunder was a Harrisburg gastroenterologist and a clinical assistant professor of medicine at Penn State College of Medicine, Hershey.

The Foundation, which administers the Gunder scholarship, provides philanthropic opportunities for physicians and others to support programs that benefit the commonwealth's medical community. For more information about the annual Gunder scholarship, visit <http://www.foundationpamedsoc.org/Index.aspx> and click on Student Financial Services. Donations to the Gunder scholarship can be made by mailing a check payable to The Foundation of the Pennsylvania Medical Society, Attention Student Financial Services, 777 East Park Drive, Harrisburg, PA 17111. Please write "DCMS/Gunder" on the memo line of the check so that it is credited properly.

Following is Jordan's award-winning essay:

"Six minutes is not a very long time, but it was long enough for my twin sister to arrive first, making me the official baby of my family. Spending so much time with my sister, I could not help but become intrigued by the growth and developmental differences between the two of us (I am now 6'5" and tower over my "big sister" in family pictures) and I began to develop a natural curiosity about human biology.

Aside from my inherent curiosity, it was really my middle school teacher, Mr. Fitz, who sparked my interest in science. Mr. Fitz believed strongly in science projects—we all had to complete several of them. As I completed more projects and learned more, my subsequent science fair projects became more sophisticated, and I found that I was developing trust in the methods of science.

My science background continued to evolve through high school until one event shook my trust in science—the death of my grandfather. Pop, as I called him, was hard to slow down, even in his old age. He struggled throughout life with learning disabilities and had to make his living by working hard with his hands. Though he was a skilled craftsman who could have taught me many things about his trade, he knew that this was not the life for me. He consistently encouraged me to challenge myself in school and to not sell myself short. I always admired the fact that every



Included in the picture are Dr. Peter Lund (President, PA Medical Society), Drs. Everett Hills and Lawrence Altaker (Scholarship Committee members), Dr. Kenneth Conner (Scholarship Committee Chair), Dr. Andrew Richards (DCMS President), Jordan Newell, Dr. Virginia Hall (Scholarship Committee member), and Virginia Henning (Executive Director of The Foundation of the PA Medical Society).

morning Pop would be up early working outside doing landscaping, beautifying his property. He chose to lead by example, and in doing so, he instilled his hard work ethic in me. Unfortunately, Pop developed cancer when I was in high school. Gradually, the cancer took over his body, and I saw firsthand how this strong man's body was reduced to a frail one, while he retained his strong soul. This occurred at the same time that my body was growing stronger through weightlifting and conditioning as a soccer player. I was confused as I wondered just how a disease could take such commanding control over the same basic body that Pop had preserved and strengthened over so many years. I wanted somehow to help Pop in this struggle, but at the time I could provide only emotional support.

I lost Pop to cancer, but from this loss grew a desire from within me to be on the side of the doctors and researchers who medically supported and treated him. It was the culmination of these life events that led me to pursue research at both the undergraduate and post-baccalaureate level and ultimately begin my medical education at Penn State. Now as a second year medical student, I seek as best as I can to lead others into medicine by example, just as my Pop did for me growing up." ■

Save the Date for DCMS Night With the Hershey Bears

DCMS and DCMS Alliance are in the process of planning a time to relax and socialize with colleagues at a Hershey Bears hockey game on Saturday, February 7. Mark your calendar now!

Mcare Timeline

At this point every physician is aware that Mcare relief will not occur in 2008. This is in spite of valiant effort on the part of the Pennsylvania Medical Society to bring a viable resolution to this crisis and to bring the political parties together. To date, both sides agree on the need for abatement and on basic principals, but they are still too far apart on the details of funding a plan to expand coverage for the uninsured. We thought it might be helpful to include the entire timeline for Mcare as we close out this year.

2002

March 20, 2002—Governor Mark Schweiker signs Act 13 of 2002 into law. Act 13 sets in motion a process for phasing out Mcare liability coverage and transitioning to \$1 million in private market coverage. Under Act 13, the Insurance Commissioner is to examine the private market every two years to determine if sufficient capacity exists to sell \$750,000 in liability coverage rather than the existing \$500,000. When that capacity is found to exist, physicians will be required to buy \$750,000 in private market coverage and Mcare coverage will be correspondingly reduced to \$250,000. Three years after that another study is made to determine if the private market has sufficient capacity to sell \$1 million in coverage. Again, if that capacity is not present initially the process is repeated every two years until the transition is made to \$1 million in private market coverage and Mcare coverage is eliminated. **No provision is made in Act 13 for the retirement of the Mcare Fund's unfunded liability (currently estimated to be \$1.7 billion), which under existing law is the obligation of physicians and hospitals.** In 2003, 2005 and 2007 the Insurance Commissioner finds insufficient capacity in the private market to initiate the first step of the Mcare phase-out, and as of this date the primary and Mcare levels each remain at \$500,000. Commissioner Joel Ario will again examine the private market in July of 2009, and there is reason to believe that he will find sufficient capacity to raise the primary limits to \$750,000 on January 1, 2010.

2003

December 23, 2003—Act 44 of 2003 creates the Mcare abatement program. Mcare abatements of 50 percent for “low-risk” physicians and 100 percent for “high-risk” physicians are funded by a 25 cent per pack tax on cigarettes and surcharges on automobile moving violations no longer needed to retire the Auto CAT Fund's unfunded liability. Originally applying to years 2003 and 2004, the abatements are subsequently extended for years 2005, 2006 and 2007.

2005

December 22, 2005—Act 88 of 2005 creates a high-level Mcare Commission, chaired by the Insurance Commissioner, to study the Mcare Fund's unfunded liability and make recommendations for eliminating that future liability. The Commission holds several meetings and a public hearing during 2006. The Pennsylvania Medical Society has a strong role in the deliberations of the Mcare Commission.

2006

November, 2006—The Mcare Commission issues its final report and recommendations for addressing the Mcare Fund. The Commission's recommendations largely track those contained in a Pennsylvania Medical Society/HAP proposal. Key elements of the report are recommendations that (1) a realistic plan be designed to phase out Mcare Fund liability coverage as soon as possible and return all liability coverage to the private market, and (2) public funds currently used for Mcare abatements

(cigarette tax and Auto CAT Fund revenues) be used both to pay down the Fund's unfunded liability and to ease the cost of transition to private insurance coverage. The Report recommends that Mcare abatements continue until the Fund is fully phased out, and further embraces the Pennsylvania Medical Society/HAP proposal for a rate stabilization fund by urging the creation of a mechanism to limit liability insurance rate increases in any year to ten percent.

December, 2006—The Society begins working with Representative Joshua Shapiro (D-Montgomery) to draft legislation to implement the Mcare Commission's recommendations.

2007

January 17, 2007—Governor Rendell unveils “Prescription for PA” in 2nd term inaugural speech.

March 22, 2007—“Prescription for PA” introduced as HB 700.

May 30, 2007—Budget Secretary Masch offers Mcare phase-out if the Pennsylvania Medical Society cooperates on scope of practice.

July 20, 2007—Governor signs six scope of practice bills into law.

July 20, 2007—Insurance Commissioner announces primary liability insurance limits to remain at \$500,000 for two more years pursuant to Act 13 of 2002.

October 30, 2007—Senate passes SB 1137 (44-2) extending Mcare abatements through 2008.

November 20, 2007—House Insurance Committee passes HB 1973, extending abatements through 2008. Bill goes to House Appropriations Committee and sees no further action for eleven months (see October 7, 2008).

December 4, 2007—Governor Rendell announces that he will hold up 2008 Mcare abatement extension until General Assembly enacts “Cover all Pennsylvanians (CAP),” the health insurance component of “Prescription for PA.”

December 5, 2007—House Insurance Committee strips 2008 abatement from SB 1137, inserts language linking Mcare to CAP.

December 11, 2007—Senate amends & passes HB 489 (49-0), inserting 2008 abatement extension.

December 24, 2007—Governor delays collection of 2008 Mcare assessments until March 31, 2008, reaffirms insistence that Mcare must be tied to CAP.

2008

March 12, 2008—House Republicans file discharge resolution to force vote on HB 489.

March 17, 2008—House reformulates CAP as “Access to Basic Care (PA-ABC),” amends it into SB 1137 and passes bill (118-81). Bill reaffirms link to Mcare, establishing 10-year phase-out of program. Society neither supports nor opposes SB 1137, but instead submits list of amendments needed to address the bill's deficiencies. Proposed amendments include guarantee of the funding stream to pay for Mcare abatements and phase-out, elimination of mandate that physicians

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Doc Talk a Success!

The sixth annual “Doc Talk” health education event was held Saturday, November 8, at the Harrisburg Mall. We had a record-breaking thirty registered organizations and almost 80 participants! There were several press releases published in local papers, and the event was mentioned on our local ABC station. We would like to thank the registrants for their enthusiasm and willingness to donate their time. We would also like to thank Dr. Gwendolyn Poles, Chair of the Doc Talk Task Force, for all of her assistance in planning this event. We look forward to seeing everyone next year! ■



Mcare Timeline

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participate in PA-ABC and CHIP, and premium subsidization to limit annual premium increases to 10 percent during phase-out. Senate doesn't consider bill.

March 31, 2008—House Democrats remove 2008 abatement from HB 489 in Rules Committee, rendering Republican discharge resolution moot.

March 31, 2008—Mcare assessment payment deadline passes without extension from Governor Rendell. Physicians are required to pay full unabated assessments.

June 10, 2008—Senate Republicans announce “HealthNET,” their own comprehensive health care reform package. Package differs significantly from Rendell “Prescription for PA” and House Democrats’ PA-ABC proposals.

July 3, 2008—Senate adds (48-2) two year abatement extension to HB 2648, a HC4 extension bill. House doesn't consider the bill, and HC4 sunsets. Governor temporarily keeps HC4 operating with funding from his office until November 30, 2008.

September 15 & 16, 2008—House and Senate return to session for three weeks prior to November general election.

September 30, 2008—Governor sends Senate compromise proposal to add 250,000 uninsured to Adult Basic program. Senate counters with \$80 million proposal to fund approximately 15,000 new enrollees (\$50 million) and \$30 million for health clinics for the uninsured.

October 2, 2008—Society sends compromise proposal to Governor and Senate in attempt to break impasse. Proposal is well received by Governor, less so by Senate.

October 7, 2008—Representative Tom Killion (R-Delaware) and House Republicans overcome procedural obstacles and force House Bill 1973 to be discharged from the House Appropriations Committee. The impending adjournment prevents a vote on the bill. HB 1973 provides for 2008 abatement.

October 8, 2008—Legislature adjourns. House schedules substantive session days in November after the election. Senate asserts that it will not consider substantive legislation after the election. However Senate Majority Leader Dominic Pileggi states publicly that he is willing to reconvene the Senate before the election if there is an agreement on the health care issue.

November 30, 2008—Constitutional last possible session day for 2007-2008 session of the General Assembly. ■

In Unity, There is Strength

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13. Participation in the Pennsylvania Medical Society group insurance programs
14. Quick access to Pennsylvania Medical Society and AMA staff via DCMS staff (e.g., Pennsylvania Medical Society legal counsel, medical economics and regulatory staff, etc.)
15. Channel for opportunity to serve on Pennsylvania Medical Society and AMA Councils and Commissions
16. Involvement with a society that participates in community planning

17. Involvement with a society that values education through scholarships/awards (e.g., Gunder/DCMS Scholarship Award, HACC Excellence in Clinical Nursing Award, HACC Health Career Scholarships, as well as support of elementary and high school award programs)
18. Opportunity to network with your peers at DCMS social events and business meetings
19. Opportunity for spouse to join DCMS Alliance, providing DCMS support, community service and networking opportunities
20. Recognition that comes with being one of the largest county medical societies in Pennsylvania. ■

Reporter

Winter 2008



How to Reach Us

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Submission of Newsletter Articles

The Reporter accepts unsolicited newsletter articles, however, there is no guarantee that they will be published. All submissions are subject to review. Articles should be of interest/pertain to physicians, their practice and health care in the Dauphin County/Capital Region. Local, state, and national perspectives are welcome. Submissions that are self-promotional or commercial in nature will not be accepted. Send your articles to the Society at Dauphin@pamedsoc.org or fax to (717) 558-7841.

The opinions expressed in this newsletter do not necessarily reflect the opinion of the Society.

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Mission

The Dauphin County Medical Society, founded in 1866, seeks to serve its members, the medical community, and the citizens of Dauphin and surrounding Counties. The Society's mission includes: upholding the ethics and dignity of the medical profession, elevating and maintaining the highest standards of healthcare, promoting and disseminating medical information to members as well as the public, and promoting collegial relations among its members.

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Make a Difference!

The Middletown School District and DCMS are looking to find members who are willing to participate in a program that helps direct children into career paths. There are plenty of opportunities available! They offer internships to twelfth graders and shadowing opportunities for ninth through eleventh grade. You can also go to the high school to conduct a classroom presentation on career fields for ninth and tenth grade. Part of the Middletown School District's philosophy is to capture children at a young age to help direct them in their future decisions. Their middle school program allows eighth graders to visit businesses connected to their career path. They have a variety of other opportunities available, such as career fairs, college fairs, interview workshops, dual enrollment and panels, all depending upon your interest. DCMS plans to survey our members shortly to gauge interest and availability, so be on the lookout and plan to participate! If you would like more information on Middletown School District programs, please contact Michael Thompson, Director of Counseling and Career Development, at (717) 948-3333 ext. 6006 or mthompson@raiderweb.org. ■

DCMS Nursing/ Allied Health Student Scholarship

Kim Ngan Nguyen was the recipient of this year's Dauphin County Medical Society Nursing/Allied Health Scholarship, which is awarded annually to a HACC student. The award was presented by DCMS President Dr. Andrew Richards at the HACC Foundation Awards Program on August 28, 2008. Congratulations Kim! ■



Member Opinion Panel

Please consider signing up for the Pennsylvania Medical Society's "Member Opinion Panel." The panel will participate in a survey about four times per year that explores topics important to physicians. These surveys will take less than 10 minutes to complete! This is a great opportunity to get involved and provide feedback if you can't find the time to attend meetings. To join the Panel, members only need to subscribe through the Society's website at www.pamedsoc.org. Your participation will benefit our state and county society membership! ■