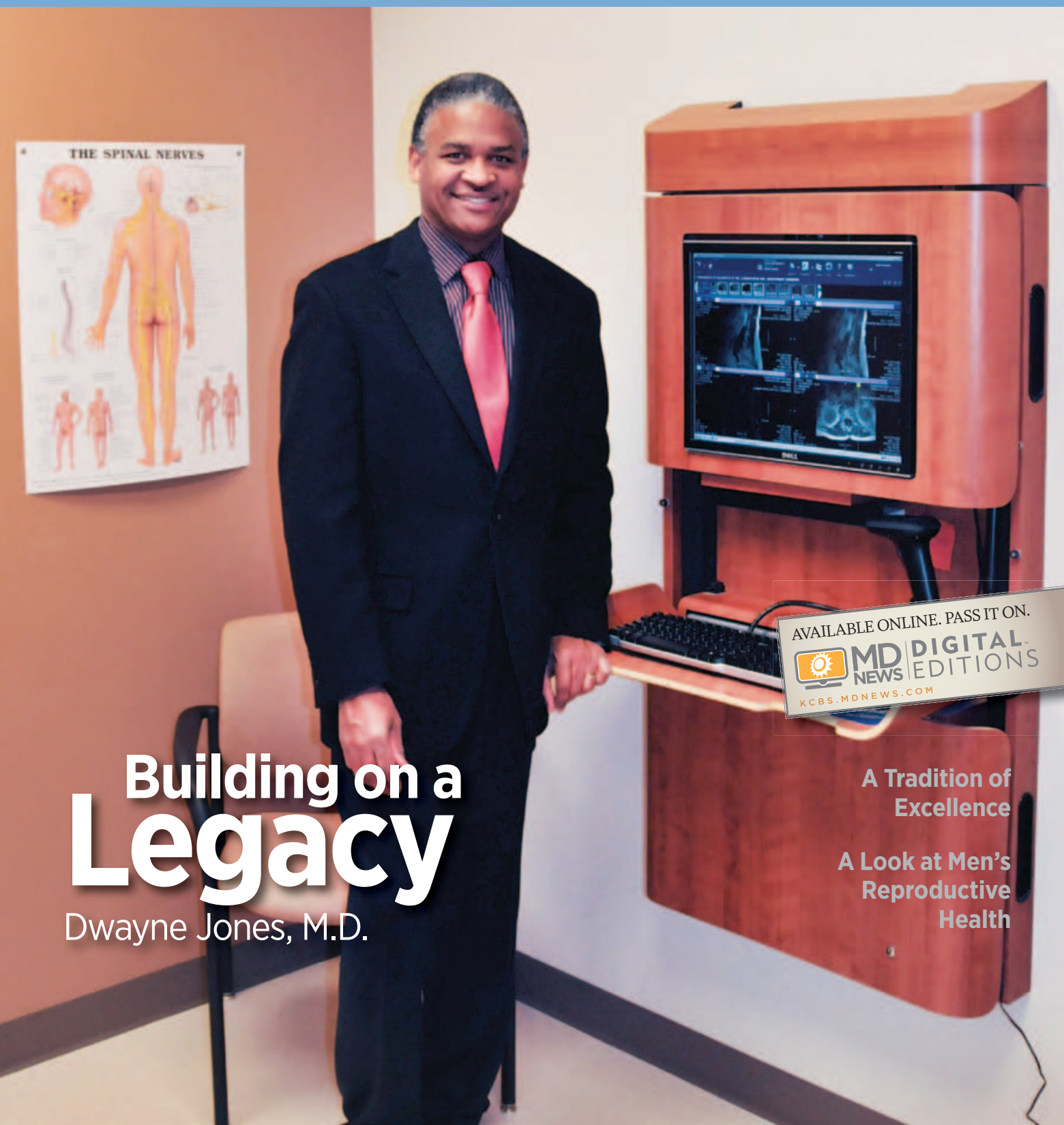
KANSAS CITY BI-STATE

| March/April 2010 |

MDNEWS

■ A BUSINESS & PRACTICE MANAGEMENT MAGAZINE | ABOUT PHYSICIANS | FROM PHYSICIANS | FOR PHYSICIANS ■



Building on a Legacy

Dwayne Jones, M.D.

A Tradition of Excellence

A Look at Men's Reproductive Health

COMING SOON

MDNEWS
| Special Issue |

The Future of HEALTH CARE IN KANSAS CITY

This spring, *MD News* Kansas City Bi-State area—the area's leading resource for business and practice management information—will introduce *The Future of Health Care*, spotlighting 40 exceptional caregivers and other thought leaders within the community. This exclusive special edition of *MD News* will celebrate the next generation of physicians, hospital executives, and other medical professionals shaping the future of health care in Kansas City Bi-State area.

Along with showcasing 40 exceptional healthcare professionals in Kansas City, *The Future of Health Care* will include in-depth features on how medicine has changed in recent years, a 360-degree view of today's medical landscape, and forward-looking predictions from acclaimed healthcare experts.

Reserve your opportunity to be included in this unique and dynamic overview of the best of the best in the ever-growing Kansas City healthcare marketplace. Call Brett Miller at 913.709.2228 for more information on how to include your practice, physicians, medical staff, executives, and other representatives in this annual look at health care in Kansas City.

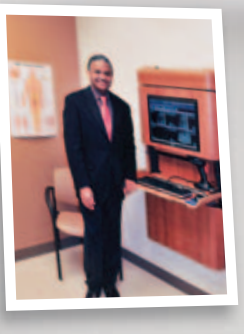
NOMINATIONS ARE BEING ACCEPTED AND CONTENT UNDERWRITING OPPORTUNITIES ARE AVAILABLE IMMEDIATELY.

KANSAS CITY BI-STATE
MDNEWS
March/April
2010

CONTENTS

FEATURES

DEPARTMENTS



ON THE COVER

Dwayne Jones, M.D.

WE ARE CURRENTLY planning *MD News: The Future of Health Care*. This special edition will present a deep perspective into Kansas City's health care, showcasing thought leaders and medical experts throughout the pages of this first annual, very unique and exciting special edition.

Along with spotlighting exceptional health care professionals, *MD News: The Future of Health Care* will include in-depth features on how medicine has changed in recent years, a 360° view of today's medical landscape and forward-looking predictions from acclaimed health care experts.

Reserve your opportunity to be included in this unique and dynamic overview of the best of the best in Greater Kansas City's ever-growing health care marketplace. Please call Brett Miller at (913) 709-2228, or e-mail him at bmiller@mdnews.com to get additional information. We have received several nominations for *MD News: The Future of Health Care*, and have scheduled several thought leader spreads, including top Kansas City physicians. To see a sample *Future of Health Care issue*, click on http://srmr.mdnews.com/digital-editions/editions/special-issue/ and navigate through the digital pages of the Greater Denver *Future of Health Care*.

It's a pleasure to bring *MD News* Kansas City Bi-State magazines to you. Sharing the stories of so many caring and dedicated Kansas City area physicians is a real honor. We want to thank you for opening your doors to us, always giving such a warm welcome and positive feedback. We would also like to welcome our new readers that received *MD News* for the first time last month. With our expanded circulation, we now reach 100% of the physicians in Greater Kansas City, including 12 surrounding counties. Please remember our digital issues at http://kcbs.mdnews.com are easy to navigate and great for sharing with your entire contact list. Take a moment to look at this month's digital edition featuring Dr. Dwayne Jones and his fascinating legacy of pain care.

We would like to recognize Dr. Lan Fotopoulos, Biagio Mazza of Elite Physical Therapy, Heather McMichael and Kimberley Simmons of Polsinelli-Shughart, Cali Duncan of Searcy Financial, and Becky Abts of Associated Plastic Surgeons for helping us with the January/February issue featuring the Associated Plastic Surgeons and its talented physicians. The issue received very favorable feedback, and we would like to thank them collectively for all their contributions. Also, a sincere thanks to our writers and advertisers — it's with your support that makes *MD News* possible. Thanks for reading.

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green initiative
MINIMAL IMPACT

By Michael J. Searcy

A Second Opinion

STAYING WELL INFORMED IN AN UNCERTAIN ECONOMY

JUST AS MEDICAL KNOWLEDGE AND INFORMATION GROWS AND CHANGES, SO DOES THE WAY WE MANAGE OUR INVESTMENTS AND PLANNING STRATEGIES TO STAY CURRENT WITH THE ECONOMIC CONDITIONS.

A MULTITUDE OF CHANGES have occurred in our economy over the past several years that have caused many to rethink their direction. You may find it shocking that many advisors have not modified their clients' planning or portfolio designs, nor have they considered changes to ensure their clients' risks are being managed appropriately.

While you may or may not be dissatisfied with your current service provider, there are many reasons to consider a second opinion. If you have been frustrated by the lack of uncertainty surrounding your financial affairs, consider having another financial professional review your strategy. Talking to an impartial source can also be helpful when reviewing your financial plan or a new financial product.

Knowing Where to Turn

When seeking a second opinion, find someone credible and knowledgeable about the topic at hand. Talk with a trusted advisor you currently work with such as your CPA or lawyer. If certain issues are beyond their scope of knowledge, they will likely defer the question to a more appropriately qualified professional, and you can ask them for recommendations of financial advisors they work with. *Always* do your own research on all referrals and make sure you know:

+ their experience level with the subject matter at hand,
+ their background and credentials, and
+ how they are paid — **avoid** conflicts of interest.

Don't be hesitant to **compensate** someone for an opinion! It could be the best money you'll ever spend.

A couple who absolutely loved their advisor had always been slightly disturbed about the compensation arrangement. Their advisor said he was only compensated by their annual retainer fee, indicating a conflict free situation. After seeking a second opinion of total fees and compensation for their planning and investment management, they discovered that they were paying nondisclosed commissions on products in addition to their management and retainer fee, totaling nearly double what a normal compensation agreement should have been. Furthermore, they learned their plan was being implemented with no logical system (no defined risk level or diversification).

You wouldn't hesitate for a minute to get a second opinion on a serious medical issue for yourself. You wouldn't even hesitate to encourage a patient to seek a second opinion in a matter of such importance. Why not apply the same patients' rights you extend to your own patients to yourself in regards to the health of your finances?

Michael J. Searcy is President of Searcy Financial Services, Inc., a registered investment advisory firm in Overland Park, KS, offering integrated wealth management to physicians. Mr. Searcy has been listed by Medical Economics *as one of the "Top 150 Financial Advisors for Doctors." For additional information, visit www.SearcyFinancial.com.*

The RACs Are Coming!

By Randal L. Schultz,
Vice Chair Health Care Business, Polsinelli Shugart, PC

THIS COLUMN MAY NOT CONSTITUTE A LANTERN IN A CHURCH STEEPLE, BUT IT IS INTENDED TO SHOUT AS LOUDLY AS IT CAN THAT "THE RACS ARE COMING!"

PHYSICIAN PRACTICES ALL over the country are now receiving letters from the Recovery Audit Contractors (RACs) demanding repayment of Medicare funds that the contractors believe have been inappropriately paid to various providers.

The RAC audit program is an arrangement whereby independent contractors hired by the government input provider Medicare billing reports through a software database to determine whether physicians, hospitals and other facilities have submitted patient charges that fall outside a "normal" bell curve. If the software detects an abnormality, the provider owes a refund to Medicare. The procedure is simple. The RACs do not request information, they simply pull data from the government for all providers in a given state, run the data through their computer programs, and to the extent anything in the program shows an error or omission, a letter is sent to the provider demanding a refund. If there is no response to the letter within 30 days, the provider is automatically guilty of committing any billing mistake suggested by the RAC contractor. Thereafter, the RAC contractor receives a contingency fee for every recovery the RAC can generate. There is no appeal for violating the 30-day response period.

Once the RACs receive their money, they make a determination whether the specific provider should be turned over to another level of government review. The second level of government review is not an automated audit but a complex audit that involves the government reviewing individual patient files. Although the RAC audit does not assess interest or penalties on its recoveries, these higher-level reviews related to the complex audit do assess interest and penalties and can lead to disastrous financial results for the providers.

The best defense is a good offense.

+ Develop a strong corporate compliance program and written plan for your practice or facility.

+ Initiate independent third-party review of your billing and coding to determine if there are RAC deficiencies.

+ Have a strategy for handling specific claims outside of the RAC process.

+ Review RAC websites to determine what will be reviewed by RACs.

+ Provide the RAC contractor with the person in your organization who should receive notice about a RAC audit.

Once the letter is received by your organization, you should immediately contact legal counsel familiar with the RAC process so that the claim may be appropriately handled. Note that a large number of deficiency notices sent by the RACs are not accurate and no true deficiency has occurred. Therefore, providers are encouraged to aggressively review the RAC claims before making the requested payment.

Although the onslaught of RAC audits may not change history like the invasion of the British, these audits may have a devastating financial impact on individual practices and could cause certain providers to be excluded from the Medicare program. Now is the time to heed this signal and make sure you are prepared for the RAC.

Randal L. Schultz is Vice Chairman of the Health Care Business Practice at Polsinelli Shughart PC. He writes frequently about RAC audits, stark law and antitrust issues. Mr. Schultz can be reached at rschultz@polsinelli.com.

Waldo Rehabilitation, Health and Wellness
Nonsurgical Back Pain Relief

EACH YEAR, THOUSANDS OF PATIENTS PASS THROUGH PHYSICIAN OFFICES ACROSS AMERICA SEEKING RELIEF FROM CHRONIC LOW BACK PAIN. WALDO REHABILITATION, HEALTH AND WELLNESS IS DEDICATED TO PROVIDING PATIENTS WITH NONSURGICAL METHODS OF LOW BACK PAIN MANAGEMENT AND RELIEF.

SINCE 2001, WALDO Rehabilitation, Health and Wellness has offered the latest in medical chiropractic physical therapy techniques and practices.

"We offer a unique way of approaching and treating low back pain," says Kelly Miller, D.C., FASA, NMD, Clinical and Chiropractic Director and owner of Waldo Rehabilitation, Health and Wellness in Kansas City. "We're able to give patients a variety of therapeutic medical chiropractic physical therapy options to help relieve their symptoms and restore an appropriate level of activity and function in their daily lives."

Waldo Rehabilitation, Health and Wellness not only provides standard procedures for manipulation of the spine and muscles, but also utilizes the Pro-Adjuster, which is both a diagnostic and therapeutic instrument to help restore normal joint mobility without any popping and cracking.

Acupuncture

Proven to relieve a variety of symptomatic issues for a variety of conditions, Waldo Rehabilitation, Health and Wellness utilizes both needle and non-needle techniques to provide three levels of acupuncture treatment, including pain control, formulae and classical. Electro-acupuncture is employed most often at Waldo Rehabilitation, Health and Wellness and is frequently used in combination with other complementary, nonsurgical methods. Electro-acupuncture consists of applying a pulsating electrical current to acupuncture needles in order to enhance stimulation of the acupoints.

IDD Therapy

Patients suffering from chronic low back pain resulting from degenerative, bulging or herniated discs or facet syndrome can greatly benefit from intervertebral differential dynamics (IDD) therapy. IDD therapy is an extremely successful conservative, noninvasive method of relieving painful symptoms that relate to vertebral disc conditions.

IDD Therapy helps return the ailing vertebral disc to its proper position.

During treatment, decompressive forces are delivered to the lumbar spine, separating the vertebrae several millimeters in order to create a negative force in the disc space to allow for a suction effect to pull the disc back into its proper space. The negative pressure in the disc space causes fluids from surrounding tissues to enter as well — providing the disc with the proper blood and nutrition required for it to heal successfully and regain vertical height.

Patients with severe conditions have reported significant benefits within six to eight weeks of treatment.

Synaptic Therapy

Synaptic Electrotherapy is FDA-cleared and clinically verified to increase beta-endorphin and ATCH levels without the assistance of medications. Synaptic has proven to be a breakthrough in pain control and management for a wide range of acute and chronic pain conditions, including low back pain.

By inducing electrical impulses to the affected area, synaptic electrotherapy is able to achieve the following objectives:

+ block nerve pain signals to the brain, resulting in reduction of chronic pain;
+ enhance the natural healing of tissue while eliminating the latent adverse side-effects of medications;
+ and produce tissue anesthesia and longer-term analgesia for treated tissues.

For more information about chronic low back pain treatment methods available through Waldo Rehabilitation, Health and Wellness, call (816) 523-4600, or visit www.waldorehab.com.

Building on a Legacy

DWAYNE JONES, M.D.

By Jeanie Erwin

TODAY'S MEDICINE IS built on centuries of knowledge, experience and compassion. Its foundation is the legacy of every pioneering physician that has proceeded the current era of doctors, who continue to break new ground. Professionally and personally, many medical careers have been directed and profoundly influenced by a remarkable physician who made the way before them.

Well before Dwayne Jones, M.D., was born, his maternal grandfather lived a life of pioneering medicine. The grandfather who passed away in 1946 and known only to him from family accounts and faded photos deeply impressed him from his youngest years. Despite many obstacles, his grandfather finished first in his 1931 medical class and financed his way through medical school by playing professional baseball for the Kansas City Monarchs of the Negro Baseball Leagues. "I was fascinated by the photographs of my grandfather in his classic Hickey Freeman suits and Fedora hats, carrying a leather doctor's bag. He was so proud of his profession, despite being unable to gain hospital admission privileges simply because of racial inequalities in the '30s and '40s," Dr. Jones says. The legacy of influence continued by his own father who practiced medicine and surgery in Kansas City for 50 years, dating back to the early 1950s. "Add that to the fact that I grew up in the shadows of a brother older by 10 years, who became an ER doctor, it would have been pretty hard for me not to want to at least consider medicine as a career choice," reflects Dr. Jones.

Though the early and strong influences led him to medicine, his entry into pain management was much more indirect. "I started out wanting to be a general surgeon, just like my father. I soon realized during a very busy general surgery internship in the DC area that I just didn't want to 'live and breathe' that profession as much as my peers did. Anesthesiology gave me the ability to stay close to the operating theater, which I enjoyed, although I missed the constant patient interaction which led me to specialize in pain management," he explains.

Pain management was in its infancy as a specialty when he began training in the early 1990s. "I enjoyed the blend of procedural intervention, patient contact, as well as the ability to help people experiencing pain. With my undergraduate degree in religions studies, I felt this was a great way to make a positive difference in many lives," he says.

Common Misconceptions

As is common in many new specialties, the broad capabilities of a pain management specialist are often misunderstood. "There is a misconception that a pain management physician is either a doctor who does epidural blocks or prescribes narcotics. This misconception continually plagues our specialty to the extent that we most often receive referrals specifically for these two things, rather than a request to simply 'manage' the patient who has chronic pain as any other specialist would be asked to do." Dr. Jones explains that pain medicine specialists must shoulder the responsibility of overcoming those barriers. "However, much of this misconception is our own fault, we as pain management physicians have to do a much better job of educating both our medical peers and patients as to what we do and are capable of doing to help patients with chronic pain conditions."

Dr. Jones

Patient evaluation and assessment

Reviewing a procedural X-ray

Performing an epidural injection under fluoroscopy

Collaborative Spirit of Pain Medicine

Over the past 16 years, his practice has evolved from Dr. Jones being primarily a pain physician performing diagnostic blocks in an academic anesthesiology department at the request of orthopedic and neurosurgeons to a more comprehensive practice in which Dr. Jones can focus on incorporating the latest techniques available in the specialty in the hope of helping the patient in chronic pain regain a more functional and active lifestyle. "This involves working together with spine surgeons, psychologists, physical therapists, chiropractors, medical subspecialists and any other physician whose goal in treating the patient coincides with what I am trying to do — a more 'holistic' approach to the patient, which is where I see both my practice and the practice of pain management headed. We are much more than just 'doctors who do epidural blocks.' Those days are far behind us and should be as the specialty continues to grow," Dr. Jones says.

Patient First

Keeping patient needs first is more than just a desire for Dr. Jones. It is the guiding principle in all that he does. In assuring the most comprehensive and beneficial care possible in an atmosphere of collaboration, he practices at several different area hospital-based clinics to better serve the patient. It is an advantage to be at multiple locations as insurance plans may necessitate that patients be seen in a particular hospital or clinic as well as being a matter of convenience and courtesy to a patient already in pain. "My treatment philosophy is to seek to help the patient experiencing limitations from a chronic pain condition regain function both from a physical and psychological perspective so that he or she can again participate in that which affords them most enjoyment in their lives. For someone who is in chronic pain, it is both a physical and emotional state of suffering that requires a functional goal before improvement can be either attained or even realized. The physician cannot help the patient in chronic pain do this with just a pain pill or a needle but has to employ other modalities of therapy to achieve this goal. A pain management physician cannot work in a 'vacuum,' which is the reason I like to practice in the hospital-based environment where I have the ability to interact and collaborate with those who often have more expertise than I do on conditions that affect my patients," admits Dr. Jones.

"I see the new pain management physician as being the 'primary care physician' for painful conditions of the spine and nervous system because of our unique ability to bring all of these abilities to the table. Unfortunately, we often are the last consulted and the least desired because of misconceptions as to what we do and can do," he explains. However, these barriers are being overcome as physicians continue to share knowledge about the comprehensiveness of the field.

Exciting Treatments in Pain Management

Dr. Jones has expanded the use of spinal cord stimulation in his practice for the treatment of painful neuropathies (i.e. diabetic peripheral neuropathy, post herpetic neuralgia, post herniorhaphy inguinal neuralgias and complex regional pain syndrome, otherwise known as RSD).

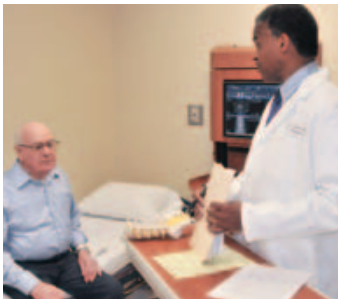
Radiofrequency lesioning of the sacroiliac joint is a focused treatment for hip and low back pain emanating from that joint.

The procedure involves using a very small probe that is placed around the sacroiliac joint under direct radiologic visualization, enabling the pain management physician to utilize either a cooled radiofrequency current or a very low temperature current to interrupt pain pathways that contribute to the pain from either an arthritic or damaged joint. There are very few "corrective surgical procedures" to address a painful sacroiliac joint, and this condition is a very common source of chronic back pain that is not only under diagnosed, but often missed and the result of some back operations that failed.

Percutaneous disc decompression, a nonsurgical way of reducing the pressure of a herniated disc on a spinal nerve, involves placing a small probe into the disc under direct radiologic visualization which allows decompression of small contained disc herniations in patients who are often not candidates for open surgical procedures.

Percutaneous facet fusion is a very new technique that is gaining acceptance as a solution for patients who may be candidates for a surgical fusion. This technique is an option for those patients with refractory low back pain who have failed epidural blocks, dissectomies and are either too young or unwilling to consider a surgical fusion because of the risks and possibilities that could leave them with a chronic pain condition that is difficult to treat. The procedure involves placing a small amount of bone from a cadaver into a facet joint through a very small scope under direct radiologic supervision in order to stabilize the facet joint without the use of any rods or screws as is done through the more conventional open surgical fusion techniques. The procedure is therefore able to be done under conscious sedation on an outpatient basis with little recovery "downtime" and therefore can be a "bridge" for the patient whose only other option may have been to continue taking narcotics or having a surgical fusion for treatment of his or her back.

Centerpoint: medical center pain clinic staff



Discussion treatment options with a new patient

Lee's Summit: medical center pain clinic staff

North Kansas City Pain Clinic staff

A Bright Future

As many advances in the field continue to positively impact patients with chronic pain conditions, Dr. Jones is optimistic about the future of the specialty. "My hope is that pain management will achieve recognition as a specialty in its own right by the American Board of Medical Specialties. I also hope that there will be formal residency training for physicians in pain medicine in leading academic medical centers as well as more recognition among our peers. When a patient is in chronic pain, it is just as important to see a pain management physician for their pain, as it is for them consulting a cardiologist when experiencing chest pain."

Creating His Own Legacy

Dr. Jones says, "I am most proud of the fact that my four children — boys ages 4, 8, 13 and my 10-year-old daughter — still think what dad does is pretty 'cool.' It was an honor to have been inducted into my high school hall of fame last year as a member of a track team that never lost a meet during an entire season. My high school is 130 years old and only a few select teams in the history of the school were inducted into the hall of fame. At the end of the day, my hope is that my children will be inspired by what I do, the same way my father and grandfather inspired me. My wonderful wife [a former television reporter], children, brother [an ER physician in New Orleans], sisters [a former fashion designer in Milan and a R.N. in New York City] and parents continue to inspire me every day. The future is full of extraordinary possibilities."

Dr. Jones currently practices interventional pain management at the following locations: North Kansas City Hospital, Centerpoint Medical Center, Harrison County Community Hospital and Lee's Summit Medical Center. For more information about Dr. Jones, call (816) 268-6395 or visit www.dejonesmd.com.

The Efficacy of MRI in the Diagnosis of Low Back Pain

By Biagio Mazza

MRI IS FREQUENTLY used in the evaluation process to "diagnose" lumbar pathology. However, 80% to 90% of patients with low back pain (LBP) cannot be given a precise pathoanatomical diagnosis. Despite the advances in imaging techniques during the past few decades, **the prevalence of LBP and associated costs of treatment and lost productivity continue to increase.**[1]

A number of studies have looked at the rate of disc anomalies in asymptomatic patients. In summary, here is the occurrence of findings:

+ Disc bulge (52%), protrusion (27%), extrusion (1%)[2]
+ Disc protrusion (63%), extrusion (13%)[3]
+ Disc protrusion (67%), extrusion (18%)[4]

In addition, MRI has ***not*** been shown to be predictive of future development or duration of LBP.[5]

So, what is its value?

First, MRI can be a highly effective way to assist in pathoanatomical diagnosis **when used with clinical correlation.** For example, MRI can help distinguish between disc and facet pathology as both can present with unilateral pain. However, a thorough physical exam must be correlated with subjective symptoms and MRI findings to form the most comprehensive differential diagnosis.

Second, MRI (or any advanced imaging) is appropriate for patients who are surgical candidates, patients who have not responded to conservative care or patients with red flags inconsistent with musculoskeletal pathology.[6]

Biagio Mazza, PT, is a board-certified physical therapist at Elite Sports Medicine and Physical Therapy in Kansas City. He can be reached for questions or comments at www.eliteptkc.com.

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A Tradition of Excellence

Captain Elizabeth Kelly, M.D., second-year pediatric resident, examines Jerome Hamilton, 8, at the Pediatric Center at Brooke Army Medical Center in San Antonio, Texas.

ONE OF THE largest health care organizations in the world isn't a hospital system: it's the U.S. Army Medical Department (AMEDD). Army physicians have the opportunity to employ the latest technologies and practices, as well as pioneer new innovations in research and medicine.

The Army health care system is a $9 billion per year venture that currently employs 73,500 active duty professionals and 72,000 reserve soldiers. Offering more opportunity for advancement than ever before, the Army health care system manages the care of approximately 5 million beneficiaries and operates more than 600 world-renowned hospitals, clinics and facilities around the globe.

In this economic downturn, many physicians have found the benefits of joining the Army enticing, as AMEDD affords physicians the chance to work alongside committed and focused medical professionals while working with some of the most advanced medical technology in the world. This environment, coupled with numerous medical, retirement and financial benefits, rivals the conditions of the world's most elite hospitals.

"As an Army physician, I have had exceptional superiors and mentors who have always encouraged me to try new things and expand my abilities," says Major Aaron Saguil, M.D., M.P.H., family medicine physician with the Army. "Because of this support network, I have been able to reach for greater responsibilities as both a leader and a clinician."

Patient-Focused Medicine

One of the biggest challenges private practice physicians are faced with today is a slew of administrative issues unrelated to patient care, including creating and maintaining a patient base, hiring staff and purchasing medical equipment. As a part of one of the most influential worldwide health care networks, Army physicians are able to concentrate their energy solely on the care of patients.

"One of the best advantages is that the Army pays for active duty soldiers' medical care, so we don't have some of the cost constraints you see on the civilian side," says Dr. Saguil. "The military does a nice job of keeping the focus on how the patient benefits from care, and that's phenomenal."

Conducting a practice without worrying about profit-based motives, such as overhead, hiring competent staff, rent, utilities, equipment and rising malpractice insurance costs, is only a dream to civilian physicians. In the Army, it's a reality.

"Though the Army still has to consider price and cost, they are far less cost conscious than civilian practices," says Dr. Saguil. "There is also less culture of fear related to malpractice litigation. Because of this, I am able to focus on patient outcomes instead of concerns over profit or litigation."

Advanced Technology

Not only is AMEDD committed to patient-focused care, it's also on the forefront of some of the world's most advanced medical technologies. The Army is currently revolutionizing the world of telemedicine through the use of a cutting-edge, 5-foot-tall, wireless robot that features a camera and glides around on three wheels. Currently in use at Brooke Army Medical Center in San Antonio, TX, the robot has the potential to allow physicians to check in on patients from remote locations around the world. It could also potentially be used to help specialists talk to surgeons on the battlefield through complex procedures.

A RANGE OF SPECIALTIES

THE ARMY MEDICAL Department employs a variety of medical specialists, including:

+ anesthesiologist
+ dermatologist
+ diagnostic radiologist
+ emergency medicine
+ family practice
+ general surgeon
+ internal medicine
+ neurologist
+ nuclear medicine
+ obstetrician/gynecologist
+ occupational medicine
+ ophthalmologist
+ orthopedic surgeon
+ otolaryngologist
+ pathologist
+ peripheral vascular surgeon
+ preventive medicine
+ psychiatrist
+ pulmonary disease
+ therapeutic radiologist
+ urologist

Left: Captain Sonny Huitron, D.O., fourth-year pathology resident, works in the pathology lab at Brooke Army Medical Center in San Antonio, Texas.

PHOTOS BY MARK GREENBERG

BENEFITS AT A GLANCE

TAKE A LOOK at just a few of the benefits and financial incentives that a career as an Army medical professional offers.

Active duty benefits include:

+ 30 days of vacation with pay annually;
+ attractive retirement benefits with 20 years of qualifying service;
+ comfortable housing on-post or a generous housing allowance if you live off-post;
+ low-cost life insurance;
+ no-cost or low-cost medical and dental care for you and your family;
+ no premium for malpractice coverage;
+ opportunities to attend paid continuing education courses, seminars and conferences;
+ opportunities to travel throughout the United States and around the world; and
+ rank and privileges of an Army officer

Army Reserve benefits include:

+ attractive retirement benefits at age 60 with 20 years of qualifying service;
+ change of pace;
+ low-cost life and dental insurance;
+ networking;
+ opportunities to travel across the United States and around the world;
+ opportunities to attend paid continuing education courses, seminars and conferences.

AMEDD remains on the leading edge of other emerging fields in medicine through its dedicated Telemedicine and Advanced Technology Research Center. Amongst a host of other projects, the Telemedicine and Advanced Technology Research Center is also exploring the potential use of virtual reality tools and biomaterials in medicine.

Active Duty vs. Reserve Status

This commitment to research and patient care has inspired many medical professionals to join the Army health care team. Physicians can decide to either serve full time as an officer on active duty or maintain their private practices and serve part time in the Army Reserve. Either way, Army physicians are granted a certain understanding and level of expertise that can't be matched when providing care in the civilian world.

Physicians who join as active duty status enter the Army with the rank and privileges of a commissioned officer. For physicians who are under 42 years of age, a four-year commitment is required. Medical professionals who are 43 to 60 years old need only commit to two years.

Colonel Paul C. Perlik, M.D., an orthopedic surgeon with a primary emphasis in hand surgery, originally joined the Army as active duty right out of medical school. After 11 years of active duty service, he left to begin a private practice, where he remained for the next 14 years. However, after the events of September 11, he began to miss working with the Army. He had a son who was a cadet at West Point, and those factors eventually convinced him to rejoin the Army Reserve in 2005.

"The Reserve is a great way to do something you wouldn't otherwise get to do in a private setting, and the time commitment shouldn't be an issue for someone with a mature practice," says Dr. Perlik.

Those who choose to join the Army Reserve are typically assigned to an Army Reserve unit in the area in which they live, which allows many physicians the opportunity to maintain their current private practice, similar to Dr. Perlik.

Army Reserve physicians are required to spend one weekend per month serving in a civilian hospital or clinic in their area. Or, they may spend that weekend in an Army field medical unit, where they learn and implement skills, such as setting up mobile

L-R: Captain Sonny Huitron, Major Rosemarie Rodriguez and Major Eric Fillman analyze tissue samples with the multi-view microscope at Brooke Army Medical Center in San Antonio, TX.

triage units, handling mass causalities in support of ground operations or training enlisted personnel to assist with emergency care.

Two weeks each year, Army Reserve physicians must report for annual training in which they spend their time in a variety of health care settings. Army Reserve physicians may engage in training in Army field exercises, work in Army hospitals and clinics, or attend professional development conferences and seminars.

Throughout all his private practice and active duty experiences, Dr. Perlik says the most rewarding aspect of his career has been caring for soldiers.

"There is no higher honor than taking care of our wounded warriors," he says. "Contributing to their sense of peace and being able to work with them and affect their recovery has been a life changing experience."

Competitive Benefits

Serving as a conduit to success, Army medicine helps practicing physicians attain financial, professional and personal satisfaction by offering a variety of career and lifestyle benefits.

Army physicians earn a competitive salary and acquire potentially large signing bonuses. They are also eligible for several different levels of additional pay including:

+ variable special pay — $1,200 to $12,000 annually based on length of service
+ board-certification pay — $2,500 to $6,000 annually
+ medical additional special pay — $15,000
+ incentive special pay — $12,000 to $36,000 annually
+ multiyear special pay — $6,000 to $14,000 annually based on specialty and number of years served

REQUIREMENTS TO JOIN

ARMY PHYSICIANS MUST meet the following criteria:

+ be a citizen of the United States for active duty, or a permanent resident for Army Reserve, and able to obtain a secret clearance;
+ be of good moral character;
+ demonstrate an understanding and proficiency of the English language;
+ have completed all educational/specialty licensing and certification requirements in the specific medical field in which the individual seeks appointment as prescribed by the U.S. Army Surgeon General and applicable law, regulation and policy; and
+ be capable of completing the full two- or four-year service obligation, subsequent to signing a contract, which must be done prior to the individual's 62nd birthday

Loan repayment programs and government benefits are also available, with a service requirement of a two-year minimum. In order to qualify, physicians must be under the age of 62, meet certain physical requirements, be board certified and pass a background check.

In addition to a generous and competitive benefits package, Army physicians also have the option to continue their education through paid education courses, seminars and conferences.

Transcendental Benefits

Practicing as an Army physician affords physicians benefits that cannot be matched in any other avenue. They are able to provide a service to the country while experiencing the camaraderie, adventures and excitement of traveling the world.

"The opportunities for learning and advancement are endless," says Dr. Perlik. "The challenges that I have faced in the Army have better equipped me to serve my country and provide care to others."

Army physicians can also participate in humanitarian missions, providing desperately needed medical care to victims of natural disasters or conflicts abroad.

Mark Trawinski, M.D., Chief Medical Officer for the 5th Special Forces Group, has practiced medicine in some unique environments with a special sense of adventure. As a Special Forces physician, he received additional training to be a flight surgeon and even jumps out of airplanes with his unit.

"Practicing medicine in the military has afforded me opportunities that I would not have been exposed to otherwise," says Dr. Trawinski. "The variety of environments and unique situations I have been exposed to as a physician in the Army have made me a better physician as a whole. I have done everything from primary care in a clinic to trauma medicine in Fallujah."

Though reasons for joining the Army vary from physician to physician, opportunities to use the latest technology, the desire to escape the challenges associated with private practice or simply to fulfill a childhood dream make a career in the Army an obvious choice for many physicians.

"I spent nine years as an intelligence officer with the Army before making the decision to begin my medical education," says Dr. Trawinski. "During those years, I encountered Army medical professionals who made a huge impression on my life, inspiring me to pursue what continues to be an exciting and challenging medical career."

For more information about the U.S. Army Medical Department, call 1-888-645-2769 or visit www.healthcare.goarmy.com/info/g976. ■

A LOOK AT

Men's Reproductive Health

GREAT STRIDES HAVE BEEN MADE IN THE ARENA OF MEN'S HEALTH. THE FOLLOWING ARE NEW ADVANCES IN THE TREATMENT OF ERECTILE DYSFUNCTION (ED), MALE FACTOR INFERTILITY AND TESTICULAR CANCER.

Progress in Erectile Dysfunction

Wake Forest University Baptist Medical Center's Institute for Regenerative Medicine in Winston-Salem, NC, has been conducting groundbreaking research on function restoration and reconstruction of damaged or diseased penile tissue. Using advanced tissue engineering techniques, the Institute for Regenerative Medicine has successfully been able to completely replace penile erectile tissue in animals, namely rabbits.

The new findings, published in the *Proceedings of the National Academy of Sciences*, suggest that surgeons could potentially have a completely new and effective way to treat severe ED, especially in men with cardiovascular disease and diabetes.

Researchers were able to successfully grow replacement penile erectile tissues from healthy rabbit cells and implant them into the laboratory rabbits with ED.

After lucrative implantation, the rabbits were able to return to normal sexual function and produce offspring, making this the most complete replacement of functional penile erectile tissue reported to date.

Vaginal swabs of the female rabbits that mated with the males that had received the engineered tissue found that eight of the 12 swabs contained sperm, and four of the 12 females were impregnated.

Because of the unique structure and complex function of penile erectile tissue, reconstructing diseased or damaged tissue has traditionally been a challenge for surgeons. Though various efforts have been attempted, natural erectile function is rarely ever truly restored. However, the current results found in the lab rabbits at the Institute for Regenerative Medicine offer new hope for surgeons and ED patients alike.

Overcoming Male Factor Infertility

For couples battling fertility issues, male factor infertility (MFI) plays a role in about 50% of cases. Whether it's a result of genetics, prior infection, surgeries, injuries, environment or simply idiopathic, MFI has been a seemingly impossible hurdle for many couples to overcome in the past.

During the last few decades, medical science has persevered by leaps and bounds to accomplish what was once thought unattainable. Through the use of

intracytoplasmic sperm injection (ICSI), the barrier to parenthood has been removed for many patients.

Oftentimes, the first step toward dealing with MFI is to utilize intrauterine insemination in an effort to get quality sperm closer to the egg.

"If this is unsuccessful or the couple desires guaranteed initial fertilization, we can utilize ICSI by injecting a single sperm directly into a mature egg in the lab," says Daniel B. Williams, M.D., FACOG, board-certified OB/GYN and reproductive endocrinologist, and Director of the Oversight Venation program at the Houston Fertility Institute in Houston, TX. "Once the injection is completed, we can return the fertilized egg back to the uterus. ICSI has been so successful, we are now able to overcome many more MFI problems than before."

According to the American Society for Reproductive Medicine, ICSI successfully fertilizes 50% to 80% of eggs.

Dr. Williams explains that even delayed ejaculation no longer poses a threat for successful fertilization.

"If a man suffers from azoospermia, delayed ejaculation or is unable to ejaculate, we can surgically extract semen from the testicles to be used for ICSI," says Dr. Williams.

Even if the female in a couple has been identified as having a definitive problem, Dr. Williams highly recommends performing a semen analysis on the male partner before beginning treatment. This will eliminate unnecessary backtracking and help determine whether you're dealing with problems in both partners at once.

Advances in Testicular Cancer

As the most common solid cancerous tumor found in young men, cases of testicular cancer have been on the rise for the last several years across the globe, with approximately 8,000 new cases being diagnosed in the United States each year. Though one of the most curable cancers, with only a one in 5,000 mortality risk estimated by the American Cancer Society, efforts have been made to find a safer, more effective treatment method.

A recent plenary study — the largest ever for testicular cancer — randomized participating patients who all had been diagnosed and surgically treated for a seminoma tumor. Patients were split into two groups. One group of 573 received a single dose of carboplatin, a chemotherapy drug, given over a one-hour period on an outpatient basis. The second group of 904 was given daily radiation therapy for two to three weeks. All patients were followed up within a medium of six-and-a-half years.

Of the patients who received the carboplatin treatment, 78% were less likely to develop a tumor in the remaining testicle. Findings also concluded that single dose chemotherapy is a safe and effective method of treatment in addition to being less toxic than radiation therapy. These results were released at the 44th Annual Meeting of the American Society of Clinical Oncology.

THE MEN'S TOP 10

WHEN IT COMES to men's health, there's still a battle in the industry to make the male population understand that annual checkups and visits for sickness or injuries are necessary. Whether men view physician visits as a sign of weakness or simply bothersome time taken out of their day, most men don't seek medical help as often as they should. Remind your male patients that having an active role in their personal health is essential and can help prevent them from experiencing one of the top 10 men's health threats:

1. heart disease
2. cancer
3. injuries
4. stroke
5. COPD
6. type 2 diabetes
7. influenza
8. suicide
9. kidney disease
10. Alzheimer's disease

TREATMENT FOR ACUTE AND SUBACUTE

Osteoporotic Fractures

DICKSON-DIVELEY MIDWEST ORTHOPAEDIC Clinic, Inc. offers vertebroplasty, kyphoplasty and sacroplasty.

As both the largest and oldest orthopedic clinic in the Kansas City area, Dickson-Diveley Midwest Orthopaedic Clinic expanded its services even further with the addition of Alicia Hillman, M.D. As the only two fellowship-trained interventional physiatrists to offer their services in orthopedic practice in the Kansas City area, both Dr. Hillman and C. Lan Fotopoulos, M.D., perform interventional spine procedures to treat acute and subacute osteoporotic fractures of the vertebral bodies and sacrum.

"Our main goal is to get patients back to being as active as they can be," says Dr. Fotopoulos. "The availability of advanced procedures, including vertebroplasty, kyphoplasty and sacroplasty, help us to achieve our goal by reducing or eliminating debilitating pain due to fracture."

Kyphoplasty has been available at Dickson-Diveley since its conception, and vertebroplasty and sacroplasty were added five years ago. Vertebroplasty places cement into the vertebral body to relieve osteoporotic fractures. Kyphoplasty is similar to vertebroplasty but uses a balloon to create the void in which to inject the cement in the vertebral body. Kyphoplasty is not a treatment for chronic kyphotic deformities, however. Sacroplasty treats osteoporotic and insufficiency fractures of the sacrum. These procedures can also be helpful in treating pathologic fractures of the vertebral body.

"While many patients have some postoperative pain for a short period of time following the procedure, most notice a reduction in their fracture pain within a few hours of awakening from anesthesia," says Dr. Fotopoulos. "Others who undergo this minimally invasive, same-day procedure often become symptom-free and are able to return to former activities without any physical therapy or rehabilitation."

For more information about orthopedic services available at Dickson Diveley Midwest Orthopaedic Clinic, visit www.dd-clinic.com. To refer a patient, please call (816) 531-5757.

OFFERING THE BEST

Alicia Hillman, M.D., and C. Lan Fotopoulos, M.D., are both board certified in physical medicine and rehabilitation and pain medicine. Dr. Fotopoulous is also board certified in sports medicine and undersea and hyperbaric medicine.

ABOUT DR. HILLMAN

Dr. Hillman is a graduate of the University of Missouri at Kansas City School of Medicine. She completed a residency in physical medicine and rehabilitation at the Mayo Clinic in Rochester, MN. In addition, she received fellowship training in interventional spine and musculoskeletal medicine at Georgia Pain Physicians in Marietta, GA.

ABOUT DR. FOTOPOULOS

Dr. Fotopoulos received his degree from the University of Missouri at Kansas City School of Medicine and served in the U.S. Navy Medical Corps. He completed his residency in physical medicine and physiatry at the University of Kansas. He also completed a fellowship in musculoskeletal medicine and invasive spine procedures at Washington University in St. Louis.

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