As you read this, we are preparing for the OSMA House of Delegates meeting scheduled on April 6th. The House will consider 16 Resolutions that cover a broad range of issues. You should have received the link to each Resolution a couple of weeks ago in an email from TCMS. In addition, you should also have received an email with the Late Resolution submitted by TCMS, Health Care Fee Transparency. We are working in conjunction with Woody Jenkins, MD and the Rural Causus on the final version of the resolution. This Resolution will be considered by the OSMA Board on April 5th and if approved forwarded to the House for consideration on April 6th.

I have established a Fee Transparency Committee to look at how we can move toward a patient focused model of reducing the ambiguity around pricing for health care services. The resolve was that the OSMA House of Delegates support the U.S. Department of Health and Human Services proposed federal rule that mandates transparency of health care fees/pricing, Federal Register notice 2019-02224, 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program.

The additional resolve was that OSMA encourage members to comment on the proposed rule during the public comment period which ends on May 3, 2019.

To comment and for more information on the latest action, check out Federal Register notice 2019—2224 docket folder here. If you can attend the April 6th House of Delegates to represent TCMS, please email mona@tcmsok.org. Your participation would be much appreciated.

Are you ready for a laugh? You can join us for The Best Medicine, A Night of Comedy, featuring Jonathan Kite, Comedian, Actor, and Impressionist, best known for his role as “Oleg” in 2 Broke Girls. Two local comediennees will open for the main act, including, Ashlyn Nicole and Shawna Blake, both of whom participated at the Blue Whale Comedy Festival. This fundraising event to benefit Project TCMS, is scheduled on Saturday, July 27th at Tulsa Ballet, 1212 E 45th Pl, at 6:00 p.m.

See page 2 for more information and opportunities to sponsor the event. We are excited about trying a completely new theme which will hopefully draw a larger crowd and one who feels better when they leave than when they arrived, after a good laugh and knowing they supported a great program.

Project TCMS has now provided over $5.4 million in donated non-emergent specialty care to uninsured low income residents in Tulsa County. We are pleased, as the physician organization in Tulsa County, to lead this effort to improve the health and well-being of our patients and in many cases allow their return to work.

If you or your group are interested in sponsoring this event, please call Mark McElreath at 1-918-743-9363 or email mark@tcmsok.org.

You will receive an invitation in the mail soon. Please plan to bring your spouse and friends and join us on July 27th. E. E. Cummings, the American poet, painter, essayist, author, and playwright, said “The most wasted of all days is the one without laughter”. Don’t miss this fun evening.

I sent an email to all of the Senators representing Tulsa County at the Oklahoma Legislature urging them to VOTE NO on SB 801 that would allow a nurse anesthetist to administer anesthesia and certain controlled substances in collaboration with, not under the supervision of, a physician. I received a call from Senator Joe Newhouse and we had a nice discussion during which he pledged support. As of this writing the bill was laid over and not heard on the Senate Floor and is considered “dormant”.

The Medicine Day Afternoon at the Capitol will be held on Tuesday, April 16th starting at 1:35 p.m. in Room 535 to receive a Legislative Update. TCMS & OSMA members will then “walk the halls” and meet with legislators. We would love to have a lot of doctors with white coats representing medicine. If you are able to participate email mona@tcmsok.org. The OSMA Medicine Day reception will follow at 5:00 p.m. at the OSMA office located at 313 NE 50th St. Many of the legislators attend this annual reception and look forward to hearing from us.

Thanks for all you do and Happy Spring!!
ABOUT Project TCMS & THE BEST MEDICINE A NIGHT OF COMEDY

Project TCMS was initiated by the TCMS Foundation in 2011 in an effort to bridge the most significant healthcare gap in Tulsa, access to specialty care for uninsured, low income residents. Referrals to Project TCMS come through many local primary care safety net clinics and are equitably distributed to our 178 volunteer physician partners. Since April 2012, we have 1,019 patient referrals, resulting in 3,567 program services, and over $5.4M in donated care.

The goal of Project TCMS is to provide the right care, at the right time, in the right setting which saves healthcare dollars by avoiding an emergency and most importantly, improves the health and well-being of our community.

They say that laughter is THE BEST MEDICINE, but for thousands of uninsured, low-income Tulsa County residents access to specialty healthcare needs is no laughing matter. Now’s your chance to do something about it - one laugh at a time!

1 out of 10 doctors* say that laughter is the best medicine. The other nine doctors say “medicine is the best medicine.” We’d like to believe the one doctor who likes to laugh and didn’t “technically” finish medical school instead of the others who diagnosed us with “selective hearing.”

*Not actual statistics or actual doctors. Please consult a doctor before not consulting a doctor. Results may vary. Side effects may include comedy induced involuntary urination.

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For Sponsorship or more information, contact Mona Whitmire (mona@tcmsok.org) or Mark McElreath (mark@tcmsok.org) at 918.743.6184 or visit

www.thebestmedicinetulsa.com
April is Parkinson’s Awareness Month

Joe wakes up 4 hours after going to sleep and can’t get back to sleep on a Saturday night. He’s been having trouble sleeping for months now. He goes to the computer to type an email and notices a slight tremor in his right pinky. A few hours later, it subsides. Several months later, he begins to notice the tremor more frequently. He tells his wife who says, “It’s probably just old age.” They both laugh. As time begins to pass, his wife notices his vocal volume decreasing and finds herself frequently asking, “Honey, please speak up. I can’t hear you.” Joe usually responds with, “You need a hearing aid.” This is how the journey begins for a large number of those with Parkinson’s disease. As April is Parkinson’s awareness month, we know that early detection is key to identifying Parkinson’s disease and assisting in the reduction of a wide array of symptoms. Symptoms will vary between individuals in both in type, intensity, presentation and progression.

An estimated 1 million Americans are currently living with Parkinson’s disease and over 10,000 Oklahomans. There are over 10 million people worldwide suffering with the disease. One person is diagnosed every 9 minutes and individuals are diagnosed from the very young to the very old. Parkinson’s disease is the second most common neurodegenerative disorder after Alzheimer’s disease. Because the motor symptoms of Parkinson’s disease do not manifest until 60-80% of the dopamine-producing cells in the brain are no longer functional, once someone is finally diagnosed with Parkinson’s disease, it is determined that they have had the disease for an estimated 10-20 years.

We are not certain what causes Parkinson’s disease, but some possibilities include genetics, head trauma and exposure to toxins. The symptoms of Parkinson’s disease are divided between motor and non-motor. Many times individuals will recognize some of the motor symptoms but may never connect the non-motor symptoms to their diagnosis of Parkinson’s disease for years. Our hope here is to bring awareness to the reader in an effort to obtain earlier diagnoses and therefore earlier treatment, translating to better quality of life for a longer period of time.

Motor symptoms

Tremors – This is a classic rhythmic resting tremor starting in the hand, leg, or foot on one side and eventually moves to both sides of the body.

Rigidity – Stiffness of the limbs or torso. Many times is misdiagnosed as a rotator cuff injury, arthritis or orthopedic problems.

Bradykinesia – This word means “slow movement”. This can also translate to a “masking” in facial expression. Fine motor coordination can and usually is affected as the disease progresses.

Postural Instability – This includes balance issues and difficulty with upright posture, resulting in a stooped posture causing difficulty with balance and gait.

Gait issues – This can include a reduced arm swing when walking, shuffled gait, and sometimes short fast steps with the individual “propelling” forward too fast to the point of falling. Another gait issue is freezing where the individual is unable to take a step. It appears as though their feet are almost glued to the floor.

Decreased vocal volume – Individuals will speak with a lower vocal volume, but are unaware that their volume has changed. Volume perception seems to be impaired.

Non-motor symptoms

Loss or changes in the sense of smell – This is a symptom that can appear months or even years before diagnosis. The sense of smell is either impaired or absent.

Fatigue – Extreme fatigue

Cognitive changes – Difficulty with focus, attention to task, initiating tasks, word finding, etc. Also difficulty with multi-tasking and organization due to the fact that the individual is only able to do “one thing at a time”. Ex: 2 things could be attempting to write while at the same time thinking about what they are writing.

GI issues – Constipation is a common symptom of Parkinson’s disease. Autonomic movements of the GI system (Peristalsis) can be affected.

Sleep issues – Many suffer from secondary insomnia (the ability to stay asleep) vs primary insomnia (the ability to go to sleep), which is less common. Some also suffer from REM sleep disorder where they will act out their dreams. This can also be a side effect of medications.

Anxiety/Depression – Depression and anxiety are quite common, usually related to a loss of dopamine and serotonin

Lightheadedness – Lightheadedness is usually caused from the body’s inability to regulate the blood pressure. It is typically when moving from lying to sitting or sitting to standing, or transitioning too quickly. This can cause blackouts and fainting. Report to your physician if you are experiencing anything like this.

Psychosis/Hallucinations – One non-motor symptom that can be experienced by anyone with PD. This can be a result of the disease but also a result of medication. See your doctor to manage issues in this area.

Vision issues – Individuals with Parkinson’s disease can experience diminished movement of the eyes causing dry eye. Blinking can reduce significantly/minute.

Because of the complexity of Parkinson’s disease, it is imperative that those suspecting something is wrong, be seen by a physician, specifically a Movement Disorder Specialist as soon as possible. Please consider helping the American Parkinson Disease Association – Oklahoma Chapter provide Strength in Optimism – Hope in Progress. For questions or more information on Parkinson’s disease, please visit our website at www.apdaparkinson.org/OK or call our office at 918-747-3747. We would like to assist you and your family through this journey.

Jennifer Johnson, Executive Director
American Parkinson Disease Association – Oklahoma Chapter
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