

CELEBRATING 155 YEARS!

Stark County Medical Society *News*

Fall 2021

President's Message Stacey Hollaway, M.D.



Stacey Hollaway, M.D.

I am sitting here writing my letter for fall while on vacation with friends in Bonita Springs. When I first started practice, I made it a priority to vacation every three months. I found if I was not taking time off on a regular basis, just to decompress and regroup, then I would become overwhelmed. This sensation of being overwhelmed is now called Physician Burnout.

Physician Burnout affects 51% of the female physicians and 36% of the male physicians. According to a recent MEDSCAPE survey from 2020 the top 3 specialties prone to burnout are Urology, Neurology and Nephrology. The specialties with the least amount of burnout are Orthopedics, Ophthalmology and Public and Preventative Health.

Physician Burnout is defined as a long-term unresolvable job-related stress that leads to exhaustion and the loss of personal accomplishment. According to multiple sources the leading cause is the administrative burden/bureaucratic red tape and government regulation which makes up 71%. Decreased reimbursement makes up 48%.

Most of staff, spend more than 12.5 hours a week doing Quality Measures (Health Affairs). In my office, I have 3 individuals who each work more than 5 hours a week doing quality measures.

Physicians in general are reluctant to seek help because they do not want to be perceived as weak and certainly never want to let our patients down. In fact, 43% of the physicians who suffer burnout end up isolating themselves and 20% end up turning to alcohol.

So how do we prevent physician burnout? Remember to take time for yourself and your family, build it into your schedule, delegate responsibilities to others, enjoy some alone time, and take up a hobby. If you find yourself feeling overwhelmed, seek out help. And remember, your medical society is here for you.

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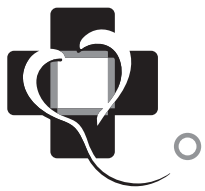
We have access to the politicians
and the state medical association.
Together, we have a voice that
will be heard!

Contact us at
starkmedical@ameritech.net
or call 330-492-3333. We look
forward to hearing from you!



Opinions expressed by the authors are their own, and not necessarily those of the Stark County Medical Society, Trustees or individual members. SCMS News reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted.

www.starkmedical.org



"PUTTING" AN END TO HUNGER 2021

SCMS's 20th ANNUAL GOLF OUTING

Raises \$8,675.00 for Community Harvest



The medical society selected Community Harvest as the recipient of the proceeds generated by our 20th annual golf outing. Community Harvest was created to collect perishable and prepared food that would otherwise be wasted from local restaurants, caterers, hospitals and the food industry. This food is distributed to local soup kitchens, shelters and hot meal programs helping to alleviate hunger.

Due to the sale of Skyland Pines and weather, we had some last-minute changes to our typical outing. This year's outing was held at Arrowhead Golf Club. Our usual schedule of events was altered by the weather forecast. Scare of rain did not stop players from having fun, enjoying refreshments and having plenty of food to feast upon. Some teams even had the opportunity to get in 9 holes before the torrential rains came.



Community Harvest has been addressing food waste and hunger in Stark County for 29 years by using a "common sense" approach of bringing two resources together. They rescue fresh, healthy, prepared food and deliver it to the people and places serving the meals. There is no cost for the food, because it is all donated by area restaurants and food providers. Last year, Community Harvest

rescued \$1.5 Million in food and delivered approximately 950,000 meals to our hungry neighbors in Stark County. This is an astonishing number for a paid staff of only one and twenty incredible volunteers!

We would like to thank Community Harvest, The Akron Canton Food Bank, their board and volunteers for their dedication to ending hunger in Stark County. Additionally, special thanks to our sponsors. Please support those vendors and organizations that support the medical society.



WATCH FOR UP-COMING DETAILS OF OUR 2022 OUTING.



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Gwen Severini
Director of Business Development

2311 Nave Road SE
Massillon, OH 44646
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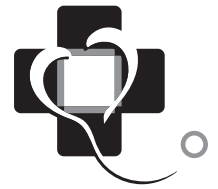
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Skin Care Specialist

Nevaeh
SALON & SPA


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2021 Stark County Medical Society

GOLF OUTING

MASTERS  Stark County Medical Society		CLASSIC Edward Jones® Stark County Medical Society Auxillary
MEMORIAL Dr. & Mrs. Jeffrey Dulik	HOSPITALITY STATION  Stark County Medical Society	LUNCH BUFFET  BrightView
GOLF CARTS  Cleveland Clinic Mercy Hospital	MARGARITA MAN & CHILI'S GRILL & BAR FIESTA STATION  THE LAURELS <small>OF CANTON & MANASSAS</small> <small>Skilled Nursing and Rehabilitation Center</small>	PHOTO BOOTH  ASSOCIATED UNDERWRITERS INSURANCE
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2021 Stark County Medical Society

GOLF OUTING

FIRST PLACE TEAM OVERALL
 Tri-County Restaurant Association

SECOND PLACE TEAM OVERALL
 Tri-County Restaurant Association

TEAM NEEDING THE MOST PRACTICE
 Taggarts Ice Cream Parlor and Chili's Grill and Bar

HOLE-IN-ONE
 ABC Supply Co., Inc.

CLOSEST TO THE PIN #4
 Aultman

ADDITIONAL SKILL CONTESTS
 Arrowhead Golf Club, The Bistro of Green and Tri-County Restaurant Association

CHAIR MASSAGE STATION
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DOOR/RAFFLE PRIZES
 Akron Canton Airport, Chili's Grill and Bar, Edward Jones, Firestone Country Club, Kennedy's BBQ, Lori Roof LMT, Nevaeh Salon & Spa, Michael and Faith Barbato, Skyzone, Stark County Medical Society Auxillary, Stark County Medical Society, The Bistro of Green, Tri-County Restaurant Association, Winking Lizard, and Ziegler Tire

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From The Desk of **CARL J. FOSTER, M.D.**

I killed some time in an airport bar waiting for a flight home after an anesthesiology meeting. I happened to overhear a group of vacationing state troopers exchanging stories about comical traffic stops. The first cop, a big burly fellow, described stopping a car doing 85mph in a 65mph zone. He asked the driver, "What's the hurry?" The driver answered, "I am a juggler and I'm late for a show in town." The cop answered, "A likely story, prove it." The driver answered, "I would be glad to, but I don't have anything to juggle." The cop offered some flares for him to juggle. The driver agreed and suggested, "Let's make it interesting, let's light them!" So, while the guy is juggling five lighted flares on the side of the road, a car stops and a drunk gets out. He staggers up next to the squad car and stares for a few seconds at the guy juggling those lighted flares on the side of the road. He shakes his head and gets into the back seat of the squad car. The officer turns and asks, "Hey buddy, what are you doing?" The drunk replies, "You might as well carry me to jail, no way I'm gonna pass that test!"

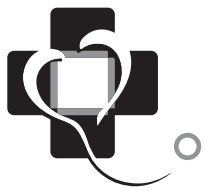
The second cop, an athletic looking female recounted a story in which she stopped a driver doing 90mph on a backroad in West Virginia. When the driver rolled down the window she asked if he had any ID?

He replied, "About what?"

A third cop told the story about stopping an erratic driver late one Saturday night. When the officer shone his flashlight into the car, he saw beer cans strewn all over the floor. He asked the driver, "Are you drinking son?" And the driver answered, "That all depends. Are you buyin'?"

The last trooper told the story about pulling over a speeder whose breath smelled of alcohol. When he requested a breathalyzer test the driver protested, "You can't give me a breathalyzer test. I've got asthma and won't be able to breath!" The trooper then requested a finger stick blood test. The driver further protested, "You can't test my blood, I've got hemophilia and won't stop bleeding!" Finally, the trooper ordered the driver to get out of the car and walk a straight line. The driver again protested, "I can't walk a straight line for you!" When the trooper asked why? The driver answered, "'Cause I'm drunk!"

At that point my flight's departure was announced. So, I hurriedly bought a final round and then rushed to board the plane home.



PERSONAL & BUSINESS

By Chrissy Myers, Director & CEO of AUI

WHAT HAVE YOU DONE FOR ME LATELY?

Let Us Help You Navigate Through Your Insurance Options!

If you find yourself humming Janet Jackson's "*What Have You Done for Me Lately*" when thinking about your health insurance agent, it might be time to make a change. Whether you are an employer looking for benefits for your team or an individual getting insurance for your family - answer these questions about your agent:

As we see inflation on the rise it is now even more important to make sure that healthcare dollars are maximized. Having a handle on your insurance costs is key and having an agent as a partner makes this possible. So ask yourself these questions when thinking about your insurance needs:

1. Does my agent shop the market?

The mission of your agent is simple: find the best possible plan. Your agent should look for plans that make sense for your budget and benefit goals; which means taking a look at your plan every year.

2. Does my agent help implement my plan?

From shopping the market to paperless enrollment your agent should be there to answer any questions about the process. Having a team that supports your employees through a transition is a key to benefit success.

3. Does my agent check in?

Does your agent check in to see how your plan is going or if you have any questions throughout the year? They should.

4. Does my agent make sure I am compliant?

Your agent should keep you up to date on current regulations.

5. Is my agent an extension of my HR department?

Your HR department should feel like your agent is an extension of their team. In addition, your agent should provide value added benefit education for you and your employees.

At AUI we are proud to say, "*What have you done for me lately?*" is not a question our clients ask. They receive regular phone calls from their dedicated customer care team, monthly education from AUI University, and a detailed and thorough renewal process. **To learn more about the AUI advantage and how it can benefit your team, contact us at 330-645-6338 or online at www.auiinfo.com.**

Chrissy Myers, Director & CEO of AUI, a leading benefits agency providing insurance to solopreneurs, small and medium sized businesses. She is AUI's chief cheerleader and passionate about serving AUI's clients and the community. Chrissy serves on the Summit County ADM Board of Directors, Jobs for Ohio Graduates, is a graduate of Goldman-Sachs 10,000 Small Businesses and a member of Leadership Akron Class 36. Chrissy lives in Akron with husband, Steve, and kiddos, Maddy and Caleb.

Visit our website to sign up for our blog for tips and resources.

OUR PREFERRED VENDORS BRING YOU A VARIETY OF SERVICES TO SAVE TIME AND MONEY

The Society's preferred business partnership program is designed to offer special services and discounts to Society members.

AUI, Inc.

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Edward Jones

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330.493.0047

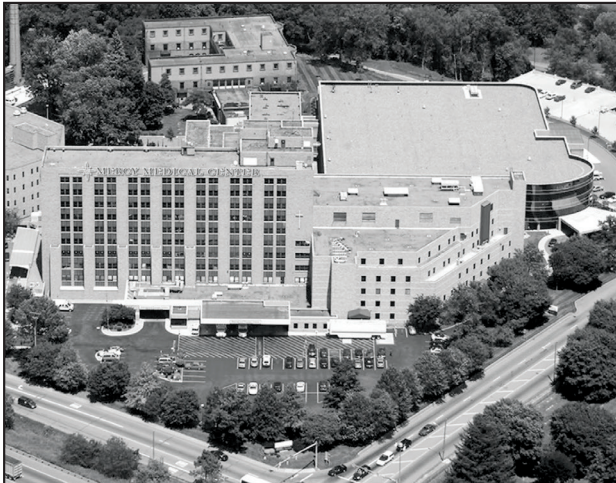
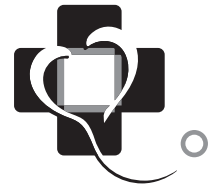
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For every care
in the community.

Mercy Medical Center is now a Cleveland Clinic hospital.

Together, we are committed to providing world class care in our community. In the coming months, we look forward to creating the next generation of healthcare for you and your family.

CantonMercy.org



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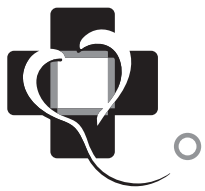
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FOR MEMBERS INTERESTED
IN FUNDRAISING, DECORATING
AND MEMBER RECRUITMENT.**

Contact Kevin at 330.492.3333
if you are interested in helping
strengthen the society.





OHIO MEDICAL BOARD CHANGES TELEMEDICINE RULES

Scott P. Sandrock, Esq. • Brennan, Manna & Diamond, LLC

In March of 2020, the Ohio State Medical Board issued revised rules regarding how telemedicine may be used in place of in-person visits by physicians who may be prescribing both controlled and non-controlled substances, including substances for chronic pain and pain management. These rules were issued in response to the Governor's Executive Order declaring a state of emergency in Ohio and modified rules were issued for an indefinite period.

On July 14, 2021, the Medical Board issued a series of "Frequently Asked Questions" stating that the Board was rescinding the emergency rules on the basis that the Governor had ended the State of Emergency and the Medical Board intended to resume enforcement of the prior version of the rules on September 1, 2021. In response to those FAQs, there were significant responses and comments resulting in the Medical Board issuing additional "Frequently Asked Questions" on August 11, 2021 and deferring the implementation of the restored rules until December 31, 2021. In short, things appear to be a little confused in Columbus which makes it even more confusing for each of you in your practice.

Reinstitution of In-Person Examination Requirements.

Under the regulations of the Medical Board (and based to a certain extent upon changes in reimbursement authorizations), physicians are still permitted to treat patients through telemedicine visits in Ohio subject to certain limitations particularly if any prescriptions may be issued. If the physician concludes that the treatment via telemedicine meets the standard of care and that standard is the "normal" standard, rather than the "pandemic" standard, then a telemedicine patient visit is permitted. If the patient is likely to need a prescription, then the answer is more complicated and telemedicine may not be permitted.

Practitioners are generally required to conduct at least one in-person annual visit prior to a prescription (or meet an exception) and to conduct an annual in-person examination in order to continue to prescribe for that patient.

The Medical Board has expressly stated that there cannot be a telemedicine visit if the physician intends to prescribe controlled substances and as to non-controlled substances, telemedicine visit would not be permitted if the physician has not conducted a physical examination with some exceptions. The key here is the physician is subject to Medical Board sanctions for non-compliance. Patient convenience and pandemic concerns do not override.

The Board rules provide that a prescription for a controlled substance should not be issued unless the physician has conducted a physical examination of the patient. If you plan that as your baseline, we believe you will be reasonably protected and in full compliance. The rules do make some exceptions in special

circumstances. The exceptions are fairly limited. As to non-controlled substances through telemedicine, if the physician can document that the physician has met all their specific standards articulated by rule the physician may issue the prescription. The burden is on the physician to demonstrate in their records meeting all nine standards. Those standards are:

1. The physician has confirmed the patient's identity and physical location;
2. The physician has obtained a patient's informed consent for a telemedicine visit;
3. The physician must ask the patient for the patient's consent to send the record of the telemedicine visit to the patient's primary care provider or if they do not have one, must specifically refer the patient to such provider;
4. The physician must document that they completed a medical evaluation of the patient during the telemedicine visit meeting the standards of care;
5. Must establish a diagnosis and treatment plan and the reasons for the necessity of the utilization of a prescription;
6. The physician must document in a medical record the patient's consent to a remote evaluation, pertinent history, diagnosis treatment plan, and the like including specific referrals to third-parties;
7. The physician is required to provide follow-up care or recommend follow-up care;
8. The physician must offer to make the medical record of the visit available to the patient; and
9. The physician is required to have appropriate technology to conduct the exam according to standards.

Again, the burden is on the physician to demonstrate that they have met each of these elements.

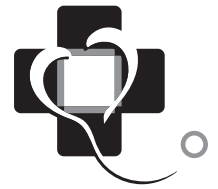
Special Rules for Controlled Substances.

Unlike other prescriptions, controlled substance rules are fairly straightforward. Absent an in-person physical examination, a prescriber is not permitted to issue a prescription for a controlled substance through a telemedicine visit except in limited circumstances. Those exceptions include providing coverage for a physician within your own group and that the patient has had an in-person exam by your colleague within the past two years, the patient is physically in the room with another licensed healthcare provider seeking your consult, or in certain institution settings.

Special Rules for Special Circumstances.

As you know, the Medical Board also has special rules for medications in certain settings. The previous rules dealing with in-person visits and limited prescriptions for a) treatment of sub-acute or chronic pain requiring an every 90-day examination apply, b) office based treatment

continued on page 7



rules for opioid addiction apply, c) in-office examination for opioid addiction applies, and d) in-office visit requirements for prescriptions for weight-loss drugs will apply.

Enforcement.

What I thought was the most interesting statement, the Medical Board indicated that the Medical Board would not discipline physicians if they failed to follow the rules regarding in-person patient visits for the time periods between March 9, 2020 and December 31, 2021. I cannot recall a prior incidence where the Medical Board has announced in advance it will give absolution for violation of rules but these are challenging times. The Board does state however that it reserves the right to enforce violations of any other rules.

Policies and Procedures.

We recommend that you review your office policies and procedures and verify that you have current forms, checklists, and documentation that you will use to fully demonstrate your compliance with these reinstated rules. As offices were responding to pandemic and patient needs, we learned that some practices did adopt some shortcuts to meet the crisis but may not have fully documented written patient consents, confirmation of in-person visits, telemedicine visits other than through fully secure channels and the like. You may want to make sure your practice has the current forms updated to make sure you comply for example with 1) the opioid treatment consent form with its patient acknowledgement of potential addiction and other treatment options, 2) telemedicine consent forms, 3) controlled substance policies, 4) in-person visit requirements, and other policies that are crucial to document your files should you be questioned as to your compliance with the regulatory framework.

If you have any questions or would like copies of the rules or the Frequently Asked Questions from the Medical Board, please contact Scott P. Sandrock at spsandrock@bmdllc.com or (330) 253-4367. Scott Sandrock is a Partner in the Business and Healthcare Practice Groups at Brennan, Manna & Diamond with offices in Canton and Akron.



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SAVE-THE-DATE

Dear Members,

This has been a tough year for everyone. As we struggle to put 2020 – 2021 behind us, it's apparent that we still need to be mindful of best safety practices. Out of an abundance of caution, the board has postponed all future in person meetings until the early spring of 2022.

We normally celebrate our Lifetime Achievement winner at our Annual Meeting in October. We will honor our 2021 Lifetime Achievement recipient, Dr. Susan Mercer, as well as, our 50 year and retired members in 2022.

As always, thank you for your support of the medical society and we look forward to a time when we can all be together safely.

If you or your practice need anything, please do not hesitate to contact us at 330.492.3333. Thank you and have a safe, happy, and healthy holiday season.



Stark County Medical Society's 2021 Annual Meeting



HONORING THE 2021 LIFETIME ACHIEVEMENT AWARD RECIPIENT SUSAN MERCER

our 50-Year Members, and Retirees
for their Years of Service to the Medical
Profession, the Stark County Community

Thursday, October 21, 2021
Stark County Country Club

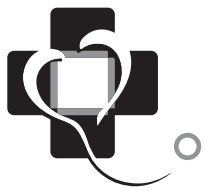


Fellowship: 6:00 PM

Dinner: 6:30 PM

POSTPONED

RECOGNITION OF HONOREES
AND PROGRAM FOLLOWING DINNER



From The Desk of **CARL J. FOSTER, M.D.**

While enroute to a nearby village for some shopping one Saturday morning, we received a text message from one of our daughters. She had had an unexpectedly busy morning. It seems that her dog had wallowed in some bear poop and required an early morning bath. After I chuckled to myself at her early morning calamity, it occurred to me that the text provoked no anxiety on my part. For over 30 years my practice as an anesthesiologist included taking weekend emergency calls. And on those weekends on call the ringing of a telephone, the alert from a pager, or more recently a text message would provoke in me a sense of dread. It has been about one month short of a year since I have retired, and my weekends are no longer interrupted by calls from the hospital.

A weekend summons could present any number of issues for anesthetic management. It could be an injured patient in need of either a minor procedure or a major surgical intervention. It could be a hospitalized patient whose condition had deteriorated to the extent that surgery was urgently needed. It could be a woman in labor who required an epidural for pain relief or anesthesia for either an elective or emergent cesarean section. Each of these clinical problems presents its own anesthetic challenges. In addition, there are specific considerations that they share, in common.

First, it must be determined whether the scheduled procedure is amenable to either a general or regional anesthetic? Regional anesthesia is less complicated in that it involves fewer issues. With regional anesthesia

allowing the patient to breathe pure oxygen to fill the lungs with oxygen to act as a reserve while the patient is apneic. Then the patient is given drugs in rapid sequence (hence the name) to induce unconsciousness and paralysis after which endotracheal intubation is achieved. From the time that the drugs take effect and the time that the airway is secured the patient is apneic and dependent upon the reservoir of oxygen in his or her lungs. So, the question of encountering a difficult intubation was my primary concern. Obese patients are a special concern since they often combine a difficult airway with a decreased lung capacity limiting the time one has, to secure the airway and begin oxygen delivery. Will I encounter a patient with complicated pulmonary or cardiac conditions? Will I encounter an untoward anesthetic complication like an anaphylactic reaction or the dreaded malignant hyperthermia? These concerns and many others would come to mind on the way to the hospital and the appropriate plan of action to handle each of them would be evaluated in my mind as I formulated an anesthesia management plan.

Retirement for me seemed an impossibility. I love the practice of medicine in general and the practice of anesthesiology most specifically. Having benefited from both excellent training and a wealth of experience, I took the stress of being on call in stride. I considered it a small price to pay for the gratification and satisfaction that I derived from achieving satisfactory outcomes. But advancing age and deteriorating health have conspired to make retirement a necessity.

My father once told me that “retirement doesn’t mean doing nothing rather it means doing what you want.” That is a piece of advice that I have found most useful. There seems to be not enough time in each day to pursue items on my “bucket” lists. There are many books on my reading list. There are many dishes on my list of recipes to be prepared and enjoyed. And there are many subjects to be discovered and photographed. Most importantly, I now have more uninterrupted time with my wife. So, I have closed this chapter of my “life’s story” and opened the next and I am keen to see what the future holds.

the patient usually breathes spontaneously and if sedated, only minimally such that airway patency is maintained. Conditions suitable for surgery are achieved by injecting a local anesthetic medication close to structures innervating the operative site rendering it numb. Examples of procedures for which regional anesthesia techniques are useful include upper and lower extremity injuries, urological procedures, and labor analgesia as well as cesarean section.

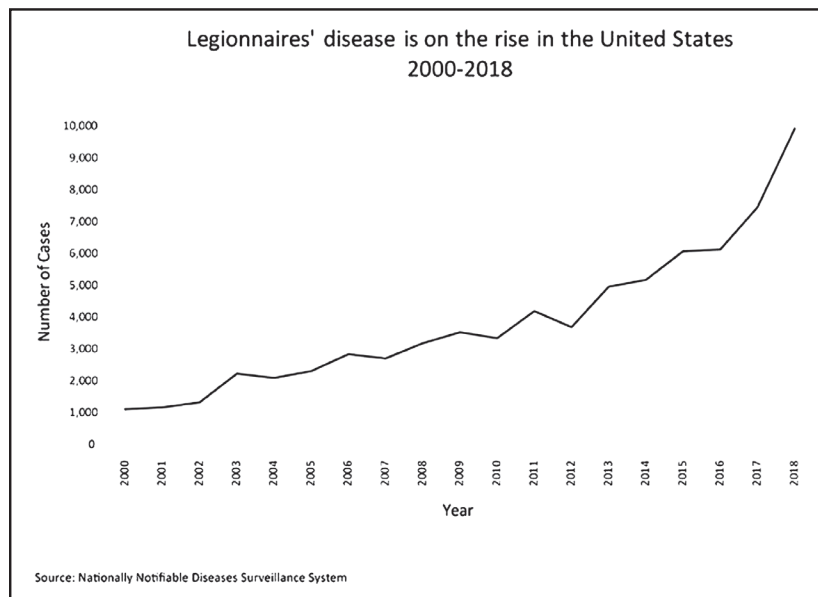
Emergency patients are considered to have a full stomach and are therefore at risk for aspiration pneumonia when laryngeal reflexes are diminished under general anesthesia. So, when general anesthesia is indicated, tracheal intubation is achieved by a rapid-sequence induction technique. This method involves





Legionnaires' Disease

Legionellosis is caused by the bacterium *Legionella pneumophila*, which can cause two types of illness. The disease has two distinct forms: Legionnaires' disease, the more serious form of illness, and Pontiac Fever, the milder form of illness. Legionnaires' disease is a form of pneumonia which often requires hospitalization and is fatal in about 10% of overall cases and 25% of healthcare-associated cases.



In 1976, an outbreak of a type of pneumonia was discovered among people who went to a convention of the American Legion in Philadelphia. Eventually, the bacterium that caused this outbreak of illness was identified and named *Legionella*. The Ohio Department of Health reports that between 2016 – 2020, the median number of reported Legionnaires' disease cases was 583. In the United States the rate of Legionnaires' disease cases reported to the CDC has been increasing, by nearly nine times, since 2000. However, it also thought that Legionnaires' disease is underdiagnosed and the true number of cases may be about two times more than what is actually reported.

Clinically, patients with Legionnaires' disease may present with symptoms including cough, fever and radiographic pneumonia. The time between exposure and onset of illness is 2 – 14 days. Symptoms of Legionnaires' disease are similar to other forms of pneumonia, including COVID-19, so diagnostic testing is necessary to determine infection.

Some indications that would warrant testing a patient include:

- Patients who have failed outpatient antibiotic therapy for community-acquired pneumonia
- Patients with severe pneumonia, in particular those requiring intensive care
- Immunocompromised patients with pneumonia
- Patients with a travel history (i.e. who have traveled away from their home within 10 days before onset of illness)
- All patients with pneumonia in connection with a Legionnaires' disease outbreak
- Patients at risk for Legionnaires' disease with healthcare-associated pneumonia (i.e. pneumonia with onset >48 hours after admission)

Unlike COVID-19, Legionnaires' disease is not typically spread person-to-person but rather through inhaled aerosols that come from a water source, such as air conditioning cooling towers, whirlpool spas, showers or certain medical devices contaminated with *Legionella* bacteria. Most people who are exposed to the bacteria don't become ill, but there are certain risk factors which may put patient's at increased risk including:

- Patients > 50 years of age
- Smoking (current or historical)
- Chronic lung disease, such as emphysema or COPD
- Immune system disorders
- Underlying illness, such as diabetes, renal failure or hepatic failure

Prevention of Legionnaires' disease is heavily dependent upon adequate development and implementation of water management programs for water systems in which *Legionella* may grow. In healthcare facilities, if *Legionella* is identified, the facility should take steps to mitigate the issue and eliminate bacteria.

The CDC has a website dedicated to Legionnaires' disease, with a section specifically for clinicians providing additional information about disease specifics, clinical features and information about diagnosis, treatment and prevention of the disease.

For additional information please visit: CDC *Legionella*: <https://www.cdc.gov/legionella/>

Resources: Ohio Department of Health. Infectious Disease Control Manual: Legionellosis: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/section3/section-3-legionellosis>

Centers for Disease Control and Prevention. Legionella (Legionnaires' Disease and Pontiac Fever): <https://www.cdc.gov/legionella/index.html>



COMMUNITY HEALTH WORKERS HELP BRIDGE THE GAP BETWEEN CLIENTS AND PHYSICIANS



OUR MISSION is to provide access to a coordinated system of health care and community resources for those who are underserved and uninsured in our community.

OUR VISION is to be an employer of inspirational leaders who view culturally competent practices as the basis for helping others reach their full health potential.



Goals of a Community Health Worker:

- To help individuals, families, and primary care providers access resources.
- To help individuals communicate and interact with health care/social service systems.
- To help individuals understand their health condition.



Community Health Workers are from the communities in which they serve. Community Health Workers are trusted members of the community who work on the ground to promote healthy behaviors, build stronger relationships between the community and health and social services, and increase accessibility to those services.



How Access Health helps:

THE CLIENT

- Access Health is a home visiting program; we go to the client.
- Community Health Workers are from the communities they serve, which promotes trust.
- Community Health Workers help educate pregnant women and new mothers with children up to the child's first birthday.
- Community Health Workers help educate clients with diagnosed chronic disease using laymen's language on the client's terms.



THE PHYSICIAN

- Access Health focuses on Medicaid eligible, uninsured, and underinsured clients.
- Access Health does not charge the physician for making referrals to Access Health.
- Access Health works with clients on prescribed health goals by connecting clients to resources to overcome social barriers.
- Access Health contacts the client within 48 hrs. of the referral.
- Access Health provides the physician with a client progress report every 60 days.



We Help our Clients Connect to:

Insurance	Utilities	Housing
Primary Care	Employment	Furniture
Transportation	Legal Aid	Medication Assistance
Food	Clothing	and more!

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FINANCIAL FOCUS

The Tuesday after Thanksgiving has become known as Giving Tuesday, when people are encouraged to donate to charitable organizations. If you'd like to take part in this special day, you'll want to maximize the effectiveness and benefits of your charitable gifts.

*Maximize your
charitable giving*

**Article 9 –
Nov. 22, 2021**

So, consider these questions:

- **Is the charity reputable?**

Does it use its resources wisely? Most charitable organizations are honest and dedicated to helping their specific causes. But sometimes there are a few “bad apples” in the bunch. These groups aren't necessarily fraudulent (though some are), but they may spend an inordinate amount of their donations on administrative expenses, rather than directing this money to where it's most needed. Fortunately, you don't have to guess about the trustworthiness or the efficiency of a particular group, because you can check on it.

To make sure that a charity is an actual charity – one that is tax-exempt and listed as a 501(c)(3) organization – you can go to www.irs.gov, the website of the Internal Revenue Service, and hit the “Charities & Nonprofits” link. An organization called Charity Navigator (www.charitynavigator.org) tracks charitable groups' financial health and accountability, including how much is spent on administrative and fundraising costs. Generally speaking, a charitable group that dedicates more than about 30% to 35% of its total costs to administration and fundraising expenses might be considered somewhat inefficient, though you'd want to evaluate each charity individually, since extenuating circumstances can occur. Keep in mind, though, that smaller charities may not have the same resources as a national organization to provide the reporting necessary for Charity Navigator.

- **Will my employer match my contribution?**

You can make your charitable gift go a lot further if your employer matches it. Typically, companies match donations at a 1:1 ratio, but some will match at 2:1 or even higher. Check with your human resources department about your company's policy on charitable matches.

- **Are my charitable gifts tax deductible?**

A few years ago, Congress significantly raised the standard deduction, which, for the 2021 tax year, is now \$12,550 for single taxpayers, \$25,100 for joint filers and \$18,800 for heads of household. As a result of this increase, many people no longer itemize and thus have less financial incentive to make charitable contributions.

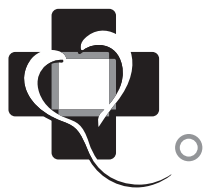
If you still do itemize and you're thinking of making charitable gifts, you generally have a choice between giving cash and another asset such as stocks. Each type of gift could earn you a tax deduction, but a gift of appreciated stocks could be more beneficial because you may also be avoiding the capital gains tax you might incur if you eventually sold the stocks. You should consult with your tax advisor and the charity (not all accept investments) before making the cash-versus-stock decision.

Even if you don't itemize, you could still get a tax benefit from making a charitable contribution. That's because Congress has extended part of the COVID-19-related legislation that allows taxpayers to claim charitable deductions of \$300 (for single filers) or \$600 (for married couples) if they claim the standard deduction. The charitable donations must be made in cash, not stocks.

Giving Tuesday comes just once a year, but your gifts can have lasting benefits. So, be as generous as you can afford – and enjoy the good feelings that follow.

Edward Jones, its employees and financial advisors cannot provide tax or legal advice. You should consult your attorney or qualified tax advisor regarding your situation.

*This article was written by Edward Jones for use by your local Edward Jones Financial Advisor.
Edward Jones, Member SIPC*



SCMS VIRTUAL "WHEEL OF PRIZES"

Ticket
Registration

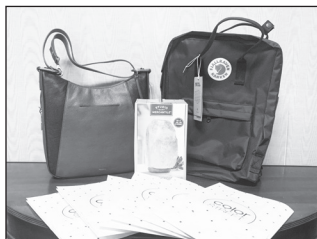


1 Ticket \$10.00
6 Tickets \$50.00

JANUARY 13, 2022 • ZOOM STARTS AT 6:00 PM

Prizes worth over \$2,500.00 will be given away!

Only 1200 chances will be sold!



PRIZES INCLUDE: Kate Spade purse, Kate Spade cross body/clutch, Lulu Dharma tote, KitchenAid Mixer, Aero Garden Extra, Invicta Dive Watch with stand, Michael Kors men's wallet, Coach men's bifold wallet, Vera Bradley overnight bag and lunch tote, Vera Bradley 94 x 66 blanket, Colorstreet, various gift cards and more!

TICKETS ARE \$10.00 PER CHANCE OR 6 TICKETS FOR \$50.00

Questions: 330-492-3333 or kpmetz@ameritech.net



MAKE CHECKS PAYABLE TO: Stark County Medical Society

MAIL CHECKS TO: Stark County Medical Society

4942 Higbee Ave. NW, Suite L • Canton, Ohio 44718

YOU WILL BE EMAILED THE ZOOM LINK THE WEEK OF JANUARY 10, 2022.

The prize wheel will include each ticket name sold. All names will remain on the wheel for each spin. After the winner is selected, the wheel will be spun to determine which prize will be awarded.

You may claim your prizes at the Society's office on 1/14/22 from 12:00pm until 4:00pm or by calling 330.492.3333 to schedule an alternative pick-up time.

**Stark County Medical Society believes
health happens in neighborhoods,
schools, and with prevention.**

Join us as we "**Spin the Wheels of Prizes**" to enable us to reach our goal to raise funds for our community initiatives of providing medical scholarships, community programs, and support of local non-profits that impact community health.

Please Print

Name (required): _____

Email (required): _____

(Zoom link will be sent to this address)

Phone Number (required): _____

**THANK YOU FOR
YOUR SUPPORT!**

1 Ticket \$10.00

Name on Ticket: _____

6 Tickets \$50.00

Name on Ticket: _____

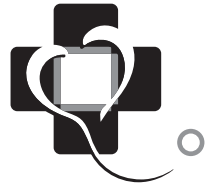
Name on Ticket: _____

Name on Ticket: _____

Name on Ticket: _____

Name on Ticket: _____

Name on Ticket: _____



**CYBER
CRIME IS
ON THE RISE.**

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**ALWAYS
STAY
AHEAD OF IT.**

Train your teams!

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**Championing
the cause to
SUPPORT**

**Stark County
Medical Society
& Community
Harvest**

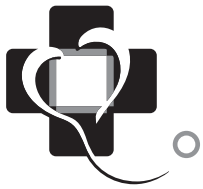


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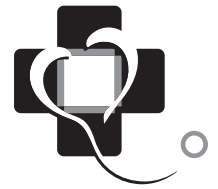


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*Do you want to be part of this
select group of winners?*

*Space is limited!
A few spots remain!*

SCMS realizes health happens in neighborhoods, schools,
and with prevention. Our goal is to raise funds for our community
initiatives of providing medical scholarships,
community programs, and support of local non-profits
that impact community health.

LOOK WHO'S WON ALREADY!

May 20, 2021

\$125 Ticket #27
\$75 Ticket #42
\$50 Ticket #97

August 19, 2021

\$125 Ticket #30
\$75 Ticket #121
\$50 Ticket #39

June 17, 2021

\$125 Ticket #42
\$75 Ticket #47
\$50 Ticket #55

September 16, 2021

\$125 Ticket #29
\$75 Ticket #93
\$50 Ticket #84

July 15, 2021

\$125 Ticket #22
\$75 Ticket #15
\$50 Ticket #38

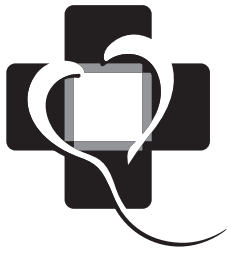
October 21, 2021

\$300 Ticket #21
\$200 Ticket #116
\$100 Ticket #26

*If you don't have your ticket, you still have
6 chances to win.*

TAKE A CHANCE.
It'll be the best \$50.00 you ever spent!

Contact Kevin or Taylor for details.



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