October/November 2013 • Volume 14 • Issue 5
Published monthly for Academy of Medicine of Cincinnati members

Cincinnati Medicine Digest

Inside this issue

Academy secretary and treasurer selected

At its October meeting, the Academy Council selected Thomas Lamarre, Jr., MD, as secretary and Andrew Markiewitz, MD, as treasurer. This is Dr. Lamarre's fourth year as a member of the Academy Council while Dr. Markiewitz is in his third year of service. In these positions, both become members of the Executive Committee.

Other members of the Executive Committee are President James Sosnowski, MD; President-elect Peter Kambelos, MD; Past President Robyn Chatman, MD; and Academy Executive Director Donna Gilliam.

Academy members are encouraged to contact their elected leaders or the executive director with any concerns or suggestions they might have.

UHC Medicare Advantage terminations cause concern

Physicians in the Cincinnati area, and throughout Ohio, are concerned with United Healthcare's (UHC) decision to terminate physicians from its Medicare Advantage plans. Physician concerns range from significant network adequacy issues for primary care and subspecialty services; access and quality of care; UHC's communications to both physicians and patients regarding the terminations; and the appeal process to be re-instated.

Because of the statewide impact of this issue, the Ohio State Medical Association has met with representatives of UHC to press for reasons behind UHC's decision to terminate physicians from its Medicare Advantage Plans.

According to Richard Migliori, MD, chief medical officer for UnitedHealth Group, the decision was made at the national level due to what he called "the severe recent under-funding" by the federal government of Medicare Advantage care plans. He furthered stated that it was a "mathematical decision" and that UHC is not trying to reduce the pool of severely ill patients nor targeting physicians for over-utilization. Rather, he claimed that UHC wants to focus on a smaller pool of physicians with larger numbers of UHC Medicare Advantage patients in order to continue offering the plans across Ohio. He stated in the initial conversation that UHC's Star System for quality and efficiency was a minor factor in the decisions and only came into play after network adequacy and geography were considered. However, in follow-up clarification from R. Guy Shrake, MD, Ohio medical director for UHC, Dr. Shrake said that "we were talking about the UHC Premium

—continued on Page 4

Ohio develops new guidelines for prescribing opioids

Two year's ago, Ohio Governor John Kasich formed the Governor's Cabinet Opiate Action Team (GCOAT) to address the state's increase in fatal drug overdoses, which rose from 369 in 1999 to 1,765 in 2011, a 440% increase. Prescription opioids amount for more fatal overdoses than any other prescription or illegal drug, including cocaine, heroin, and hallucinogens combined. Prescription drugs are involved in most of the unintentional drug overdoses, with prescription pain medications (opioids) and multiple drug use the major contributors to this epidemic.

According to Ohio's Opiate Action Team, the safe and appropriate treatment of pain is a priority in Ohio. GCOAT, along with a group of professional health care provider licensing boards, associations, individual providers, and other key stakeholders have focused their most recent efforts on the further education of health care professionals and patients. The goal is to help reduce and eliminate

—continued on Page 5

ACIP/ACOG recommend women receive TDaP vaccine with each pregnancy

The United States, including Greater Cincinnati, has been experiencing an epidemic of Pertussis (Whooping Cough). While Pertussis can affect people at any age, infants under 12 months of age are at highest risk of serious sequelae and even death from the disease. In order to reduce the risk of Pertussis infection in infants, the Advisory Committee on Immunization Practices (ACIP) and the American College of Obstetricians and Gynecologists (ACOG) have recommended that all women receive a Tetanus-Diptheria-acellular Pertussis (TDaP) vaccine with each pregnancy.

ACIP and ACOG recommend that women receive the TDaP vaccine between 27 and 36 weeks gestation. This timing allows for maximal maternal antibody response and optimal passive transfer of maternal antibodies to the infant. ACIP review of studies showed no increased short term or long-term side effects to the mother of repeated TDaP immunization. Review also showed no increased short-term or long-term side effects to the infant after maternal TDaP immunization.

ACIP also recommends that adolescents and adults who are in close contact with an infant under 12 months of age also receive one dose of TDaP vaccine if they have not done so previously. The Cincinnati Health Department (CHD) is offering TDaP at its primary care health centers at no charge to fathers, grandparents, family members and others who are in close contact to an infant under 12 months of age. Please call the health centers for more information and vaccination times: Cann (Madisonville)–263-8750; Elm Street–352-3092; Millvale at Hopple–352-3192; Northside–357-7600; Price Hill–357-2700.

(Sources: MMWR; February 22, 2013; 62(07), 131-35 and ACOG Committee Opinion: Update on Immunization and Pregnancy: Tetanus, Diptheria, and Pertussis Vaccination; June 2013.)

Draft legislation to repeal SGR introduced

On October 30, the Senate Finance and House Ways and Means committees released a bipartisan draft proposal for legislation that "would permanently repeal the Sustainable Growth Rate (SGR) formula used to determine physician Medicare payment, reform the fee-for-service (FFS) payment model through greater focus on value over volume, and encourage participation in alternative payment models." For the full proposal, go to http://waysandmeans.house.gov/news/documentsingle.aspx?DocumentID=359858

Unless Congress acts before January 1, 2014, physician payments will be cut by approximately 24%.

The American Medical Association has submitted recommendations to the committees, aimed at building upon and strengthening the draft proposal. To see the recommendations go to www.ama-assn.org/resources/doc/washington/sustainable-growth-rate-discussion-draft-11nov2013.pdf. The AMA plans to continue its advocacy efforts with Congress to shape and advance legislation this year to eliminate the SGR.

Welcome new members

The Academy Council has approved the following memberships over the past quarter. Practicing physicians are listed with office information. Zip codes beginning with '452' are Cincinnati locations.

ACTIVE

Kevin R. Ackley, MD (EM)
4415 Aicholtz Road 45245
(513) 752-9610

Shyam S. Allamaneni, MD (SURO)
4760 E. Galbraith Road #200 45236
(513) 686-1476

Arie Blitz, MD (CDTS)
Cardiac, Vascular & Thoracic Surgeons, Inc.
4030 Smith Road #300 45209
(513) 421-3494

Olga L. Bohn, MD (PAT)
Southern Ohio Pathology Consultants, Inc.
(513) 865-1254

Laura T. Broxterman, MD (OBG)
Seven Hills Women's Health Centers
5885 Harrison Avenue #3100 45248
(513) 922-6666

Elizabeth J Burgess, MD (ANES)
Anesthesia Group Practice
200 Northland Boulevard 45246
(513) 771-1117

Robert D. Cranley, MD (VAS)
3747 W. Fork Road 45247
(513) 961-4335

Elizabeth A Doriott, DO (FP)
11465 Springfield Pike 45246
(513) 671-7555

Stephen R. Feagins, MD (INT)
4777 E. Galbraith Road 45236
(513) 686-5439

David R. Fischer, MD (GENS)
UC Health – Chief of the Division of General Surgery
2123 Auburn Avenue #308 45219
(513) 475-8787

Erin R. Fries, MD (FP)
Mercy Health-Springdale Family Medicine
212 W. Sharon Road 45246
(513) 771-7213

Wei Wang Gibler, MD (OBG)
Seven Hills Womens Health Center
3301 Mercy Health Boulevard #215
45211 (513) 481-5100

Nav K. Grandhi, MD (GAS)
TriHealth-Digestive Institute
10600 Montgomery Road #200 45242
(513) 794-5600

Mary E. Grulee, MD (OPH)
8040 Hosbrook Road #100 45236
(513) 891-0473

Sarah J. Hawkins, MD (OBG)
The Christ Hospital Medical Office Building
2123 Auburn Avenue #624 45219
(513) 585-1713

Douglas C. Hingsbergen, MD (GENS)
25 Office Park Drive
Hamilton, OH 45013 (513) 844-1000

Benjamin P. Kleinhenz, MD (HAND)
Hand Surgery Specialists
3928 Matson Avenue 45236
(513) 961-4263

Christine M. Kneer-Aronoff, MD (OBG)
4803 Montgomery Road #120 45212
(513) 564-6644

Kristin P. Magner, MD (OBG)
The Christ Hospital Physicians – Obstetrics & Gynecology
2123 Auburn Avenue #624 45219
(513) 564-4000

Briana L. McFawn, MD (INT)
Mercy Health Internal Medicine Eastgate
4421 Eastgate Boulevard #300 45245
(513) 752-8000

Shiyama V. Mudali, MD (ACP)
Department of Pathology
375 Dixmyth Avenue 45220
(513) 865-1254

Neetu Radhakrishnan, MD (MEDO)
UC Health – Vontz Center for Molecular Studies
3125 Eden Avenue, ML 0562 45267
(513) 558-2113

Holenarsipur S. Ramadas, MD (GENS)
25 Office Park Drive
Hamilton, OH 45013 (513) 844-1000

Carrie Cooper-Fenske Sanan, MD (OBG)
The Christ Hospital Physicians – Obstetrics & Gynecology
2123 Auburn Avenue #624 45219
(513) 564-4000

Thomas G Saul, MD (NES)
Mayfield Clinic & Spine Institute
6200 Pfeiffer Road #360 45242
(513) 891-1386

James Robert Schafer, MD (RADI)
Medical X-Ray, Inc.
375 Dixmyth Avenue 45220
(513) 862-3710

Rebecca W. Short, MD (DERM)
TriHealth-Group Health-Western Ridge
6949 Good Samaritan Drive #200
45247 (513) 246-7003

Natalia A. Stovall, MD (OBG)
Seven Hills Womens Health Center
3301 Mercy Health Boulevard #215
45211 (513) 481-5100

Karen L. Summe, MD (GENS)
25 Office Park Drive
Hamilton, OH 45013 (513) 844-1000

Louis C. Thibodeaux, MD (GENS)
11155 Kenwood Road 45242
(513) 385-1919

Daniel A. Tramuta, MD (CD)
Mercy Health – The Heart Institute
4760 E. Galbraith Road #205 45236
(513) 985-0741

Martin J. Walsh, MD (URO)
The Urology Group
1064 Summit Drive
Middletown, OH 45042 (513) 423-2244

Gil A. Weizer, MD (URO)
2123 Auburn Avenue #108 45219
(513) 721-7373

Stephen P Whitlatch, MD (PAT)
Department of Pathology
3000 Mack Road, Fairfield, OH 45014
(513) 870-7032

Elie J. Zayyat, MD (VAS)
25 Office Park Drive
Hamilton, OH 45013 (513) 844-1000

NON-RESIDENT

Bruce R. Holladay, MD (ORS)
560 South Loop Road
Edgewood, KY 41017 (859) 301-2663

Andreas Kaden, MD (OTO)
Head and Neck Surgery Associates
40 N. Grand Avenue #101
Ft. Thomas, KY 41075 (859) 781-4900

—continued on Page 4

UHC terminations — *continued from Page 1*

Designation but it is not a minor factor." He went on to say that "there is no particular formula related to our decisions … We are actively seeking new ways to enhance health plan quality, improve health care outcomes, and curb the growth in health care costs. One example of how this is being achieved is the movement to a system where physicians, hospitals, and other health care providers that demonstrate the highest quality at the greatest value will be rewarded for their efforts."

The OSMA relayed the significant areas of concern within the physician community and the negative impact of the terminations in their communities to the UHC representatives. In addition, OSMA has sent a letter to the Centers for Medicare & Medicaid Services (CMS) citing specific examples of terminations that physicians believe result in questionable network adequacy standards, and have asked the federal agency to investigate. To view the letter and examples, go to www.osma.org/files/documents/news-articles/letter-to-nicole-edwards-nov-11-2013.pdf.

In addition, the terminations are being seen on a national level. Therefore, the American Medical Association, along with 81 state and specialty societies, also sent a letter to CMS urging the agency to take immediate action to ensure that beneficiaries participating in Medicare Advantage plans have accurate, reliable information to make health insurance elections during the 2014 Open Enrollment period and to address a lack of Medicare Advantage sponsor transparency on network adequacy. According to AMA, hundreds of physicians have been terminated in certain markets from 2014 Medicare Advantage plan networks "without cause." AMA went on to say that the timing and process used to communicate the terminations and modifications to the networks are inconsistent with CMS guidelines and regulations. To see AMA's letter to CMS, go to www.ama-assn.org/resources/doc/washington/medicare-advantage-transparency-sign-on-letter-06nov2013.pdf.

What can terminated physicians do?

• Appeal the termination — In the termination letter to physicians, UHC provided instructions on how to appeal the decision. It has been reported by a large majority of physicians who have followed the appeal process that they received an appeal denial within 48 hours. Still it is recommended that physicians file a formal appeal and include information on the uniqueness of your specialty/subspecialty; the uniqueness of your patient base, e.g., patients that no one else can/will treat; number of UHC Medicare patients; and travel time for those patients to see a physician of similar expertise.

• Contact your patients — Let them know that you have been terminated by UHC without cause (some patients have reported receiving information from UHC that the physician had dropped out of the plan) and will no longer be a part of the network, which means the patient will not receive network reimbursement for medical services. You can suggest that the patient contact UHC directly. You can also inform patients of the networks in which you currently participate. Physicians should also note the Medicare open enrollment period and that patients have the ability to review coverage and make changes.

• Recommend patients contact the Ohio Department of Insurance — The ODI is a consumer watchdog organization that investigates complaints of insurance companies, including health insurers. Go to www.insurance.ohio.gov/Consumer/OCS/Pages/ConsCompl.aspx for more information including a complaint form.

• Contact your Ohio congressional leaders to let them know how these terminations affect their constituents.

If you have questions or feel that your termination will have a negative impact on patients in our area, contact Academy Executive Director Donna Gilliam, 513-421-7010, ext. 308 or dgilliam@academyofmedicine.org.

New members — *continued from page 4*

ACTIVE – continued

Thomas J. Knox, MD (PAIN)
7671 Tylers Place Boulevard
West Chester, OH 45069
(513) 432-4645

Tann A. Nichols, MD (NES)
Mayfield Clinic & Spine Institute
350 Thomas More Parkway, #160
Crestview Hills, KY 41017
(513) 569-5306

Steven M. Rudich, MD (GENS)
1 Elizabeth Place, Suite 10A
Dayton, OH 45417 (888) 898-8465

POSTGRADUATE TRAINEE

Heidi M. Andersen, MD (PED)
Cincinnati Children's Hospital
3333 Burnet Avenue 45229

Owen E. Baldwin, MD (INT)
University of Cincinnati Medical Center
234 Goodman Street 45219

Alexander L. Bingcang, DO (FP)
4411 Montgomery Road, #200 45212
(513) 977-6700

Charles E. Kircher, MD (EM)
University of Cincinnati Medical Center
234 Goodman Street 45219

Jason D. Messinger, MD (INT)
Jewish Hospital
6350 E. Galbraith Road 45236
(513) 686-3000

Tom T. Noff, MD (INT)
Good Samaritan Hospital
375 Dixmyth Avenue 45220
(513) 862-1400

Daniel T. Walmsley, DO (PED)
Cincinnati Children's Hospital
3333 Burnet Avenue 45229

Victoria M. Wurster Ovalle, MD (PED)
Cincinnati Children's Hospital
3333 Burnet Avenue 45229

ASSOCIATE

Tiffani Bartolac, RN (UN)
Cardiac, Vascular & Thoracic Surgeons, Inc.
4030 Smith Road #300 45209
(513) 421-3494

Stephanie L. Murphy, PA-C (CPA)
4119 Browns Lane, #1
Louisville, KY 40220 (502) 451-9296

Michael D. Schroeder, CRNA
VA Medical Center
3200 Vine Street 45220 (513) 861-3100

If you know of someone who might be interested in Academy membership, please contact our Membership Department at 513-421-7010.

New opioid prescribing guidelines — *continued from Page 1*

the misuse and abuse of opioid drugs in Ohio. The message is the same for other controlled substances and the prescription drug tramadol that have similar misuse and abuse potential. Therefore, GCOAT is asking physicians to institute the following guidelines in their practices.

Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80 mg of a Morphine Equivalent Daily Dose (MED) "Trigger Point"

These guidelines address the use of opioids for the treatment of chronic, non-terminal pain. "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously or episodically, for longer than three continuous months. The guidelines are intended to help health care providers review and assess their approach in the prescribing of opioids. The guidelines are points of reference intended to supplement and not replace the individual prescriber's clinical judgment. The 80 mg MED is the maximum daily dose at which point the prescriber's actions are triggered; however, this 80 mg MED trigger point is not an endorsement by any regulatory body or medical professional to utilize that dose or greater.

Recent analysis by the Centers for Disease Control and Prevention (CDC) shows that "patients with mental health and substance use disorders are at increased risk for nonmedical use and overdose from prescription painkillers as well as being prescribed high doses of these drugs." Drug overdose deaths increased for the 11th consecutive year in 2010. Nearly 60% of the deaths involved pharmaceuticals, and opioids were involved in nearly 75%. Researchers also found that drugs prescribed for mental health conditions were involved in over half. These findings appear consistent with research previously published in the Annals of Internal Medicine that concluded that "patients receiving higher doses of prescribed opioids are at an increased risk for overdose, which underscores the need for close supervision of these patients" (Dunn, et al., 2010).

Health care providers are not obligated to use opioids when a favorable risk-benefit balance cannot be documented. Providers should first consider non-pharmacologic and non-opioid therapies. Providers should exercise the same caution with tramadol as with opioids and must take into account the medication's potential for abuse, the possibility the patient will obtain the medication for a nontherapeutic use or distribute it to other persons, and the potential existence of an illicit market for the medication.

Providers must be vigilant to the wide range of potential adverse effects associated with long-term opioid therapy and misuse of extended-release formulations. That vigilance and detailed attention has to be present from the outset of prescribing and continue for the duration of treatment. Providers should avoid starting a patient on long-term opioid therapy when treating chronic pain. Providers should also avoid prescribing benzodiazepines with opioids as it may increase opioid toxicity, add to sleep apnea risk, and increase risk of overdose deaths and other potential adverse effects.

Providers can further minimize the potential for prescription drug abuse/misuse and help reduce the number of unintentional overdose deaths associated with pain medications by recognizing times to "press pause" in response to certain "trigger points." This pause allows providers to reassess their compliance with accepted and prevailing standards of care. The 80 mg Morphine Equivalent Daily Dose (MED) "trigger point" is one such time.

Providers treating chronic, non-terminal pain patients who have received opioids equal to or greater than 80 mg MED for longer than three continuous months should strongly consider doing the following to optimize therapy and help ensure patient safety:

• Reestablish informed consent, including providing the patient with written information on the potential adverse effects of long-term opioid therapy.

• Review the patient's functional status and documentation, including the 4A's of chronic pain treatment — Activities of daily living, Adverse effects, Analgesia; and Aberrant behavior.

• Review the patient's progress toward treatment objectives for the duration of treatment.

• Utilize OARRS as an additional check on patient compliance.

• Consider a patient pain treatment agreement that may include: more frequent office visits, different treatment options, drug screens, use of one pharmacy, use of one provider for the prescription of pain medications, and consequences for non-compliance with terms of the agreement.

• Reconsider having the patient evaluated by one or more other providers who specialize in the treatment of the area, system, or organ of the body perceived as the source of the pain.

The 80 mg MED "trigger point" is an opportunity to review the plan of treatment, the patient's response to treatment, and any modification to the plan of treatment that is necessary to achieve a favorable risk-benefit balance for the patient's care. If opioid therapy is continued, further reassessment will be guided by clinical judgment and decision-making consistent with accepted and prevailing standards of care. The "trigger point" also provides an opportunity to further assess addiction risk or mental health concerns, possibly using Screening, Brief Intervention, and Referral to Treatment (SBIRT) tools, including referral to an addiction medicine specialist when appropriate.

For providers treating acute exacerbation of chronic, non-terminal pain, clinical judgment may not trigger the need for using the full array of reassessment tools.

Providers treating patients with acute care conditions in the emergency department or urgent care center should refer to the Ohio Emergency and Acute Care Facility Opioids and Other Controlled Substances Prescribing Guidelines.

For more information, go to www.med.ohio.gov/webhost/ooat.html.

Academy of Medicine of Cincinnati
2300 Wall Street, Suite F
Cincinnati, OH 45212-2794

CINCINNATI
MEDICINE DIGEST

Academy of Medicine Newsletter

Contact *Cincinnati Medicine Digest* via e-mail at pfairbanks@academyofmedicine.org or by phone at 513-421-7010.

Cincinnati Medicine Digest (ISSN 1503-6216) is published every other month by the Academy of Medicine of Cincinnati © 2013.

Postmaster: Send address changes to Academy of Medicine of Cincinnati, 2300 Wall Street, Suite F, Cincinnati, OH 45212
Periodicals Postage Paid at Cincinnati OH
Oct/Nov 2013, Volume 14, Number 5
One-year subscription is $15 for members, $30 for non-members.

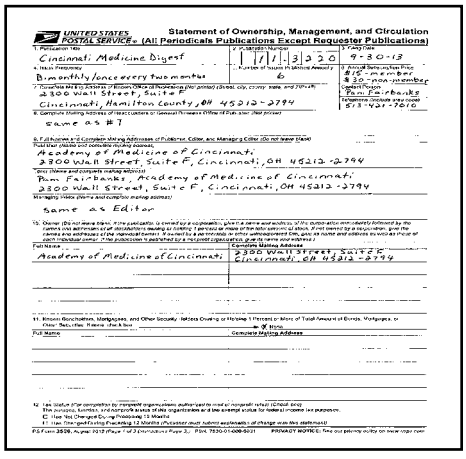
Promote the health of Hamilton County residents by supporting the Foundation

For more than 50 years, the Academy Foundation has been devoted to serving the needs of Hamilton County residents by funding a wide variety of medically related programs. Recognizing growing public concern over the costs of providing health care and the need for a stronger patient/physician partnership, the Academy Foundation funds programs that benefit the health and well-being of all residents of Hamilton County. Without the support of generous contributors, the Foundation would be unable to assist in these worthwhile community efforts.

The Foundation thanks the following for their recent gifts: James Anthony, MD; John Barrord, MD; George Benzing III, MD; Stephen Blatt, MD; Thomas Boat, MD; Arthur Canos, MD; Frank Cianciolo, MD; Sandra Eisele, MD; Martin Fritzhand, MD; Robert Helton, MD; James Leonard, MD; James Masters, MD; Walter Matern, MD; Thomas Maynard, MD; Regine Moulton, MD; Nancy Pelc, MD; Tiffany Pickup, MD; Marvin Rorick, MD; John Paul Runyon, MD; Set Shahbabian, MD; Generoso Simon, MD; Denise Smith, MD; James Van Hook, MD; Frank Welsh, MD; and Colin Zadikoff, MD.

At the September Foundation Board meeting, the following grants were awarded: Coalition for a Drug-Free Greater Cincinnati; Drop Inn Center; Children's Hunger Alliance; Women Leading Healthy Change; and Caring Partners International.

When planning your end-of-year giving, please consider a donation to the Academy Foundation. Donations to the Foundation are tax deductible. For more information on donating to the Foundation, go to the Academy's website (www.academyofmedicine.org), click on Who We Are, Academy Foundation, How to Donate or call 513-421-7010, ext. 307.



Statement of Ownership, Management, and Circulation
(All Periodicals Publications Except Requester Publications)

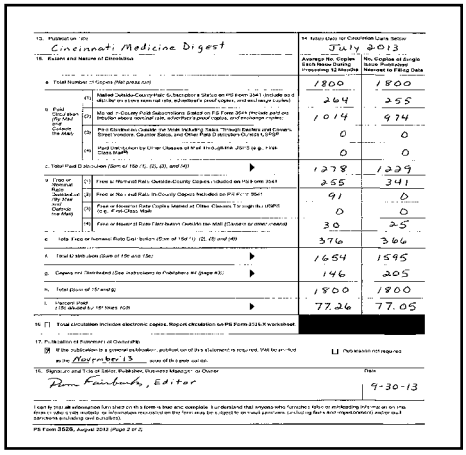
1. Publication Title	Cincinnati Medicine Digest
2. Publication Number	1 1 1 - 3 2 0
3. Filing Date	9-30-13
4. Issue Frequency	Bimonthly/once every two months
5. Number of Issues Published Annually	6
6. Annual Subscription Price	$15 - members $30 - non-members
7. Complete Mailing Address of Known Office of Publication (Not printer)	2300 Wall Street, Suite F Cincinnati, Hamilton County, OH 45212-2794
Contact Person	Pam Fairbanks
Telephone (Include area code)	513-421-7010
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer)	same as #7
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)	
Publisher (Name and complete mailing address)	Academy of Medicine of Cincinnati 2300 Wall Street, Suite F, Cincinnati, OH 45212-2794
Editor (Name and complete mailing address)	Pam Fairbanks, Academy of Medicine of Cincinnati 2300 Wall Street, Suite F, Cincinnati, OH 45212-2794
Managing Editor (Name and complete mailing address)	same as Editor
10. Owner	Academy of Medicine of Cincinnati; 2300 Wall Street, Suite F, Cincinnati, OH 45212-2794

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box → ☑ None

Full Name	Complete Mailing Address

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:
☐ Has Not Changed During Preceding 12 Months
☐ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

PS Form 3526, August 2012 (Page 1 of 3 Instructions Page 3) PSN: 7530-01-000-9931 PRIVACY NOTICE: See our privacy policy on www.usps.com



13. Publication Title: Cincinnati Medicine Digest	14. Issue Date for Circulation Data Below: July 2013	
15. Extent and Nature of Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)	1800	1800
b. Paid Circulation (By Mail and Outside the Mail) (1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541. (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	264	255
(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	1014	974
(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	0	0
(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail®)	0	0
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))	1278	1229
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail) (1) Free or Nominal Rate Outside-County Copies included on PS Form 3541	255	341
(2) Free or Nominal Rate In-County Copies included on PS Form 3541	91	0
(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-Class Mail)	0	0
(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	30	25
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))	376	366
f. Total Distribution (Sum of 15c and 15e)	1654	1595
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))	146	205
h. Total (Sum of 15f and g)	1800	1800
i. Percent Paid (15c divided by 15f times 100)	77.26	77.05

16. ☐ Total Circulation Includes Electronic Copies. Report Circulation on PS Form 3526-X Worksheet

17. Publication of Statement of Ownership
☑ If the publication is a general publication, publication of this statement is required. Will be printed in the November 13 issue of this publication.
☐ Publication not required.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner	Date
Pam Fairbanks, Editor	9-30-13

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including penalties).

PS Form 3526, August 2012 (Page 2 of 3)