



# GREENE COUNTY MEDICAL SOCIETY Journal

JAN-FEB  
2024



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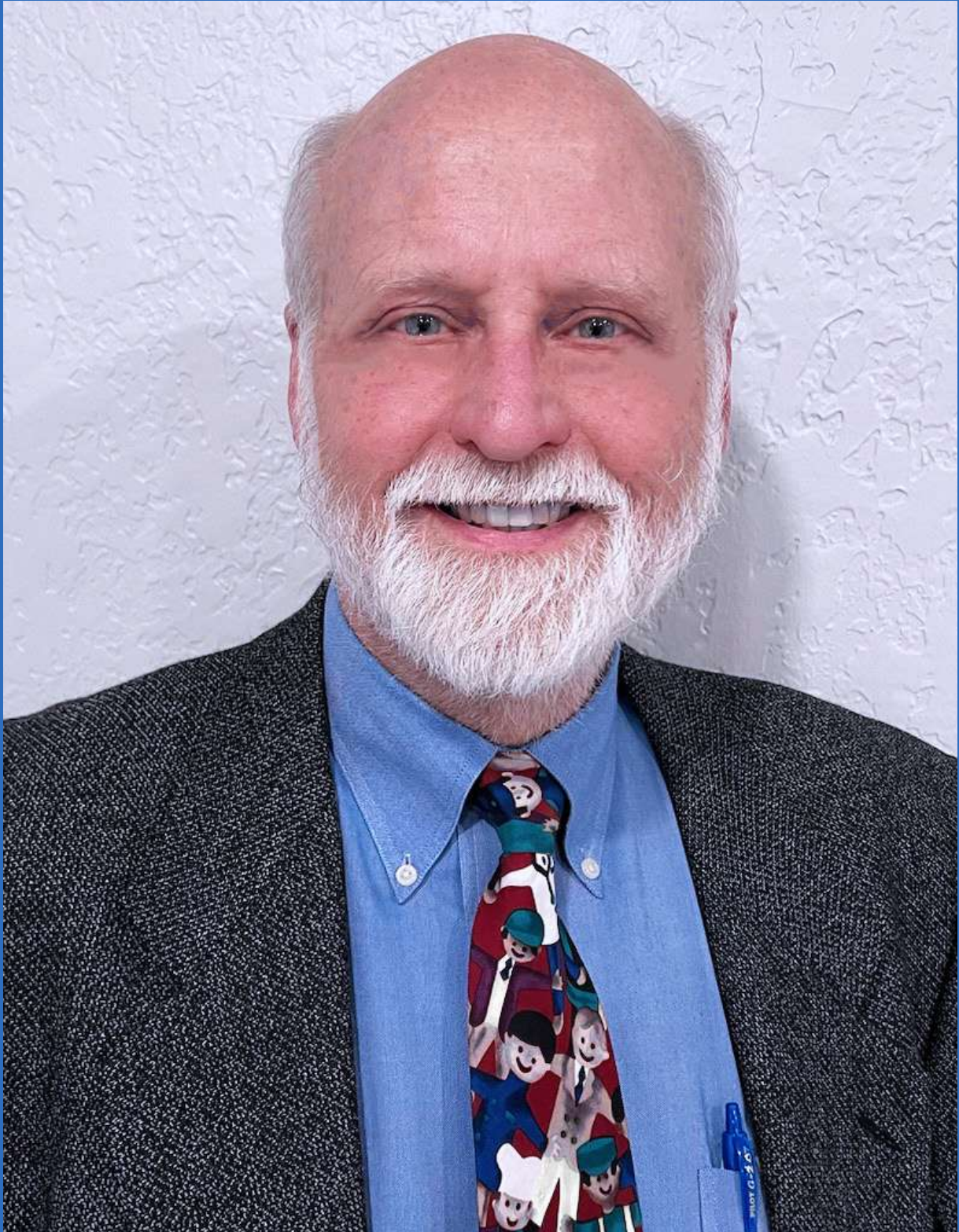
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**2024 INSTALLATION & OATH**

See article and additional photos on pp. 15-17

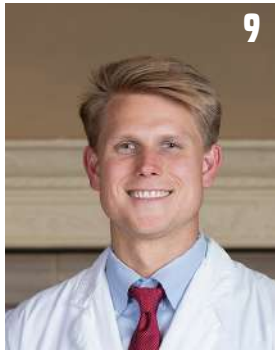


**Mission Statement**

**Bringing physicians together  
to improve the health  
of our community.**

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 Executive Council

The GCMS Journal is available online:

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# GREENE COUNTY MEDICAL SOCIETY Journal

Vol 83, No. 1 • JAN/FEB 2024

**Editor's Note:** All materials for the Journal must be submitted by the first of the month prior to publication.

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# EDITOR'S PAGE

by Minh-Thu Le, MD

How did I get so lucky to be the editor for the beginning of 2024? I am full of hope this year and know that our GCMS journal, medical society, and newly minted foundation will flourish as well! We are talking about futures this journal. The future of children, of our health, of now legalized drugs, and our financial and community legacies.

The children of this community are our future and affording them the best chance of success through the support of community programs is paramount. This hits home for me as have a high school senior graduating this year and am full of hope for his future as well. In this journal there are two articles about teens in our community and how they are being supported educationally and vocationally through the Middle College Program at Ozarks Technical Community College and mentally through innovative programs and a new campus just for them at Burrell Center. Dr. Nancy Yoon tells us about a maternal and child health program from the Health Department called Family Connects that starts right at birth. Don't forget about the Discovery Center February 24th for all kids, young and young at heart, sponsored by our own Alliance!

Pivoting just a bit, with the legalization of marijuana, Dr. Jim Blaine discusses conversations that our DWI task force is having with the Springfield Police Department and researchers around the nation about a novel way of potentially screening for impaired drivers that may be under the influence of marijuana.



Dr. Andrew Osborn tells us that marijuana is not condoned by him and other ophthalmologists in the treatment of glaucoma and honestly gives us an enlightening review of glaucoma for January's National Glaucoma Month!

It is always important to think about our finances and how we will support our children and families' future as well. There are two articles about this from our financial and banking sponsors, Forvis, LLP and Arvest Bank. (And yes, I use both in my financial planning!)

We are introducing a new executive council with several new members. Thank you for voting! Our new president, Dr. Jim Rogers, long-time internist at Mercy, has a vision for our society moving forward and keeping momentum into our future.

Also, thank you for renewing or becoming new members of our Society and the Alliance! Free Alliance membership for any spouse or significant other with a paid physician membership this year! The future is brighter just by having your support, participation, and encouragement.

Don't forget take note of the CME events, social gatherings, and summer trip in this issue as well!

To new beginnings and strong futures!



## GCMS NEW MEMBERS



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# PRESIDENT'S PAGE

by James Rogers, MD



For the last several years, the practice of medicine has been the Chinese curse: “May you live in interesting times.” This journey has been a tempest of disengagement, professional apathy, and isolation all amplified by the world COVID pandemic. This left the society beaten down and wondering if we still had purpose and would even survive.

Over the last three years the GCMS leadership has fought to establish calm for us. The pandemic threat made it clear the dangers were health and misinformation. Your council embraced the evolving science and found voice to provide trusted advice from medical sources and saved illness and lives. For the last year the focus on infrastructure and relationships has paid off. We now have new management professional services, updated data systems, and have reestablished a yearly calendar for programs and events. Relationships have been strengthened or created with membership, the health department, local health systems, physician training programs, and launched the Greene County Medical Society Foundation. The GCMS Foundation gives us tax advantaged giving to support community wide projects.

What is next? Building on the heroic efforts of the last 3 years, we must move:

1. Infrastructure to Purpose – identify member needs, outspoken reliable education, tackle the community health needs (mental health, drugs, chronic disease status, etc).
2. Relationship to Engagement – all area providers must “step up and step in” and join the collective voice for a greater good.
3. Morph from a community of physicians to a Physician Community – we must care about each other before we can care about others. Regaining the “calling” that brought us all into this work of caring, collaborating, and constant learning all for the purpose to serve others and provide care to patients in our community.

I look forward to caring with you this year!

*Dr. James T. Rogers has been a member of the Greene County Medical Society since 1984.*



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# 529 TO ROTH IRA ROLLOVERS - A NEW PLANNING OPPORTUNITY?

by Steve Phillips, CFP®



In December 2022, Congress passed the widely discussed SECURE 2.0 Act, meant in part to further incentivize Americans to save for retirement. Included in the myriad legislative changes was a new rule related to excess funds held within 529 plans. Before evaluating the change and how it could potentially create new planning opportunities, let's revisit some of the pre-existing rules around 529 plans.

## 529 Plan Benefits

In addition to the daunting task of saving for retirement, many parents struggle to save enough money to send their kids to college without incurring large amounts of debt. Anyone who has run a college savings calculator can probably relate. The expected cost of an undergraduate degree can be eye-popping, especially when including costs of room and board and the effects of compound inflation.

In 1996, Congress passed legislation to assist Americans saving for college. The rules were pretty simple—529 plans could be funded with after-tax dollars. Any earnings would be tax-deferred while they remained in the plan and would be distributed tax-free if used for qualified education expenses. Some of the most common qualifying expenses include:

- Tuition and fees
- Books and supplies
- Computers and internet access
- Room and board

In recent years, Congress has continued to expand usage for monies held within a 529 plan. In 2017, the Tax Cuts and Jobs Act enabled 529 funds to be used for K-12 expenses, up to \$10,000 annually. In 2019, the SECURE Act added a total lifetime use of \$10,000 that could be applied toward student loans.

In addition to the above federal tax incentives, many states offer income tax deductions or credits for in-state contributions and/or rollovers.

## Overfunding Concerns

One of the main concerns for parents contributing to a 529 plan is the risk of overfunding. What if those kids you've saved up money for over the past 18 years end up deciding college isn't for them? Or, what if you did such a good job saving and investing

that you are left with a balance after your child graduates? Historically, here are some of the options available:

- Change the beneficiary – If the original beneficiary no longer needs the funds, the owner can simply change the beneficiary to another eligible family member. The list is fairly generous and includes—but is not limited to—the beneficiary's spouse, child, sibling, parent, cousin, aunt/uncle, and niece/nephew.
- Scholarship withdrawals – If your child receives a scholarship, funds can be withdrawn in the same amount from the child's 529 plan penalty-free. In this instance, taxes would still apply on investment earnings.
- Pay the tax and penalties – Any non-qualified withdrawals are subject to taxation and a 10% penalty on the earnings. Which brings us back to the new planning technique embedded within the SECURE 2.0 Act.

## 529 to Roth IRA Transfer

Beginning in 2024, 529 plan owners have the ability to roll over funds from a 529 to a Roth IRA for the beneficiary. This new rollover option not only helps resolve issues of overfunding, but it can also jump-start retirement savings at an early age. As is typically the case with such legislation, there are specific rules and limits that must be followed, including:

- The Roth IRA must be in the name of the beneficiary of the 529 plan.
- The 529 plan must have been maintained for 15 years or longer.
- Contributions within the past five years, and any earnings on those contributions, are ineligible for transfer.
- Transfers are limited to the annual IRA contribution amount (\$6,500 or \$7,500 in 2023, depending on the IRA owner's age). In addition, the transfer amount is reduced by any contributions already made, i.e., you can't double up on contributions.
- As with normal IRA funding rules, the beneficiary cannot contribute to their IRA an amount greater than their earned income for the year.
- There is a maximum lifetime transfer amount of \$35,000.

The above limitations may limit the practicality of opening a 529 plan for the express purpose of funding Roth IRAs for children or grandchildren. There are also aspects of the legislation where

clarification from the IRS is still needed. But overall, these changes present a new opportunity for rolling over excess funds in a tax-advantaged manner. This should help reduce concerns about overfunding a 529 plan and encourage parents to begin saving for their child's education using one of the most tax-advantaged vehicles currently available.

If you have further questions, please reach out to a professional with FORVIS Private Client™.

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# GLAUCOMA - A SILENT THIEF OF SIGHT



by Dr. Andrew Osborn, MD, Comprehensive Ophthalmologist, Missouri Eye Institute

January is glaucoma awareness month. We review this common, yet complex condition to better equip ourselves to discuss this important eye problem with our patients. In general, glaucoma is a chronic, progressive ocular disease causing irreversible loss of the retinal nerve fiber layer which comprises the rim of the optic nerve. As the nerve fiber layer is damaged, thinning of the optic nerve rim occurs, leading to the phenomenon of cupping. (Fig. 1) Glaucoma is typically a bilateral condition, although it may present asymmetrically between the two eyes.

Optic nerve atrophy leads to progressively larger defects in a patient's area of usable vision, known as the visual field. Fortunately, these visual field defects, or scotomas, typically affect the peripheral visual field first while sparing the central visual field required for fine focus, good visual acuity, and normal daily functioning. However, if glaucoma proceeds unrecognized or undertreated, advanced tunnel vision may occur or the central vision may be lost, leading to legal blindness. (Fig. 2) In the worst cases, total blindness may result. In fact, glaucoma is the second leading cause of blindness worldwide after cataracts.



*Figure 1 - Advanced cupping in the right optic nerve of a patient with severe glaucoma.*

Glaucoma is a nuanced disease with a myriad of possible causes. Broadly speaking however, there are two major categories of glaucoma – open-angle and narrow-angle. The most common category is primary open-angle glaucoma (POAG), with a prevalence of 3% in adults aged 40 to 80 years. This figure is projected to increase 50% by 2040 due to population aging. In

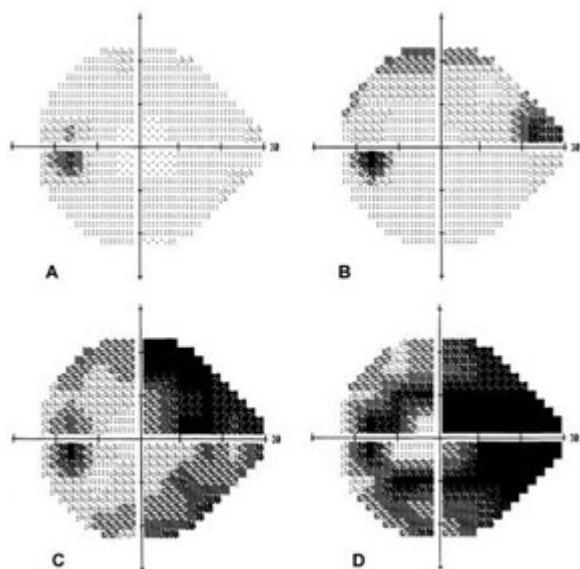
POAG, the anterior chamber drainage angle is widely patent and aqueous humor has unobstructed access to the trabecular meshwork (TM). However, the flow of aqueous through the TM is compromised due to structural changes within the meshwork itself or downstream collector veins. In contrast, narrow-angle glaucoma, also known as chronic angle-closure glaucoma (CACG), occurs when the iris adopts a relatively anterior position which compresses the drainage angle and restricts the ability of aqueous humor to reach the TM. Both of these scenarios lead to impaired aqueous drainage. The accumulation of aqueous fluid within the anterior chamber causes elevated intraocular pressure (IOP), which predisposes the eye to glaucomatous optic nerve damage. (Fig. 3)

Glaucoma is most commonly an asymptomatic disease in its early and moderate stages. Patients are generally unaware of their IOP and may not recognize slowly progressive peripheral visual field loss until severe and irreversible optic nerve damage has occurred. For these reasons, glaucoma is considered “a silent thief of sight”. The importance of screening eye exams cannot be overstated, as early detection and treatment of glaucoma is paramount to preserving vision and quality of life among our patients.

There are numerous risk factors besides elevated IOP that predispose patients to glaucoma, including advancing age, family history, and race. Population-based studies have shown the odds of developing glaucoma are two to three times higher for patients having a first-degree relative with glaucoma. Glaucoma disproportionately affects certain ethnic groups as well. In African Americans and those of Hispanic/Latino descent, glaucoma is three times more prevalent than in Caucasian Americans. Unfortunately, African Americans are six times more likely to experience blindness from glaucoma than Caucasian Americans.

Prescription and over-the-counter medications can worsen or even cause glaucoma in some patients. Corticosteroid medications increase aqueous outflow resistance which may lead to an elevation in IOP. For this reason, patients requiring topical steroid-containing eye drops or periocular/intraocular steroid injections require close monitoring by an eye care provider. However, other non-ocular routes of corticosteroid administration may also cause elevated IOP, including systemic oral or IV steroids, topical steroid creams applied to the periocular skin, inhaled corticosteroids, and intranasal steroid sprays. The risk of steroid-induced glaucoma increases with steroid potency, dose, and duration of use.

Sympathomimetic medications, such as phenylephrine and pseudoephedrine, activate the pupillary dilator muscle. Conversely, anti-cholinergic medications, including inhalers, OTC anti-histamines, scopolamine patches, and many anti-depressants, inhibit the pupillary sphincter muscle. Such medications, which cause dilation of the pupil, should be used cautiously in patients with narrow angles. When the pupil dilates, peripheral iris tissue retracts and further narrows the drainage angle. Thus, these medications may worsen chronic angle-closure glaucoma or even precipitate an attack of acute-angle closure glaucoma (AACG). Interestingly, sulfa-containing drugs like topiramate can trigger bilateral AACG by causing effusions of the ciliary body, which rotate the peripheral iris anteriorly and compress the drainage angle. In addition, the risk of developing glaucoma after penetrating or blunt ocular trauma is approximately 3% in the US. Other forms of trauma, such as chemical injury and ocular radiation may lead to glaucoma as well. Vascular risk factors that impact optic nerve perfusion are increasingly being recognized for their role in the development of glaucoma. Cardiovascular disease, low ocular perfusion pressure, systemic hypertension, type 2 diabetes mellitus, obstructive sleep apnea, migraine headaches, and peripheral vasospasm (Raynaud's syndrome) have all been associated with the development of glaucomatous optic neuropathy.

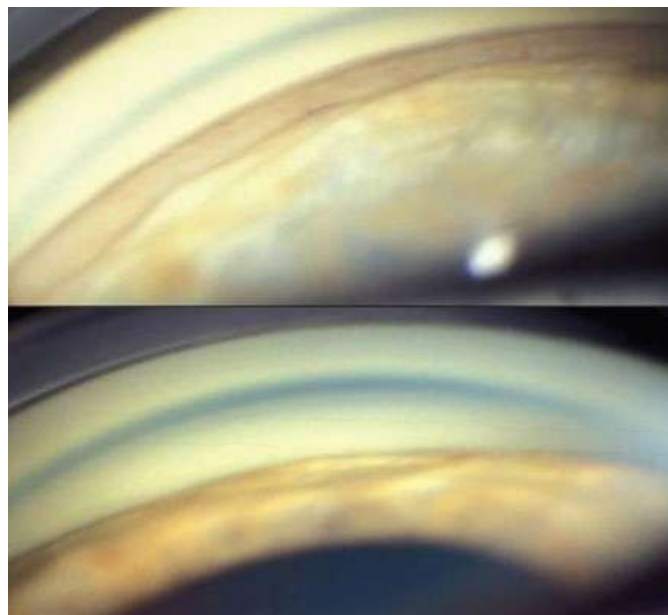


*Figure 2 - A; Normal visual field test (left eye) with physiologic blind spot. B-D: Progressively larger arcuate scotomas develop due to uncontrolled glaucoma.*

Fortunately, there are many treatment options for glaucoma, all of which are aimed at lowering the IOP. Treatment paradigms differ greatly depending on the presenting type of glaucoma, but first-line treatments generally include topical eye drops and/or laser therapy. Glaucoma drops are dosed one to three times daily and many patients require multiple different eye drops to reach their target IOP. Additionally, glaucoma drops may cause irritation of the ocular surface, thereby limiting their tolerability.

Not unexpectedly, noncompliance with topical drops often poses a barrier to achieving adequate therapy.

Since the early 2000's, the number of surgical interventions available for treating glaucoma has greatly increased with the advent of new micro-invasive glaucoma surgeries (MIGS). These MIGS procedures are typically performed through small corneal incisions and create less anatomical tissue disruption than traditional glaucoma filtration surgeries, which involve the creation of entirely new aqueous drainage pathways. MIGS procedures have a more favorable safety profile than filtration surgery, but traditional filtration surgery still remains the gold-standard for patients with sight-threatening glaucoma.



*FIGURE 3 - Top: Gonioscopy photo of an open angle. The trabecular meshwork is seen as a circumferential pigmented band anterior to the iris. Bottom: The iris obscures all angle structures in this eye with narrow angles.*

Of note, the American Academy of Ophthalmology and American Glaucoma Society do not recognize marijuana in any form as a treatment for glaucoma. While marijuana has been shown to reduce IOP, the effect of marijuana use on IOP is short-lived and studies have failed to demonstrate any treatment benefit. Additionally, systemic marijuana use is known to lower blood pressure, which may reduce ocular perfusion pressure and potentially cause further harm to the optic nerve.

Ultimately, the most effective way to prevent vision loss from glaucoma is early diagnosis and treatment. Medical providers across all specialties can have meaningful impact by encouraging patients to seek screening eye exams. This is especially true for disproportionately affected groups including elderly adults, African Americans, and those of Hispanic descent. Inquiring about a family history of first-degree relatives with glaucoma and diligently reviewing medication lists for corticosteroids and other relevant drugs may identify patients at higher risk as well. For patients

prescribed glaucoma eye drops, reinforcing the need for strict compliance is crucial. Finally, encouraging the use of protective eye wear during household, outdoor, and work-related activities helps prevent eye trauma that may lead to future glaucoma.

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## UPCOMING CME EVENTS



**Live CME Series**  
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# SAVE THE DATE

**WHO:** SW Missouri Physicians and HealthCare Providers

**WHAT:** Maternal Child Health and Lead Poisoning

**WHERE:** Virtual via MS Teams – [Click Here or Scan this QR](#)

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**QUESTIONS:** [Triesa.Massey@coxhealth.com](mailto:Triesa.Massey@coxhealth.com) or call/text 417-536-1787



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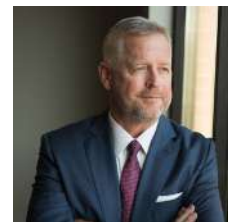
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# THE YOUTH RESILIENCY CAMPUS: 24/7 SUPPORT FOR TEENS

by Clay Goddard, MPA President of Southwest Region Burrell Behavioral Health



Every year since Burrell Behavioral Health's Springfield Behavioral Crisis Center opened in the spring of 2020, we've seen an increasing number of people seek and receive help from our round-the-clock, 24/7 walk-in behavioral health facility. Over the last year and a half, we opened similar BCCs in Columbia and Independence, giving adults in crisis a place to turn in those communities.

The ever-growing need met at those locations reinforce something our team and our medical partners know all too well – our youths need this option too. That's why I'm thrilled to see ground turning on the 2800 block of North Fremont Avenue in Springfield, the future home of our Youth Resiliency Campus. Once completed, the YRC will offer round-the-clock access to crisis-level support for Missouri youths aged 13-17 years.

The need is great. Over a third of U.S. teenagers reported experiencing poor mental health over the pandemic, according to the CDC. Depression and anxiety are rising concerns, and about one in five U.S. teens has seriously considered suicide, according to recent CDC data. While these are troubling statistics, they serve as a wakeup call to enhance and expand upon the behavioral health care we provide for our youngest generations.

The YRC will be located just off Interstate 44, next to Perimeter Behavioral Hospital. It's a location intentionally designed to allow Missouri families across the region, along with those in Greene County, to seek emergency care. No parent or guardian we serve should have to bring their teen to an emergency room or wait until business hours on Monday to seek behavioral health care if their child is in need on a Saturday. The YRC is designed to make that vision possible.

It is a transformative project that will provide youths with not only emergency 24/7 behavioral health care, but also so many opportunities to address needs before they reach a crisis state. Once both phases of the YRC project are complete, families will be able to access all of the following services on one campus:

- Youth Behavioral Crisis Center. A 24/7 crisis center for youth and families to access mental health services for teens between the ages of 13 and 17, regardless of referral.
- Intensive Outpatient Program. Structured mental health services occurring two to three hours per day, multiple days per week, featuring evidence-based treatment for youth as well as parental engagement components.
- Partial Hospitalization Program. Intensive clinical treatment offered five days a week for five-plus hours each day in a safe and structured environment for youth.
- Youth Residential Treatment Program. A 16-bed, mental health residential treatment program for youth, with an average length of stay of six months.

I can't thank our local and state partners enough for not only recognizing this need, but putting funding behind it that will help us bring this \$14 million project online in an estimated 18-to-24 months. The Greene County Commissioners voted to allocate an astounding \$5.3 million in American Recovery Plan Act funding toward the Youth Behavioral Crisis Center. At our groundbreaking ceremony this fall, Greene County Presiding Commissioner Bob Dixon said the project was the first and largest recipient selected for ARPA funding. The reason, he said, is that so many other project applications pointed either directly or indirectly to addressing mental health access in Greene County. With the YRC, he said, the Commission decided to go big.

Our state leaders have matched that substantial level of investment as well. The Missouri Department of Mental Health is contributing \$1 million to the crisis center, and a \$5 million allocation toward the residential facility in the current budget of the state of Missouri will be administered through DMH. The Milano House in Nixa has the capacity to house between eight to ten youths at a time. And while Milano has been a special, welcoming space for its residents and the dedicated team that serve them, we know there are more youths in need of beds and care. This funding will help us build upon the success stories at Milano by greatly expanding the capacity of our youth residential services. We are fortunate in Missouri to have partners at every level of government who are willing to collaborate and address the growing, and serious, needs of our young residents.

In Greene County, we have invested in a place where they and their families can turn for not only immediate help, but for assistance that can help well before and well after they reach a crisis state. We are fortunate to offer many of these services now, but the Youth Resiliency Campus will help us meet the needs of more youth and serve them better, and build upon our philosophy of providing all our clients with a continuum of care. When a family takes their child to the Youth Resiliency Campus, it is designed to be a game-changer for them.

I wish I could waive a magic wand and open the doors now, but I'm excited that this path forward exists for families in Greene County and beyond.

In the meantime, if you know of a youth, or really anyone, in need, please don't hesitate to dial 988 to get connected to crisis counseling over phone or text. That crisis response line is saving lives. You can find information about the services we offer youths in Springfield and across our system at [burrellcenter.com](http://burrellcenter.com).

#### References:

"Suicidal Ideation and Behaviors Among High School Students— Youth Risk Behavior Survey, United States, 2019." *Mortality and Morbidity Weekly Report (MMWR) Supplements/ August 21, 2020/69(1);47-55.*

# JOIN THE ALLIANCE AND CELEBRATE 100 YEARS



by Barbara Hover, co-President GCMS Alliance

GCMSA closed out the year with a holiday luncheon at the home of Barbara Hover. The event was well attended and all enjoyed the food, fellowship, and renewing old friendships. The 100th anniversary celebration of the GCMS Alliance was discussed and plans were made for the coming year. Our next family event is the annual Physician Family Night at the Museum. It will be held at the Discovery Center on Saturday, February 24 from 6-9 pm. This private event is free to all physicians and their families in the surrounding area and is made possible through the generosity of our partners Ferrell Duncan Clinic Foundation and Mercy.

The Alliance book club also had a holiday celebration at Hickory Hills Country Club. The books for the coming year were selected. The GCMSA book club meets the last Thursday of each month, January through October. All Alliance members are invited to participate. Please contact Sarah Muegge for more information.

Please join us in celebrating our centennial this year. We look forward to seeing you at the Discovery Center.



## GCMS ALLIANCE CHRISTMAS SOCIAL



# 2024 GCMS EXECUTIVE COUNCIL



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Member since 1984



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# 2024 GCMS EXECUTIVE COUNCIL OFFICERS INSTALLATION AT



Delicious Charcuterie Board



Cathy Leiboult administering the "Oath of Office" to the 2024 Executive Council members. From left to right: Keith LeFerriere, MD, Steven Gradney, MD, Melissa Gaines, MD, David Haustein, MD, Jim Blaine, MD, Sanjay Havaladar, MD, Nancy Yoon, MD, Jaya LaFontaine, MD, James Rogers, MD, Vu Le, MD



Dr. Sanjay Havaladar, MD accepting the Immediate Past President Plaque.

*GCMS oath of office*  
 I do solemnly affirm that I will discharge the duties of this office and uphold the Constitution and By-Laws of the Greene County Medical Society to the best of my ability.  
 I shall strive constantly to maintain the ethics of the medical profession and to improve both the science and art of medicine.  
 I hereby rededicate myself to the honorable calling of physician and to the task of bringing the best possible medical care to all.



2024 MSMA Executive Vice President Jeff Howell & 2024 GCMS President Dr. James Rogers



# GAIZE-ING INTO MARIJUANA IMPAIRMENT

by Dr. Jim Blaine, MD

Last summer, at our GCMS Conference in Breckenridge, Colorado, we learned that Colorado legalized recreational marijuana over ten years ago and that the motor vehicle accident (MVA) fatality rate related to marijuana had increased by 138% during that time. We felt that the GCMS DWI Task Force should look into possible ways to deter similar problems in Missouri before we suffer a similar fate.

A few weeks ago, I spoke with Gaize founder and CEO Ken Fichtler concerning the headset his company had developed to assist in the establishment of impairment secondary to drugs. We were specifically interested in evaluation of the impairment of drivers who had been using Cannabis (THC is the psycho-active component). We now know that breath, serum, and urine THC levels do not correlate with impairment as a result of THC use. We do know that certain eye changes do seem to correlate with impairment by THC. Mr. Fichtler indicated an interest in having the Greene County Medical Society facilitate a study that would evaluate the correlation, and sent us a Gaize headset to evaluate.

A couple of weeks later, Springfield Police Chief Paul Williams authorized SPD Officers Karla Parker and Joseph Pyle to meet with J.R. Plate from Gaize to receive training on the Gaize headset. Officers Parker and Pyle are trained Drug Recognition Experts (DRE). Greene County Prosecutor Dan Patterson authorized Greene County First Assistant Prosecutor Zachary McFarland to join us.

The Gaize headset reportedly is able to detect ocular findings consistent with use of the most common drugs that can cause driving impairment: CNS depressants, CNS stimulants, hallucinogens, dissociative anesthetics, narcotic analgesics, inhalants, and cannabis.

The ocular findings tested include Horizontal Gaze Nystagmus, Vertical Gaze Nystagmus, Lack of Convergence (LOC), and Pupillary rebound (PR). The ocular findings are the same ones that would typically be tested by a DRE police officer in investigation of impaired driving by drugs. We found the device training credible and user friendly. It is also apparently able to provide objective written evidence of ocular findings. Since LOC also

occurs in a small percentage of the general population, any positive LOC findings would also require a simple saliva test to confirm THC exposure.

On January 9, 2024, Springfield Police Department Major Stacey Parton, Lt. Jeremy Anderson, and I met with Dr. Thomas Marcotte, Ph.D. to discuss the Gaize headset technology, along with his fascinating JAMA Article: "Evaluation of Field Sobriety Tests for Identifying Drivers Under the Influence of Cannabis: A Randomized Clinical Trial." <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2807719>

We felt that the most important component would be to first establish a direct correlation between the LOC (inability to cross eyes) or PR and impairment of driving skills. We have not yet identified any studies that definitively prove correlation of LOC and PR with THC-related impairment, but we will continue to research the literature. Additional basic research may be necessary to establish that correlation, and we plan to pursue that goal if necessary.

Gaize CEO Ken Fichtler has authorized the GCMS Journal to reprint the Gaize White Paper on their product which follows.

## References:

1. Hartman, Rebecca, Rickman, Jack, Hayes, Charles, Huestis, Marilyn. "Drug Recognition Expert (DRE) examination characteristic of cannabis." *Accident Analysis and Prevention*. 92 (2016) 219-229.
2. Logan, Barry, PhD, F-ABFT, Kacinko, Sherri, PhD, F-ABFT, Beirness, Douglas, PhD. "An Evaluation of Data from Drivers Arrested for Driving Under the Influence in Relation to Per se Limits for Cannabis." *AAA Foundation for Traffic Safety*. May 2016.
3. Marcotte, Thomas, et al. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2807719>.



# A NOVEL APPROACH TO DETECTING CANNABIS IMPAIRMENT USING EYE MOVEMENT ANALYSIS CONDUCTED BY THE GAIZE DEVICE



by Ken Fichtler, CEO, Gaize

## Introduction:

Cannabis is being rapidly legalized internationally but current methods of detecting cannabis use fall short of detecting impairment and are, in fact, limited to detecting only prior use. The chemical detection methods for delta-9-tetrahydrocannabinol (THC) and various metabolites in saliva, blood, hair, breath, and urine are useful in jurisdictions in which cannabis is illegal or where zero tolerance policies are otherwise appropriate. In places with legal access to cannabis, simple chemical tests are not useful. Scientific studies have repeatedly demonstrated that there is no amount of THC or THC metabolites in the body that are predictive of active cannabis impairment. Rather, impairment from cannabis consumption is only known to be detectable using certain physical tests, such as those conducted by Drug Recognition Expert police officers. These officers conduct a 12-part evaluation that is designed to elicit the signs and symptoms of drug impairment, thereby allowing the officer to detect impairment and determine what category of substance the test subject is impaired on.

## Methods:

The Gaize device is an automated version of the Drug Recognition Expert eye tests. Encompassing 6 tests conducted using a Pico Neo 3 Pro Eye virtual reality headset with embedded Tobii binocular eye tracking sensors, Gaize precisely records eye movement data and video during the testing process. The data captured includes pupil size at an accuracy of 1/100 mm and gaze vector with an accuracy of 10-16 radians at a sampling frequency of 90hz. Each test begins with an automated calibration that aligns the eye tracking sensors to the test subject's eyes.

To perform this observational clinical trial, Dicentra CRO was retained. Dicentra obtained regulatory approval from Health

Canada and an Ethics Review Board prior to starting the trial. Participants were recruited from the Toronto, ON area and the trial was capped at 350 individuals. The study participants were asked to abstain from use of cannabis, alcohol and other drugs for at least 24 hours prior to the study. They purchased recreationally available 0.5 gram cannabis cigarettes of their choosing for use during the trial. All cannabis was verified to be unopened and of the appropriate quantity before consumption. After basic screening and intake questions, the participants were tested using the Gaize device prior to consuming any cannabis. The participants were then asked to smoke their cannabis cigarette and were subsequently tested at 10 minutes, 30 minutes, 60 minutes and 90 minutes after smoking. These time stops were chosen in order to provide a full window into the experienced high of the users.

Multiple types of analysis were conducted on the data, including statistical methods and machine learning methods. Models to detect each of the symptoms of impairment known to Drug Recognition Experts were built and the data was evaluated against those to determine effectiveness.

## Results:

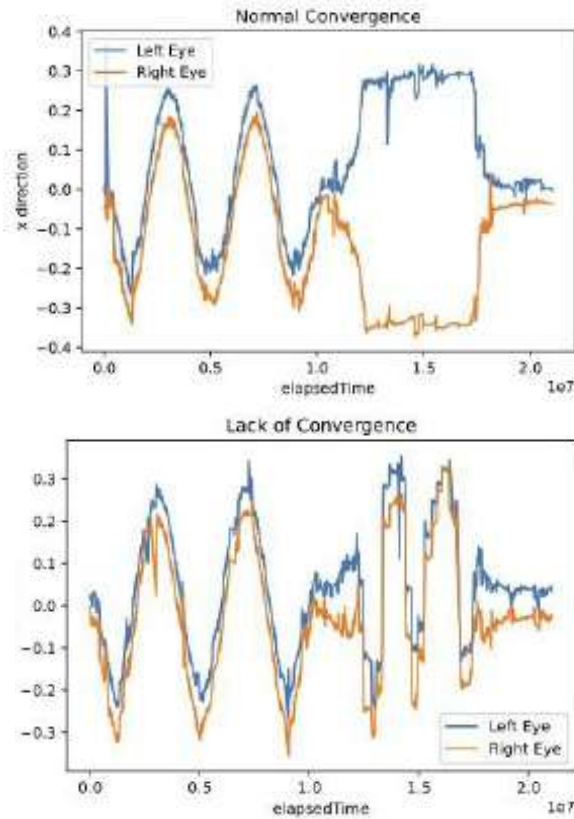
The Gaize product was shown to capture extremely high-quality data and video from the tests. This data can be packaged and evaluated using the impairment models within about 30 seconds, making the product appropriate for real-time impairment screening. The impairment models shown to be most sensitive to cannabis impairment were Lack of Convergence and Pupillary Rebound Dilation. The Lack of Convergence test in particular was highly sensitive to active impairment from cannabis. While Pupillary Rebound Dilation is one of the tests that Drug Recognition Expert police officers look for, this test was found to be less predictive of active cannabis impairment.

*True Positive Identification Rate by Test*

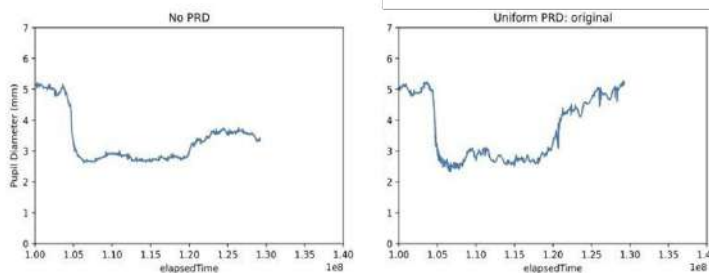
LOSP	HGN-MAX	HGN-45	VGN	LOC	PRD
98%	95%	95%	95%	99%	96%

LOSP = Lack of Smooth Pursuit, HGN-MAX = Horizontal Gaze Nystagmus at Maximum Deviation, HGN-45 = Horizontal Gaze Nystagmus with Onset Prior to 45 Degrees, VGN = Vertical Gaze Nystagmus, LOC = Lack of Convergence, PRD = Pupillary Rebound Dilation.

An example of lack of convergence is shown in the charts below. As can be seen, normal convergence is markedly different and easy to detect when compared to lack of convergence. In the Normal Convergence chart, the eyes can be seen to be tracking the stimulus in the first half of the chart, then the second half shows the stimulus coming toward the bridge of the participant's nose and stopping. The normal convergence chart shows the eyes holding position at about +0.3 and -0.3 for the left and right eye respectively, showing that they are focused on the stimulus, but converged, rather than tracking in parallel as in the first half of the test. In the Lack of Convergence test, the eyes can be seen failing to converge and continuing to move in parallel.



The following charts show data from the Pupillary Rebound Dilation test. The left chart shows a sober participant exhibiting normal pupil response to light stimulus. The right chart shows a characteristic pupillary rebound dilation response. The critical portion of the chart is at about 1.07 elapsed time (x axis). In the normal or No PRD chart, the eyes can be seen to remain around their most constricted state with minor hippus. The other chart however shows the pupil returning to a more dilated state and exhibiting severe hippus throughout the test. Note, at about 1.20 elapse time, the dark light condition returns, and the eyes begin to dilate again. The test



officially ends when the direct light condition is over, but some useful signal can be found in the eyes as they dilate again. While analysis of the full dataset is still underway and results are not ready for public release, early results indicate that cannabis impairment is certainly detectable using these tests as performed by Gaize. There is significant evidence that, although the classically recognized tests for cannabis impairment have good signal, there are other portions of these tests that may also be valuable.

**Conclusion:**

The Gaize device is an appropriate and effective tool for detecting active impairment resulting from the consumption of smoked cannabis. It is both deeply accurate at detecting the same signs of impairment that Drug Recognition Expert police officers look for, but does so in an entirely automated and objective fashion. The video produced by Gaize is high quality and should be useful as a training aid as well as for prosecutions of impaired driving, or as evidence that validates the decisions made by employers.

An important confounding factor in the detection of cannabis impairment is the effect of tolerance on the impairment experienced by a user. In brief, tolerance has an extremely profound effect on heavy cannabis users. They are, quite simply, less impaired or even unimpaired as a result of smoking the same amount of cannabis that produces pronounced impairment in low tolerance individuals. This is an important finding as it further negates the utility of traditional THC measurement tests in all but zero-tolerance environments. The ramifications of this for THC per se driving laws that a few states have adopted are that these laws have no basis in science and should be rescinded.

Finally, the video produced by Gaize is of extremely high quality. This is a huge leap forward in evidence capture for these standardized tests. Prosecutors should be able to leverage the video to great effect to demonstrate that impairment was present at the time of arrest and/or evaluation by a DRE. Businesses can likewise benefit from access to the video in the case of an employee suing for wrongful discharge, alleging bias, or asserting that they were not impaired at the time of dismissal. Currently, businesses have to rely on chemical drug tests that do not show impairment, backed by staff accounts or security video of behavior inconsistent with sobriety. That is a particularly weak position for a business that can be greatly improved by Gaize video evidence.

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# MANAGING DEBT WHILE BUILDING WEALTH

by Rhonda Sorensen, Senior Private Banking Advisor, SVP Arvest Bank-Springfield



Debt is an issue faced by millions. According to the Federal Reserve, household debt hit a record \$17.06 trillion during the second quarter of 2023. At the same time, Americans are saving less. The U.S. Personal Saving Rate was 3.8% at the end of October, lagging pre-pandemic levels of 7.2% largely thanks to inflation and higher interest rates.

From mortgages and auto loans to credit cards and student loans, Americans are facing mounting debt that may seem impossible to manage at times. That can be especially true for medical school graduates, who owe an average of \$250,995 in total student loan debt, according to EducationData.org.

If you're focused on getting your finances in a better place this year, you may be wondering how to balance debt goals and investment goals. Here are some best practices on how you can do both.

## Make a plan and review it often.

The first thing you should do is create a plan with your private banker and your financial advisor. Discuss your current debt situation with them and where you want it to go. Review your debt annually to see if any changes in regulations, rates or your financial health could offer better options.

## Build a team to help you.

If you don't have a finance team, get one. As a private banker, I often work with my client's internal and external teams,

such as their financial advisor, commercial lender, trust officer, CPA or attorney, as well as family members if needed.

## Take advantage of your savings options.

Consider making the maximum contribution to your employer retirement options. This can help reduce your taxable income while maximizing your savings, especially with a company matching component. If you never see it, it is easier to not miss it.

When bonuses or raises occur, consider it a time to save more and not just spend more. Try to always allow for at least a 50/50 split so you can put some in savings while still treating yourself with the other half.

## Have a plan for using credit cards.

Credit card debt hit an all-time high in 2023, surpassing \$1 trillion for the first time, according to the Federal Reserve. So, if you wish to use credit cards, it's best to have a plan to pay them off as quickly as possible. If you're making a big purchase, look for options like a 12-month no-interest card and create a plan to pay it off to avoid paying interest.

If you're using a credit card for monthly expenses, be sure to use it for what you need and not excess spend just because it is easy. Pay in full each month and use a card that has benefits that work for you whether that is points, cash back or other bonuses.



## DR. VICTOR PACE, MD

*For his dedication and commitment to the GCMS Journal 2017-2023, we thank Dr. Victor Pace, MD*



# MATERNAL HEALTH IN MISSOURI

by Nancy Yoon, MD, MPH Chief Medical Officer, SGCHD

Missouri's Pregnancy Associated Mortality Review (PAMR) 2018 - 2020 report (published in 2023) found that annually, an average of 70 Missouri women died while pregnant or within one year of pregnancy — ranking Missouri 44th among states in maternal mortality. 84% of pregnancy-related deaths were preventable, which is 9% higher than the last multi-year report. Mental health conditions, including substance use disorder (SUD), were the leading underlying cause of pregnancy-related deaths, followed by cardiovascular disease and homicides. All pregnancy-related deaths due to mental health conditions were determined to be preventable. Contributing factors include access to care challenges, missed clinical interventions to manage conditions like heart disease, and unaddressed or unresolved mental health conditions — including substance use disorders, which are the leading cause of death and long-term harm. In addition, health disparities disproportionately affect black women and Medicaid recipients. The pregnancy-related mortality ratio was three times higher for black women than white women.

The Review Board made several recommendations for actions that could prevent maternal mortality. The recommendations for healthcare providers include:

- Performing assessments for depression and anxiety using standardized, validated tools at least once prenatally and at least once postpartum.
- Performing universal screening for SUD.
- Ensuring patients at increased risk for opioid overdose carry naloxone.
- Making referrals to mental health professionals, social workers, community health workers and SUD treatment programs to increase continuity of care for referrals, follow-up care, communication and social determinants of health.
- Ongoing education should be provided on mental health conditions and SUD during and after pregnancy, cardiovascular disorders associated with pregnancy, trauma-informed care and implicit bias training.

There are also actions that community-based organizations can take, including:

- Collaborating with health care facilities and providers to reduce stigma surrounding maternal mental health and SUD, and providing resources for these conditions.
- Educating and providing resources for communities on domestic violence and intimate partner violence.
- Empowering pregnant and postpartum people to use

doula services, home visiting and/or community health workers, which has been shown to increase healthcare utilization.

- Providing education on preconception health and early and consistent prenatal care.

There have also been several legislative actions taken recently around maternal health in Missouri. In November, the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced Missouri's extension of comprehensive coverage after pregnancy through Medicaid and the Children's Health Insurance Program (CHIP) for postpartum individuals for a full 12 months. Missouri is the 40th state to be approved for the extended coverage. As a result, up to an additional 18,000 people in Missouri will be eligible for Medicaid for a full year after pregnancy. Medicaid covers 41% of all births in the nation and more than half of all children in the country.

On December 6, 2023, Governor Mike Parson announced that the Missouri Department of Health and Senior Services (DHSS) will release new funding to help improve the health of pregnant women and support their care after childbirth to reduce maternal mortality and poor health outcomes. The investment includes \$4.3 million in new funds proposed by Governor Parson and authorized by the Missouri General Assembly to transform the quality and increase the access of health services provided to women during pregnancy and postpartum.

In Springfield-Greene County, one such program geared toward improving maternal child health is Family Connects. Coming in early 2024, Family Connects will act as a touchpoint for all families in Greene County to access reliable care and find connections to valuable community resources through a home visitation model. This is an evidence-based maternal and child health program, which provides family support to community resources immediately after birth up to 12 weeks. According to Family Connects International, participants of the program are more likely to utilize out-of-home childcare and other community resources and mothers are less likely to experience postpartum depression and anxiety. Additionally, participating families have 44% lower rates of investigations for suspected child abuse or neglect through age 2.

Every Greene County resident who gives birth at CoxHealth or Mercy will be given the opportunity to be visited by a Family Connects nurse once they have brought their new baby home. Babies that are born outside of a hospital can



also be referred to the program. Families who choose to participate in Family Connects will receive a home visit from a trained nurse within their first 12 weeks after discharge. The program is both free and voluntary to all Greene County residents including foster parents, adoptive parents and families who already have other children. Providers and community organizations will be able to refer their patients to Family Connects with an online form. Additional information will be available once the program launches. If providers have questions now, the Family Connects nurses can be reached at 417-874-1220 or by email at NestPartnership@springfieldmo.gov.

The first few weeks as a new family can feel overwhelming and there is often uncertainty of where to seek help. Through the home visit, parents will receive infant education, weight checks, breastfeeding education and support, mental health support and more. In addition to education and support, nurses are available to provide referrals to community resources that fit the family. The primary goal of Family Connects is for all mothers, babies and families to have equitable access to care and social support; simply put, we

want all families to have everything they need to be healthy and happy. It will truly be unique to each family served.

*Additional Resources / Partners*

*Missouri Pregnancy Associated Mortality Review 2018-2020 Annual Report. Missouri Department of Health and Senior Services (July 2023): <https://health.mo.gov/data/pamr/pdf/2020-annual-report.pdf>*

*Maternal Health Awareness Day: January 23, 2024*

*<https://www.acog.org/advocacy/policy-priorities/maternal-mortality-prevention/maternal-health-awareness-day>*

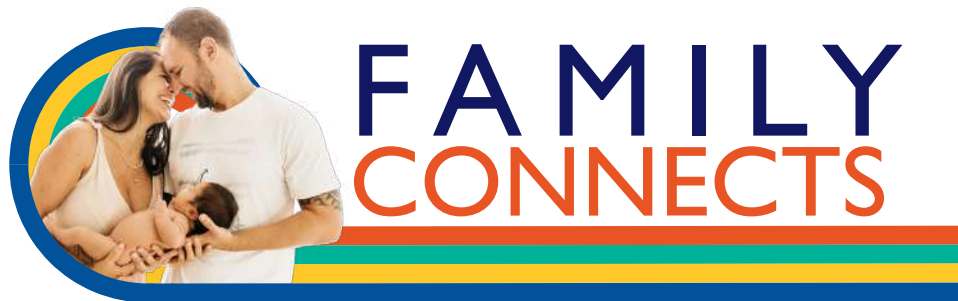
*The Uplift Connection: [theupliftconnection.org](http://theupliftconnection.org)*

*Missouri Hospital Association: [web.mhanet.com/maternal-child-health](http://web.mhanet.com/maternal-child-health)*

*National Association to Advance Black Birth (NAABB): [thenaabb.org](http://thenaabb.org)*

*The Doula Foundation: [doulafoundation.org](http://doulafoundation.org) SGCHD Family Connects: <https://www.springfieldmo.gov/5830/Family-Connects---Springfield>*

*Family Connects International: <https://familyconnects.org/impact-evidence/the-evidence/>*



**Support from the start**

Family Connects is an evidence-based maternal and child health program that works directly with families, beginning at the bedside after birth. Family Connects utilizes nurses to link families to community services and resources immediately after birth up to 12 weeks.

**How it helps:**

Three weeks after discharge, registered nurses offer a home visit to all families with newborns to assess family strengths, challenges and needs.

Nurses offer supportive guidance about maternal and infant health and connect the family to community resources.

Nurses make up to two additional visits to the family's home, as needed, although most families receive only the first visit.

After the last home visit, a staff member contacts the family to determine if new needs have arisen and to ensure successful connection with community referrals.

**Family Connects results:**

**44% decrease** in the number of investigations into suspected child abuse or neglect.

Homes were **safer** and had **more learning materials** to support infant development.

Families reported **increased and more frequent use** of connections to community resources.

**28% decrease** in clinical anxiety in postpartum mothers at infant age of 6 months.

**Greene County statistics:**

Greene County is **8th in the state** of Missouri for the rate of reported incidents of child abuse or neglect.

Greene County is **12th in the state** for the rate of children involved in reports of child abuse or neglect.

# OZARKS TECHNICAL COMMUNITY COLLEGE- MIDDLE COLLEGE

by Dr. Tiffany Brunner, Ed.D, College Director of High School Programs, Ozarks  
Technical Community College



The Middle College concept and implementation began in 2008, with a vision from Dr. Hal Higdon, Chancellor at Ozarks Technical Community College, and Dr. Norm Ridder, former Springfield Public Schools Superintendent. The development of Middle College was in response to the increasing levels of students dropping out of high school at the time in 2008. Thirty-two students began the program initially, and through the years the program has expanded to student capacity, which is one hundred and sixty students.

In the initial years of Middle College, students selected from four paths of study on the OTC campus, while working towards their high school diploma. Pathways were Automotive, Diesel, Agriculture, and Culinary. Students also participated in internships in these four areas to work toward employability skills and gain an expanded understanding of the career field they were interested in.

Today, students can select to complete an Associate of Arts degree while they finish a high school diploma. Students can also take eighteen career and technical education pathways including; Auto Collision Repair, Agriculture, Automotive, Computer Information Science, Construction Technology, Culinary Arts, Diesel Technology, Drafting Design Technology, Early Childhood Development, Electrical Trades, Electronic Media Production, Emergency Medical Technician, Fire Science Technology, Graphic Design, Health Sciences, Heating Refrigeration, and Air Conditioning, Information Technology Infrastructure, Mechatronics, Precision Machining Technology, and Welding. Students that are behind on high school credit can take high school classes to catch up with their initial graduation cohort to graduate with their high school diploma on time.

While the initial class of students in 2008 was Springfield students only, today students from Ash Grove, Clever, Everton, Nixa, Rogersville, Republic and Sparta can attend Middle College. Unique aspects of Middle College which are appealing to students are smaller class sizes, individualized learning plans, tutoring, and a caring culture and staff. Students are treated like adults, and because of this expectation students are reticent to lose the opportunity which means limited to rare incidents of student discipline.

Many students that select Middle College do so because they want a different environment than the traditional

high school setting. Students comment frequently that they enjoy the independence, free college tuition, and how their individualized schedule is made specifically for their targeted career path.

For the past nine years, Middle College has graduated 100% of their senior class. This statistic is possible due to the caring and collaborative nature of the staff. While the staff size has remained the same, the model of Middle College is expanding beginning in the fall of 2024 with the newly formed Health Science Alliance.

The new Health Science Alliance was formed in the fall of 2023, with Cox Health, Ozarks Technical Community College, Missouri State University and Springfield Public Schools. This new alliance was developed to provide a pipeline of healthcare workers for southwest Missouri and beyond. Students will begin taking classes as a junior in high school in three primary areas: Emergency Medical Technology, Certified Nursing Assistant, or Bio-Clinical Sciences. Students will be eligible for certificates and employment right out of high school or roll into their thirteenth school year with pre-requisites met in many of the health sciences pathways at Ozarks Technical Community College. Students will be encouraged to enroll at Missouri State University to finish their bachelor's degree in health sciences if that is their professional goal. Students will get to participate in internships at both Cox Hospital and Mercy Hospital. Many exploratory opportunities to learn about the variations and career options in the healthcare industry. Students have been selected to participate in the initial cohort with the lottery system developed through Choice Programs at Springfield Public Schools.

The Middle College model has successfully impacted hundreds of students who have completed workforce training in an area of interest, gained college credit, but more importantly developed the confidence needed to be successful in a post-secondary environment. The program has changed not only student lives, but the entire trajectory of families. With support, encouragement, and educational opportunities, students have transformed their future possibilities into reality. The partnerships that have made Middle College possible are a direct reflection of the type of community we have in Springfield, Missouri where community collaboration continues to make great things happen for the students of southwest Missouri.



# professional directory

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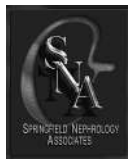
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