



Buckeye Osteopathic Physician

Facing Challenges

Getting to Know

OOA President Charles D. Milligan, DO



How can I make a difference?

Before prescribing pain medication, discuss other ways to manage pain with your patient:



Healthy Alternatives to Pain Management



Patient Education on the Risks of Addiction



A Safe Pain Management Plan



It's time to take charge, Ohio.

Educate patients on medication safety at **TakeChargeOhio.org**

Buckeye Osteopathic Physician

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Proposed Amendment

The following amendment is being proposed to the OOA Constitution to accommodate the transition to a single accreditation system for graduate medical education:

Article VIII - Board Of Trustees

The Board of Trustees of this association shall consist of the President, President-Elect, Immediate Past President, Vice President, Treasurer, one member from each district academy, the President of the Ohio University College of Osteopathic Medicine Student Council, and a resident in an Ohio postdoctoral training program designated with Osteopathic Recognition accredited by the American Osteopathic Association Accreditation Council for Graduate Medical Education, all of whom shall serve until their successors are elected or appointed. The Executive Director shall be a member without vote. Election of the district academy representatives to the association's Board of Trustees shall be conducted as provided in the bylaws. The Board of Trustees shall be the administrative and executive body of the association and perform such other duties as are provided in the bylaws.

BUCKEYE OSTEOPATHIC PHYSICIAN MAGAZINE

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Executive INSIGHT

Supporting the person you don't know through selfless generosity

By Matt Harney, MBA

We are often benefited by people in our lives that we don't know personally. Perhaps the most prominent example of this in my life was receiving a college scholarship from an endowed fund of someone I never met. This generosity allowed me to graduate from a university that I'd otherwise never have been able to afford. This same spirit of selflessness is at the heart of the osteopathic family.



As 19th century UK Prime Minister Benjamin Disraeli once said, "life is too short to be little." I couldn't agree more! In a world of such vast resources, we're really only limited by our imagination and commitment. The OOA and its foundation—the Ohio Osteopathic Foundation—are immensely proud of our work to develop outstanding physician leaders and strengthen osteopathic distinctiveness. For this, we thank you for being part of our legacy!

As you likely know, the OOA and OOF have a long history of osteopathic commitment. In the 1970s, an OOA assessment provided the funds to support the creation of an osteopathic medical school in Athens. Fast forward to the end of 2019, the OOF fulfilled its multi-year \$200,000 pledge for the naming of the OMT suite at the Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) Cleveland campus in honor of the DOs in Trumbull County.

In addition to supporting OU-HCOM, the OOF also made a contribution last year to the Ohio Physician Wellness Coalition, which provides essential resources for physicians that address issues such as time management, mindfulness, and mental health among other topics.

Yet much more is on the horizon, but we need your help to make it happen!

We are proud to announce the OOF has approved a recommendation from the Warren General Hospital Advisory Council to dedicate partial funding for a Director of CME position and osteopathic CME activities. Your professional home will now seek supplementary funding from a like-minded grantor in an effort to expand our educational programming. This potential to support

our physicians in the rapidly-changing health care environment is immense. Please understand your financial investment will make us less reliant on external funding to make our next goal a reality.

There are many additional initiatives that your financial commitment can support and no contribution is too large or small.

- \$45 covers the cost of one white coat with an OOA arm patch, given to each incoming osteopathic medical student at OU-HCOM. Approximately 250 coats are presented each summer.
- \$75, \$100, or \$150 covers the cost of the Osteopathic Medical Award given to gifted high school and junior high school students during Ohio Academy of Science's State Science Day. Two awards at each level are given annually.
- \$250, \$500 or \$1,000 contribution covers the osteopathic research award presented to poster contest winners during the Ohio Osteopathic Symposium. Three awards are presented at each level.
- \$1,500 gift covers the scholarships for student leaders at OU-HCOM.
- \$25,000 or more constitutes a legacy endowment in your name that can be used to support an activity of your choice.

Please keep in mind that you can contribute stock, a one-time sum or monthly sum, or through your will or trust. You might also consider a contribution via a life insurance policy. This life insurance option does not require disclosure of medical history, as those policies are processed by our trusted organizational partner. As if you needed additional incentive to express your generosity, please remember your gifts are tax deductible.

As we look ahead, I see a world of opportunity for the osteopathic profession. Ultimately, the OOF—in coordination with the OOA—is expanding its osteopathic footprint through goodwill and service to others throughout Ohio. We continue to dedicate ourselves to the promise of osteopathic medicine and your support makes it happen. Please make a tax-deductible donation today by going to www.OhioDO.org/OOF or contact me at 614-299-2107 or mattharney@OhioDO.org to discuss a legacy gift and possible designations. ■



OHIO OSTEOPATHIC SYMPOSIUM PREVIEW

Ohio Osteopathic Symposium

April 22-26

Hilton at Easton Town Center, Columbus

www.OhioDO.org/cme

#OhioOsteo

The premier osteopathic conference, set for April 22-26 in Columbus, offers an estimated 30 hours of continuing medical education (CME) credits, the latest in the art and science of patient care, networking, and more.

Keynote Speaker Kevin W. Sowers will discuss *The Power of Purpose* and illustrate how focusing on passion, partnership, and personal accountability can lead to individual and team success.

Sowers, president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine, believes defining and having a sense of individual purpose is essential to connecting to your passion in life. He has said: “When you are surrounded by people who share a passionate commitment around a common purpose, anything is possible.”

A distinguished clinician, educator, and academic health care leader, Sowers oversees the Johns Hopkins Health System’s six hospitals and sets strategies that advance the mission to deliver outstanding care, train the next generation of leaders, and advance research and discovery. He also serves as chair of Johns Hopkins Community Physicians, which has more than 40 primary and specialty care outpatient sites throughout Maryland and the Washington, DC, area.

Sowers joined Johns Hopkins after 32 years with Duke University Health System, including eight years as president and CEO accountable for the operations of the 957-bed academic teaching hospital with over 10,000 faculty, staff and volunteers. His numerous senior leadership posts across the system included chief operating officer and interim CEO for Durham Regional Hospital. He oversaw consolidation of clinical lab services, emergency and trauma services, and managed care and patient care services.

He began his medical career as a staff oncology nurse at Duke University Medical Center Hospital in 1985 after earning a BSN from Capital University in Columbus, and MSN from Duke University.

He has achieved many illustrious accolades throughout his 32-year career but he insists that he is first and foremost a nurse. Working two jobs at a nursing home as a teenager to pay for college, Sowers fell in

love with helping people. “It was in those summer months I really found my passion for caring for human beings”, he says. “I chose oncology because while I was in nursing school my grandfather was diagnosed with glioblastoma. It was a difficult diagnosis with a difficult outcome.

I remember our family did not have the best experience, so I wanted to be a nurse to make sure no other family went through what we went through.” From first year nursing student to president of an entire medical facility, Sowers will share stories and advice from his extensive medical career and how being goal-oriented and mindful of your purpose can cultivate a collaborative leadership environment.

Sowers chose oncology after his grandfather was diagnosed with glioblastoma, with the hope of making sure no other family went through what his family did.

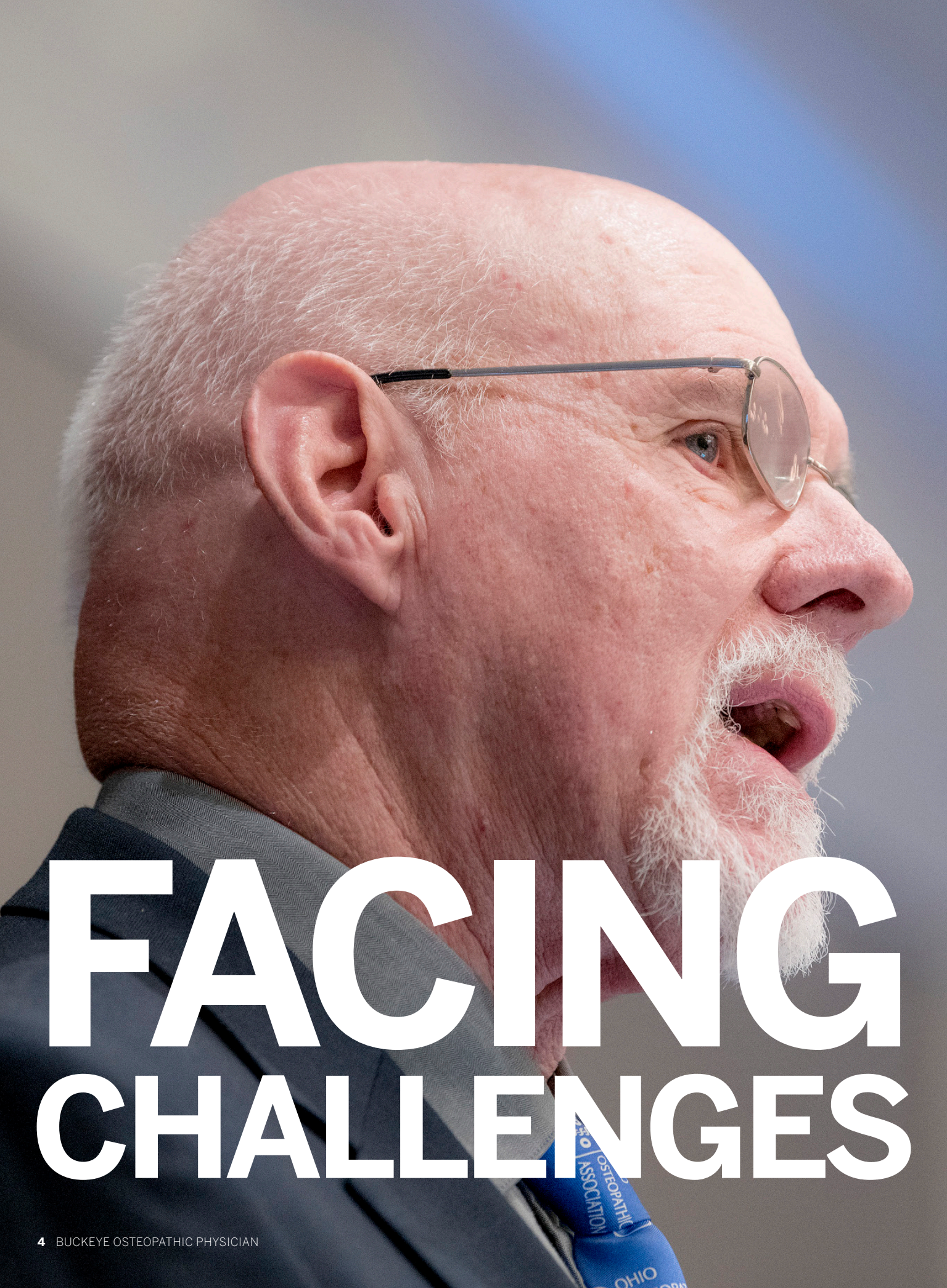
The native Ohioan has published extensively and speaks nationally and abroad on issues such as leadership, organizational change, mentorship, and cancer care.



Celebrating Osteopathic Medicine

OOA President Charles D. Milligan, DO, said the Symposium offers more than CME. “It’s a time to network, meet DO colleagues from across the state, honor peers for their accomplishments, and celebrate the profession for its distinctive philosophy and unique brand of health care,” he said. “After all, April is ‘Osteopathic Medicine Recognition Month’ in Ohio as declared by Gov. John Kasich when he signed HB 352 in 2016.”

The Symposium is a collaboration started in 2010 between the OOA and Ohio University Heritage College of Osteopathic Medicine. In addition to clinical lectures from speakers who are experts in their field, the conference offers a four-hour OMM skills enhancement workshop; the always-popular dermatology roundtable; and updates from state and national leaders in the profession. ■



FACING CHALLENGES



The Milligan Family at the Ohio Osteopathic Symposium, April 2019.

A Conversation with OOA President Charlie Milligan, DO

Last April, Charles D. Milligan, DO, was sworn-in as OOA president during the Ohio Osteopathic Symposium. Since then, the family physician has led Executive Committee conference calls, maintained email contact with staff, and been involved with OOA business. Even after he had an accident in September that has left him with very limited mobility.

The injury, occurred while body surfing at the Outer Banks where his family was celebrating a wedding, damaged his spinal cord, relegating him to a wheelchair while leaving his mental ability completely unaffected. He flew by helicopter to a trauma center. After two weeks he was flown to Edwin Shaw Rehabilitation Hospital near Akron before transferring home, where he continues daily physical therapy.

This tragedy has given Milligan and his family many new challenges to tackle but his positive attitude endures and he has remained engaged in leading the OOA.

Buckeye Osteopathic Physician talked with Milligan by phone as he watched the Ohio University Bobcats football team on TV in a bowl game.

Charles D. Milligan, DO

Specialty: Family Medicine

Medical Education: Kirksville College of Osteopathic Medicine, 1977

Residency: Doctors Hospital of Stark County

Undergraduate Degree: University of Colorado-Boulder

Family: wife Darlene, 3 sons, 3 daughters-in-law, 2 grandchildren, 1 goldendoodle

Born In: Denver

Resides In: Orrville

To send a card or greetings:

Charles D. Milligan, DO

1816 Paradise Road, Orrville, OH 44667-9400

A lot has changed for you...

On September 11, 2019, I faceplanted into a sandbar while bodysurfing, fracturing my third cervical vertebrae and causing instant paralysis of arms and legs. This was at Nags Head, we were there for my son's wedding.

My family has been a godsend. My wife, sons, and their wives have all been involved in my care. They have been doing therapy with me every day, taking care of me. They are wonderful and I have a great support system.

I want to take this opportunity to thank my osteopathic family for all of the cards and prayers and well wishes. I deeply appreciate the OOA Executive Committee members. They have filled in when necessary and they initiated the GoFundMe account to help my family with some of the larger expenses associated with the wheelchair and ramps.

Speaking of the OOA, this year you achieved life membership status. Why has it been important for you to be a member?

The OOA does so much for individual practitioners. I've seen it throughout my career. It benefits all DOs in the state when we have a strong professional association like the OOA. I believe we wouldn't be able to practice the way we do if not for the work of the OOA. That's why it's important to belong.

What inspired you to be an OOA leader?

I had always wanted to, from the beginning. For me, it's a way to give back to the profession that has given me so much.

Early in my career I wasn't able to be active in the association. With a young family and all three kids involved in sports and school activities it wasn't possible to take on a leadership position. Then they were involved in college sports and I also had commitments at the local level. I participated in the OOA when I could, though. Usually short-term, like responding to action alerts and I attended DO Day on the Hill on and off for the past 12 years.

What is the biggest challenge DOs face today?

Allied professions encroachment. We regularly see scope of practice bills in the Ohio legislature and the OOA continues to support and lobby for the physician-led, team-based model.

My situation has given me new perspective about the importance of having a whole team of different types of health providers for an injury like mine. It's a new perspective too as someone who was blessed with not having to take much medication before and now requiring a number of prescription drugs.

For the practice of medicine in general, there are a lot of challenges, particularly around insurance and things like prior authorization for testing and prescriptions. I talked about this during my installation speech. These insurance company policies are frustrating to physicians and detrimental to our patients' well-being. It's another area for the OOA membership to join together and collectively fight to keep insurers and others out of health care decision-making.

Since joining the OOA Board of Trustees in 2012, you've always advocated for students. Have you also worked with them in your practice?

Three things we don't know about you:

I got a speeding ticket on my bicycle. I was going 37 in a 30 mph zone.

I like to snow ski, water ski, wakeboard and up until three years ago I regularly played hockey and pickup basketball.

A few years ago I biked the whole Towpath Trail, it goes from Cleveland to Bolivar.

I've always had students rotating in the office. It's enjoyable and I would encourage any physician to be a preceptor. Training students and providing them opportunities is another way to give back to the profession. We have more and more osteopathic medical students in Ohio—which means we need more docs that are willing to train them.

Students bring fresh ideas, sometimes there are things I don't necessarily have time to read up on. When they ask the 'why' questions it allows me to think about my own style of practice. I hope to influence students so there's an interest in rural practice and incorporating OMM in their practice in the future.

I really enjoy teaching OMM. It's been great to see how students have begun to think osteopathically. We talk more and more about how OMM effects all components of the body. There is a role for osteopathy regardless of the specialty a student decides to pursue. As a side note, when I started practice, I probably did manipulation on 10 percent of my patients. That grew to 50 percent as patients realized the benefits and then referred others.

Do you have any tips or suggestions how young physicians can get involved?

I realize there's always a work-life balance, but we want their participation and their membership. New physicians in practice have some different issues and problems than long-time docs. We want their representation and we want to fight for their issues too. We can use their expertise, whether it's on the Board, at the local level, advocacy issues, or on a committee.

What's the best part of your job?

Contact with patients. Because I'm in a smaller community I see my patients and their families a lot and all over town—at community activities, football games, the grocery store, the Lions Club, athletic boosters. I enjoy the relationship that I am able to have with the residents of my community.

You seem very involved in your community. Tell us more about that.

I've been in practice 38 years in Orrville, Ohio. My career in osteopathic medicine has enriched my life in multiple ways. Foremost, is the relationships with the members of my community of 8,600 residents. I started volunteering at the local free clinic about 30 years ago, and for the six months prior to my injury I was doing OMT there twice a month. I was the sideline physician for many years at Orrville High School and I still have a strong interest in Ohio high school sports. I also served on committees at the hospital and was chair of the hospital board. ■



Newest Videos in Scholar Series Provide Faculty Development

By Robert W. Hostoffer, Jr., DO

The single accreditation system has created a template for all graduate medical education programs. Ninety three percent of the filled residency positions the AOA had in 2015 have achieved initial accreditation. Programs with the status of pre-accreditation or continued pre-accreditation will have access to the ACGME appeal process after June 30, 2020.

As of December 2019, 215 programs have received Osteopathic Recognition (OR) and 15 percent are ACGME programs that had no previous interaction with AOA accreditation. Currently 5 of the 17 applications for osteopathic recognition are from ACGME programs. Two perceived barriers for securing Osteopathic Recognition are the performance of scholarly work and faculty development. Scholarship within programs has been addressed in the previously developed Scholar Series (Scholar 7, Scholar 4, Scholar Specific) available on the OOA website, and also free. These have been widely used successfully throughout the country.

Osteopathic faculty development programs must be an easily accessible, clinically applicable, and time-conserving product. To meet this criteria, we have developed such a product called Scholar Teacher. Scholar Teacher provides several professionally prepared 15-20 minute videos that highlight thoracic landmarks (muscular, skeletal), assessment of

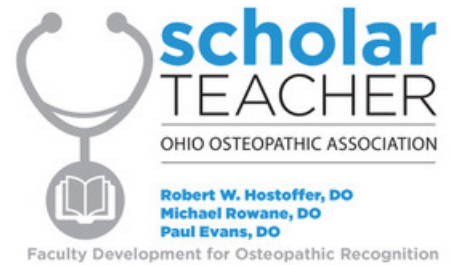
rib dysfunction, and treatment. They may be viewed individually at a faculty meeting and the entire Scholar Teacher series may be utilized as a faculty development curriculum viewed as a group or singularly. Additionally, the faculty may receive free AOA Category 1A CME credit with a completed questionnaire. The most attractive component of this series is that it is free so that all our programs may receive Osteopathic Recognition.

The videos are divided into six sections:

1. Introduction (basic teaching principles, mini modules, panel)
2. Faculty Development Introduction (mini module lab)
3. Faculty Development Landmarks (mini module labs 1-2, skill prompts 1-2)
4. Thoracic Cage Assessment (mini module labs 3-4, skill prompts 3-4)
5. Thoracic Cage Treatment (mini module lab 5-8, skill prompt 5-8)
6. Becoming the Teacher (vignette 1-4)

Scholar Teacher authors are Robert W. Hostoffer, Jr., DO; Michael P. Rowane, DO; and Paul Evans, DO.

The Scholar Series was first developed five years ago to help physicians build their experience in conducting research. Scholar 7 covers hypothesis, goals, preliminary data, materials and methods, and conclusions.



The completed document can serve as an Institutional Review Board (IRB) submission and grant proposal, though the IRB submission process may vary from institution to institution. Scholar 4, released in 2017, continues the process, looking at the style and floorplan of a proper abstract, poster, manuscript and oral presentation. Scholar Specific includes three video workshops that cover case presentation and how to implement an innovative OR program. Free CME is available for all Scholar Series programs.

Stay tuned, more Scholar Teacher programs are in development and will be available in the near future on the OOA website. ■

View Scholar Teacher at
www.OhioDO.org/ScholarSeries
 Free • Approved for 3.25 AOA
 Category 1-A CME Credits



Student Update: CLEVELAND CAMPUS

Time management is an essential skill for anyone. For medical students, they are balancing a heavy academic course load, family, friends, day-to-day tasks, and more. For student leaders, the “more” includes service to their community, their peers, and their future profession.

The OOA works with many Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) students, particularly Student Government Association (SGA) and Student Osteopathic Medical Association (SOMA) leadership. SGA presidents from each campus—Athens, Dublin, and Cleveland—are invited to OOA Board meetings and are allotted time on the agenda to report on campus activities.

SOMA is an AOA affiliate and the nation’s largest network of osteopathic medical students.

In the last issue of *Buckeye Osteopathic Physician*, student leaders from the Athens campus provided a report. In this issue, we invite Cleveland campus leaders to do the same.



MARCUS D. LOWE, JR., OMS-II

SGA President,
Cleveland Campus

As we enter 2020 and look back on 2019, a lot has happened on the OU-HCOM Cleveland campus. The SGA along with the other student organizations have been working hard to create networking opportunities, a conducive learning environment for our students, and a variety of opportunities to give back to the neighboring communities in Northeast Ohio.

Speaking of networking opportunities, on behalf of the SGA and the entire OU-HCOM Cleveland family, we want to thank the Ohio Osteopathic Association Board of Trustees for taking the time out to meet and mingle with Cleveland students after the OOA board meeting held on our campus, August 24, 2019. It was a great opportunity for students to meet and learn from some of the most influential people in our future profession.

OU-HCOM Cleveland strives to promote dedication to community service. In the spring of 2019, we were able to raise and donate over \$500 worth of school supplies (bookbags, paper, pencils, crayons, shirts, pants, etc.) for Kenneth W. Clement Boys Leadership Academy, an elementary school in the Greater Cleveland area. Also, many of our medical students have taken the time out of their schedules to assist those young boys through tutoring and mentorship. In October, we had our fifth annual Trunk or Treat where our students, Cleveland Clinic Southpointe Hospital, and the Warrensville Heights city officials passed out candy to over 600 kids and provided fun and laughter to the entire community. In November, we had students from the Pediatrics Club raise funds to purchase groceries and put their cooking skills to work by making meals for the families at The Ronald McDonald House. In December, under the leadership of Samantha Baker, Admissions advisor and outreach coordinator, our campus collected gifts and cash donations for the Adopt-a-Family program, an initiative to help local families over the holidays.

Outside of taking care of our community, we as a campus try to live the holistic wellness that our new curriculum promotes. As future physicians, we know wellness is vital

to our overall success. Therefore, activities such as campus dodgeball, ping pong tournaments, chess matches, and walks with the Dean have become a part of our “campus climate.” One of the programs that has been a safe zone for many is The Open Book Project, facilitated by Tracy Shaub, DO, and Sarah Rubin, PhD. This is an intimate environment for small groups of students, staff, and faculty to engage in narrative medicine and express themselves through writing. During these sessions, our lives are impacted on a deeper level and genuine bonds are formed that only the people involved can really appreciate. Through this experience, one of our students, Michael Arnold, took what he learned and published a powerful poem entitled “Chronic Black Excellence” in *Intima: A Journal of Narrative Medicine*, an online literary publication focusing on health care, medical stories, hospitals, and caregivers.

Other activities from 2019 include:

- Hosting Marcie Finney, stem cell researcher at the Cleveland Cord Blood Center, organized by our Student National Medical Association (SNMA).
- Volunteering at the Warrensville Heights Food Pantry.
- Volunteering at The Gathering Place, a non-profit organization for patients affected by cancer, organized by the Lifestyle Medicine club.

As you can see, OU-HCOM Cleveland is continuing to be innovative, which is creating innovative medical students. As we continue into the year 2020, we expect to continue to expound on our strengths and strengthen our weaknesses. Some of the things coming up are:

- The Office of Inclusion and RUSP will present a workshop series called “Interrupting the Ism’s” to address discrimination and harassment.
- The Annual Cleveland Heritage Gala where proceeds are collected on behalf of the Greater Cleveland Food Bank.
- SNMA Annual Medical Student for a Day, where underrepresented minority college students who are interested in medical school have the opportunity for early exposure.
- Partnering with Cleveland Clinic Taussig Cancer Community Outreach and Patient Navigation team to help promote screenings for cancer prevention.
- Finding more networking opportunities with OOA members and other DOs, as well as encouraging students to attend more osteopathic conferences such as OMED or the Ohio Osteopathic Symposium in order to build professional relationships. →



GWENDOLYN KUZMISHIN, OMS-II

SOMA President
Cleveland Campus

The Student Osteopathic Medical Association (SOMA) chapter at OU-HCOM Cleveland is now in its fifth year and we are so excited about our growth as an organization. Our two main goals for this year were to increase our involvement on the national level and to increase our partnerships with other organizations at HCOM to have a greater impact on our local community.

We have been very active on the national level, as we have sent student representatives to each of three leadership conventions in Washington, DC, Chicago, and Baltimore. Attending these conferences not only allows HCOM students to directly impact the resolutions and policies that National SOMA submits to the AOA House of Delegates, but also provides our students with opportunities to cultivate their leadership skills and network with medical students and professionals from all over the country. We were honored to receive national recognition at OMED by winning the SOMA Charity Miles Competition. Charity Miles is a mobile app that makes a donation to the organization of your choosing for every mile that you log. Our SOMA Charity Miles Team in Cleveland logged more hours per individual than any other osteopathic medical school in the country. We won first place with an average of 148.10 miles per team member.

On the local level, we kicked off the school year with a Sundaes with SOMA event to welcome all students back to campus. We partnered with the Lifestyle Medicine Club and Student Government Association to create and maintain a community garden. The fresh vegetables harvested from this garden were given to community members who visit our building in Warrensville Heights. This fall, we also partnered with Sigma Sigma Phi for a Project Linus service project where we produced over 30 blankets for children in need in the greater Cleveland area.

This spring, Cleveland SOMA is planning to host a voter registration drive, a policy and resolutions workshop to prepare for the SOMA House of Delegates at our Spring Convention, and a Lobbying 101 workshop for DO Day on the Hill. We are also collaborating with the SOMA Overdose Prevention Task Force to create an action plan for how our students can help raise awareness and prevent drug overdoses at the local level.

We are still a relatively new club and are always looking for new speakers to discuss issues pertinent to the osteopathic profession. We invite any *Buckeye Osteopathic Physician* reader in the Cleveland area, or those willing to travel to Cleveland, to reach out to the chapter president if they are interested in hosting a lunch lecture, helping with one of our workshops, or getting involved with one of our service projects. ■



Student Leaders

Student Government Association (SGA), Cleveland

Marcus Lowe, President

Hugh McQuillen, Vice President

Julia Carroccio, Treasurer/Secretary

Alexa Schmidt, Student Director of Community Outreach

Student Osteopathic Medical Association (SOMA), Cleveland

Gwendolyn Kuzmishin, President

Sarah Foley, Vice President

Abigale Cannon, National Liaison

Britney Snyder, Secretary/Treasurer

Amy Swan, First Year Liaison

years. Males have a rate of suicide four times that of females across the lifespan. Since 2014 rates of suicide for black, non- Hispanic males have increased over 50 percent and for white non- Hispanic males by nearly 25 percent. For males, firearms and suffocation (hanging) are the most reported mechanisms of suicide accounting for 85 percent of deaths, while for females, these two mechanisms plus drug overdose account for almost 90 percent of deaths. I would encourage reading of the Ohio Department of Health report *Suicide Demographics and Trends, Ohio, 2018* (November 2019 release) for additional important information on suicide in Ohio, keeping in mind that the report details deaths related to suicide and not the much more prevalent manifestations of suicidality- namely suicidal thinking and suicide attempts.

Having provided this background, my hope is that the readership is very aware of the issue of suicidality in terms of its numerous and often devastating implications. It is estimated that one suicide impacts well over 100 people in the community who were close to, involved with, or gained knowledge of the deceased person. Information about the identification of those at high risk of suicidality and engaging and working with them in an ongoing manner to manage

the condition has become increasingly available in recent years. While all clinicians will not be able to fully utilize all these practices, it is vitally important that all clinicians are able to identify those at high risk for suicide, provide them evidence- based interventions, and assist them in directly accessing the care they desperately need. It will take a concerted effort of those in healthcare as well as those in social service and law enforcement agencies to reverse the upward trend in suicide deaths in Ohio.

Providers of health care services are well-positioned to identify and intervene with those at high risk for suicide. In both national and Ohio- specific studies, about 80 percent of those dying by suicide were seen in a healthcare setting within 12 months of death with close to 50 percent receiving a service in a health care setting one month prior to death. Most of these individuals are seen in primary care clinics and emergency departments rather than behavioral health care practices and most are not in behavioral health treatment at the time of death. The *2012 National Strategy for Suicide Prevention* (US Department of Health and


Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention) included the goal of promoting suicide prevention as a **core component** of health care services. The Zero Suicide (ZS) Model, an overall framework for implementing evidence-based practices for suicide prevention followed from the 2012 Report. The clinical practices reviewed are all important elements of the model. See www.zerosuicide.sprc.org for information about the ZS Model.

While predicting those who will ultimately die from suicide is not currently possible, there are several evidence-based screening instruments that provide prompts to guide suicide risk assessment. Screening those with known behavioral health and substance use conditions for suicidality is prudent, given the increased rates associated with these illnesses. Universal screening meets the goal of providing a person with **comprehensive care** and is necessary to identify those with varying degrees of suicidality with no previously identified/current behavioral health or substance use conditions. Such screening instruments include the Columbia Suicide Severity Rating Scale (C-SSRS), which is available in multiple versions, the briefest of which is a version consisting of 6 questions. The C-SSRS can be completed by the patient and then reviewed by the clinician or completed in the course of an interview. It poses specific prompts relating



Ohio can be successful in reducing the number of suicide deaths in 2020. It will take a concerted effort of those in health care as well as those in social service, educational, and law enforcement settings to identify those at high-risk and assist them in accessing necessary care.





to thoughts of not wanting to live anymore, of wanting to end one's life, of planning to end life as well as developing a specific life-ending plan and engaging in behavior(s) to end life. Another validated instrument, the Patient Health Questionnaire-9 (PHQ-9), asks about the presence of feelings of depression and hopelessness, symptoms of depression, and thoughts of being better off as a result of engaging in self-harm or potentially lethal actions.

These two instruments assist in screening for suicide risk; they provide important data but do not replace sound clinical judgment. Patients not comfortable admitting to having suicidal thoughts/plans/taking action to harm themselves and those who have determined that they would be better off dead may not screen positive for suicide risk on these instruments. The presenting circumstances, expressed distress about current life situation or physical status, statements about being unable to cope with life/feeling hopeless, and clinician observation of the person's display of sadness, anxiety, anger, or apathy provide additional valuable information in assessing suicide risk. Taking the opportunity to ask one (or more) of the important screening questions again, possibly in a slightly different manner, when a patient is evidencing significant distress but screening negative for suicide risk, can potentially prompt more revealing responses. Inquiring directly about suicidal thoughts, plans, and behaviors in a compassionate manner communicates both the importance of the issue and the clinician's interest in this most important matter. These direct inquiries do not "place" thoughts of suicide in patient's minds or increase suicide risk.

Those patients screening positive for suicide risk will require further interventions. Having a workflow or protocol in place for this situation is vital. Are there mental health clinicians in the primary care or ED setting to further assess the patient for severity of suicidality? If not, what is the plan to access such clinicians in a time-sensitive manner? Ensuring that a patient identified with a concerning level of suicidality is linked in real-time with the clinician who will provide further assessment is highly recommended as a significant percentage, in some studies as many as half, of patients provided mental health care appointments after seeking primary/urgent care do not keep the appointments.

While a specialized care referral and/or consultation is necessary for those with identified high risk, there are important clinical activities that can be conducted with the patient in the primary care/ED setting irrespective of whether care will continue in that setting or referral is made to another care provider. Two that have a significant evidence base supporting their use are the Safety Planning Intervention (SPI) and lethal means counseling. Both of these activities can be covered in the SPI process.

The SPI is a brief intervention that typically takes 20-45 minutes to complete and is intended to provide the patient with information relevant to recognizing and managing their suicidality as well as enlisting help from a variety of sources, including crisis service/emergency department care. The intervention consists of the clinician and patient engaging in the collaborative task of creating a written safety plan that the patient will have for their use following the intervention. The safety plan identifies: warning signs of increasing suicidality; internal coping strategies, social situations, and personal relationships to use to reduce the intensity of suicidal thoughts and impulses; persons who could be contacted and alerted to the patient's increasing suicidality and could offer meaningful help through listening or their presence; clinicians/agencies/hospitals or clinics/suicide helpline or crisis lines that the patient can readily access should they experience a crisis situation with worsening suicidality.

Lethal means reduction counseling addresses the risk posed by potentially lethal items in the patient's home/living environment that can be readily accessed and utilized in a suicidal act. As a final component to the safety plan, the patient and clinician can review such items (firearms, medications, alcohol/other substances) beginning with any that the patient has identified in thoughts or planning related to suicide. Given the frequency of their use in suicide and their lethality, firearm access should always be addressed. Specific plans for safe medication storage, removing firearms from the home or disabling them or preventing their use (with gun locks, for example), and the assistance that family members and trusted others could provide in keeping the patient safe (helping

secure medications or firearms) would be reviewed and incorporated in the safety plan.

The safety plan must be developed in a collaborative manner, primarily utilizing patient input, to be effective. The clinician can provide helpful suggestions during the development of the plan, but the importance of the plan being a patient-specific product cannot be overemphasized. Once the plan is completed, its use is reviewed with the patient, any modifications made, and barriers to use problem-solved. The patient is provided the plan (and additional copies, if this would be helpful) and a copy is kept in the patient chart. Discussion with the patient would determine if there are others they would want to provide a copy of the plan and communicate the importance of the plan being transmitted to the provider of ongoing care, if this is different than the clinician involved in assisting with the creation of the plan.

A final intervention that has been demonstrated to be helpful (reducing self-harm and suicide attempts) to patients with significant suicide risk who are referred to ongoing care in an outpatient setting is the provision of timely, supportive contacts such as phone calls, text messages, or letters. These “caring contacts” should be tailored to the patient’s communication preferences and represent interest in the patient’s welfare beyond the services provided in the clinic/ED setting. The initial caring contact would be set to occur within 1-2 days of the patient encounter and utilized to determine if recommended care has taken place and if the patient feels able to manage their current situation (have they been using their safety plan, as needed?). Additionally, the contacts provide an opportunity to offer the patient encouragement for their utilizing prescribed treatments and services.

Ohio can be successful in reducing the number of suicide deaths in 2020. It will take a concerted effort of those in health care as well as those in social service, educational, and law enforcement settings to identify those at high-risk and assist them in accessing necessary care. Significant effort is currently underway to create a statewide Suicide Prevention Plan to coordinate efforts and better serve Ohioans. Promoting the consistent use of evidence-based suicide screening tools, use of the SPI, real-time linkage of patients at high-risk with specialized consultant/clinician care and performance of caring contacts are all activities consistent with the intent of the statewide plan and will greatly assist the effort to reverse the upward trend of suicide which is the current unfortunate reality in Ohio. Each of your efforts to further this goal is very much appreciated! ■

Resources

<https://mha.ohio.gov/Health-Professionals/Suicide-Prevention-Toolkit>

<https://zerosuicide.sprc.org/>

<https://www.changedirection.org/>

Other resources and reports cited in the article are available at www.OhioDO.org.

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

Ohio’s 24/7 Crisis Text Line
Text keyword “4HOPE” to 741 741

LEGISLATIVE UPDATE

By Matt Harney, MBA



As 2020 kicks into high gear, the General Assembly finds itself in the same situation it does in every even-numbered year: making time for weighing complex legislation on a host of issues (like school vouchers, state building projects, updating the electrical grid, and many health-related bills) while also accommodating the election calendar. The primary season is well underway and many candidates are busy campaigning in their respective districts. The March 17 primary election will be here in no time!

Nonetheless, there are dozens of health care bills currently being considered by the General Assembly. Below is a summary of those that are most pressing. Please keep in mind bills are often amended, which may affect the OOA's position.

HB 177: APRN Scope of Practice

HB 177 has taken on many different iterations as we're now on the eighth version. In the current version on the bill, the standard care agreement between nurse practitioners and physicians is removed. The bill also bans physicians from prescribing Schedule II drugs from convenience care clinics.

To date, the bill has received six hearings in the House Health Committee. The OOA has provided testimony multiple times in opposition to this bill.

HB 224: CRNA Scope of Practice

The introduced version of HB 224 was an extensive scope of practice overreach. The current substitute bill retains the current law requiring physician supervision and maintains existing authority to administer anesthesia in the supervising practitioner's immediate presence. It allows CRNAs to order drugs, tests and intravenous fluids for conditions related to anesthesia administration if the facility has a policy creating that authority.

The bill has passed the House Health Committee.

HB 323: Prescriptive Authority for Psychologists

HB 323 would authorize certain psychologists to prescribe drugs and therapeutic devices, order related laboratory tests, and issue medication administration orders to nurses. The bill requires a certificate holder to enter into a written collaborative agreement with a physician and requires the collaborating physician to review the holder's prescribing practices. The bill requires a psychologist to hold a certificate to prescribe issued by the State Board of Psychology before the psychologist may prescribe, order tests, or issue orders. HB 323 also requires the Psychology Board to establish an exclusionary drug formulary specifying the drugs and devices a certificate holder is not authorized to prescribe.

The bill has received a hearing for proponent and interested party testimony in the House Health Committee.

HB 61: Public Records Exemption for Mental Health

HB 61 would allow mental health providers, mental health evaluation providers and regional psychiatric hospital employees as individuals whose residential and familial information is exempt from disclosure under the Public Records Law.

The bill has passed the House and the Senate Judiciary Committee.

SB 97: Price Transparency

The bill is a response to the price transparency efforts sought by the House through last year's budget bill but was ultimately vetoed by Gov. DeWine. SB 97 would require hospitals to provide a cost estimate for a scheduled service or procedure at least seven days in advance, upon request by the patient.

The bill has passed the Senate and has been referred to the House Health Committee.

SB 72: Use of Consumer Grade Fireworks on Private Property

SB 72 would allow use of consumer grade fireworks on private property while allowing counties or townships to ban the use. The bill would impose a 4 percent fee on gross receipts of retail sales (on consumer grade fireworks) on licensed manufacturers or wholesalers to fund firefighter training programs and the enforcement and regulation of the fireworks industry.

Ultimately, ER physicians would see an immediate increase in visits caused by recreational and reckless fireworks discharge. Time and time again, studies show that both the frequency and severity of fireworks injuries increase when discharge is legalized in a state. Ohio children are severely impacted by the potential passage of this bill, as one-third of all injuries are to kids.

The bill has been heard by the Senate Transportation, Commerce & Workforce Committee.



HB 329: Sun Lamp Tanning for Minors

HB 329 would ban minors from sun lamp tanning. Nineteen states and Washington, DC, already have the ban in place. In Ohio, minors are allowed to tan with parental consent. Those under the age of 16 must be accompanied by a parent or guardian. The OOA has issued testimony in support of the bill citing a recent study showing that restricting indoor tanning among minors leads to the prevention of nearly 62,000 melanoma cases, 6,735 melanoma deaths, and saves \$342.9 million in treatment costs over the lifetime of the 61.2 million youth age 14 or younger in the US. Melanoma is the deadliest form of skin cancer and is the cause of 9,000 American deaths annually. The research also shows that health benefits increase as indoor tanning was further reduced.

The bill has received a hearing in the House Health Committee.

HB 412: Rare Disease Advisory Council

HB 412 would establish a Rare Disease Advisory Council. Rare diseases are present across a broad spectrum of medical conditions including lysosomal storage diseases, blood disorders, eye diseases, and autoimmune disorders. Brain, pancreatic, ovarian, thyroid, and stomach cancers as well as all forms of pediatric cancer are considered rare. Nearly 1 in 10 Americans have a rare disease and more than 90 percent of rare diseases have no FDA-approved treatment. The OOA has joined a large coalition in support of this bill.

The bill has received multiple hearings in the House Health Committee.

HB 469: Accumulator Adjustor Programs

HB 469 directs insurers to count all payments towards a patient’s deductible—whether made by the patient or through a co-pay assistance program. Assistance may come from various sources such as charities, churches, drug manufacturers. In recent years, health plans have refused to apply this portion as part of a practice called “co-pay accumulator adjustment.” Four states have passed patient protection laws by addressing accumulator adjustor policies and several other states have pending legislation. The OOA is one of the more than three dozen members of a patient advocacy coalition that supports the bill.

The bill has been referred to the House Health Committee.

Some of the other bills we’re tracking include:

- HB 12: Creating the Ohio Children’s Behavioral Health Prevention Network Stakeholder Group.
- HB 132: Regarding notice of school child immunization requirements and exemptions
- HB 165: Regarding the adoption of health education standards
- HB 388: Regarding out-of-network care
- SB 61: CRNA scope of practice
- SB 198: Regarding out-of-network care (not companion legislation of HB 388)

Keep in mind it’s critical to actively engage in the electoral process. This legislation is drafted and debated by individuals elected by the people (that is, assuming they were not appointed to fill a vacancy). So make sure you help play a role in the future of public policy by being informed and voting. Important 2020 dates are below:

Primary Election Information

Early voting begins: Feb. 19
 Primary election day: Mar. 17

General Election Information

Voter registration deadline: Oct. 5
 Early voting begins: Oct. 6
 General election day: Nov. 3

Please also always remember the critical importance of your advocacy. Your advocacy can come in many forms, such as:

- Submitting a message to your legislator(s) from an OOA action alert
- Testifying at the Statehouse
- Writing a letter to the editor
- Serving as an issue expert on legislation

You can register your advocacy level at www.OhioDO.org under the “Volunteer and DO Your Part” tab. ■



Ohio Osteopathic Foundation Donors

The list below reflects giving for the period of November 1, 2018 to November 30, 2019. To make a contribution, go to www.OhioDO.org/OOF or send your check to OOF, PO Box 8130, Columbus, Ohio 43201. For memorial donations, an acknowledgement of your gift is sent to the family of the deceased. No amounts are mentioned.

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 Jon F. Wills

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In Memory of Bernhardt A. Zeiber
 Jon F. Wills

Ohio Osteopathic Political Action Committee Honor Roll

The following is based on contributions from April 30, 2018, to April 22, 2019. OOPAC supports candidates who have demonstrated beliefs in and the principles to which osteopathic medicine is dedicated. The primary goal is to help shape health care policy by educating legislators and explaining how proposed legislation affects patients and communities. A strong PAC helps to open doors and strengthen the osteopathic voice at the Ohio Statehouse. To make a contribution, go to www.OhioDO.org/OOPAC.

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Welcome New Members!

Ohio Osteopathic Association members pledge to serve as advocates for their patients and subscribe to the mission of maintaining the highest standards of ethical conduct in all phases of medicine and surgery. We applaud these physicians who, over the past year, have joined the OOA, the only statewide organization exclusively dedicated to representing osteopathic physicians.

Meghan K. Arndts, DO

OUCOM-2004
Surgery
Adams County – Indiana

Jason E. Ashbaugh, DO

OUCOM-2005
Internal/Emergency Medicine
Cuyahoga County - Akron/Canton District

Derek A. Ballas, DO

WVSOM-2012
Obstetrics & Gynecology
Summit County - Akron/Canton District

Carl J. Barrick, DO

VCOM-Carolinas-2015
Dermatology
Medina County - Akron/Canton District

Jordan D. Brown, DO

OUCOM-2013
Surgery
Montgomery County - Dayton District

Kathryn G. Brzozowski, DO

OUCOM-2010
Internal Medicine
Lake County - Cleveland District

Alex H. Bunce, DO

KCOM/ATSU-2014
Family Practice
Montgomery County - Dayton District

Stephen J. Ching, DO

LECOM-2013
Psychiatry
Franklin County - Columbus District

Adam J. Dann, DO

NYCOM-2007
Orthopedic Surgery
Montgomery County - Dayton District

Tammy L. Dann, DO

KCOM/ATSU-2008
Anesthesiology - Pain Management
Montgomery County - Dayton District

Soaman Dizechi, DO

TUCOM-2016
Internal Medicine
Maricopa County – Arizona

Drew W. Dula, DO

KCUMB/COM-2014
Neurology
Montgomery County - Dayton District

Thomas J. Dunn, DO

LECOM-2011
Family Practice
Warren County - Dayton District

Jon P. Durrani, DO

LECOM-2011
Neurological Surgery
Montgomery County - Dayton District

Kimberly A. Eilerman, DO

OUCOM-2002
Pediatrics
Franklin County - Columbus District

Ryan L. Eschbaugh, DO

OUCOM-2012
Orthopedic Surgery
Stark County - Akron/Canton District

David S. Fitch, DO

OUCOM-2006
Physical Medicine & Rehabilitation
Richland County - Columbus District

Amanda E. Herron, DO

OUCOM-2014
Obstetrics & Gynecology
Hamilton County - Cincinnati District

Katherine E. House, DO

LECOM-2013
Internal Medicine
Montgomery County - Dayton District

Gary S. Huber, DO

OUCOM-1987
Emergency Medicine
Hamilton County - Cincinnati District



Rachel L. Hunter, DO
WVSOM-2015
Internal Medicine
Montgomery County - Dayton District

David D. Kim, DO
WVSOM-2012
Surgery
Defiance County - Northwest Ohio District

Garrett L. Kirkpatrick, DO
PCOM-2014
Family Practice
Blair County - Pennsylvania

Edwin Bradley Kropp, DO
WVSOM-2010
Anesthesiology
Franklin County - Columbus District

Amanda M. Kruepke, DO
OU-HCOM-2015
Pediatrics
Wayne County - Akron/Canton District

Beth A. Longenecker, DO
OU-2011
Emergency Medicine
Athens County - Marietta District

Megan L. Mackenzie, DO
MSUCOM-2011
Neurology
Montgomery County - Dayton District

Antonio G. Manocchio, DO
OU-2011
Orthopedic Surgery
Montgomery County - Dayton District

Dallas B. Martin, DO
WVSOM-1985

Family Practice
Kanawha County - West Virginia

Jay R. McDougal, DO
OU-2009
Internal Medicine
Athens County - Marietta District

Patrick R. McKenna, DO
TUCOM-2007
Occupational Medicine
Franklin County - Columbus District

James D. Miller, DO
LECOM-2012
Orthopedic Surgery
Fairfield County - Columbus District

Julie T. Miller, DO
UNECOM-1986
Pediatrics
Lucas County - Northwest Ohio District

Vinay Mulkanoor, DO
MWU/AZCOM-2013
Nephrology
Franklin County - Columbus District

Alexandra E. Murray, DO
OU-HCOM-2015
Emergency Medicine
Lucas County - Northwest Ohio District

Laura R. Nash, DO
OU-1991
Internal Medicine
Franklin County - Columbus District

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OU-2008
Pediatrics
Cuyahoga County - Cleveland District

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OU-2011
General Vascular Surgery
Cuyahoga County - Cleveland District

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MSUCOM-1995
Family Practice
Montgomery County - Dayton District

Marc D. Richards, DO
OU-HCOM-2016
Family Practice
Athens County - Marietta District

Brian M. Sammon, DO
OU-2014
Family Practice
Cuyahoga County - Cleveland District

Richard A. Scarnati, DO
MWU/COM-1976
Psychiatry
Franklin County - Columbus District

Michael A. Scarpone, DO
OU-1986
Family Practice
Jefferson County - Western Reserve District

Sarah E. Sewell, DO
OU-HCOM-2015
Pediatrics
Seneca County - Northwest Ohio District

David C. Stastny, DO
MWU/COM-1981
Anesthesiology
Washington County - Marietta District

Shannon L. Stevenson, DO
KCUMB/COM-2012
Pediatrics
Franklin County - Columbus District

Brian J. Taylor, DO
LECOM-2010
Internal Medicine
Allen County - Lima District

Courtney A. Walsh, DO
OU-HCOM-2015
Family Practice
Delaware County - Columbus District

Lindsay N. Wardle, DO
OU-2011
Obstetrics & Gynecology
Greene County - Dayton District

Matthew N. Widmer, DO
LECOM-2013
Sports Medicine-Family Practice
Erie County - Sandusky District

Robert A. Zukas, DO
LECOM-2010
Family Practice
Allen County - Lima District ■



The JAOA
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Researchers assess burnout levels of osteopathic medical students and examined the relationship among burnout, perceived stress, sleep quality, and smartphone use. bit.ly/2QxnBd3



Heritage College
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That's the future of #MedEd right there! We're making progress on our new purpose-built #medschool facility on Union Street in Athens, which is slated to open in 2021. Just think of all the #osteopathic #medstudents we'll train here. #CareLeadsHere #FutureMedEdBuilding



@ Ohio Osteopathic Association



December 9, 2019

In each issue of OSTEOFACETS (emailed to members every Friday) we list articles, reports, websites, resources, etc. that may be of interest to OOA members. Have any to share? Send us a link!

Renew Your Membership

Thank you for being an OOA member! By paying your dues you keep the profession moving forward, promote the distinctive philosophy and practice of osteopathic medicine in Ohio, and improve health care for patients. Pay your dues online. www.OhioDO.org

Your Voice Matters!



The OOA House of Delegates convenes April 24-25. It's your chance to impact policy positions that move from the OOA to the AOA and on to our legislators and regulators for action. Submit your resolutions by March 16 and contact your local district academy about volunteering to be a delegate.



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