

Buckeye Osteopathic Physician

The Quarterly Publication of
The Ohio Osteopathic Association
Fall 2012

OUT OF HAND

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with public health
officials to stop the
prescription drug
epidemic

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Get to Know John Ramey

OOA president continues to implement strategic plan, steer DOs toward strong future.

By Jan O'Daniel

"Dedicated, collaborative and fun."

That's how—when pressed for three words—Ohio Osteopathic Association President John F. Ramey, DO, of Huron, describes himself. That, and "sandal-wearing."

Buckeye Osteopathic Physician caught up with the recently installed president on a hot August afternoon as he was ferrying over to Kelleys Island, though not, as some might suspect, for vacation, but for one of his twice-monthly visits as preceptor to the local clinic.

"People always wonder how I do everything," said Ramey, who juggles practice, leadership, advocacy and preceptor roles with a busy family life. "I just want to be involved. I have a passion for what we do."

"My wife and kids are the most important part of my life, of course. But I'm also very involved with my patients and the practice of medicine. In Sandusky where I practice, I'm known for being laid back, down to earth and approachable. My patients know they get my attention because I spend time with them and try to be a teacher. Part of being an osteopathic physician is educating patients on how they can do things differently."

Education is a common thread for Ramey, both personally and professionally. In addition to talking about his role as OOA president, game-changing legislative issues and the biggest issues facing DOs today, Ramey let us in on how education changed the course of his career, and why continuing medical education is tops on his presidential agenda.

Regarding the OOA

How long have you been involved with the Ohio Osteopathic Association?

I've been involved in the OOA for quite some time. I counted it up the other day and it's about 22 years. I was a student member in medical school, a student trustee in fact. Then, after internship and after I went into practice, I was elected as Sandusky District trustee. I've been on the Board for some time and once you're appointed to the executive committee, you go through all chairs. I'm honored to be serving as president this year.

What's been your first order of business since being installed as OOA president in April?

Well, there's a lot of structure built into the role. The OOA is a part of a lot of organizations so I've been busy collaborating with the Ohio Department of Health and the governor's office on anything health related. We're constantly advocating for health care issues. We're also involved in the Ohio Supreme Court specifically submitting "friend" briefs on a lot of cases related to medicine. As for the association itself, I'm involved in implementing our strategic plan. Part of that involves working to put our District Academy restructure in place so we're able to service more DOs. Membership is important, too. About half the DOs in the state are members but, of course, I'd like to see more.



What don't people know about the OOA that you wish they did?

We're a strong advocate for osteopathic physicians and medicine in Ohio with insurance companies, hospitals, the state legislature and the Ohio Department of Health. I'm not sure people realize how involved and important it is. We need more members with an interest in what's happening at the legislative level.

CONTINUED ON PAGE 4

“ I just want to be involved.
I have a passion for what we do. ”

— John F. Ramey, DO, President, OOA



PHOTO BY PATRICK SINCO. COURTESY OF AMERICAN OSTEOPATHIC ASSOCIATION



5 THINGS YOU (PROBABLY) DON'T KNOW ABOUT OOA'S PRESIDENT

- 1 Is a college sports nut, especially basketball and football ("Go Ohio University Bobcats!") and admits to enjoying an occasional game of pickup.
- 2 Owns two boats—a cabin cruiser and a 17-foot fishing boat the he loves to take out on nearby Lake Erie.
- 3 Grew up on a farm in southeastern Ohio and was the first in his family to attend college.
- 4 Would be a teacher if he was not an osteopathic physician.
- 5 Loves classic rock-and-roll music, especially live, and enjoys listening to his musician son, Joe, sing and play.

CONTINUED FROM PAGE 2

What do you think of OOA membership and where it is today on most DOs priority list?

Today's thing is board certification, of course. And to be board certified, you have to be part of the national American Osteopathic Association (AOA). Then you join your specialty association. So state membership is usually a third priority and then District Academy. That's a big part of it. I truly think finances are a part of it; it's not cheap. And membership requires a time commitment too. It's worth it, though.

On Osteopathic Medicine

What's the biggest challenge DOs are facing right now?

When it comes to pure DO issues, we're not challenged with the issues of the past such as payments or discrimination. The big issue, I think, is maintaining our osteopathic identity. We've integrated so well that everyone treats us completely as equals to allopathic physicians, but we're starting to lose our distinctiveness. Every hospital now has both allopathic and osteopathic physicians. We need to still train our students to be "osteopathic." We're really a popular profession. Talk about our holistic approach, our model of education has been adopted, but we need to maintain our identity. Our second challenge is maintaining our educational programs, specifically post-graduate medical education. We're trying to promote District Academy participation. We're also trying to strengthen the relationship with OU-HCOM through our annual symposium, and to continue CME at district and state levels. We need to incorporate our osteopathic principles, practice and heritage into our CME programs.

On Passion & Purpose

Who inspired you?

My high school biology teacher, Mr. Smith, was an absolute inspiration. My basketball coach, also an educator,



PHOTO BY JOHN SATTLER

PROFILE OF A PRESIDENT

JOHN F. RAMEY, DO

AGE: 47

Medical Education: 1992 graduate of Ohio University Heritage College of Osteopathic Medicine (OU-HCOM), where he was a student representative on the Ohio Osteopathic Association (OOA) Board of Trustees

Post-Graduate Training: Firelands Regional Medical Center (FRMC)

Family: Wife Kelly (also a DO), son Joe (age 20) who is studying accounting in college, and son Jake (age 17), a high school senior, who plans to study engineering

Specialty: Board-certified family physician

Resides In: Huron

Practice Location: Sandusky

Professional Roles: Medical director of the Ohio Veterans Home (OVH) in Sandusky; preceptor and clinical assistant professor of geriatric medicine for FRMC's family practice residency; preceptor and medical provider to Kelleys Island residents through the local health department's outreach clinic

Leadership: Long-time member of the Ohio Osteopathic Association Board of Trustees and Executive Committee; served in every capacity of the 5th District Academy; participates annually in both the OOA and American Osteopathic Association (AOA) House of Delegates

Alumni Affairs: Served on the board of the OU-HCOM Society of Alumni and Friends; visits campus often.

was a big role model for me. And the father of a very close personal friend in high school was an inspiration to me. I grew up in a family without education. Nobody had gone onto college. I grew up on a farm in southeastern Ohio and they didn't care about school, so I didn't have a lot of support in that way. My best friend's father was educated and a school board member

and he encouraged me. I actually went to school to be a teacher. I took all the sciences—biology, chemistry, physics—and I was a good student so they started steering me toward medicine. When I realized how different osteopathic medicine was, I was hooked. A big part of being a DO is educating my patients, so, yeah, I guess I am a teacher, too.

A big thing we're facing as a professional organization is we don't want law enforcement telling us how to practice medicine. It's a fine line. We agree there's a prescription drug problem, but we don't want lawmakers telling physicians how to practice medicine.

— John F. Ramey, DO, President, OOA



PHOTO COURTESY OF FIRELANDS REGIONAL MEDICAL CENTER

When it comes to pure DO issues, we're not challenged with the issues of the past ... The big issue, I think, is maintaining our osteopathic identity. We've integrated so well that everyone treats us completely as equals to allopathic physicians, but we're starting to lose our distinctiveness.

— John F. Ramey, DO, President, OOA, on current challenges in the profession

What is something we don't know about you professionally?

Well, most people know I practice medicine and am involved in the OOA, so probably my role as medical director of a veteran's home. As a medical director of a large nursing home, I'm not only practicing medicine, I'm involved in a lot of organizational activities and policymaking.

What OOA presidential legacy do you want to leave?

My big goals are to continue to implement the strategic plan and to restructure the district academies in areas like Youngstown, Lima and Warren to get those areas back functioning and being active. We had seen a lot of inactivity and are working hard on those. We've achieved some success already with the new Western Reserve Academy. Another big goal is to try to re-establish our relationship with Ohio University's leadership, the president, dean and provost. There's only one osteopathic school in Ohio and leadership comes and goes. The dean of the medical school recently retired, for example. We felt we needed to strengthen that relationship a little more and I'm pleased that I was part of the search committee for the new dean. We're now meeting quarterly with their executive director and provost. This past year has been amazing for OU with the \$105-million grant from the Osteopathic Heritage Foundations, extension campuses opening and affiliations with Cleveland Clinic and OhioHealth.

ADVOCACY AGENDA

Of the many benefits of OOA membership, legislative policymaking is, perhaps, one of the most important. OOA leadership, staff and volunteers work tirelessly to offer physician perspectives, input and testimony with regard to legislative issues affecting osteopathic physicians and their patients.

Here, OOA President John F. Ramey, DO, shares what he believes are the two most important legislative issues for Ohio's DOs this year.

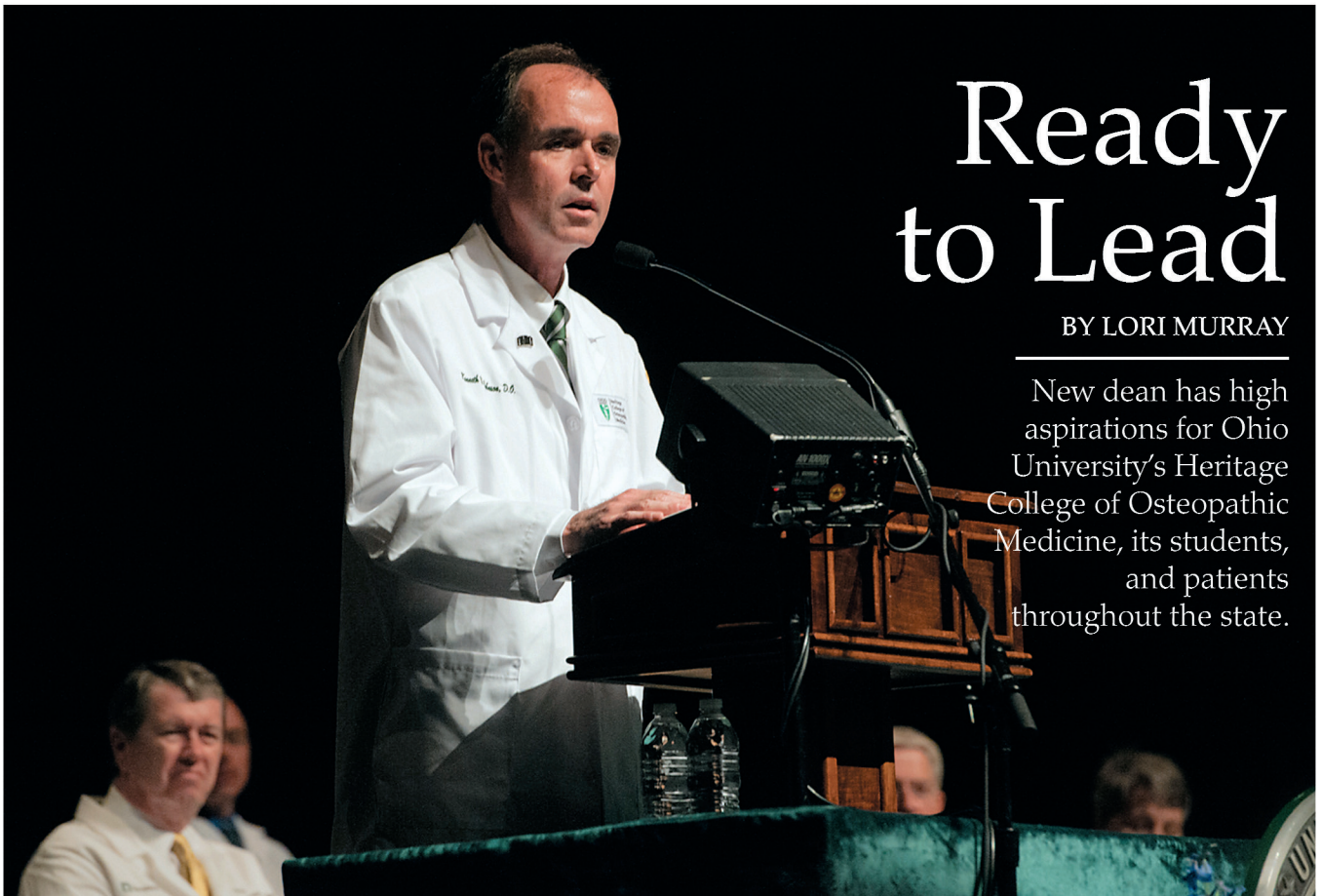
Expanding Roles for APNs, NPs and PAs

"There's an ongoing cycle that allows advanced practice nurses, nurse practitioners and physician assistants to practice more and more and more. They were practicing as physician extenders but now state legislatures are granting more independent practice rights. We feel there needs to be education with extending rights, along with reasonable reasons why people are given those rights. Our role is to protect the public health so we have to monitor scope of practice issues and have our input heard."

Prescription Drug Abuse & Opiate Guidelines

"One of the big issues in our state right now is prescription drugs, specifically the overuse of opioids and controlled substances. Ohio Governor Kasich and his administration along with state legislators like Terry Johnson, DO, have been strong advocates to stop the crisis in Ohio through HB 93, which regulates overprescribing docs and pain clinics. Pain medicine and opioid prescribing is a hot issue, and we've been spending a lot of time working with the Ohio Department of Health and the Governor's Cabinet Opiate Action Team (GCOAT).

We helped implement opiate prescribing guidelines in emergency departments and acute care facilities. Now there's a plan to implement guidelines in the office setting. A big thing we're facing as a professional organization, however, is we don't want law enforcement telling us how to practice medicine. It's a fine line. We agree there's a prescription drug problem. But we don't want lawmakers telling physicians how to practice medicine. And pain, hospice and cancer patients deserve to have access to pain medicine."



Ready to Lead

BY LORI MURRAY

New dean has high aspirations for Ohio University's Heritage College of Osteopathic Medicine, its students, and patients throughout the state.

PHOTO COURTESY OF OU-HCOM

In recent months, there has been no shortage of news coming out of Athens—especially related to Ohio University's Heritage College of Osteopathic Medicine. Beginning with the record \$105-million gift from the Osteopathic Heritage Foundations to news of new extension campuses in Dublin and Cleveland, to expanded partnerships with OhioHealth and Cleveland Clinic, the college's future looks bright. Now, OU-HCOM has selected someone to lead the charge, recently naming Kenneth H. Johnson, DO, as the new dean.

"It almost couldn't be more exciting, considering what's going on right now. We have a vibrant network of training partners that have had great success at helping us fulfill our mission of producing primary care providers," Johnson said. "I think this college is poised to make a significant impact on osteopathic medical education and ultimately in changing how we care for our patients."

The Right Man for the Job

Prior to taking on this new position, Johnson was the associate dean for educational programs and vice dean at the University of New England College of Osteopathic Medicine (UNECOM) where he was also an associate professor of family medicine and osteopathic manipulative medicine. A recognized academic leader, Johnson has been active in a number of roles with the osteopathic profession, including president of the American Academy of Osteopathy and vice chair of the American Osteopathic Association (AOA) Bureau of Osteopathic Education. He currently serves as a member of the AOA Commission on Osteopathic College Accreditation and is vice chair of the Bureau of Osteopathic Graduate Medical Education Development.

"My professional mission is to enhance and advance osteopathic education, and I have been blessed with a number of leadership positions,"

Johnson said. "I feel fortunate to have these kinds of experiences and to be able to come here to help the shared vision."

Johnson recalls a time when he had to make a decision about which way to guide his professional career. It happened during his time as chief medical officer for the Health Access Network in rural Maine.

"I had an epiphany while attending the UNE White Coat ceremony," he recalled. "Looking at the students, I thought: Would I rather spend my time on the small geography in Maine or with these students who will go all over the country and do great good?"

For Johnson, the decision was a no-brainer. It was clear that he would have the greatest impact in training students. Less than four months later, he was working as an associate dean of clinical affairs at UNECOM.

Working with a Shared Vision

While Johnson acknowledges that the college's future is bright, he



“I think this college is poised to make a significant impact on osteopathic medical education and ultimately in changing how we care for our patients.”

— **Kenneth H. Johnson, DO, Dean, OU-HCOM**

also realizes the great deal of work ahead in implementing the historic gift and the need for creativity and innovation at the college. For starters, he is passionate about more seamlessly connecting undergraduate medical education with graduate medical education.

“The training has traditionally been in two silos, but we are prepared with our relationships to develop more continuous overall training,” he said. “If we could link that continuum, I believe we could follow the natural progress of the physician in a way that is more thoughtful and deliberate.”

Expanded partnerships with OhioHealth and the Cleveland Clinic to establish the Central Ohio and Northeastern Ohio extension campuses should help, along with the growth of medical research programs. Nevertheless, Johnson is clear about his vision for the college and how he plans to make it all work, and central to that plan is a hefty dose of innovation.

In everything we do, the challenge is to think about how things can be done in innovative ways, Johnson said. That includes the need to implement innovative training on the graduate medical education side, especially increasing the depth and breadth of programs in the Centers for Osteopathic Research and Education (CORE).

When it comes to research, Johnson would like to see the college develop a more integrated program that focuses on relieving the most pervasive aspects of human suffering. He also realizes that advocacy is yet another area that demands attention. “I think for the college to be successful in meeting its mission, and for us to have the kind of impact we would like to have on the state of Ohio, we need to try to grow and connect our osteopathic physicians



PHOTO COURTESY OF OOA

here in the state,” Johnson said. “Ohio is a very unique state focused on a shared vision that will allow us to do some truly wonderful things. This includes a future where we have a majority of the osteopathic physicians in the state working together to improve medical education and the delivery of care.”

Making Athens Home

As Johnson acclimates to his new role as dean of the college, his family is busy getting to know the Athens community. Along with his wife, Lynda, Johnson is trying to connect their three children: Katelyn, 13; Brian, 10; and Eric, 9, to their new environment. “My family is the most important thing to me,” Johnson says. “I try to include them in what I do professionally.” Often, that means accompanying him to annual

meetings where they get to know the families of other osteopathic physicians. Fortunately, Johnson said, the osteopathic environment is very family-oriented, and in Ohio, it seems to be even more so.

In his spare time, Johnson likes to bike, camp, swim, and be outdoors. He either runs or rides his bike on a daily basis. During his interview at OU, students asked what he would do to provide communication with them, and he suggested a weekly run with the dean where anyone who can keep up with him gets to talk. This is more than a playful suggestion as Johnson takes his responsibility as a role model quite seriously. “I really believe that I need to be a role model for faculty, staff and students. Exercising and being with family is all part of that,” he said. “I try to set the right tone. It’s hard to care for other people if you don’t care for yourself.”



“ We were convinced that many conditions were overtreated with opioids, but also didn’t want to impede legitimate practice of medicine when prescribing these drugs. ”
— State Rep. Terry A. Johnson, DO, (R-McDermott)

Out of Hand

DOCTORS, LEGISLATORS CONFRONT OPIOID ABUSE

By Stephanie Skernivitz

Mention the epidemic of prescription drug abuse in Ohio to State Rep. Terry A. Johnson, DO, (R-McDermott) and you quickly recognize you’ve touched on the singular hot-button issue that drives his vision to reform the state’s approach to narcotic dispensing. As the only osteopathic physician ever (and also the only physician since the 1930s) to serve the State’s legislature, Johnson, a first-term state representative, found himself in an unmatched position to influence Ohio’s response to opioid abuse within its borders. And he’s not running this effort solo.

Tackling this endemic issue with the involvement of law enforcement, government agencies, pharma manufacturers, pharmacies, state pharmacy and medical boards, physicians and patients alike, is first-priority to Johnson, who brings unparalleled perspective to the table as an Ohio University Heritage College of Osteopathic Medicine graduate and retired colonel of the Ohio Army National Guard.

He’s an insider by default on matters of the opioid abuse nature as a former coroner for eight years in Scioto County, where prescription drug abuse was occurring at “quite alarming” rates. In 2010, the county shelled out 9.7 million opiate doses, which translates to 123

prescribed doses per person in the region, according to statistics from the Ohio Department of Alcohol and Drug Addiction Services (ODADAS).

Upon his election to the Statehouse in 2010, he, alongside then Rep. David Burke (R-Marysville), a retail pharmacist, grabbed a sheet of paper and scratched a five-item agenda that, while inked in a 45-minute timespan, represented many months of intensive grassroots efforts that laid the groundwork for the bill and in-depth experience with the problem on the part of Johnson, Burke and numerous others. That agenda ultimately served to turn the state’s response to opioid drug abuse on its head.

“We were convinced that many



conditions were overtreated with opioids, but also didn't want to impede legitimate practice of medicine when prescribing these drugs," he said.

The proposed bill required:

- pain clinics to be licensed, while redefining pain management clinics. This led to the shuttering of nine pill mills, or illegitimate cash-only medical facilities staffed by doctors and medical staff that were essentially set up to write narcotic scripts;
- restrictions on in-office dispensing of opiates, which has decreased the potential for drug diversion;
- enhancement of Ohio Automated Rx Reporting System (OARRS) by creating rules to enable more frequent use;
- establishment of a statewide drug takeback system, through the Attorney General's office, to allow patients to dispose of excess narcotic drugs safely;
- pharmacy management to prevent patients from visiting multiple pharmacies, a form of lock-in system.

The brainstorming session resulted in the passage of HB 93 in approximately five months, a "remarkable" feat, Johnson said. "The great impact of the bill is that now the medical and pharmacy boards are paying more attention to the issue, and doctors have to think differently about prescribing."

As a direct result of the shuttered pill mills, according to data from the State Board of Pharmacy, in 2011, there was a 12- to 15-percent decline in opiates dispensed in Scioto and Gallia counties or approximately 2 million less doses in one year. According to ODADAS Director Orman Hall, there was also a slight decline in overdoses. Regardless, unintentional drug overdoses have been the No. 1 cause of accidental death in Ohio since 2007; so there's much more work to do.

Thanks in large part to Johnson's efforts and the bill's impact, the state has initiated an organized response to prescription opioid abuse through the Governor's Cabinet Opiate Action Team (GCOAT), OARRS and ODADAS collectively; has issued emergency department and urgent

care guidelines on opioid drug usage; and is working on prescriber guidelines due out this fall.

OARRS Impact

On the OARRS front, the bill calls for its increased use to empower physicians and pharmacists. Danna Droz, program administrator for OARRS, said: "The system is designed for physicians and pharmacists to get more information about the patient's history with controlled substances so they can make better treatment decisions. Secondly, it's to help them recognize abuse or potential addiction and refer that person to treatment or rehab."

How OARRS works: when patients go to a pharmacy and fill prescriptions for narcotic drugs, pharmacists are required to report weekly to the Ohio Board of Pharmacy the patient's name, drug name, quantity, who prescribed and who dispensed.

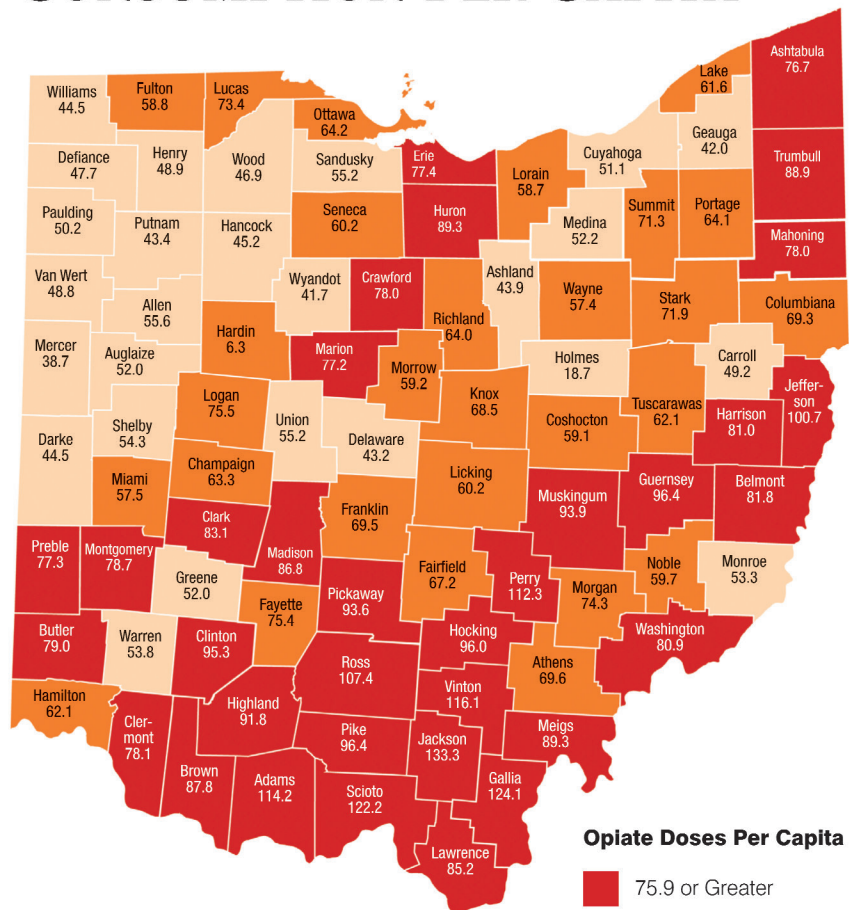
OARRS, part of the Ohio Board of Pharmacy, currently provides reports for up to 13,000 prescribers and pharmacists daily. The system handles 25,000 requests daily.

"OARRS use has skyrocketed

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2010 PRESCRIPTION OPIATE CONSUMPTION PER CAPITA*



CONTINUED FROM PAGE 9

since HB 93," Droz said, encouraging physicians to keep it up. "Use it even when you don't think you need to."

Future plans include increased OARRS registration. There are also plans to work with other states to build a network so if a patient moves to Ohio, physicians would be able to retrieve information from another state on that patient.

For the notable positive outcomes the bill generated, its passage also led to some unintended effects—people who became addicted to their prescription drugs are, in fact, addicts.

"And they don't get magically 'unaddicted.' So now we're seeing many turning to heroin, often funneled in by Mexican drug cartels. And Columbus remains a huge hub for this activity," Johnson said.

To combat addiction-related issues and control the volume of painkillers being dispensed, state leaders have organized the GCOAT, established in fall 2011 to address misuse, abuse and overdose from prescription opioids. GCOAT operates with five workgroups: Treatment; Professional Education; Public Education; Enforcement; and Recovery Supports. Several OOA members have actively participated in GCOAT work, including R. Aaron Adams, DO; Michael V. Bourn, DO; Maury L. Witkoff, DO; and Cleanne Cass, DO, who is the OOA's official representative.

A significant effort of the Governor's Cabinet Opiate Action Team (GCOAT), co-led by Ted Wymyslo, MD, director, Ohio Department of Health, and Bonnie Kantor-Burman, director, Ohio Department of Aging, was the rollout of *Ohio Emergency and Acute Care Facility Opioids and Other Controlled Substances Prescribing Guidelines* in May 2012,

developed in part by GCOAT's Professional Education Workgroup. The

purpose: define the role of emergency departments in providing pain control for individuals who come to EDs or acute care facilities seeking narcotic



CLINISYNC PUSHES FOR E-PRESCRIBING NETWORK

By Stephanie Skernivitz

The e-Prescribing Task Force established by CliniSync (Ohio Health Information Partnership), is charged with getting medical professionals up to speed on the benefits of e-prescribing to enable the ability to send and receive electronic prescriptions, including those for controlled substances.

The partnership, of which OOA is a founding member along with four other organizations, has a mission to assist physicians and other providers with the adoption and implementation of health information technology (HIT) throughout Ohio, specifically in the adoption and use of electronic health records. Funded through the Office of the National Coordinator (ONC) of HIT within the US Department of Health and Human Services, the agency is responsible for the creation of a technological infrastructure that will allow Ohio physicians, hospitals and healthcare professionals to electronically share patient health records across the state.

Cathy Costello, JD, project manager of Regional Extension Center Services, helps ensure that doctors adopt and implement electronic health records. She works with the ONC to make sure Ohio physicians and hospitals are meeting meaningful use to receive reimbursement for its implementation.

Pertinent to the opiate prescribing discussion, Costello is heading up a taskforce for e-prescribing. The multidisciplinary taskforce is charged with helping to increase use of e-prescribing

in Ohio through better quality in filling of prescriptions.

The taskforce also will assist in cutting back on prescription diversion, so that the prescription goes from EHR to pharmacy and is not carried by the patient.

The taskforce aims to find out the rate of adoption of e-prescribing in the state by physicians, healthcare professionals and pharmacies. Part of the process involves researching error rate and accuracy of e-prescriptions, researching physician views and barriers to e-prescribing, and tackling e-prescribing of controlled substances.

In 2008, only 3,015 Ohio physicians were officially e-prescribing; that number skyrocketed to 17,669 prescribers in April 2012. Of note, rural (96.1 percent) and urban (95 percent) alike have adopted e-prescribing. Yet, discouraging is the statistic that just 65 percent of Ohio pharmacists think electronic prescriptions are generally accurate.

"It's been a huge and rapid shift to that electronic age. That is setting the stage for a whole e-prescribing network and controlled substances area. The idea behind e-prescribing of controlled substances is less diversion," Costello said. "With e-prescribing, it doesn't allow paper to leave the office—paper goes directly to the pharmacy with built-in safeguards.

"The difference between controlled substance e-prescribing versus an antibiotic is that the controlled substance has more sophisticated security processes built in before physicians can e-prescribe."

painkillers. The guideline initiative involved multiple stakeholder groups, including the OOA, other state medical and health care associations, EDs and acute care facilities, state agencies and boards, and physicians, nurses and other clinicians. EDs are often sought out by those who are addicted to opioids, so the guidelines were critical, adds Christine Morrison, state opiate project manager. Nationally, opioid prescribing for pain-related ED visits increased from 23 percent in 1993 to 37 percent in 2005. (Source: *JAMA, Trends in Opioid Prescribing by Race/Ethnicity for Patients Seeking Care in US EDs*)

There's also the sobering statistic that in Ohio, 16 percent of fatal overdose victims in 2008 had a pattern of "doctor shopping" by filling prescriptions from at least five different prescribers in a year, based on OARRS and Ohio Department of Health data. State officials are quick to note, however, that these are only "guidelines," not standards of care. "What we have established are best practices—not rules—that are being adopted widely throughout our state and communities," Kantor-Burman said.

"First, we want to make sure we are not in any way impeding appropriate

All Ohio citizens need more education on how dangerous prescription opiates are. We also want to make sure physicians are using prescription opiates in a manner that is consistent with patient needs. We want to make sure we are not fostering the development of addiction problems in our state. Finally we want to make sure that appropriate effective treatment is available in Ohio.

— Orman Hall, Director, Ohio Department of Alcohol and Drug Addiction Services

treatment for pain,” said Kantor-Burman. “Secondly, we want everyone to understand the importance of finishing or properly disposing of prescriptions. The downstream impact of keeping unused narcotic (or controlled) medications is of significant concern.”

As part of GCOAT strategy, the team is now working to develop prescribing guidelines for physicians, advising on how to prescribe narcotics. These are due out in early fall.

Ohio’s board of pharmacy database tracks the number of opiate doses being prescribed and dispensed around the state. From 1997-2010, there was a ten-fold or 1,000-percent increase in the total number of doses divided by the state’s population. In 1997, it was six or seven doses per person; by 2010 that number climbed to 67 doses.

With the prescribing protocols under way by GCOAT, the goal is to standardize use of narcotics that are indicated for maintenance of opioid dependence.

Yet Morrison said it’s still hard to predict what next steps will be in preventing addiction: “We can sit in a meeting and attack one area, but this is a constantly evolving process. It’s like the whack-a-mole game—you never know where the next drug problem will pop up. That’s a picture of addiction.”

ODADAS’ efforts to control what Hall sees as a serious opiate problem include a state Medicaid program that allows treatment agencies to be reimbursed for physician services such as medication-assisted treatment for

opiate addiction and to aid in recovery.

Additionally, ODADAS has launched *Don’t Get Me Started* opiate abuse prevention/education campaign online at www.dontgetmestartedohio.org.

Fear of Pain

Another unintended consequence of the bill is that physicians who practice good medicine are now confused and reluctant, according to Johnson. “Do I treat pain or not treat pain? Some physicians won’t do any of it because they don’t want to fool with the risks involved,” Johnson said. Yet Johnson underscored that the goal is not to prevent physicians from treating pain in appropriate instances, as long as they’re listening to the patient, examining him or her and documenting appropriately. “They can still practice medicine the same way they were, in such instances.”

Michael V. Bourn, DO, of Columbus, said that unintended consequence is significant. “The question is: how do we educate prescribers on evidence on how good or bad this therapy is. How do you keep them willing to prescribe to the appropriate patient with medication that is demonstrating effective functional benefit?”

Bourn said the downside of HB 93 is that it led to a lot of physicians deciding outright that they wouldn’t participate in any of it. “As a result, the pain physicians such as myself got really busy due to near paranoia on the part of the physicians, even though the treatments are perfectly legitimate for certain conditions.”

But DOs are also well-versed in non-medication options. “For the osteopathic physicians—the narcotic or opioid is just one of many effective tools in your box. We can also use osteopathic manipulation, diet and exercise, behavior modification,” Johnson noted.

Ultimately, the goal of HB 93 was achieved, according to Johnson, in that it “knocked out” illegitimate pill mills, while empowering pharmacy and medical boards to respond efficiently.

As a result, states nationwide are looking to Ohio’s legislation as a model for efforts to crack down in their regions, and the bill has left what Johnson dubbed a “huge footprint” on the practice of medicine in Ohio.

“All physicians, doctors of osteopathy in particular, need to realize that patients and community organizations look to them for leadership in medical matters. Step up and embrace this role. We need to be in charge of how we practice medicine—the minute we abdicate that, someone else will do it,” he said.

Added Hall, “All Ohio citizens need more education on how dangerous prescription opiates are. We also want to make sure physicians are using prescription opiates in a manner that is consistent with patient needs. We want to make sure we are not fostering the development of addiction problems in our state. Finally we want to make sure that appropriate effective treatment is available in Ohio.”

...we want everyone to understand the importance of finishing or properly disposing of prescriptions. The downstream impact of keeping unused narcotic (or controlled) medications is of significant concern.

— Bonnie Kantor-Burman, Director, Ohio Department of Aging

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Cheryl Markino, Editor, Buckeye Osteopathic Physician

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Social Media in Your Practice



Top tips from DOs who know.



Benjamin P. Graef, DO
Sleep Medicine, Akron
Social Media
Personality: Maverick
Why: Because he posts unexpected, primarily non-promotional

information that his followers find appealing.

Playground: Twitter

Known online as: @SleepGuru1



Paige S. Gutheil Henderson, DO
Family Medicine, Columbus
Social Media
Personality: Miss Congeniality

Why: Because her posts solicit lots of engagement, comments and interaction from fans and followers who find her helpful, approachable and friendly.

Playground: Facebook, Twitter
[@Dr_Paige](http://www.facebook.com/doctorpaige)



Aaron P. Hanshaw, DO
Family Medicine, Dayton
Social Media
Personality: Braveheart
Why: Because he's

fearless in trying new things, cross-promoting and evolving his strategy and content to stay ahead.

Playground: Blogging, Twitter, Facebook
draaronhanshawdayton.com,
[@draaronhanshaw](https://twitter.com/draaronhanshaw),
www.facebook.com/pages/Aaron-Hanshaw-DO/207144042668133

ON TWITTER

How long have you been on Twitter?

Graef: I joined in 2008. It sat quiet for a while until I figured it out. I took SleepGuru1 as my screen name, because it was my nickname in residency.

What do you like most about it?

Graef: I like Twitter because I want accessibility but not necessarily full engagement with people who may have lots of sleep questions (because of potential liability issues).

How have your tweets changed?

Graef: They went from what I was

doing to what I'm interested in. At first, I tried to be 99.9-percent sleep related. But it got boring to me and other people were doing it better, so I decided I can tweet some research and also have a stream of consciousness about things that interest me, like iPhones.

What do you think your practice gains from it?

Graef: I reach a younger audience and occasionally patients end up in the office from it. But the real thing is that it gives people a bird's-eye view of what doctors think about and what we do on a day-to-day basis.

What's your single best piece of Twitter advice for other DOs?

Graef: Be yourself. Be original. Don't try to be someone else. Tweet out things that interest you. The followers will come. And don't tweet more than three or four times a day. If you're not involved in Twitter, dip a toe into it, but if you are going to do it, put some effort in: put a picture on your profile, write a real bio and try to use it consistently. And, if you haven't already, be sure to grab your own name.

CONTINUED ON PAGE 16

TOP 10 SOCIAL MEDIA TIPS

- 1 Share practice news, information, advice or personal and professional updates.
- 2 Keep your tweets under 140 characters so others can repost your tweet (a "retweet").
- 3 Update social media regularly (at least monthly for a blog and weekly for Twitter and Facebook) to boost search engine rankings.
- 4 Make Twitter, Facebook and blogs a priority, but give yourself a time limit so it doesn't become a time suck.
- 5 Keep self-promotional tweets and Facebook posts to a minimum. Experts say the ratio of self-promotional to non-promotional tweets and posts is anywhere 1:3 or 1:12.
- 6 Retweet, promote and mention others often, ask and answer questions to help create dialogue.
- 7 Keep blog posts simple: photos with captions, Q&As and opinions on news stories.
- 8 Follow your followers when it makes sense but don't feel like you need to follow everyone, especially spammers who should be avoided.
- 9 Include a bio and photo in your profiles; no "eggface" avatars allowed.
- 10 Use a Twitter hashtag (the # symbol) to mark keywords and follow discussions, #OhioOsteo for the annual symposium.

ON FACEBOOK

How long have you been on Facebook?

Gutheil Henderson: About three years.

What do you like most about it?

Gutheil Henderson: I love the opportunity to share general health information to a wider audience, have more personal, social interactions with patients, and have a vehicle to share practice announcements like days off, reminders about physicals, patient thank yous, etc.

How have your posts changed?

Gutheil Henderson: Over time, I have felt more comfortable sharing personal announcements and adding my own sense of humor. I think these posts connect more with patients than standard health advice.

What do you think your practice gains from it?

Gutheil Henderson: As I connect more and more with patients, it will become a more effective vehicle to drive patients into the office for physicals, flu shots and such. For now, though, I think it gives patients an opportunity to see a more personal side of me, to know more about my professional health interests, and to feel more connected to our family practice.

What's your single best piece of Facebook advice for other DOs?

Gutheil Henderson: Two pieces: Don't be scared of Facebook. I have found that my patient base has been very responsible in its use and it is well worth the positive interactions that come about. Don't be blind either; monitor the page frequently for odd postings and set the standard (on your description page and through reminders if needed) that the Facebook page is not to be used for seeking or sharing personal medical advice.

ON BLOGGING

How long have you been blogging?

Hanshaw: I have had it for close to a year. I started it because I wanted to attract and communicate with new patients.

What do you like most about it?

Hanshaw: I like being able to put into my own words things that are going on in the news. My patients tell me they

OOA ON SOCIAL MEDIA

LIKE US ON FACEBOOK AND FOLLOW US ON TWITTER TO HELP STUDENTS

The Ohio Osteopathic Association has issued a challenge to students at Ohio University Heritage College of Medicine: Help spread the word about the OOA's social media and you win money. Specifically, if the OOA Facebook page and Twitter account grow to a combined 500 people before Halloween (October 31), OU-HCOM Student Government Association earns \$500.

Student Government President Simon R. Fraser, OMS II, is coordinating the challenge and helping to connect students with their professional association. You can help, too. Be sure to like the OOA Facebook page and follow us on Twitter—and then tell your friends to do the same.



OHIO DOs ON TWITTER

Ohio Osteopathic Association @OhioDOs

We're on Twitter and so are plenty of your colleagues. If you're on Twitter, send @OhioDOs a tweet or direct message so we can add you to our list: twitter.com/OhioDOs/dos-in-ohio.

- @AmFitnessDoctor
- @DrMarcMcKinley
- @Neuralgroover
- @Dr_Paige
- @DrPhilbin
- @RameyKelly
- @DrAaronHanshaw
- @DrScheatzle
- @RhunterHunter
- @DrAllNewYou
- @DrTigyer
- @SharonLGeorge
- @DrBillDO
- @greggalex
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love it and because I let my Facebook fans know I have a new blog post, my Facebook trends also go up and I get comments and likes over there, too.

How have your blog posts changed?

Hanshaw: I started writing on big topics, but what I've learned is to pick smaller topics and take a bullet-point approach to things so the patient doesn't have to read a dissertation. I'll cover topics that my patients ask about, something interesting in the news, or we track search terms and then write about those things.

What do you think your practice gains from it?

Hanshaw: Having my name out there. The first thing someone does is Google your name if they hear about you so you have to have a positive name and online reputation, otherwise they only rely on HealthGrades and vitals.com.

What's your single best piece of blogging advice for other DOs?

Hanshaw: Keep your content fresh and don't get long winded. Try to post something two to three times a month, but once a week is even better.

College News



PHOTO COURTESY OF OU-HCOM

The 33rd Commencement of the Ohio University Heritage College of Osteopathic Medicine was held June 2, 2012.

First Class of Students Graduate with College's New Name

The 33rd Commencement of the Ohio University Heritage College of Osteopathic Medicine, held June 2, 2012, signaled a new era for the medical school.

The 115 graduates of the Class of 2012 were the first to receive diplomas with the college's new name, so designated last year after it received a historic \$105-million gift from the Osteopathic Heritage Foundations. The Foundations gave the college the transformational gift to address some of the most pressing health care issues across the state and the nation, like the impending shortage of primary care physicians and the diabetes epidemic.

Among the graduates are the first 12 recipients of the new Osteopathic Heritage Foundations Primary Care Incentive Scholarships, established with funding from the Foundations gift. The \$15,000 scholarships were established to assist fourth-year medical students who are lifelong Ohio residents who make

a commitment to go into a primary care residency programs in Ohio, and will then go on to practice in Ohio in a primary care specialty of family medicine, general internal medicine, or general pediatrics.

Including the members of the Class of 2012, OU-HCOM has graduated 2,898 physicians and surgeons. Sixty three percent of the new graduates will remain in Ohio for their residency programs, and 54 percent will enter a residency in a primary care specialty.

Seventy-two of this year's graduates received their ceremonial hoods from mentors, someone who was closely associated with their academic program. "Allowing the mentors to hood the graduates signifies the important role these physicians played in the students' professional education," noted OU-HCOM Dean Jack Brose, DO.

Fourteen of the graduates will enter military medical residencies, the most

OU-HCOM graduates in one class.

David Drozek, DO, an assistant professor of surgery and graduate of OU-HCOM who gave the keynote address, told the graduates to carefully weigh their priorities.

"Make the right choice. Guard your time and resources. Be frugal. Be wise. Be focused and proactive, so that you can take a half-day off to serve in the free clinic and a couple of weeks to go to Latin America," Drozek said. "You are needed to serve those nearby and around the world. You are also needed to invest in the lives of those coming after you as mentors, teachers and preceptors. Be ready! Be willing! Be able!"

Other speakers included OOA President John F. Ramey, DO; Robert S. Juhasz, DO, a member of the board of trustees of the American Osteopathic Association; and Jeffrey A. Stanley, DO, president of the OU-HCOM Society of Alumni and Friends Board.

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Profession Welcomes Class of 2016

Ohio University Heritage College of Osteopathic Medicine held its 37th Convocation & White Coat Ceremony, July 28, 2012, to welcome the newest member of the osteopathic medical profession. There are 139 members of the Class of 2016.

OU-HCOM Student Government Association President Simon R. Fraser, OMS II, explained the significance of the white coats to his fellow students. He said the lab coats were much more than just uniforms that medical students are required to wear.

"The student's short white coat is not just a mere overcoat required for standardized patient labs or clinical experiences," Fraser said. "The white coat represents our creed, our code: what we as physicians dedicate our lives to. When we walk into a room with our white coat on we are more than just ourselves to our patients. We are the people they have come to for help, the people they



Allowing the mentors to hood the graduates signifies the important role these physicians played in the students' professional education.



— **OU-HCOM Dean Jack Brose, DO**

look to for healing."

The white coats, with OOA armpatch, are a gift from the Ohio Osteopathic Foundation. Prior to the afternoon ceremony, OOA President John F. Ramey, DO, presented OU-HCOM's new dean, Kenneth H. Johnson, DO, with his first official OU-HCOM/OOA white coat. Ramey also presented a presidential proclamation to outgoing dean Jack Brose, DO, recognizing his many accomplishments as dean and his exemplary work on behalf of the osteopathic medical profession and osteopathic medical education.

Other remarks were given from university leaders and members of the osteopathic community, including

Robert S. Juhasz, DO, medical director of the Cleveland Clinic Willoughby Hills Family Medical Center and a trustee of the American Osteopathic Association; Jeffrey A. Stanley, DO, chief of vascular surgery and director of the Vascular Surgery Fellowship Program at Cleveland Clinic South Pointe Hospital, and president of the OU-HCOM Society of Alumni and Friends; and Nicole Wadsworth, DO, interim senior associate dean for academic affairs.

During the ceremony, OU-HCOM presented the Phillips Medal of Public Service to David L. Bronson, MD, president of Cleveland Clinic Regional Hospitals, and Ohio Supreme Court Justice Yvette McGee Brown, JD.

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OOA News



PHOTO COURTESY OF OOA
Ohio's 37-member delegation in Chicago for the American Osteopathic Association House of Delegates.

Ohio Leaders Attend AOA House of Delegates

More than 500 osteopathic physicians from across the country, including Ohio's 37-member delegation, convened July 20-22, 2012, in Chicago for the American Osteopathic Association (AOA) House of Delegates. They considered more than 100 resolutions, elected the 2012-2013 officers, and saw Ray E. Stowers, DO, of Tennessee, installed as the organization's 116th president.

George Thomas, DO, of Cleveland, served as chair of the Ohio delegation. He also delivered the prestigious AT Still Memorial Lecture, exploring how the principles of osteopathic medicine founded by Andrew Taylor Still, can be applied to the profession today. Thomas said osteopathic medicine has aligned itself with Still's vision through initiatives in five key areas: patient advocacy, use of technology, research, social justice, and advocacy.

Several Ohioans were appointed to serve on House committees: OOA President John F. Ramey, DO, chair, Ad Hoc; John F. Uslick, DO, Constitution and Bylaws; Peter A. Bell, DO, Education; Robert L. Hunter, DO, Professional Affairs; Paul T. Scheatzle, DO, Public Affairs; William F. Emlich, Jr., DO, Credentials; and Robert W.

Hostoffer, DO, Resolutions.

The OOA became the first AOA divisional society to ever win the STAR Award, which was presented during a special luncheon. The award is designed to recognize affiliate organizations that make significant contributions to advancing the profession-wide goals identified in the AOA strategic plan. The American College of Osteopathic Radiologists was also recognized as the first-ever winner in the specialty category. In addition, David W. Smith, DO, of Massillon, was honored at the luncheon as an osteopathic pioneer for his contributions as an orthopedic surgeon.

The Ohio delegation included George Thomas, DO (chair); Victor D. Angel, DO; Peter A. Bell, DO; Barbara A. Bennett, DO; David A. Bitonte, DO; William J. Burke, DO; Cleanne Cass, DO; Stuart B. Chesky, DO; William F. Emlich, Jr., DO; Melinda E. Ford, DO; E. Lee Foster, DO; Mark W. Garwood, DO; Sharon L. George, DO; Ioanna Z. Giatis, DO; David D. Goldberg, DO; Roberta J. Guibord, DO; Charles D. Hanshaw, DO; Robert W. Hostoffer, Jr., DO; Robert L. Hunter, DO; Mark S. Jeffries, DO; Robert S. Juhasz, DO; Gordon J. Katz, DO; Christopher J. Loyke, DO; Charles D. Milligan, DO; Eugene D. Pogorelec,

DO; John F. Ramey, DO; Albert M. Salomon, DO; Paul T. Scheatzle, DO; Robert S. Seiple, DO; M. Terrance Simon, DO; Richard J. Snow, DO; Sean D. Stiltner, DO; John F. Uslick, DO; Charles G. Vonder Embse, DO; Schield M. Wikas, DO; Nicholas T. Barnes OMS II; and Simon R. Fraser OMS II.

Lack of Funding Forces Radio Program Off the Air

Family Health radio series, a daily, syndicated radio program that was produced by the WOUB Center for Public Media in Athens in collaboration with the OOA and other osteopathic organizations, has gone off the air due to lack of funding after more than 30 years of broadcasting. The decision was reached after a three-year search by the Ohio Osteopathic Foundation to obtain other national osteopathic sponsors failed.

Harold C. Thompson III, DO, of Athens, was the show host for 13 years and donated his time on behalf of the profession. Thompson, an assistant professor at Ohio University Heritage College of Osteopathic Medicine, recorded five days a week, about 250-260 shows annually.

CONTINUED ON PAGE 20

Ohio DOs in the News

Deaths in the Family

OOA Life Member **Samuel J. Carine, DO**, of Columbus, died August 11, 2012, of cancer. He was 79 years old.

A family physician for 30 years, he specialized in sports medicine and served as Groveport High School team doctor for most of his career.

He was a graduate of Kirksville College of Osteopathic Medicine and a veteran of the Korean War.

Carine was a life-long music lover and enjoyed dancing to big band sounds. His family joked that following a quick reunion in heaven with his parents and siblings, they were certain he would then seek out legendary bandleader Stan Kenton.

He was also an avid Ohio State football fan, fisherman, and golfer.

He is survived by his wife Lois and three children, Jeff, Eric, and Krista and their families including daughter-in-law Ali Carine, DO.

Memorial contributions may be made to the Osteopathic Heritage Foundation, 1500 Lakeside Drive, Suite 230, Columbus 44204.

OOA Life Member **John A. Vosler, DO**, Eaton, died August 11, 2012. He was 85.

Vosler, who served a term as president of the Dayton District Academy of Osteopathic Medicine, completed his internship at Grandview Hospital and then began his practice of general medicine in Eaton in July 1956. He later co-founded the Preble County Medical Center.

A leader in his community, he was elected to ten consecutive terms as Preble County coroner, holding the office from 1972 to 2011. He also supported and participated in many civic organizations, including the Lions Club, Rotary, Elks, American Cancer

Society, American Legion, Preble County Honor Guard, for which he served many years as military bugler, Fraternal Order of Police, Preble County Historical Society, and Preble County Habitat of Humanity.

Vosler had a passion for music his whole life and was widely known in the Greater Miami Valley area as a trumpet player. He was a member of several bands, including the Piqua Civic Band, Sidney Civic Band, Tipp City Community Band, and Swing Era Big Band.

The graduate of Kirksville College of Osteopathic Medicine was an Army Air Force veteran.

Survivors include his wife Meri and four children—all osteopathic physicians—and their families: Mark S. Vosler, DO; Scott R. Vosler, DO; 1976 Olympian Kent D. Vosler, DO; and Jill B. Vosler, DO.

James H. Scott, DO, of Blanchester, died August 20, 2012, from complications following a brain aneurysm. He was 62 years old.

Scott was a loyal member of the Ohio Osteopathic Association and the Cincinnati Academy of Osteopathic Medicine and proud to be an osteopathic physician.

A family physician, he served as medical director of Cincinnati Urgent Care for 20 years. He was an Army veteran and served as medical officer in the Army Reserve. He also volunteered for medical missions around the world.

Scott was known for his compassion and sense of humor. His family said when he came to in ICU, he was asked what he did for a living. He joked that he robbed banks. That is why a memorial Facebook page is set up at www.facebook.com/thebankrobber123.

He is survived by his wife Sally, a brother, four children, 10 grandchildren and many friends and colleagues.

Memorials may be made to Mission Lazarus, PO Box 150524, Nashville, TN 37215.

Physician News

Peter A. Bell, DO, of Hilliard, received the 2012 Bruce D. Horton, DO, Lifetime Achievement Award from the American College of Osteopathic Emergency Physicians. It is the College's highest honor.

Robert R. Brightwell, DO, a vascular surgeon, was named a Customer Service Physician Champion by OhioHealth/Doctors Hospital. The award recognizes excellence in patient care.

David C. Eland, DO, of Athens, was named the first chair of the Ohio University Heritage College of Osteopathic Medicine OMM Department, which started May 1.

Karen Jacobs, DO, of Solon, was recently installed as president of the Ohio Psychiatric Physicians Association. Her term runs through May 2013.

Michael E. Jones, DO, of Chillicothe, has been named president-elect of the American College of Osteopathic Neurologists and Psychiatrists. Membership in the national organization includes 747 physicians, 100 residents, and 30 students. His term

H. Jill Rice, DO, of Lancaster, has joined the medical staff at Fairfield Medical Center. She is a family physician with Colonnade Medical Group.

Jay H. Shubrook, DO, of Athens, received the American College of Osteopathic Family Physicians (ACOFPP) 2012 Distinguished Service Award.

Anita M. Steinbergh, DO, received the Columbus Osteopathic Association James F. Sosnowski, DO, Distinguished Service Award for 2012. It is the organization's highest honor. ❦

OOA NEWS CONTINUED FROM PAGE 19

"We thought it made a good impact to those who listened," Thompson said. "It's very disappointing that we can't continue."

Family Health was the longest running internationally distributed daily health care radio program and the widest reaching public relations effort in the

history of the osteopathic profession. It was heard on more than 250 radio stations domestically and worldwide in China, Canada, New Zealand, United Kingdom and the American Forces Radio Network, with an estimated 11 million listeners.

Before closing, the *Family Health* website received an average 15,000

hits per month, and during the past calendar year, there were 38,000 downloads of the podcast.

This is a terrible loss for the profession," said OOA Executive Director Jon Wills, "but, without a national sponsor, there is nothing more that can be done." ❦

THIRD ANNUAL REGIONAL OSTEOPATHIC POSTER EXHIBITION & COMPETITION

*Sponsored by Ohio University Heritage College of Osteopathic Medicine's
Centers for Osteopathic Research and Education (CORE)
and the Ohio Osteopathic Association (OOA)*

Date/Time: Saturday, May 18 • 8:00 am – 2:00 pm

Location: Columbus Hilton at Easton Town Center, Columbus, OH

Participants: Students
Interns/Residents
Faculty
Medical Administrators
Practicing Physicians
*Only students, interns, residents are eligible for competition/prize money
Faculty, Administrators, Practicing Physicians may exhibit but are not eligible for prize money*

States: Ohio, Michigan, Indiana, Kentucky, West Virginia, Pennsylvania

Abstracts: No more than 250 words

Due Date: January 31, 2013

Acceptance: by March 1, 2013

Categories: Biomedical/Clinical Research
Case Reports
Health Policy/Educational issues (restricted to faculty/administrators)

Prizes: \$1000 – first place
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\$500 – second place
(Biomedical/Clinical Research & Case Reports only)
1st and 2nd place winners in each category

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740-593-2322 • collink3@ohio.edu
www.ohiocore.org/research/OOA-CORE.htm



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