

Buckeye Osteopathic Physician

The Quarterly Publication of
The Ohio Osteopathic Association
Spring 2014

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HERE'S TO
another
115
YEARS

by Jon F. Wills
Executive Director, OOA

When I picked up the 115th anniversary edition of *Buckeye Osteopathic Physician* and read the reflections of 25 living past OOA presidents, my career literally passed before my eyes. I started to think about the good times and the bad. The challenges and successes. The creation of Ohio University College of Osteopathic Medicine. The educational summits we held that laid the foundation for the creation of the CORE. The pioneering advertising program we conducted in the 1980s. The contributions of hundreds of DOs in Ohio and across the nation who have left an indelible mark on my life.

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“ This profession provides the patient-centered, holistic care that people are looking for today. Let’s return to our hands-on roots. Let’s continue to fight to preserve our principles and pass them on to future generations of DOs.

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Jon F. Wills

I thought about being hired as the OOA director of Public Relations in 1975. I remembered one of my first major blunders as the “OOA PR guy,” when I accidentally ruined the roll of film I

took of Gov. James A. Rhodes signing HB 229 — the bill that created the Ohio University College of Osteopathic Medicine. (Fortunately, my predecessor didn’t care; the OOA and district leadership, who worked day and night to help pass the college bill, were not invited by the governor to be in the photo anyway.)

There was also the time the OOA became the target of political satire. (That one wasn’t my fault.) My former boss decided to arrange for a pharmaceutical company to sponsor a physician-legislator seminar at the exact same time we were lobbying to pass HB 229 in the Senate. Before OOA Director of Government Affairs George Dunigan and I could talk him out of it, he sent a letter inviting key legislative leaders to a “fun-filled seminar at Kings Island, with a \$100 honorarium to cover expenses.”

A copy of the letter leaked to the press. The Associated Press picked up the story, and the next morning every newspaper in the state had a story about the OOA’s “heavy-handed lobbying.” We even merited a political cartoon in *The Toledo Blade*, even though we immediately cancelled the seminar.

I remember that cartoon as if it happened yesterday. It showed a man in a hospital gown, labeled “Legislator,” being rolled on a gurney out of the Ohio Statehouse. He was carrying a bag full of \$100 dollar bills that were flying everywhere and leaving a trail of money behind him. The gurney was being pushed towards Kings Island amusement park by a physician, labeled “Osteopath.” The punch line underneath the cartoon read: *Gee thanks, Doc!*

About two years later, in the middle of a professional liability insurance (PLI) crisis, the OOA Executive Committee asked me to become acting executive director. PLI, as many OOA past presidents noted in their reflections, has been a recurring problem over the decades — one that never seems to go away.

The first PLI crisis started in 1975, when every company writing medical professional liability insurance pulled out of the Ohio market leaving all physicians with no coverage options. As a stop-gap measure, the OOA worked with the Ohio General Assembly and other physician associations to pass comprehensive tort reform. We also established the Ohio Joint Underwriting Association (JUA) to cover Ohio physicians as a public option available to all.

At the same time, we worked with the Ohio Department of Insurance to expedite the licensure of a DO-owned company, named Professional Mutual Insurance Company of Missouri, to insure Ohio DOs in the private market. This option became necessary when our negotiations with newly forming MD-owned companies failed to eliminate discriminatory membership

and certification requirements imposed upon osteopathic physicians.

Philip Golding, DO, who was OOA president at the time, and I started attending meetings of the Ohio JUA to monitor what was going on. We were pretty vocal at those meetings, arguing that state-acquired funds should not be distributed unfairly to one new company at the expense of the others, which seemed to be the underlying plan.

Our advocacy for even-handedness eventually resulted in being called to the office of the state superintendent of insurance. His secretary escorted George Dunigan and me in to see him. After a seemingly endless moment of silence, the director looked up from his desk and glared at us, saying: “After all I’ve done for you guys, you’ve kicked me in the chops.”

It’s pretty unnerving to get a lecture like that when you’re the new kids on the block and just trying to do your job! Over the years I’ve learned not to take remarks personally. It comes with the territory.

I continued to watch over the money remaining in the Ohio JUA fund for nearly three decades, and I’m happy to report that the last \$7 million in the fund was used in 2009 to benefit Ohio physicians and hospitals. That money served as the matching money for the HITECH grants that created CliniSync, the Ohio Health Information Partnership. As one of the founders, the OOA now has a permanent seat on CliniSync’s executive committee.

I also remember suing the Ohio State Medical Board (OSMB) in 1978 when they decided to ignore the statutory requirements for CME certification. We later settled that dispute with an out-of-court agreement, which remains in effect today.

I know it sounds trite, but all I can say is time flies when you're having a good time and believe in the people you represent.



After the settlement, at the suggestion of then OOA President Allen S. Birrer, DO, we started annual dinner meetings with the Executive Committee and Medical Board members. Thanks to that “ice-breaker” and the ones that followed, we still have annual dialogues between the OOA Executive Committee and OSMB Executive Committee. The only difference: associations can't sponsor dinners like we used to due to state lobbying laws.

I think I've mellowed in my techniques, but my passion for this profession has never been stronger.

I always admired the osteopathic pioneers who came before us. I was fortunate to know some of Ohio's greatest DO leaders. I sat at the bedside of Ralph W. Lickliger, DO, when he was dying. I had ongoing conferences with JO Watson, DO, to learn from his great wisdom.

I worked with the surgeons who founded many of our hospitals in Ohio, such as Ted Classen, DO; Jerry Zinni, DO; and Jerry Finer, DO. I also met and was able to express the OOA's thanks to other Ohio pioneers who had served the profession as past AOA presidents, including John Mulford, DO, and Charles Naylor, DO.

In 1978, I helped plan the inauguration of Donald Siehl, DO, as AOA president. Later, it was an honor to help with the installations of Gilbert S. Bucholz, DO; John P. Sevastos, DO; and George Thomas, DO.

But most of all, I remember, as a young executive director, working with an osteopathic medical student who was attending school at Kansas City College of Osteopathic Medicine. As a native of Cleveland, he wanted Ohio students

attending out-of-state osteopathic colleges to stay connected to the Ohio profession through the OOA. Together we established what I believe was the first state osteopathic association student chapter in the country.

That student was Robert S. Juhasz, DO, who's about to be installed as AOA president. He was a visionary student then. He is a visionary leader today. And he will be a great AOA president.

Like any organization, our leaders have had disputes and our districts have competed to elect their favorite sons and daughters as state and national leaders. But, in the end we all come together and move on stronger than ever. We are different than most because we are an *osteopathic family*.

When we celebrated our centennial 15 years ago, the observance was tempered with an underlying air of uncertainty and fear about the future of osteopathy. Ohio's osteopathic hospitals were in the midst of being closed, sold or merged into other hospital systems. The profession was mourning the loss of our independent institutions.

But the future is always secure when your vision and mission are clear. I have never forgotten what Dr. Juhasz said in his 2000 OOA Presidential Inaugural Address, in response to the hospital sales. He said “Grow where you are planted” — be it at allopathic or mixed staff health care institutions. ... This has given us the opportunity and responsibility to share with our patients and colleagues the unique and distinctive nature of osteopathic medicine and [our] ability to offer treatments that others cannot.”

And Ohio DOs have done exactly that during the past 15 years.

Look where we are today! We're about to open a campus in Dublin with OhioHealth. The following year we'll open a campus at Cleveland Clinic. We're one of the founders of CliniSync. We have Terry Johnson, DO, serving as a member of the Ohio House of Representatives. And none of this would have been possible without the remarkable vision and resolve of Ohio's osteopathic family working together to do what individuals cannot do alone.

I know it sounds trite, but all I can say is time flies when you're having a good time and believe in the people you represent.

Andrew Taylor Still founded this profession. We have been leading the transformation of health care ever since. We have financed the vast majority of our achievements with our own money or with gifts from grateful patients. We have never retreated when faced with adversity. Giving back is an important part of the osteopathic culture. We have always looked toward the future with determination and confidence.

We owe this resolve to the DOs who came before us. We owe this legacy to those practicing osteopathic medicine today. And we must inspire our students to train the next generation of DOs with the same enthusiasm and belief that marked our beginnings.

This profession provides the patient-centered, holistic care that people are looking for today. Let's return to our hands-on roots. Let's continue to fight to preserve our principles and pass them on to future generations of DOs.

I've had a terrific journey. You are my professional family. Here's to another 115 years. 🙏



*Sarah M. Johnson, OMS IV, with
State Rep. Terry A. Johnson, DO*



*Matthew A. Adkins, OMS IV, (left),
Sarah M. Johnson, OMS IV,
and Peter A. Bell, DO, surround
US Rep. Steve Stivers' aide
Monica Hueckel*



Medical students depart from Athens for DO Day on Capitol Hill



Health Policy Rotation Inspires Political Action

With the introduction of the OOA/OU-HCOM health policy rotation, medical students learn why and how to advocate for their patients and the profession at the legislative level.

by Jan O'Daniel

It took less than a day for Kimbra Joyce, OMS IV, to find the value in OOA's new health policy advocacy program.

"I'm not a huge politics person," she said, "but I went to DO Day on Capitol Hill last spring, and seeing Dr. (Peter) Bell and other physicians really involved sparked something in me."

That "something" was electing to participate in a two-week health policy rotation.

"I signed up to see what it was about and if I would like it. I really loved it," she said. "It was interesting to hear legislators' opinions about physicians. I felt physicians are doing a really good job limiting the number of opioid prescriptions they write for patients, but the legislators are hearing about too many deaths from drug overdoses. That helped me really see how important it is for DOs to be involved and voice an opinion. Our legislators see the

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Students depart for DO Day on Capitol Hill

MAKING A DIFFERENCE: DO DAY ON CAPITOL HILL

On March 6, Washington was covered in white, thanks to more than 800 osteopathic medical students and 200 DOs from across the nation. It was DO Day on Capitol Hill, an annual event that puts them face-to-face with members of Congress, talking about issues affecting patients and the profession.

Peter A. Bell, DO, Health Policy Fellow and chair of the OOA Health Policy Committee, helps coordinate OU-HCOM student participation. This year, Ohio sent 88 physicians and students, including 10 from AT Still University branch campus in Mt. Orab, to DO Day. It included a first-ever reception with Ohio's entire congressional delegation, the night before visits.

"In terms of experiential learning, this is one of the highlights," said Bell. "It's a live, hands-on classroom, where students

get to talk about the issues and meet the people they only see on TV."

Bell encourages students to share personal stories about their challenges with the health care system, not only as future caregivers but also as patients themselves or family members of patients.

"Our congressional representatives are not experts in what we do, unless they're physicians. I tell our students that when legislators ask what they're concerned about, they're looking for the physician perspective. DO Day is a chance for students to see they really can make a difference, they really can influence policy and put the focus on the patient."

Each year, the OOA provides round-trip bus transportation, Athens-to-Washington, DC (with a stop in Columbus) for the students.

ADVANCING ADVOCACY: TRAINING IN POLICY STUDIES

Second- and third-year residents can deepen their health advocacy capabilities by participating in a year-long program that prepares them for positions of influence in health policy legislation.

The program, known as Training in Policy Studies or TIPS, is a joint effort between colleges in the American Association of Colleges of Osteopathic Medicine (AACOM), the American Osteopathic Association (AOA), and the government affairs offices of AACOM, AOA and the American Osteopathic Healthcare Association.

TIPS provides an abbreviated health policy experience for 10 residents each academic year. In addition to devoting at least 20 hours to reading, research and assignments, residents attend four intensive three-day seminars. Each seminar is designed to familiarize participants with health care policy issues and prepare them to engage in policy discussions, serve on committees at both state and federal levels, testify on health policy matters and collaborate in developing position statements.

Jessica Hilst, DO, an emergency medicine resident at Grandview Medical Center in Dayton, is a member of the 2013-2014 TIPS class.

For more information, visit iris.nyit.edu/nycom/tips.

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problem, but they don't practice medicine; they don't understand how their decisions can impact patients."

As the first osteopathic medical student to complete the new rotation, Joyce spent time combing through various health care bills and learning about the legislative process. She shadowed OOA Executive Director Jon F. Wills, sitting in on hearings at the Ohio House and Senate, and meeting with legislators and lobbyists.

Joyce saw first-hand that getting the DO voice heard is what health policy advocacy is about.

"We started talking about getting OU-HCOM students involved in state health policy about four years ago," said Wills. "I noticed that nursing and pharmacy students were spending time at the Statehouse, but there weren't any medical students. Pharmacy students are required to spend at least one day with their association or in a similar setting. Advanced practice nurses require their students to go to the Statehouse, advocate on behalf of the nursing profession, meet with state representatives and then write a paper about their experience."

This, Wills contends, teaches allied health students to be advocates for both their patients and their professions — and it was a missed opportunity for osteopathic medical students. "Health law is shaped in the legislature, and osteopathic physicians must have a direct voice in drafting those laws," he said.

And so the two- and four-week health policy rotation was added to the Ohio University Heritage College of Osteopathic Medicine curriculum, complementing the existing Health Policy Fellowship (see page 10), which prepares practicing DOs for health policy leadership roles.

OU-HCOM student Sarah M. Johnson, OMS IV, completed her four-week health policy rotation in February.

"I had the opportunity to meet with legislators, attend House and Senate committee hearings, and be a part of interested party meetings at the Statehouse," she said. "Legislators and lobbyists seemed to be interested in hearing the medical student perspective on various health care topics, including medical education and the potential impact of the many opioid



STATEHOUSE DOCTOR: STATE REP. TERRY JOHNSON, DO

When State Rep. Terry A. Johnson, DO, of McDermott, was elected to the Ohio House of Representatives in 2010, he became the first osteopathic physician to ever serve in the General Assembly and is believed to be the first physician elected to a state office since the 1930s. He is currently serving his second term representing the 90th House District, which includes Adams and Scioto counties and parts of Lawrence County.

At the Statehouse, Johnson is a leader on health policy issues. Among his most significant legislative work was the passage of HB 93, which targeted overprescribing pain clinics, many located in his home county. As a result of the law, "pill mills" were shuttered and there was a 12- to 15-percent decline in opiates dispensed in Southeast Ohio.

Johnson, who completed the AOA Health Policy Fellowship in 1999, stressed the importance for physicians to be politically active.

"Doctors are looked to as leaders in our community," he said. "Too often, we abdicate important leadership positions when the people around us are looking for us to step up and make a difference. It is imperative that docs get involved by meeting with legislators, participating in OOA activities, calling elected officials, writing letters, supporting a candidate and, of course, voting."

Johnson noted that while his expertise is health care and veterans' affairs, legislators have to evaluate proposals covering myriad topics.

"Consider that during the last General Assembly (2011-2012), there were 625 bills introduced in the House," he said. "Lawmakers can't be experts in every area, so it's important for you to educate them. And who better to explain the complex nature of health care-related policy decisions than physicians? Tell them how a bill will impact your practice, or how a new regulation will affect your patients. Make your voice heard."



Kimbra Joyce, OMS IV, with Peter A. Bell, DO, (left) and State Rep. Terry A. Johnson, DO

and prescribing bills. As part of the rotation, I spent time at the OOA, Ohio Department of Health and Columbus Public Health Department."

Time spent at the Ohio Department of Health is coordinated by ODH Chief Medical Officer Andrew W. Wapner, DO, and is designed to expose students to current public health issues. Participants so far have met with various bureau heads to discuss population-based chronic disease prevention, health care reform and patient centered medical homes. They also attended meetings of the asthma exacerbation episode of care clinical advisory group, discussed medication therapy management work with primary care and pharmacists, and participated in the first Columbus Public Health Infant Mortality Task Force meeting.

Johnson said the rotation helped her understand how to be part of the legislative process and what DOs can do to shape policy. Her particular area of interest is access-to-care issues and providing care for the underserved.

"Access is a huge issue," explained Wills, "due to the Medicaid expansion in Ohio and health care reform in general." (See the Fall 2013 issue of *Buckeye Osteopathic Physician*.) "As more people are insured, the question becomes, 'Will they have access to primary care physicians?' We're also seeing a lot of legislation to expand the role of allied health professionals like physician assistants. Pending legislation will also allow pharmacists to expand medication management in outpatient settings through 'consult agreements' with physicians. We're all about the team approach, but we're obviously opposed to creating any 'silos' and fragmenting care. It's all about good communication and oversight."

"Health policy has far-reaching implications on our future practices and careers, and yet, we get relatively little exposure to it during the medical school curriculum," said Matthew A. Adkins,

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OMS IV, who completed a two-week rotation in February. "It is a great way to become acquainted with how this all truly works."

According to Wills, the health policy rotation is designed to get future physicians involved with their legislators to address access to care, cost and quality. But it's also important for DOs who are interested in the future of the profession to support the Ohio Osteopathic Political Action Committee (OOPAC).

"OOPAC's purpose is to support candidates for legislative office who have demonstrated belief in the principles to which osteopathic medicine is dedicated," said Robert L. Hunter, DO, OOA president and co-chair of OOPAC. "When OOA members contribute to OOPAC, they are helping to complement our ongoing advocacy efforts."

Hunter explained in addition to direct support to pro-physician candidates, OOPAC also provides members with voter information on elections, issues and candidates.

"The OOA has a complete advocacy program," Hunter said. "The political action committee, lobbying, voter education, coalition-building — they all go hand in hand."

Now, the student rotation is added to the mix.

"Having the students at the Statehouse means we can reach more legislators and legislative aides," Hunter said. "Because physicians are often too busy to spend time in Columbus away from the office, it's great to have these students helping Jon to fight for us. But, more importantly, they are getting a close-up view of health policy issues that will likely affect them in the future."

Hunter acknowledges that legislative policy changes often happen slowly and incrementally, so much so that they seemingly don't have an impact. But members can help by simply letting the OOA know if they have a personal or professional relationship with their local legislators.

"Physicians with a tie to legislators," Hunter said, "have a key to open doors that are sometimes hard to get through."



Ted Wymyslo, MD, (center)
with Sarah M. Johnson, OMS IV,
and Darren J. Sommer, DO

+ LEARNING TO LEAD: HEALTH POLICY FELLOWSHIP



Peter A. Bell, DO

Understanding current issues and coming up with patient-centric solutions is what health policy advocacy is about, said Peter A. Bell, DO, Health Policy Fellow and chair of the OOA Health Policy Committee.

And the Health Policy Fellowship experience is a way for DOs to become better equipped to effectively influence health policy at local, state and national levels.

Fellowship Program Director Barbara Ross-Lee, DO, started the program in 1994, after completing a year-long Robert Wood Johnson health policy fellowship in DC. "She believed health policy advocacy was important and she wanted to take her fellowship experience and share it with others," said Bell.

Bell, a 1999-2000 Fellow, said the program is designed to help participants understand health care issues from a holistic perspective. For example, concerns about undocumented workers not only means understanding immigration issues, but also access and quality care issues, as well as cultural competency.

The goal is to enhance every participant's ability to evaluate, articulate and assess issues in order to develop make-a-difference policy positions that better serve patient populations.

The OOA supports members who are accepted into the Fellowship through a grant to help defray expenses.

For more information, visit www.oucom.ohio.edu/hpf.

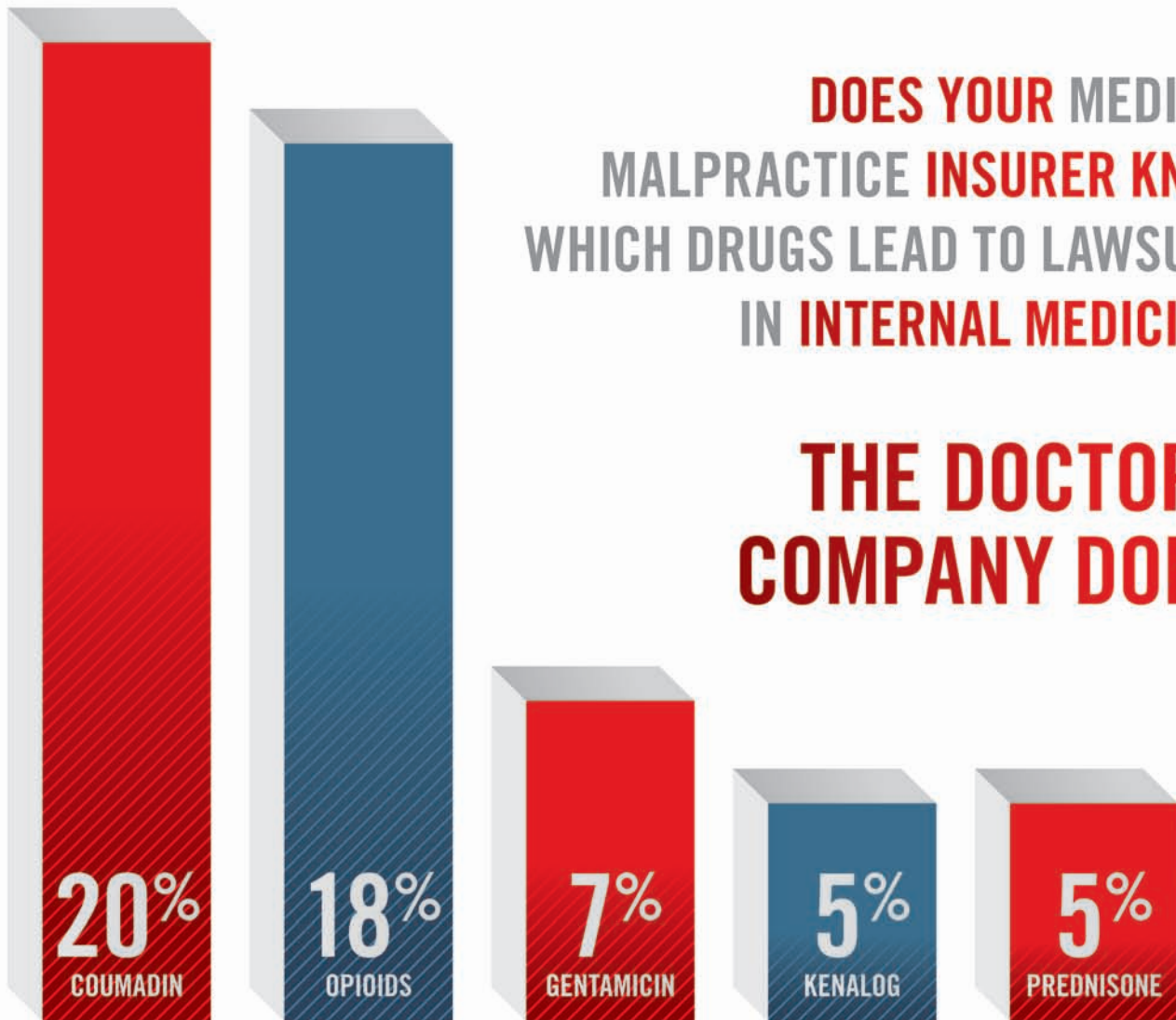
Ohioans who have completed the Fellowship

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Jeffrey S. Benseler, DO
David A. Bitonte, DO, MBA, MPH
Paul J. Bruner, DO
David D. Goldberg, DO
Darrell Lynn Grace, DO
Jennifer L. Gwilym, DO
Charles D. Hanshaw, DO
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Gregory Hill, DO
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A Distinguished Past, A Dynamic Future:

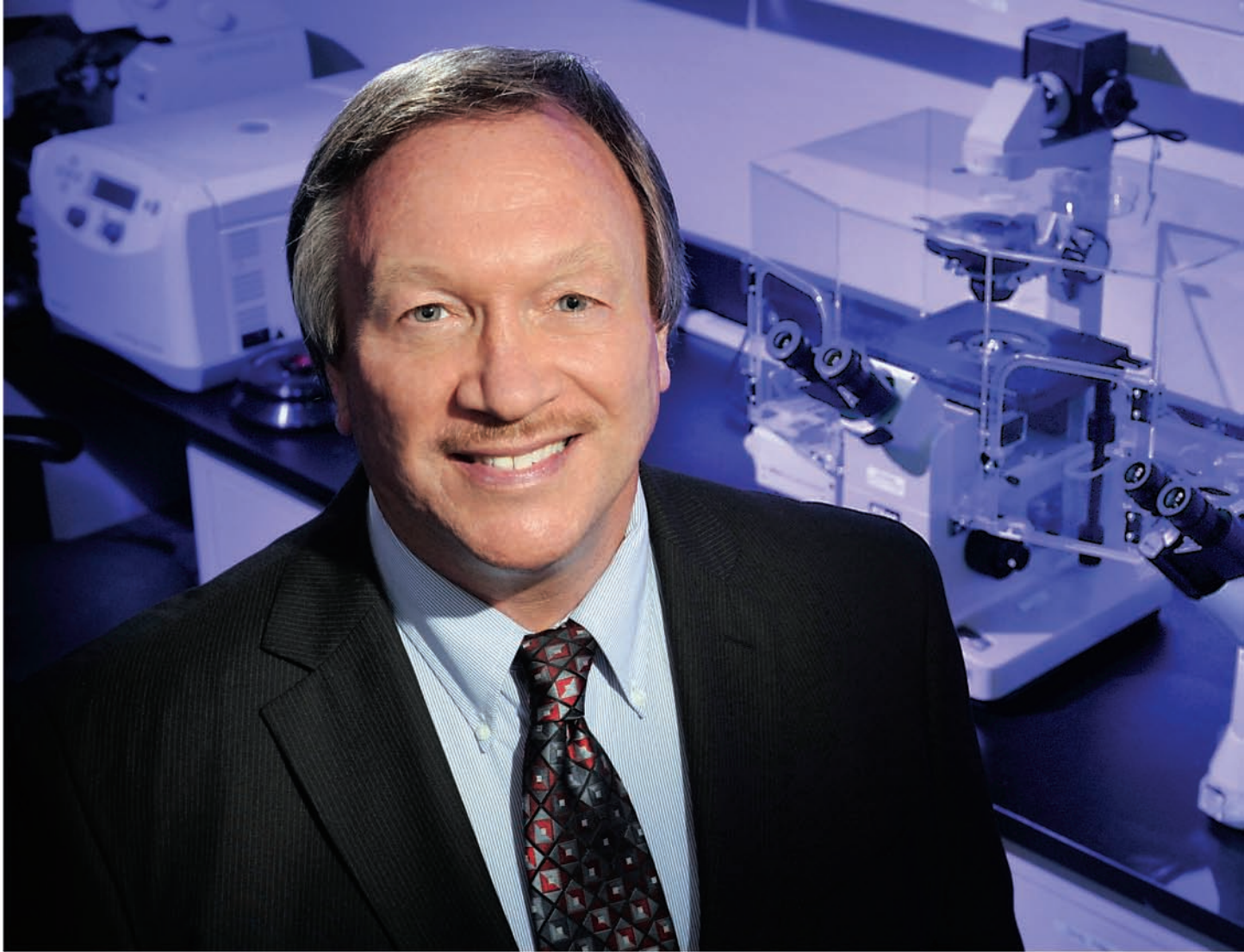
Ohio Osteopathic Symposium Preview

DOs gather in Columbus to celebrate OOA's past, present and future with education, advocacy and networking.

by Cheryl Markino

Now in its fifth year, the Symposium is considered a premier event in the state for osteopathic continuing medical education. And this year promises to live up to the reputation. With an agenda full of engaging sessions and special events, the 2014 conference, a collaboration between the OOA and Ohio University Heritage College of Osteopathic Medicine, looks to outshine its predecessors.

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"Another extraordinary Symposium is planned," said OOA Vice President Robert W. Hostoffer Jr., DO, who is program co-chair for the five-day conference, April 23-27 in Columbus. "And I would like to extend a personal invitation to the entire osteopathic family to attend this year's event."

Noting that more than 500 physicians from Ohio and surrounding states are expected to attend, Hostoffer said the Symposium provides time to network and catch up with peers, along with valuable CME credits.

"An amazing 32 AOA 1-A CME hours will be offered," he said. "Every day you will get information and resources to take back home and incorporate into your practice."

The Symposium kicks off with a dermatology roundtable, back by popular demand, followed by a special Town Hall meeting hosted by the American Osteopathic Association. Also on the Symposium agenda: diabetes management, health policy, OMM workshop, pediatric potpourri, geriatric

management, pain management and addiction medicine.

"All in all, a very complete agenda awaits your participation in the Ohio Osteopathic Symposium," Hostoffer said. "Then, when you're finished with your lectures there are receptions, luncheons and evening events, as well as an entire Easton Town Center to explore and shop."

The conference theme, *A Distinguished Past, A Dynamic Future* is a nod to the OOA's 115th anniversary.

Keynote Focus on the Changing Landscape of Health Care

Barbara Ross-Lee, DO, made history when she became dean of the osteopathic medical school at Ohio University in 1993, making her the first African-American woman to lead a US medical school. A pioneer, she led the way at a time when women and minorities faced serious obstacles entering the medical field.

Since leaving Ohio in 2001, Ross-Lee has



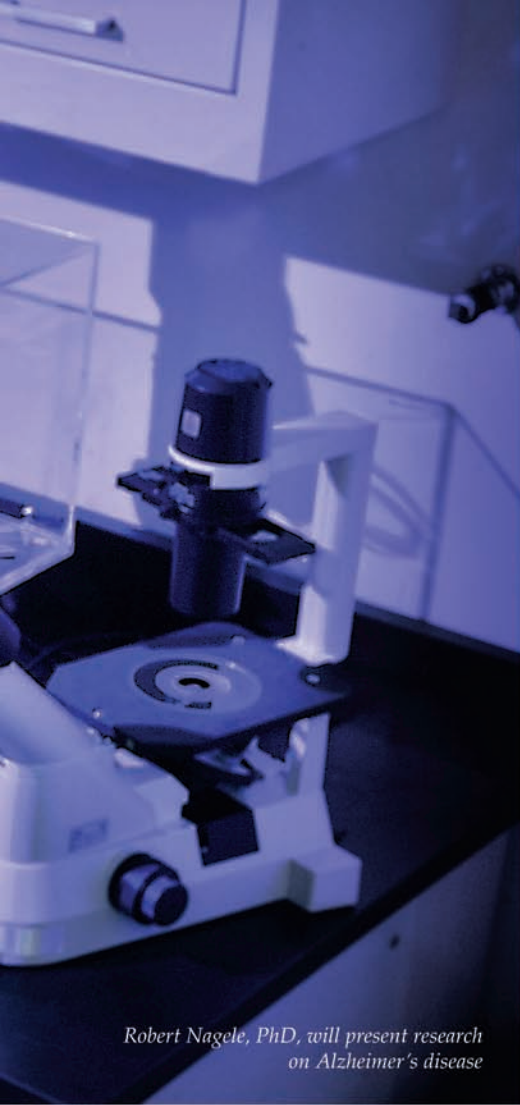
Barbara Ross-Lee, DO

been vice president of health sciences and medical affairs at New York Institute of Technology and dean of its osteopathic medical school.

As a scholar and speaker, she works to raise awareness of racial and ethnic health disparities.

Her keynote luncheon presentation will examine the intersection of health disparities, health literacy and policy. Ross-Lee, the first DO to participate in the Robert Wood Johnson Health Policy Fellowship, established the osteopathic profession's Health Policy Fellowship 20 years ago (see page 10). Since then, more than 200 Fellows have participated in the nationwide program.

In an addition to her extensive background in health policy issues, Ross-Lee serves as an advisor on primary care, medical education, minority health, women's health and rural health care issues on the federal and state levels.



Robert Nagele, PhD, will present research on Alzheimer's disease

Pain Management Without Threat of Addiction

Several lectures throughout the Symposium address addiction medicine, including a two-hour session with a former US Drug Enforcement Administration (DEA) special agent.

Robert Stutman made a 25-year career as one of America's highest profile drug busters. He was a DEA agent so visible, the Columbian Cartel had at one time targeted him for assassination.

Stutman, who retired from the federal agency in 1990, is considered one of the nation's top experts on drugs. He is credited with bringing "crack" to national attention and changing federal policy related to the drug. After retiring from the DEA, he used his expertise to develop education and prevention programs for schools, communities and the workplace. His presentation *Are We Really Doing No Harm?* includes research and information specifically for medical professionals.

"Consider that more people died last year from accidental overdose of prescription drugs than from

accidental overdose of illegal drugs," Stutman said. "If we were seeing 3,000 people die a month from mesothelioma, there would be a national uproar about asbestos. Today, we are facing what may be the most devastating public health problem of the modern age and we are not talking seriously about it."

A three-hour block on Sunday morning will give physicians the necessary tools to help manage patients' pain. The program, developed by the Collaborative for REMS Education (CO*RE), is intended to ensure that Extended Release-Long Acting (ER/LA) opioids are prescribed in a manner that enhances patient well-being and does not contribute to individual or public harm.

Primary care providers, pain management, addiction and palliative care specialists, and clinicians representing all arenas of the health care system struggle to successfully manage their patients' pain. Opioid prescription involves many complex issues of misuse, abuse, addiction, adverse effects and fear of legal and regulatory action. In order to address risk and safety concerns, reduce serious adverse outcomes and simultaneously ensure that pain patients maintain necessary access to opioids, the US Food and Drug Administration developed a Risk Evaluation and Mitigation Strategy (REMS) that applies to all long-acting and extended-release opioid medications.

ER/LA opioids are a valuable element of the pain management plan for some patients. Unfortunately, their misuse and abuse have resulted in a serious public health crisis of addiction, overdose and death. Clinicians must play a role in prevention. The CO*RE, of which the American Osteopathic Association is a member, strives to deliver effective education in an engaging format to assist with that prevention.

Spotlight on Breakthrough Alzheimer's Research

Robert Nagele, PhD, along with his research team at Rowan University School of Osteopathic Medicine in New Jersey, has developed a groundbreaking blood test that can be used to diagnose Alzheimer's disease with 96 percent accuracy. In addition to being the first blood test for diagnosing the disease, it is also less invasive, less expensive and more accurate than previous tests, which predicted the

possibility of developing Alzheimer's disease later in life.

Nagele and Rowan-SOM Dean Thomas A. Cavalieri, DO, will receive the annual JO Watson, DO, Memorial Lecture Award at the Symposium. It is a prestigious, long-standing honor that, thanks to the generous support of the Osteopathic Heritage Foundations, carries an honorarium, as well as a \$5,000 charitable contribution in the recipient's name to an osteopathic-supportive endowment, college, university or foundation of the lecturer's choice.

Cavalieri, a geriatric educator and clinician, has been an advocate for older adults for more than 25 years, raising the standard of care for them and achieving national renown in the field of geriatrics. He served as interim dean at the osteopathic medical school for two years prior to his appointment as permanent dean in July 2008.

Until Nagele's breakthrough, there had been no accurate or reliable test to diagnose early Alzheimer's disease. His research team found that every person's blood contains autoantibodies that react within their own bodies and the presence of a disease changes those autoantibodies. Testing allows use of the autoantibodies as a marker for specific diseases. If a person has Alzheimer's disease, the types of autoantibodies in their blood would be specific to that disease.

Nagele hopes this discovery could one day lead to a routine diagnostic test. "There's a dire need for an accurate, relatively non-invasive and inexpensive diagnostic test for Alzheimer's," he said. "A test that can not only diagnose the disease in individuals showing telltale symptoms, but possibly also detect the disease years before these symptoms appear, would make early therapeutic intervention possible." ❦

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+ PRACTICE SOLUTIONS PROGRAM EXPANDS

Innovative program adds Meaningful Use, special pricing, IT services — with more to come.

Ohio Osteopathic Association President Robert L. Hunter, DO, and Executive Director Jon F. Wills recently announced the first phase of an exciting expansion to OOA's Practice Solutions Program (PSP) — including preferred pricing on existing services.

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As an association we have a duty to see that our members have access to cost-effective solutions to help them navigate that transformation.



– Robert L. Hunter, DO
President, Ohio Osteopathic Association

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“In 2013 we formed the PSP with an initial set of services in response to pressing operational needs for members,” said Hunter. “We also committed that we would listen to member needs and expand the program accordingly. And now, we are delighted to announce the first step in expanding the services and benefits to members.”

In addition to the services expansion, OOA and one of the founding PSP members, Elevation Healthcare Consulting, have stepped up collaboration for additional savings. Elevation will offer special pricing on the PSP Practice Optimization consulting service through June 20, 2014.

“With initiatives like ICD-10 and Meaningful Use Stage 2 on the horizon, it is critical that practices have a solid operational foundation,” Hunter noted.



KEEP YOUR INFO CURRENT

The OOA is conducting a member census to update contact details and collect other practice information related to electronic health records and computer systems.

“It is vital to our mission that we have current, accurate information regarding our members,” said OOA President Robert L. Hunter, DO. “That information allows us to make certain we are delivering the right services and bringing value to members. Plus, the Practice Solutions Program (PSP) requires investment by the OOA and our partners so we want to make sure that investment benefits the membership.”

The OOA is offering several avenues for members to update their information, including an easy-to-complete form distributed via mail. In addition, the OOA will call all members. “We are shooting for 100 percent,” Hunter said.



“The purpose of Practice Optimization consulting is to help practices secure that foundation.”

Wills said the overall objective of the PSP is to bring pragmatic, cost-effective solutions to everyday business and operational issues.

Far more than a compilation of preferred providers, the PSP is a holistic approach to helping OOA members improve the safety, quality and efficiency of their practices. Featuring OOA’s team of legal, insurance, health information technology and practice management experts, the program provides affordable business solutions to help solo and small group practices increase patient satisfaction, reduce risks and improve the bottom line.

“With this PSP infrastructure in place, we engaged the membership to understand other areas where they needed help,” Wills said. “And we consistently heard Meaningful Use and all of its related regulations and mandates.”

Wills said he also heard frustration with information technology (IT). “As the technology use requirements increase, gaps in infrastructure are exposed, often resulting in poor patient service and even lost time in the clinic,” he said. “Physicians want to focus on patients. They don’t want to have to be IT experts.”

The Meaningful Use services now available through the PSP are:

EHR Selection and Replacement – a comprehensive service to manage the entire project of EHR selection and implementation from education to internal analysis to vendor reviews and product selection to implementation and workflow re-design. This service is designed for those selecting their first EHR and the significant percentage of practices who intend to replace their EHR.

Meaningful Use Support – a recurring support service that practices receive on a monthly basis to help them stay on track. Recognizing the vast difference among practices and their needs, this service offers a flexible subscription model that allows the practice to tailor the service to their need.

Issue-Specific Support – this service leverages the deep experience of the PSP consultants in Meaningful Use and provides practices additional targeted support on specific issues as they arise.

“There is a significant increase in complexity in Meaningful Use Stage 2, making it essential to have experts who can provide support on the full range of Meaningful Use,” said Doug Ventura, president of Elevation Healthcare Consulting. “By structuring these services as we have done for OOA members, we kept the practices in charge and let them decide how much they need and when. Just as important, this structure keeps the base price for Meaningful Use support lower.”

The new IT service is an innovative, free-to-members “check up” provided by Agil IT, one of the founding PSP members.

“The medical practice only needs to provide some basic information and access to the environment,” said Wesley B. Gipe, founder of Agil IT. “We then complete an assessment and compare the results to industry standards, including the requirements to achieve and maintain Meaningful Use, and provide the practice with a written report.”

Gipe said the report provides the practice an objective snapshot and empowers it to make important decisions about its IT.

“Industry experts described the IT challenges for practices to support ICD-10, Meaningful Use, etc. as daunting,” Gipe continued. “No practice should be entering a ‘daunting’ phase with a substandard environment or service.”

Hunter said physicians will face significant changes in the coming years. “As an association we have a duty to see that our members have access to cost-effective solutions to help them navigate that transformation,” he said. “We look forward to announcing more membership benefits related to the Practice Solutions Program.”

For more information regarding the PSP and its services, including the form to request your free IT “check up,” visit www.oaapsp.org.

OHIO DOs IN THE NEWS

Deaths in the Family

OOA Life Member **Charles F. Schrimpf, DO**, of Springboro, died January 14, 2014. He was 85.

Schrimpf was a pioneer at Grandview Medical Center in Dayton where he served as chair of the department of Ophthalmology for four decades, program director for the ophthalmology residency program, and mentor and educator to many students and residents. Over the years, he trained more than 30 ophthalmology residents. To honor his work, the eye clinic at Grandview was named after him.

Schrimpf served and taught for numerous ophthalmology colleges and organizations. Education and lifelong learning was of paramount importance to him.

Schrimpf graduated from the University of Dayton in 1950 and from Chicago Osteopathic Medical School in 1958. He completed his internship at Grandview and his residency at Kansas

City College of Osteopathic Medicine.

He served in the US Air Force during the Korean War.

His wife Muriel, five children, 11 grandchildren, nine great grandchildren, siblings, friends, patients and colleagues are among his survivors.

In lieu of flowers, memorial contributions may be made to the Ophthalmology Residency program, c/o The Grandview Foundation, 405 Grand Avenue, Dayton 45405.

Physicians in the News

Carolyn M. Bailey, DO, of Dayton, was honored at the Grandview Medical Center 55th Annual Holiday Gala, December 14, 2013, at The Dayton Art Institute. She received a Distinguished Service Award for her dedication to osteopathic medicine and her service to the hospital and the Dayton community. Bailey is a family physician.

Bernard L. Berks, DO, of Germantown, received a Distinguished Service Award from Grandview Medical Center and the Dayton District Academy of Osteopathic Medicine during the Annual Holiday Gala, December 14, 2013.


A family physician, he has served Dayton area residents for more than 50 years.

Robert A. Cain, DO, was appointed associate dean for graduate medical education at Ohio University Heritage College of Osteopathic Medicine, effective January 13, 2014. He is a nationally recognized expert in osteopathic principles and practice, medical education and organizational behavior. Cain was director of medical education at Grandview Medical Center in Dayton.

Wayne R. Carlsen, DO, of Athens, was sworn in as board chair for the National Board of Osteopathic Medical Examiners at its annual meeting in December 2013. As chair, he will lead

NEWS CONTINUED ON PAGE 20

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OU-HCOM Researchers, Students Participate in Empathy Study

Researchers from Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) were part of a multi-site, collaborative team that found significant empathy levels among osteopathic students during their third and fourth years of medical school.

Results of the study, which used OU-HCOM students as subjects, were featured in the December 2013 issue of the *Journal of the American Osteopathic Association (JAOA)*. Leonard H. Calabrese, DO, vice chair of rheumatic and immunologic diseases at Cleveland Clinic, led the research team.

The study assessed empathy levels of osteopathic medical students and compared them to published accounts of allopathic medical student empathy. Osteopathic students showed consistently high empathy scores in years three and four, while allopathic students demonstrated a significant decrease in empathy during those years.

Previous research in this area indicates that empathy levels tend to erode during the third and fourth years of medical education, but most studies have focused on allopathic medical students. Few have examined the phenomenon considering osteopathic medical students specifically.

"Year three marks the first year that students train in the clinic rather than the classroom," said Joseph Bianco, PhD, assistant professor of social medicine at OU-HCOM and a member of the research team. "It is precisely in year three that you would want

“ We suspect that there may be differences in osteopathic education — perhaps subtle — that may buffer students from empathy erosion. ”

– Joseph Bianco, PhD
Assistant Professor of Social Medicine, OU-HCOM

your doctors-in-training to retain and cultivate empathy.”

"We suspect that there may be differences in osteopathic education — perhaps subtle — that may buffer students from empathy erosion," Bianco said. "Our study is significant because it suggests that osteopathic students may maintain their empathy levels throughout years three and four."

While the findings are significant, Bianco said more research is needed to identify the factors in osteopathic education that may explain this phenomenon. "In our published study, we measured empathy in years one through four all at once. In our current longitudinal study, we are tracking the same students from year to year. This way, we can see how individuals change over time, in which direction their empathy changes and when those changes happen throughout the curriculum."

The *JAOA* article, titled "Correlates and Changes in Empathy and Attitudes toward Interprofessional Collaboration in Osteopathic Medical Students," marks the first published results by the research team.

"While we are closer to the beginning

than the end in the study of empathy in medical practice, our data are provocative and suggest something about osteopathic training at the Ohio University Heritage College of Osteopathic Medicine, and possibly osteopathic training in general, is buffering our students from losing the 'care' in caring for patients," Calabrese said.

Other researchers involved with the project include Doug Mann, PhD, former assistant professor of social medicine at OU-HCOM; Jack A. Brose, DO, vice provost of health affairs at Ohio University; David Massello, vice president and operations director at the Foundation for Osteopathic Research and Continuous Education; and Mohamadrezza Hojat, PhD, research professor of psychiatry and human behavior at Jefferson Medical College.

The research was funded by the American Osteopathic Association Council on Research and the Osteopathic Heritage Foundations.

To read the complete *JAOA* article, go to www.jaoa.org/content/113/12/898.full. ¶

NEWS CONTINUED FROM PAGE 19

the NBOME governing body in working with the organization's president and CEO, coordinating board committees, and planning and conducting board meetings. He will also collaborate with NBOME senior staff and board officers to represent the association at meetings

across the United States. The NBOME is the leading assessment organization for the osteopathic medical profession.

Brian W. Korn, DO, of Columbus, joined Licking Memorial Health Systems. He is board certified in emergency medicine.

Donald L. Turner, DO, of Dayton, was one of three physicians to receive the 2013 Distinguished Service Award from Grandview Medical Center. Turner, a past president of the OOA, was recognized for his dedicated service to the osteopathic profession. ¶

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