

Buckeye Osteopathic Physician

The Quarterly Publication of
The Ohio Osteopathic Association
Fall 2015

OOA's New President

Robert W. Hostoffer, Jr., DO,
on why OOA must *pull*
together



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On the Cover: OOA President Robert W. Hostoffer, Jr., DO, at the 2015 Ohio Osteopathic Symposium in April.

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PULL for OOA

*New OOA
President Robert W.
Hostoffer, Jr., DO,
emphasizes unification
and education*

By Nicholas Dekker

When you talk to OOA President Robert W. Hostoffer, Jr., DO, you can be sure the metaphor of rowing will come up. The avid rower has served the OOA as treasurer, vice president and now president, and the lessons learned from rowing are easily applied to his leadership style.

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Robert W. Hostoffer, Jr., DO
(in black ball cap) rowing
on the Cuyahoga River.



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His list of inspirations throughout his career are many, from his residency director in Columbus and his fellowship adviser at the University of Alabama at Birmingham to his business partner Ted Sher and his first job under Mel Berger, MD, at Case Western Reserve's School of Medicine.

"From all of them," Hostoffer says, "I've learned three words: intensity, consistency and courage."

He explains it further, of course, by applying it to rowing: "I need the intensity to hit the oar as hard as I can, the consistency to make every stroke the same and the courage to be able to take the stroke."

It should be no surprise, then, that the theme for his presidency is "Let's PULL Together." PULL stands for "Pride, Unity, Loyalty and Legacy." The theme was long in the making, but fitting when Hostoffer articulates his vision.

"I was looking at what was happening in the osteopathic community," he says, "and one day OOA Executive Director Jon Wills and I said, 'The one thing we need to do in this state is pull together.' And because I'm a rower, it made sense. From a boating standpoint, we need to have our oars coming in and going out at the same time and in the same direction."

Hostoffer applies this idea to his leadership at OOA, working to bring together one big osteopathic family that includes the membership, OOA district academies, students and faculty at Ohio University Heritage College of Osteopathic Medicine's three campuses, other COM students rotating in Ohio, the Centers for Osteopathic Research & Education (CORE) sites, residents, hospitals and the Advocates. Overall, he finds himself pushing for more osteopathic-focused teaching and an ongoing legacy for the Ohio Osteopathic Foundation.

Hostoffer shared his thoughts on the OOA and the future of the profession.

What is your involvement with legislation?

The association is always involved with advocacy and watching what's going on at the Ohio Statehouse. I am involved with the development of primary care in Ohio. There has been legislation to develop funding for rural OGME programs with Ohio University, and we've been consistently advocating for osteopathic recognition throughout the state.

What are the membership challenges?

Our relevance in the future depends on us providing osteopathic-focused learning at different venues and by developing and encouraging scholarly work.

What do you think are the top issues for the osteopathic profession right now?

I think the big issue is the new AOA-ACGME single accreditation system.



We need to send this osteopathic ship forward rather than going side to side.



– Robert W. Hostoffer, Jr., DO
President, Ohio Osteopathic Association

We've worked nationally with AOA past president Bob Juhasz, DO, of Cleveland. Under his leadership, there's been tremendous progress and we're moving toward a smooth transition. We're making Ohio a big part of that.

What OOA presidential legacy do you want to leave?

I always want to make things better than when I started. I want to be able to say I've enhanced the osteopathic-focused training we provide to our members, residents and students. I also want to be able to say we've made Ohio more united, to pull together, so when something happens we all know we need to put our oars in at the same time. We need to send this osteopathic ship forward rather than going side to side.

I would also like to be able to make sure the Ohio Osteopathic Foundation has a new source of contributions for the planned legacy campaign.

Training and teaching seems to be a big focus for you.

I've been a trainer for a long time. I was resident director of the osteopathic pediatric residency at Rainbow Babies & Children's Hospital in Cleveland, and am now the program director for the allergy immunology fellowship at University Hospitals. I encourage the development of my fellows' curriculum vitae. As their years progress I focus on different components of their CV, whether it's speaking or publications or research. I encourage them to develop their CV, so at the end of their residency or fellowship it will look like an assistant professor's CV.



The Hostoffer Family (l-r) son Zach, daughter-in-law Sarah Anne, son Vincent, wife Karen, Dr. Hostoffer, son Alex, daughter Sarah, son Nick.

Who inspires you?

I've had several mentors that have brought me forward. My residency mentor Carl Backes, DO, of Columbus, inspired me to be a giver to my residents, fellows and interns. I remember there was an issue with the pediatric residents on the call schedule; several of us had to work multiple days in a row. One day he came into the call room and said, 'You guys look exhausted. Take your family and go to my country club and have a great dinner, and I'll sit here and cover for you guys.' And he did! Since then, I've taken every one of my residents and fellows to my country club for a yearly dinner. He taught me kindness you don't often see, the kindness to know that they need a day off, too.

My wife of 30 years, Karen, has taught me to maintain a balance with my work and my family. She's taught me that same intensity and consistency and courage, whether it's my religious

life, my family life or the exercise component of my life.

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

We do quite a bit of research in our scholarly program. Our fellowship has the largest allergy program in the United States.

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

Number one: I'm a rower. I rowed in high school in the 70s, then took a 30 year hiatus. I have a four-man crew I captain. We're called Da Four, and we race at various events in the Midwest. We won the gold medal at the Head of the Cuyahoga Regatta. 🚣‍♀️

+ Watch Hostoffer's ideas behind PULL and the team-building focus of rowing come to life online at <http://bit.ly/1H1JyaO>.



PULLing Together

By Cheryl Markino

Inspired by his passion for rowing, Ohio Osteopathic Association President Robert W. Hostoffer Jr., DO, adopted “Let’s PULL Together” as the theme for his term. The acronym stands for Pride, Unity, Loyalty, Legacy — which dovetails into Hostoffer’s campaign to increase giving among OOA members.

“Ohio is home to visionary osteopathic physicians who dedicate their time and talent to moving the profession forward, but legacies are required to carry on that work,” said Hostoffer, who as OOA president also serves as chair of the Ohio Osteopathic Foundation (OOF), the organization’s charitable arm.

Through the new giving campaign now underway, Hostoffer hopes to sustain the osteopathic profession in Ohio well into the future.

“I want to see DOs pull together to support osteopathic medicine in our state through education, scholarly activity and leadership development,” he said. “By making a contribution to the OOF, you can help develop a future generation of osteopathic leaders and ensure a professional home for our students, residents, fellows and attendings.”

The seed for the giving campaign was planted at an OOF board meeting when an ad hoc committee consisting of Hostoffer; M. Terrance Simon, DO; Paul T. Scheatzle, DO; and Brandee S. Wyzlic, associate wealth management advisor at Northwestern Mutual, was formed.

Wyzlic said gifts to the Foundation can come in various forms. “There are many ways OOA members can support the future of the profession,” she said, “it doesn’t need to be a cash contribution.”

For example, members may designate the OOF as a beneficiary of an IRA,

401(k) or life insurance policy. Gifts of annuities, real estate, marketable securities and home/ auto titles are also among the possibilities.

Wyzlic can assist with these types of gifts and work with donors to take full advantage of the contribution and tax benefits. “A lot of times people aren’t sure how or how much to give,” she said. “I am here to help with those situations. We can have a conversation about capacity, and how to maximize philanthropic goals in conjunction with overall planning — including tax considerations.”

Hostoffer said while the campaign kicked off just a few months ago, there has already been success. “One of the ad hoc committee members secured a permanent life insurance gift of \$25,000,” he said. “Of course we hope that we won’t cash this check in the near term, but will count it among many future legacy gifts we hope to receive.”



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to Leave a Legacy

Another recent gift of \$30,000 came from the Richard L. and Marilyn A. Sims Fund at The Columbus Foundation. Mr. Sims, who died last year, spent his career in the osteopathic profession and worked at the OOA for 22 years. During his retirement he served on the OOF board.

Founded in 1963, the OOF was established to support osteopathic education and research in Ohio. From June 1975 until April 1983, it was funded by a mandatory assessment on all members, as unanimously approved by the OOA House of Delegates, to support Ohio University Heritage College of Osteopathic Medicine and raised more than \$1 million to support development of the college.

Today, the OOF's mission statement has been expanded, by vote of the trustees, to support osteopathic medicine through education and

outreach, leadership development and community health initiatives.

Many of the current projects focus on the future of the profession, with an eye toward students at the Heritage College. For example, the OOF gifts white coats to all first-year students; sponsors professional speakers and conducts leadership workshops for student government; and provides grants to student chapter affiliates to cover expenses for participation at national meetings and scientific events.

Students at the Heritage College at Cleveland specifically benefit. With support from the Warren General Hospital (WGH) Fund, the OOF sponsored the Osteopathic Manipulative Medicine Lab at the new campus. The fund, established nearly 10 years ago, was endowed by the WGH Board with an \$804,000 gift to support osteopathic medical education,

particularly in Northeast Ohio.

Last year, to celebrate the OOA's 115th anniversary, the OOF funded a public awareness campaign consisting of radio advertising in all 88 Ohio counties, an online promotional video and digital banner ads targeted to Ohioans searching for health-related information on the internet. At the foundation board meeting in April, trustees approved the radio ad campaign for another year.

"The OOA has been protecting the rights of DOs and advancing osteopathic medicine for more than 115 years," Hostoffer said. "Those who love the profession have the power to strengthen it and leave a legacy to preserve our osteopathic heritage for another century."

**To make a contribution, call the
OOA Office 800-234-4848.**





Cleveland OU-HCOM Opens

OU-HCOM Class of 2019 is the largest in the college's history and one of the largest classes of incoming medical students in the state

By Rebecca VanderMeulen
Photos by Joel Price

Nicole Zell was a general-practice attorney while her husband, Joe, studied at Ohio University Heritage College of Osteopathic Medicine. But taking on personal-injury cases and drafting wills and trusts didn't seem right. Practicing law included too much research and too little human contact.

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“We take an osteopathic approach to the admissions process. We don’t just look at one number.”

– Isaac J. Kirstein, DO
Dean, OU-HCOM Cleveland



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“I didn’t feel like I was making a difference,” she said.

Zell, 30, decided to follow her husband to the Heritage College. That desire was cemented while Zell was pregnant with her second child, Zoey, now nearly 2 years old.

In the later stages of pregnancy, Zell was rear-ended in an auto collision. Zoey shifted in her uterus. While being treated for that, Zell told her doctor she had trouble with migraine headaches. After two OMT sessions, she said, the migraines stopped.

She was even more excited to learn that the college was opening a campus at South Pointe Hospital in the Cleveland suburb of Warrensville

Heights, about a half hour from her hometown of North Royalton.

While her husband completes his rotations, Zell is one of the first 51 students at the Heritage College Cleveland. As an Ohio native who’s committed to osteopathic medicine and dreams of being a primary physician in her home state, Zell is exactly the type of student the campus’ founders were hoping for.

Three campuses, one college

For more than three decades, South Pointe, a Cleveland Clinic teaching hospital, formerly known as Brentwood Hospital, has hosted Heritage College students during their third- and fourth-

year rotations.

In 2012 the Heritage College and Cleveland Clinic announced their plans to open a new campus at South Pointe. Cleveland Clinic wanted to expand its primary care base, and the Heritage College was looking to expand its footprint to train more primary care doctors for Ohio. The idea for the partnership was sparked a year before at meetings between Robert S. Juhasz, DO, president of South Pointe, David L. Bronson, MD, former president of Cleveland Clinic’s regional hospitals, and Jack Brose, DO, who was then dean of the college.

Transforming a hospital built in the 1950s into a 21st century medical school cost more than \$50 million: \$36



Isaac J. Kirstein, DO,
Robert S. Juhasz, DO, and
Kenneth H. Johnson, DO,
with the OU-HCOM
Cleveland students,
July 8, 2015.

million from Ohio University toward renovation and expenses relating to faculty, staff and operations; \$13.4 million from Cleveland Clinic for capital improvements and renovations, staff and operational support, and medical education; plus another \$5 million grant from the Brentwood Foundation. Renovations included 60,000 additional square feet of classroom, lab and study space, along with a clinical training and assessment lab with 13 exam rooms.

“From the start, they were interacting with patients,” said Juhasz, who noted the students will also work on community outreach efforts such as immunization and eye-exam clinics.

Kenneth H. Johnson, DO, executive

dean of the Heritage College, said each campus is a distinctive piece of the college. “It’s three campuses, one college,” he said.

The first day for students at the new Cleveland campus was July 8, but the entire class of 240 students was in Athens for two days prior for the Class of 2019 orientation. The incoming class has 139 students in Athens, 51 at Cleveland, and 50 at the Dublin campus, which opened last year. It is the largest class ever in the College’s history and one of the largest classes of incoming medical students in the state of Ohio. The entire class reunited for the annual Convocation & White Coat Ceremony, July 25, in Athens.

Classrooms on all three campuses —

Cleveland, Athens and Dublin — are linked through a videoconferencing system that allows students to interact during simultaneous lectures.

“Whenever students start speaking, the camera points at them and everyone can see,” said Isaac J. Kirstein, DO, dean of the Cleveland campus.

However, the curriculum emphasizes gathering students in teams to work on case studies, rather than lectures. The Cleveland campus also plans to practice competency-based education, which enables students to master skills at their own pace.

And in 2018, Heritage College and Cleveland Clinic plan to inaugurate a six-year osteopathic medical training

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program that combines medical school and residency. The first class is expected to include eight current students from the Cleveland campus.

The program will save students one-quarter of the time and money required for osteopathic education. It will integrate population health management, team-based care and leadership.

Primary care for Northeast Ohio

The main goal of the expansion is to boost the number of primary care physicians in Northeast Ohio. The presence of Cleveland Clinic, University Hospitals and Case Western Reserve University means there are plenty of doctors in the seven-county region. But there are just over 2,400 primary-care providers for about 2.77 million people, according to the County Health Rankings & Roadmaps program.

“There’s not a shortage of physicians. There’s a shortage of primary care



physicians,” Kirstein said. “If you want to treat sick people, you need a lot of specialists. If you want to keep Northeast Ohio healthy, you need primary care physicians.”

He noted the Heritage College’s track record of training doctors who stay in Ohio — nearly 60 percent of alumni practice in the state — and said the

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If you want to treat sick people, you need a lot of specialists. If you want to keep Northeast Ohio healthy, you need primary care physicians.

– Isaac J. Kirstein, DO
Dean, OU-HCOM Cleveland

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MEET OU-HCOM CLEVELAND DEAN ISAAC J. KIRSTEIN, DO



The dean of Ohio University Heritage College of Osteopathic Medicine's new campus in Warrensville Heights wasn't admitted to medical school the first time he tried.

Isaac J. Kirstein, DO, was the first in his family to attend college, earning a bachelor's degree in zoology from the University of Wisconsin-Madison in 1992.

As he was finishing college, Kirstein's father had a recurrence of cancer that he did not survive. That loss was reflected in Kirstein's medical-school applications — and ironically, helped forge his future as a DO.

Kirstein recalls lamenting to an MD who was a mentor of his at Wisconsin about how doctors approached his father: "Everyone treated him like a bunch of tumor cells, not a person."

Kirstein's professor said he sounded like an osteopathic physician and encouraged him to apply to medical school again.

In 1997, Kirstein earned his DO from Midwestern University Chicago College of Osteopathic Medicine.

Along with practicing, he has held administrative positions with the Edward Via Virginia College of Osteopathic Medicine and Midwestern University. Before joining OU-HCOM in 2013, he worked for Franciscan St. James Health in suburban Chicago, where he served as director of medical education and then chief medical officer. He was also a member of the Blue Ribbon Commission for the Advancement of Osteopathic Medical Education, a 24-member panel created by the American Osteopathic Association and American Association of Colleges

of Osteopathic Medicine to develop an innovative model for educating physicians that would help address the nation's shortage of primary care doctors.

Heritage College Executive Dean Kenneth H. Johnson, DO, was delighted to see Kirstein apply for the dean position. Kirstein's style is perfect for Cleveland Clinic's team-based approach, he said.

"He's a significant leader, a great thinker," Johnson said. "He really likes to pull together and work through teams."

The dean's post at the Heritage College gave Kirstein a chance to combine his passions. "I love osteopathic medical education," he said. "And I love making a difference in a community, and a difference in a health care system."

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college's admissions office recruited students who want to put down roots nearby. His hope is that 70 percent of graduates stick with primary care, and 70 percent stay in Northeast Ohio.

Out of the 51 students, 39 have permanent addresses in the region. All but one hails from the Buckeye State.

"We take an osteopathic approach to the admissions process," Kirstein said. "We don't just look at one number."

One factor was a question on the Heritage College application, asking prospective students to rank their choices among locations in Cleveland, Athens and Dublin.

Zell, for one, was excited to return to the Cleveland area and hopes to work in family practice. "I like the ability to see patients from babies all the way to geriatrics," she said.



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Refill Dilemma Addressed

Legislation expands physician-pharmacist consult agreement

By Jill Sell

Health care depends on a well trained team of health care professionals working in collaboration with or under the supervision of a physician. Recent legislation working its way through the Ohio General Assembly shows what can be achieved when members of the team work together to take care of patients with safety, effective communication and oversight in mind.

Senate Bill 240, which would have allowed physicians and pharmacists to better manage medication for patients with chronic diseases, was initially introduced last session by State Sen. Dave Burke (R-Marysville), a pharmacist. After discussions and negotiations with physician associations, a revised version (SB 141) was introduced this spring by Burke and Sen. Gayle Manning (R-North Ridgeville). Meanwhile, HB 188, a companion bill,

sponsored by State Rep. Stephen A. Huffman, MD, (R-Tipp City) and Rep. Nathan Manning (R-North Ridgeville) was introduced in the House, amended and approved in June.

HB 188 and SB 141 broaden existing law governing consult agreements between pharmacists and one or more physicians to manage drug therapy for patients covered by the agreement to:

- Change the duration of the drug treatment;
- Adjust a drug's strength, dose, dosage form, frequency of administration or route of administration; and
- Discontinue or add a drug to the patient's therapy by ordering blood and urine tests related to the drug therapy being managed, without diagnosing.

Pharmacists are still specifically prohibited from diagnosing or generally prescribing drugs, according to Jon F. Wills, executive director of the Ohio

Osteopathic Association (OOA).

"The word 'prescribe' in relationship to pharmacists was a major issue in early wording of the legislation," said Wills. "Physicians and pharmacists have always had a checks and balance system, which needed to be preserved. So if there is a question about what is being prescribed — the dosage, or possible drug interactions — it's a team that is reviewing it. If you had only one person, it would not be as effective for patient safety."

But Wills also said this plan allows for pharmacists to "practice at the top of their license," by helping to ensure that patients are taking their medications appropriately and refilling prescriptions as needed.

"We want pharmacists to be much more than pill counters who put pills in bottles," he said.

Antonio Ciaccia, director of government and public affairs for

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the Ohio Pharmacists Association, believes the law “means more tools in the toolbox for physicians.” It “maintains the physician’s role as the quarterback of the health care team, and the pharmacist is an option that can be utilized on that team.”

“The legislation streamlines the current process for entering into a consult agreement with a pharmacist and eliminates much of the current red tape,” said Ciaccia. “It allows a pharmacist to order blood and urine tests and to make adjustments to the patient drug therapy. However, none of these new pharmacist abilities happen independently. In order for a pharmacist to order a test or change a dose on a drug, the physician must grant that authority, and the physician can determine any guidelines or rules that a pharmacist must abide by in the treatment of the patient under the agreement.”

The consult agreement ensures patients receive the drug therapy they

need to stay healthy and out of the hospital, said Ciaccia.

“Further, for patients in underserved areas that may have difficulty in regularly seeing their physician, utilizing a pharmacist that has a consult agreement with their doctor could prevent them from having to make unnecessary trips and delays for minor adjustments to drug regimens,” said Ciaccia.

J. Todd Weihl, DO, of Doctors Hospital Family Practice in Grove City, has an interesting perspective on the new physician-pharmacist consult agreement. Weihl was a practicing pharmacist before he became a physician. Also, his family medicine residency facility has considered the pharmacist on staff to be an integral part of patient care.

“Our pharmacist does a lot of education around diabetes, hypertension and medication reconciliation with our patients,” said Weihl, whose facility also trains pharmacy students from

Ohio Northern University in their last year of study. “The pharmacist speaks to each patient’s education level, creating plans for them to take their medicine throughout the day.”

Transition of care — from hospital back to primary physician — is another area where good communication between physician and pharmacists is imperative.

“Often times in a hospital, meds are changed for a patient,” said Weihl. “A patient may hear that information, but in his state of mind, not really understand or remember it. Pharmacists here have a big role calling the patient and saying, ‘I see they changed x, y and z medications. Do you understand that?’ That’s key for a patient’s health.”

To evaluate the legislation, Matthew Robinson, DO, who at the time was a medical student serving a health policy rotation at the OOA, wrote a brief outlining the profession’s concerns with the proposal and then he and Wills met with Ciaccia and other leaders from the pharmacists



The tragic incident put a face on the critical need for better communication between pharmacists and physicians, with the ultimate goal to better serve and care for patients.

**– Jon F. Wills
Executive Director
Ohio Osteopathic Association**

group. OOA staff also met with the Ohio Department of Health (ODH) in February 2015 to learn more about a project that began in the fall of 2013.

At that time, ODH helped initiate Medication Therapy Management in Federally Qualified Health Care Centers across Ohio “to determine best practices and improve chronic disease outcomes.” The six-month study included approximately 95 uncontrolled diabetic patients (HbA1C over 9 percent) and about 75 hypertensive patients (blood pressure greater than 140/90).

A little more than 42 percent of the diabetes patients were brought to a HbA1C under 9 percent and nearly 50 percent of hypertensive patients achieved blood pressure readings of less than 140/90. More than 100 adverse or potentially adverse drug events were also addressed during this time.

The cost savings associated with the proposed law changes are variable, partially to be determined by patient behavior. That can include whether

prescribed medication is taken regularly and if relapses can be avoided, plus other factors, according to Wills.

However, when the Centers for Disease Control and Prevention (CDC) released its *Medication Therapy Management Guide for Public Health* in 2012, the initiative highlighted comparable potential cost savings. According to its research, collaborative drug therapy management saw return on investment by an average of 3:1 to 5:1 when comparing savings from hospital visits or potential adverse outcomes to health care dollars actually spent on management.

Ciaccia admits the billing process will initially reflect “a lot of unknowns.”

“(But) pharmacists are currently able to bill for medication therapy management with some health plans, so billing for pharmacist services is by no means uncharted territory,” explained Ciaccia. “However, there will certainly be more work to be done.”

Ciaccia calls the law’s passage “a

bumpy journey begun years ago” by physicians and pharmacists, but that the outcome “has been well received by all interested parties.”

“There will inevitably be issues we don’t see eye to eye on,” he said, “but by leaving the professional silos and partnering, physicians, pharmacists and most importantly, patients, are all served better.”

Another provision in the bill allows a pharmacist to dispense a non-controlled substance to a patient who has been on a consistent drug regimen for up to 30 days in cases of emergency. That change was precipitated by an actual case where a patient died when he was unable to refill his prescription for insulin.

“The pharmacist declined to dispense the insulin because he could not get in touch with the physician,” said Wills. “The tragic incident put a face on the critical need for better communication between pharmacists and physicians, with the ultimate goal to better serve and care for patients.”

OOA Members Attend AOA House of Delegates

Thirty-nine Ohio DOs served as voting members of the Ohio delegation during the AOA House of Delegates, July 18-19, in Chicago. Delegates represented the nation's more than 110,000 osteopathic physicians and osteopathic medical students and took policy positions on some 200 resolutions — including one submitted by the OOA.

The Ohio resolution, which called for increased mental health resources for students and DOs, received considerable debate on the floor. The proposal, originally written by a group of students from Ohio University Heritage College of Osteopathic Medicine (OU-HCOM), was referred back to the delegation by the Ad Hoc Committee. If referred, the resolution could not be brought before the House again until next year.

But after an impassioned discussion on the floor, delegates passed the measure. Speaking on behalf of all medical students, Daniel Krajcik, a third-year student at OU-HCOM and the national parliamentarian of the Council of Osteopathic Student Government Presidents, said it was important to approve the resolution without delay. "We cannot refer this one more year. Last year, we had a student commit suicide at one of our schools," he said. "It is our nature to welcome those who need our help most, and to welcome them with open arms. To not approve the resolution this year would be going against that standard."

The meeting marked the end of the AOA presidential term of Robert S. Juhasz, DO, of Cleveland. In his speech to the more than 500 delegates and guests, Juhasz reflected on the profession's significant change this past year. "The time for osteopathic medicine to lead the transformation of health care is now," he said. "We must be keenly aware that health care delivery is changing rapidly in the US and around the world, and people are hungry for the kind of care that we provide."

The Ohio delegation and the Dayton District Academy of Osteopathic Medicine hosted a reception for all women delegates in honor of Juhasz



Ohio ACOFP President Cynthia S. Kelley, DO, was a first-time delegate.

and his wife Donna.

During the Annual Meeting luncheon, Juhasz recognized OOA Executive Director Jon F. Wills and Daniel F. Dickriede, DO, of Sagamore Hills, with Presidential Citations. The honor is bestowed annually on three people personally chosen by the AOA president.

In his final act, Juhasz installed John W. Becher, DO, of Pennsylvania, as AOA president for 2015-2016.

Becher, an emergency medicine physician, currently serves as chair of the department of emergency medicine at Philadelphia College of Osteopathic Medicine, where he also graduated from in 1970. He is also director of osteopathic medical education at AtlantiCare Regional Medical Center in Atlantic City, New Jersey, and an adjunct professor of emergency medicine at Thomas Jefferson University in Philadelphia. He has trained more than 150 emergency physicians as a residency director.

Ohioan John R. Casey, DO, an

emergency medicine physician, was elected to the AOA Board of Trustees. He will serve as the representative for new physicians in practice. The new resident representative on the AOA Board also has an Ohio connection. Chelsea A. Nickolson, DO, a graduate of Lincoln Memorial University-DeBusk College of Osteopathic Medicine, is based at Grandview Hospital in Dayton. They join William J. Burke, DO, of Columbus, who currently serves on the AOA Board of Trustees.

The Ohio delegation was led by George Thomas, DO, of Cleveland, chair, and Paul A. Martin, DO, of Dayton, vice-chair. OOA President Robert W. Hostoffer Jr., DO, served as vice-chair of the Ad Hoc Committee, and the following Ohioans served on Reference Committees: John F. Uslick, DO (Constitution and Bylaws); Isaac J. Kirstein, DO (Education); Sean D. Stiltner, DO (Professional Affairs); William F. Emlich Jr., DO (Public Affairs); and Jennifer J. Hauler, DO (Resolutions).

PHOTO COURTESY OF AOA



Advocacy in Action

State Rep. Dorothy Pelanda (R-Marysville) took a tour of Ohio University Heritage College of Osteopathic Medicine at Dublin, July 8, and learned about the student curriculum and training. The visit came a day after all of the statewide physician associations met with Pelanda to voice concerns about her legislation that allows advance practice nurses to practice independently without a collaboration agreement with a physician. Pictured to the right is (left-right) OU-HCOM Faculty Member Jean S. Rettos, DO; OOA Executive Director Jon F. Wills; Pelanda; Dublin Campus Dean William J. Burke, DO; and OOA Health Policy Chair Peter A Bell, DO.

Above, OOA hosted staff from the Joint Medicaid Oversight Committee (three seated on right) at Doctors Hospital in Columbus, July 27, to discuss Medicaid patient access to behavioral health services. Participants included Executive Director Jon F. Wills; Health



Policy Chair Peter A. Bell, DO; Doctors Hospital Emergency Department Director Bruce G. Jones, DO; Hospital Social Worker John Mulvaney (left); and OhioHealth Vice President for Clinical Transformation Richard J. Snow, DO (second from left). JMO

consists of five state senators and five state representatives who oversee compliance, evaluate legislation for long-term impact on Medicaid and assist in limiting the rate of spending growth while improving quality of care and health outcomes. 

OHIO DOs IN THE NEWS

Deaths in the Family

OOA Life Member **Thomas C. Dozier, DO**, of Celina, died June 12, 2015, at Mercer County Community Hospital in Coldwater. He was 96 years old.

Dozier, who served on the OOA Board of Trustees, maintained a family practice for many years and was considered an "old school family doc" who dedicated his life to serving his patients. He served as chief of staff for Joint Township District Memorial Hospital in St. Marys.

Stricken with polio at the age of 17, he persevered and eventually earned his medical degree from Des Moines Still College of Osteopathy (now Des Moines University College of Osteopathic Medicine). He served his internship at a hospital in Muskegon, Michigan, and his residency at Bay View Hospital in Bay Village, Ohio. While at Bay View, he worked alongside

the famous Dr. Sam Sheppard. Later, he continued the practice of Dr. Dale Kile in St. Marys.

He is survived by his wife Shirley Jean Crosby, children and grandchildren.

OOA Life Member **Ernest A. Lewandowski, DO**, 88, of Stow, died February 7, 2015.

Dr. "Lew," as he was known, graduated from John Carroll University in 1949 after his service in the Navy during World War II. He went on to earn his medical degree from Kansas City College of Osteopathic Medicine in 1953.

He was one of the founding fathers of Brentwood Hospital, now South Pointe Hospital, and owned Turney Medical Group, where he practiced family medicine in Garfield Heights for 40 years before retiring. He retired to Venice, Florida, and then later returned to Ohio to be close to family.

He is survived by a large circle of friends and family, including his wife Loretta, whom he married on Valentine's Day of 1987.

Leslie Tuttle McKinley, DO, of North Canton, died July 8, 2015, after a three-year battle with cancer. She was 34 years old.

The family physician was a 2007 graduate of Ohio University Heritage College of Osteopathic Medicine. She earned her undergraduate degree from Otterbein College where she was a member of the Kappa Phi Omega sorority.

McKinley practiced at Kreptowski Family Practice, and most recently at Family Physicians, Inc. She treated every patient like family.

She is survived by her husband Scott Kenreich; son, Zachary; and parents Fred and Gail Tuttle in addition to a large extended family.

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OOA Life Member **Anthony J. Tenoglia, DO**, died at his home in Florida, June 14, 2015. He was 79 years old.

During his career, Tenoglia maintained a solo general practice for 12 years in Huron, Ohio, and then joined the faculty at Ohio University Heritage College of Osteopathic Medicine in 1978. He was also medical director at the Southeastern Ohio Behavioral Health Hospital and served at the Southeastern Ohio Regional Jail in Nelsonville.

Active in the profession, he was on the OOA Board of Trustees for many years and was named Ohio ACOFP Family Physician of the Year in 1989. Certified in addictionology, he developed the OOA's impaired physician program and assisted many doctors in their time of need.

He graduated from Kansas City College of Osteopathic Medicine and Surgery in 1965 and served an internship at Sandusky Memorial Hospital.

His survivors include Ann, his wife of 54 years.

OOA Life Member **Everett E. Wilson, DO**, died June 23, 2015. He was 96 years old.

Wilson, who resided in Utah, was a surgeon at Grandview Hospital in Dayton, where he also had a private ophthalmology practice for nearly 60 years.

The 1947 graduate of Kansas City College of Osteopathy served in the US Marines during WWII. He enjoyed flying airplanes, doing missionary work in South America and Mexico, and helping his patients.


He is survived by a large family, including two children, six grandchildren, 22 great grandchildren and two great-great grandchildren.

Physician News

William J. Burke, DO, of Columbus, was selected to receive the Tinfu Friendship Award from the Sichuan Provincial People's Government of China. The award recognizes foreign experts for outstanding and significant contributions to Sichuan's social and economic development. Burke was

recognized for his exemplary work in medicine and public health.

Daniel F. Dickriede, DO, of Sagamore Hills, received an American Osteopathic Association Presidential Citation from Robert S. Juhasz, DO, for his many years of humanitarian work. The honor was presented at the AOA's 2015 Annual Meeting in July. Throughout his career, Dickriede has provided medical relief in Afghanistan, Zaire, Sudan, Uganda, Rwanda, Zaire, Somalia, the Arctic Circle, the Philippines, Liberia and other places.

Brian J. Juriga, DO, of Painesville, was one of three physicians named 2015 Team Physician of the Year by the Ohio Athletic Trainers' Association (OATA). He was recognized for his dedication to student athletes and support for the profession of athletic training. He is a family physician with a specialization in sports medicine. Beyond his sports medicine practice, Juriga works with the US Paralympics ski team. 

STATEMENT OF OWNERSHIP

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(Required by 39 U.S.C. 3685)

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— Cheryl Markino
Editor, *Buckeye Osteopathic Physician*

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Robert W. Hostoffer, Jr., DO, OOA President, 2015-2016