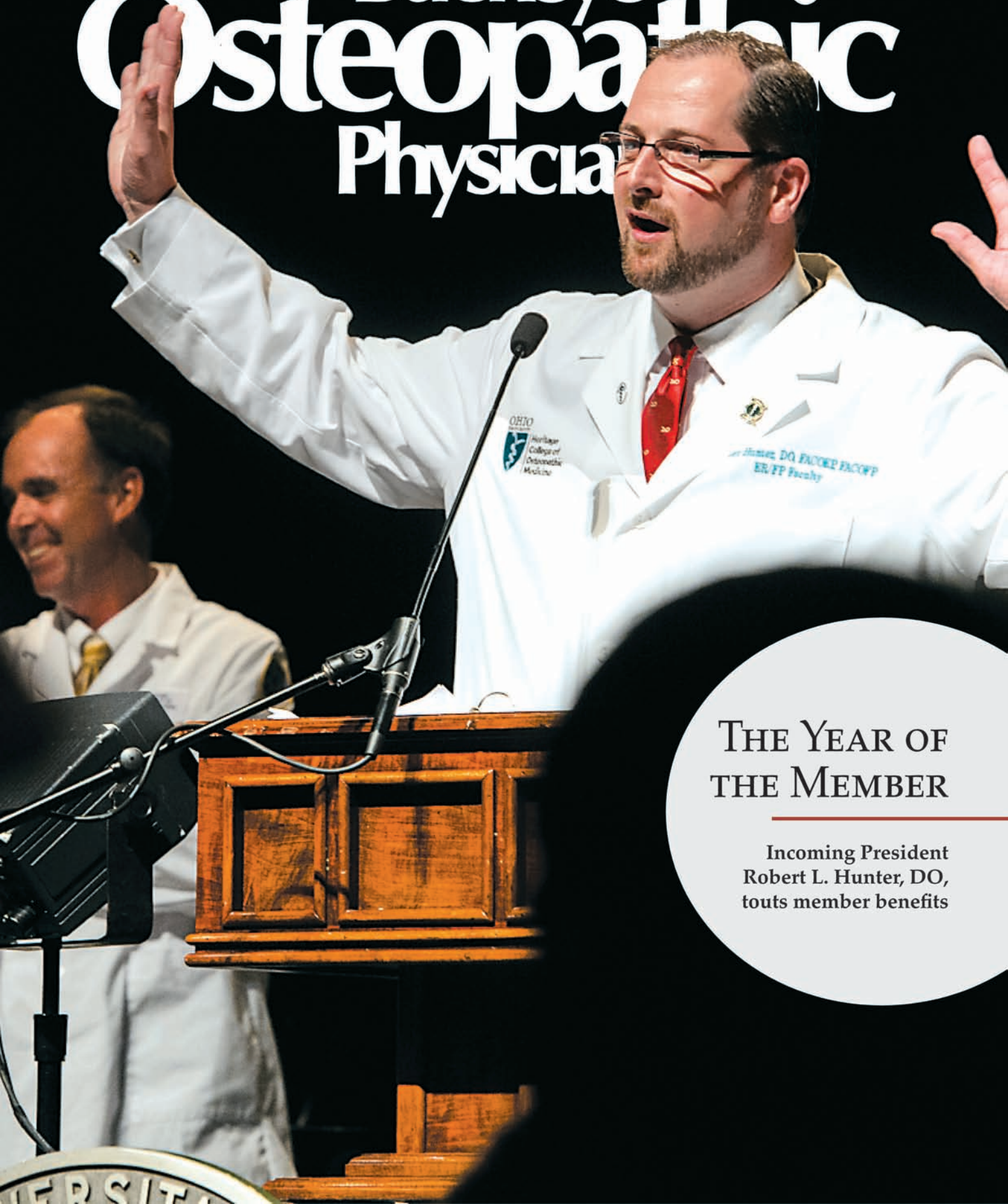


The Quarterly Publication of
The Ohio Osteopathic Association
Fall 2013

Buckeye Osteopathic Physician



THE YEAR OF THE MEMBER

Incoming President
Robert L. Hunter, DO,
touts member benefits



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From Coal Miner to Physician

*OOA President
Robert L. Hunter, DO,
emphasizes membership
value, legislative action*

By Stacey Higgins

“**M**y number one priority this year is building OOA membership,” said OOA President Robert L. Hunter, DO, while on a quick break during his ER rounds at Dayton Grandview Hospital. “So that’s why I’m calling my term the ‘Year of the Member.’”

It’s no wonder Hunter has membership value on his mind when it comes to serving as OOA’s president. His passion for getting DOs to belong is built on a long history of public affairs involvement and association participation.

“I have always believed in advocating for the osteopathic profession,” he said. “DOs need to maintain our identity. We have something unique to offer that patients are looking for.”

The health policy junkie (he is a graduate of the American Osteopathic Association’s prestigious Health Policy Fellowship Program) also believes strongly in political involvement. That means working with legislators and state government officials to reform the health care system.

Members of the OOA’s annual House of Delegates can surely attest to his legislative acumen as well as his persuasive fundraising skills for the OOA’s political action committee (PAC), which he co-chairs. Not only does he talk the talk, he also walks the walk with his wallet. Hunter is a regular and consistent donor, with significant annual giving to the state and national osteopathic PACs.

Hunter, like his predecessors, maintains a full plate of volunteer activities, practice hours and appointments. Boarded both in Family Practice and Emergency Medicine, he sees patients in his office in Huber Heights, helps to staff the Grandview Medical Center Emergency Department, serves as a hospice medical director, and visits patients in nursing homes.

In fact, Hunter is always on the go. He makes frequent trips to Columbus for OOA events, chairs meetings of the Pharmacy & Therapeutics Committee for Ohio Medicaid, and frequently meets with legislators to discuss current legislation. The next minute he’s on a plane to Washington or Chicago to help plan CME events, or attend a meeting of the American Osteopathic Association, American College of Osteopathic Family Physicians, American Osteopathic Academy of Medical Informatics, or American Medical Directors Association, where he taught a course on OMT for nursing home patients. Then he’s in Athens to mentor students at Ohio University Heritage College of Osteopathic Medicine or promoting the importance of OOA membership to residents at the CORE’s Resident Advisory Committee quarterly meeting.

“His energy is infectious and boundless,” said OOA Executive Director Jon F.

CONTINUED ON PAGE 4

Wills. “I’ll get texts and emails from him in the middle of the night asking about some legislative initiative, sharing an inspirational quote, providing input on association business — even when he’s passing a kidney stone.”

Hunter, who always has his iPhone nearby, actually texted Wills a photo of the kidney stone arrival during the District 8 (Akron-Canton) OOA Family Visit, a meeting Hunter begrudgingly missed due to his unanticipated, personal emergency. The technologically savvy doc regularly snaps photos at OOA, AOA, and OU-HCOM events to post to his Twitter account.

Despite the demanding schedule, Hunter is always ready to make time for his family. With four active children and wife Rachel, a physician assistant-certified, enrolled as a third year student at West Virginia School of Osteopathic Medicine, the Hunter household is a busy one. “They are the most important part of my life,” he said.

His patients are also a priority. To be a role model for them, he undertook a training routine and eats a healthy diet, helping him to lose weight.

Being a role model for his fellow members on the OOA Board of Trustees is also a priority — as is developing leaders in the Ohio profession. At the OOA Board of Trustees meeting in September he gave each member a copy of the best-selling book *The Leadership Challenge*, along with a personalized handwritten note. Hunter said the book



PHOTO COURTESY OF GRANDVIEW HOSPITAL

is meant to encourage and challenge future leaders to “make extraordinary things happen.”

An expressive man with glasses and smiling blue eyes, Hunter brings passion to everything he does, whether it’s rooting for Ohio State football, serving his patients, or leading his osteopathic colleagues.

Here are some of his thoughts on OOA, health care and his personal pursuits.

Association Action

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

My association involvement started during residency at Grandview, when I was inspired to serve by Dayton leaders like Paul Martin, DO, and Barbara Bennett, DO. I was interested in preserving the osteopathic tradition and philosophy so I became active in the Dayton District Academy. I was elected to lead as Academy president and then to the OOA Board about 10 years ago, where I worked my way up the chairs.

What inspired your legislative involvement?

I became familiar with the AOA Health Policy Fellowship and knew some past Fellows. Since I already had an interest in legislation and policy, I saw the program as a good way to enhance my advocacy knowledge and skills. I applied, was accepted, and completed the program in 2010. I wrote health policy briefs on e-records and the Affordable Care Act.

Then I became involved in state and government issues. I served on former US Rep. Steve Austria’s Health Policy Advisory Committee, and when my son Jordan and I visited the US Capitol we got to go down on the House floor. It was great to see the legislative process up close and first-hand. I’ve also worked with State Sen. Peggy Lehner and State Reps. Terry Johnson and Jim Butler, and I always try to attend AOA’s DO Day on the Hill every spring in DC and the Health Policy Forum in the fall.

Why is this the Year of the Member?

First, we want to increase membership. The OOA is the collective voice of *all* DOs in the state so we want *all* DOs to belong. Whether they are active members who take on a leadership role or simply dues-paying ones, we need everyone to join to support our profession. It is our responsibility to move our profession forward and to promote the distinctive philosophy and practice of osteopathic medicine in Ohio. The OOA is the only organization in Ohio that represents DOs.

Another reason to increase our state membership rolls is because it makes an impact nationally. Seats on the AOA Board of Trustees and the most prestigious roles are based on numbers of DO members in each state. So the more AOA and OOA members we have in Ohio, the greater our visibility and influence nationally.

The “Year of the Member” also includes providing value to members. We have the new Practice Solutions Program, education and



WHAT MEMBERS SHOULD KNOW ABOUT ME

I want them to reach out to me if they have problems or concerns. They can call me any time or track me down through the OOA office. I’m here *because* of the membership and *for* the membership. I do this for them, there’s no pay for it. I want to be their voice for Ohio. The Ohio profession has such an established history as leaders — even nationally. I want to continue and nurture that tradition. It’s all about keeping our osteopathic profession distinct and on top.



CME, leadership development, communication to keep you up-to-date on important regulatory and legislative matters, and other tangible benefits. And advocacy, which I think is the most important benefit for members.

We're also looking at greater collaboration with OU-HCOM alumni who practice in Ohio. If they're not OOA members, why not? What can we do to bring them in. After all, the OOA is largely responsible for establishing the school. But more than that, their OOA membership helps OU-HCOM, too. I see a similar strategy for DOs at the 20 hospitals associated with the Centers for Osteopathic Research and Education. Their membership in the OOA ultimately benefits the hospital as well as the students and residents training there. It goes back to moving the osteopathic profession forward. It takes all of us.

What are the membership challenges?

It's really hard because DOs can be members of multiple organizations so they've almost become disenfranchised. You look at all of these dues you're paying and you start to cut back. So the OOA wants to stress what we're doing for DOs in the state and why it's important to belong.

In the past, a majority of DOs were part of a private group with other DOs and they practiced in osteopathic hospitals. Today, we have a different model. A lot of physicians are working in mixed staff and are just employees, either at a hospital or large group. There are limitations if the hospital will pay for membership. That could be why DOs step away. Now, as the professional home for all DOs in the state, the OOA is trying to come back and say 'there is a purpose.'

Issues that Matter

What are the top issues for the osteopathic profession right now, in your opinion?

Advocacy tops my list. Jon Wills lobbies at the Ohio Statehouse with other leaders in the profession to protect our rights to practice medicine. Every year the Ohio Legislature considers dozens of bills that govern the daily practice of medicine. So staying connected with legislators and policy leaders is a priority. Because if you're not sitting at the table, you're part of the meal, right?

PROFILE OF A PRESIDENT

Robert L. Hunter, DO, FACOFP, FACOEP

Age: 43

Medical Education: West Virginia School of Osteopathic Medicine, 1997

Post-Graduate Training: Grandview Hospital and Medical Center (Dayton) Family Medicine Residency 2000; Emergency Medicine Residency 2002

Family: Wife, Rachel; Children: Victoria 5, Jaxe 7, Kohle 8, Jordan 14

Specialty: Board-certified in Family Medicine and Emergency Medicine

Resides In: Beavercreek

Practice Location: Buckeye Family Practice in Huber Heights; Hospital affiliations with Kettering Medical Center, Grandview, Southview, Sycamore, Good Samaritan and Children's Medical Center

Professional Memberships: American Osteopathic Association, Ohio Osteopathic Association, American College of Osteopathic Family Physicians (ACOFP), Ohio ACOFP, American Medical Directors Association, American Academy of Hospice and Palliative Medicine, American College of Osteopathic Emergency Physicians, National Academy of Physicians, American Osteopathic Academy of Medical Informatics

Leadership: Past President of Ohio ACOFP; Past President of Dayton Academy of Osteopathic Medicine; Chair of State of Ohio Medicaid Pharmacy & Therapeutics Committee; Trustee of American Osteopathic Association of Medical Informatics; Chief of Staff-elect at Grandview Hospital; Co-Chair of Ohio Osteopathic Political Action Committee; graduate of AOA Health Policy Fellowship; currently enrolled in ACOFP Physicians Leadership Institute, a 12-month program

Alumni Affairs: Listed in *Who's Who in Medicine and Health Care*, West Virginia School of Osteopathic Medicine, member of WVSOM Dean's Circle, Concord College Alumni Association

Twitter Handle: @RHunterHunter

We want to be the ones helping policy makers to understand that osteopathic medicine is a distinct profession. We want to make sure we have an identity.

As for specific topics, Medicaid expansion is on the table right now. The OOA has supported this effort. It's estimated that 250,000 to 300,000 Ohioans who do not have health insurance would get coverage with expansion. As an ER doctor I see it everyday. Uninsured patients use the most expensive access to get their health care.

We're also monitoring the Affordable Care Act and paying attention as to how it affects primary care. The law provides lots of benefits, no doubt, but we're watching how it's implemented. As part of the law, we have these new health insurance exchanges. Again, we're seeing what happens here in Ohio and want to make sure the end product is a benefit for physicians and patients.

Getting Personal

Who inspired you? How?

My Mom and Dad taught me that hard work pays off in the end. Professionally, Drs. Paul Martin, George Thomas and Robert Juhasz have helped me along the path to leadership with advice and guidance.

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

I'm finishing my Masters Degree in Public Health at A.T. Still University this year and I am the medical director at Hospice of Miami Valley.

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

I was a coal miner before matriculating to WVSOM.

What OOA presidential legacy do you want to leave?

That I made a difference for the members and our patients. 🙌





MEDICAID DIRECTOR MODERNIZES PROGRAM, PREPARES FOR EXPANSION

New Director John McCarthy is still forging ahead to craft a new future for Ohio's Medicaid program.

By Jan O'Daniel

Like it or not, the issue of reimbursement, while a normal and necessary part of our health care system, is always a tricky point of discussion. This is never more true than when it comes to our public health care assistance program, Medicaid.

Another sticky wicket? Low reimbursement rates that can make it cost-prohibitive for physicians to participate in treating the more than 2.3 million Ohioans enrolled in Medicaid.

That, however, is changing, said John B. McCarthy, director of the state's new executive-level agency, the Department of Medicaid.

With the official launch of the new agency on July 1, 2013, McCarthy has taken on reimbursement issues, policy changes and much more, including:

- Capping overall health utilization growth at three percent annually;
- Reducing avoidable hospital readmissions by limiting Medicaid payments for readmissions occurring within 30 days;
- Implementing a new eligibility system to replace an ailing 32-year-old system; and
- Increasing provider rates for home and community-based, long-term services and supports.

CONTINUED ON PAGE 8



TOLEDO BLADE

Ohio Medicaid Director John B. McCarthy talks about a statewide initiative focused on coordinating care and improving the physical health for Medicaid patients with serious and persistent mental illness at an event in Toledo last year. The new Medicaid Health Homes program was rolled out to five counties over the summer.

CONTINUED FROM PAGE 7

Such reforms are necessary, McCarthy said, in order to provide better care, enhance coordination, improve outcomes and steward taxpayer dollars more responsibly. While reforms are clearly underway, program expansion, however, is not — at least not yet.

Although Ohio Gov. John Kasich included Medicaid expansion in the state budget (which the OOA supports), the General Assembly, particularly Republican caucus leaders, did not. So the expansion was stripped from the budget.

That means Ohio's Medicaid

program expansion is on hold until the Ohio General Assembly passes a bill.

"We were told they were looking to pass a bill in 45 days over the summer and we are taking them at their word, making ourselves available to both the House and the Senate to craft ideas for Medicaid reform and expansion," McCarthy said.

But summertime news reports from various media outlets reported that House Speaker William G. Batchelder (R-Medina) was unlikely to bring legislators to a vote anytime before September.

Also in the mix is a coalition of health care providers, unions, businesses, religious organizations

and other advocates for the uninsured that launched a campaign to put the issue on the November 2014 statewide ballot. Healthy Ohioans Work filed the petition with the state attorney general for a citizens-initiated statute in case the General Assembly does not take action this year.

Failing to pass a bill not only delays expansion, it threatens to cause the state to miss out on available federal funding for the expansion population under the Affordable Care Act (ACA). (Note: This is not to be confused with the standard state Federal Medical Assistance Percentages or FMAP, which is not affected.)

“ We want physician input to make change. Rather than cut rates or deny service, we’re looking to improve health outcomes, because then we’ll see a reduction in the cost curve. ”

– John B. McCarthy
Director, Ohio Department of Medicaid



TOP TEN HEALTH TRANSFORMATION INITIATIVES IN OHIO

Under the ACA, beginning January 2014, coverage for newly eligible adults will be fully funded by the federal government for three years, phasing down to 90 percent by 2020.

No bill soon, however, means no federal funding come January.

Still, McCarthy continues to operate on the premise that the Speaker and the President of the Senate are continuing their work on Medicaid reform.

As such, he's continuing his work, including dialoguing with the OOA and 20 other like-minded organizations in an effort to resolve both operational and policy issues.

"Physicians are the backbone of the (Medicaid) program," McCarthy said, "and to that effect we have brought together a new group made up of all physicians' associations, meeting on a monthly basis to go through three issues: Medicaid policy issues, administrative issues concerning fee-for-service, and administrative services around managed care."

For physicians, McCarthy wants to reduce the administrative burden and make it easier for providers to deliver necessary health care services to Medicaid enrollees. He believes creating understandable policies and making billing easier will help.

To that end, might there be a state Medicaid program that Ohio can look to for inspiration?

"Every Medicaid program in every state is different, so I can't say there's one better than another. There's certainly no state to look to do it the way Ohio has proposed," McCarthy said.

He said modernizing Ohio's Medicaid program will help patients and physicians, which is why he welcomes the input of OOA members and other provider groups.

"We want physician input to make change," McCarthy said. "Rather than cut rates or deny service, we're looking to improve health outcomes, because then we'll see a reduction in the cost curve."

Yet another area of reform, which is designed to give providers more equal footing while encouraging more active patient participation in health care decision-making, is that of Medicaid's managed care plans (MCPs).

Modernize Medicaid

1. Fight Medicaid fraud and abuse with aggressive new programs enacted in the budget, saving Ohio taxpayers \$74 million (\$27 million state share) over two years.
2. Cap Medicaid managed care spending at 3 percent annual growth, saving \$646 million (\$239 million) over two years.
3. Reduce avoidable hospital readmissions by limiting Medicaid payments for readmissions that occur within 30 days, saving \$103 million (\$38 million state share) over two years.
4. Maintain current levels of Medicaid direct medical education spending (\$100 million annually) but target funds to prioritize health sector workforce.

Prioritize Home and Community-Based Services

5. Assist 1,200 nursing facility residents under age 60 with mental illness who want to move back into the community, saving \$44 million (\$16 million state share) over two years.
6. Increase provider rates for home and community based long-term services and supports, including aide, nursing, adult day care and assisted living services.
7. Join the federal Balancing Incentive Program, which commits Ohio to spend 50 percent of its Medicaid long-term care budget on home and community services by 2015 (vs. 43 percent today) and draws federal funds that free up \$140 million in state funds over two years.

Streamline Health and Human Services

8. Implement a new integrated eligibility system for Medicaid and all other programs that require income verification as a condition of receiving services.
9. Create a cabinet-level Department of Medicaid to better manage significant Medicaid reforms already underway.
10. Consolidate mental health and addiction services in a single Department of Mental Health and Addiction Services.

McCarthy oversaw the rebidding of the state's managed care contracts, reducing the number of plans and reconfiguring coverage so that five plans are present in the three regions.

Ohio Medicaid MCPs were selected based on their past performance in key areas, such as coordinating care and improving outcomes. While providers are not required to contract with all five plans (Buckeye Community Health Plan, CareSource, Molina Healthcare, Paramount Advantage and United

Healthcare), they may, if they wish.

"We had to reform the program," McCarthy said. "We put in a lot of reforms in the last state budget to get the growth under control and we did that without cutting benefits or eligibility. What we did was reform the program. We would never have said 'let's expand it' while it was at a 10-percent growth rate. These changes are expected to help get growth down to a three- to five-percent level, and then from there we'll work on expansion."



CliniSync: So You Have an EHR. *Now What?*

The time is now for Ohio's DOs to plug into the pool of providers sharing electronic health information through Ohio's statewide exchange, CliniSync.

By Dottie Howe

Why now? At no charge, you can connect with hospitals in your area to get results and reports, communicate directly with referring physicians, and achieve meaningful use (MU) criteria that require you to exchange health information outside of your own practice.

While some physicians and hospitals already can share patient information regionally or within their own systems, this electronic exchange is statewide, crossing over the boundaries of hospital walls and health systems.

And that's only the first phase of the initiative.

Joining CliniSync

CliniSync, managed by the nonprofit Ohio Health Information Partnership in the Columbus area, originated through federal funding under the HITECH Act of 2009.

Founded by Ohio Osteopathic Association, Ohio State Medical Association, Ohio Hospital Association, BioOhio and the State of Ohio, the organization received \$14.9 million in federal money to create the

technological infrastructure for health information exchange and a total of \$44.8 million to also run a Regional Extension Center program to assist primary care physicians in adopting electronic health records (EHRs).

Over 18 months, 101 hospitals contracted for CliniSync services and 39 are now live on the network, positioning Ohio to be one of the largest health information exchanges in the nation.

"CliniSync is exploding with activity, and our hospitals and physicians can take advantage of the momentum this

year," said Jon F. Wills, OOA executive director and secretary of the Ohio Health Information Partnership's Board. "This exchange becomes increasingly important for meaningful use requirements and helps practices receive incentive payments, prepare for payment reform and improve quality of care measures."

More than 1,350 physicians in 203 practices have joined CliniSync, and at least 800 right now are taking advantage of software at no charge that allows them to directly receive patient information from their local hospitals as they "go live" on the network.

Directly Sharing Health Information

For physicians in rural and underserved regions where there may not be significant resources, CliniSync is connecting their practices in ways they never thought possible.

"CliniSync allows us to electronically receive results and reports directly from Southern Ohio Medical Center (SOMC) on our patients," said Darren C. Adams, DO, an obstetrician/gynecologist in the Portsmouth region. "But it also lets our practice and the local Community Action Health Clinic send information to SOMC's Maternity Department so we have mirror records. CliniSync eliminates phone calls, faxing and unnecessary time spent with paperwork. It's helping our area become a community of doctors."

SOMC joined CliniSync and began contributing data to the HIE and sending results and reports to practices in early October 2012. At that time, 31 local providers — plus the 45 hospital-owned practice providers — began receiving results and reports from SOMC, and the word about the power of the referral system and ability to get results continues to spread.

So it goes throughout Ohio, hospital by hospital, physician by physician, region by region.



CLINISYNC CONNECTS

At no charge, CliniSync software allows results and reports to be delivered to you in three ways:

- To a CliniSync inbox installed on the office network, which also can be set to auto print
- To a folder on the office computer or server as a scanned document
- To an existing EHR system, which may incur some vendor cost

The software also allows electronic communications through encrypted, HIPAA-compliant direct e-mails and attachments.

It also enables physicians and treating specialists to use a referral management tool that confirms and tracks referrals in real time.

A filtering device allows a practice to determine the results and reports for that specialty.

Contact physicianservices@clinisync.org for more information.

Achieving Meaningful Use: Stages 1 and 2

To date, more than 16,700 Ohio physicians, hospitals and other clinicians eligible for federal EHR incentives have received \$613.8 million from the Centers for Medicare and Medicaid Services, ranking Ohio sixth in the nation for payments received.

MU statistics show that in Ohio, 61 percent of physicians and 94 percent of hospitals have gone electronic either by purchasing, installing or upgrading to a certified EHR system and the numbers continue to rise each month.

The Ohio Health Information Partnership functions as a Regional Extension Center (REC) that continues to assist primary care physicians (PCPs) in preparing for and selecting an EHR system. With 6,000 PCPs assisted in the first phase of the program, Ohio ranks as the largest single REC in the nation in terms of sign-ups for EHRs.

As the program enters its second phase without federal funding, the Ohio Health Information Partnership's Regional Extension Services program,

CliniSyncPLUS, will expand. Services will now be provided to specialists as well as PCPs. Services will also expand to include assistance with Stage 2 MU as well as the EHR selection and Stage 1 MU services previously offered.

At first blush the number of Ohio's osteopathic physicians taking advantage of the federal program to reach meaningful use appears low. While there are more than 4,000 DOs in Ohio, 2,072 are primary care physicians, including 1,243 family physicians, 459 internists, 206 pediatricians and 164 obstetricians/gynecologists.

Only 867 signed up for Regional Extension Services. Of those:

- 398 received an MU incentive payment through Medicare (46%)
- 155 received incentives through Medicaid (18%)
- 314 have not received Medicare or Medicaid incentive payment as of April 30, 2013 (36%)

Why are the numbers so low? Wes Gipe, a consultant for The Partnership's Regional Extension Center program

CONTINUED ON PAGE 12

“ This exchange becomes increasingly important for meaningful use requirements and helps practices receive incentive payments, prepare for payment reform and improve quality of care measures.

— Jon F. Wills
Executive Director, OOA
Secretary, Ohio Health Information Partnership



CONTINUED FROM PAGE 11

from Elevation Healthcare, said a closer look reflects the hard reality of several challenging trends.

"Osteopathic physicians have a higher percentage of independent physicians and a larger representation in rural communities and small practices," Gipe said. "These practices are under tremendous pressure operationally and financially, and it is not surprising that the federal incentives alone were insufficient to overcome concerns about lost productivity and operational inefficiency from implementing EHRs and pursuing MU."

The good news is that affordable, pragmatic help is available.

Accessing Practice Operations and Other Support

Recognizing that its members needed affordable help to address the day-to-day issues that stand in the way of EHR implementation and MU attainment, OOA recently created the Practice Solutions Program.

The program provides OOA

members with targeted consulting and other services to address the issues that get in the way of EHR adoption and MU attainment. As part of the program, OOA members receive significant discounts on services.

The bottom line is that the osteopathic community in Ohio now has resources to navigate these challenges and improve operations at the same time.

Consultants with the Practice Solutions Program also work with CliniSync to ensure that practices can join the network, get the MU support they need and find efficient solutions in their practices.

"We're going to assist as many physicians as possible through all of these collaborative partnerships. The momentum in Ohio is building, and we want to make sure everyone is on board," Wills said.

For more information about CliniSync, go to www.CliniSync.org where you can review hospitals in the CliniSync community and services for physicians. For specific questions, e-mail physicianservices@ohionline.org or call 614-664-2601.



MORE INFO

Call the OOA Practice Solutions Program hotline today at 855-319-7828 to schedule a complimentary practice consultation, including:

- Practice Efficiency and Profit Optimization
- Legal / Compliance
- Insurance Cost and Coverage Analysis
- IT Hardware, Practice Management and EHR Installation and Support
- Accounts Receivable / Collections



For more information about OOA's Practice Solutions Program, go to www.ooapsp.org or call 855-319-7828.


Dottie Howe, MEd, MA, is Communications Director at the Ohio Health Information Partnership.

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Geraldine N. Urse, DO,
and Ryan A. Siegel, DO,
a Family Medicine
resident at Doctors
Hospital in Columbus.

REWARDS OF MENTORSHIP GO BOTH WAYS

Recent winners of the Mentor of the Year Award tout the benefits of being a mentor.

Mentoring — the systematic passing of leadership skills and institutional knowledge from one generation to the next — is a well-established component of medical training. Research has shown that effective mentors can profoundly impact the professional and personal development of young doctors.

By Robert Sberna

While mentoring can serve as an essential catalyst to a successful medical career, the practice of mentorship requires a significant investment of time and energy by physicians who are typically already managing a full daily schedule. So why do busy health care professionals choose to take on the responsibility of guiding younger practitioners? Their reasons are varied, but for many, the impetus is that they were once mentored and, in turn, want to share that experience with others.

For a great number of osteopathic physicians, George L. Eckert Jr., DO,

served as the inspirational role model they now strive to follow. Eckert, who was director of medical education at Doctors Hospital in Columbus, guided and encouraged hundreds of aspiring physicians throughout his 57-year medical career.

Among Eckert's protégés was Geraldine N. Urse, DO, the 2013 recipient of Ohio Osteopathic Association's Mentor of the Year award, which is named in honor of Eckert. She credits Eckert and others for not only imparting career guidance, but also for instilling the value of mentorship.

"My mentors made me try to emulate them," said Urse, who is interim

director of graduate medical education at Doctors Hospital.

Urse noted that an effective mentor must possess many qualities: "A mentor has to be someone who not only encourages, but leads by demonstration of their core values and what they believe in. It's one thing to give someone verbal instruction, but another to lead by example."

Despite the assumption that a mentor is the perceived expert in a mentoring relationship, Urse said her protégés challenge her with growth opportunities. "My students ask questions and they want answers," she explained.

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LEGACY OF MENTORS



George L. Eckert Jr., DO, the namesake of the Mentor of the Year award, distinguished himself as a family physician in Columbus. He practiced from 1954 until 1982 when he became director of medical education at Doctors Hospital, a position he held until his retirement in 1991. During his career, Eckert served in many capacities, including chief of staff at Doctors, member of the Columbus Board of Health, and clinical professor at Ohio University College of Osteopathic Medicine.

Eckert cared for thousands of patients and mentored hundreds of medical students and residents on topics that included career choices, medical specialties, professional challenges and life issues.

"He was like a father figure to medical students and residents at Doctors Hospital," said Rick Vincent, president and CEO of the Osteopathic Heritage Foundations (OHF). "He mentored virtually every student that came into the hospital. He was always helpful, always supportive, and always willing to sit down with them, no matter the time. It was like a calling for him to work with young people."

When Eckert died in February 2011, the OOA and OHF inaugurated the George L. Eckert Jr., DO, Mentor of the Year award to honor his commitment to mentorship. The award is conferred on one physician each year who has a record of consistently offering guidance and encouragement to medical students, residents and fellows.

Nominations for Mentor of the Year are accepted by March 1 of each year. Any student or resident may submit a nomination.

CONTINUED FROM PAGE 13

"That makes me read more and strive to be in touch with what's happening in my profession. Being a mentor definitely keeps me on my toes."

Philip A. "Duke" Starr, DO, the family medicine residency director at St. Joseph Health Center in Warren, said his mentors play an essential role in shaping his path through medicine — and life.

Starr credited the influence of physicians David Delliquadri, DO; William Eddy, DO; and Paul Weiss, DO, for their mentorship. "They served as invaluable role models to me and molded me into the position that I'm in."

Starr, the 2012 George L. Eckert Jr., DO, Mentor of the Year recipient, takes pride in "following in the footsteps" of the people who helped him. Several years ago, Starr enrolled in a mentorship class, which he said helped him to hone his skills and become a better teacher.

"To be effective, you need to care about the people you are mentoring," said Starr, who is known for creating a family atmosphere among his trainees, which includes hosting several annual gatherings as well as Thanksgiving dinner. "A good mentor has to be interested in helping someone be a

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“ My residents are with me for every surgery. I like to teach them as much as I can. Students can't learn everything from bookwork; they need someone to help them and mold them. ”

– Joni S. Canby, DO

good physician and a good person.”

Starr noted that mentoring gives him great personal satisfaction: “It's all about emulating someone. If a student wants to follow in my footsteps, that's great. If they want to follow someone else, then that's the route they should take.”

He said that in a mentor-mentee relationship, patience is a necessary quality.

“You have to allow people to make mistakes without feeling they have to hide those mistakes,” Starr said. “Otherwise, they can't grow.”

For Joni S. Canby, DO, an obstetrician/gynecologist in Youngstown, mentorship is so important that she made certain that she would have access to students and residents when she began her private practice in 1992.

“I have a very hands-on service,” Canby said. “A lot of doctors have residents do their work for them, but I don't. My residents are with me for every surgery. I like to teach them as much as I can. Students can't learn everything from bookwork; they need someone to help them and mold them.”

Canby, who was awarded the first George L. Eckert Jr., DO, Mentor of the Year award in 2011, conceded that sometimes her patients question why she's always accompanied by residents. But Canby, noting the symbiotic learning relationship between mentors and protégés, said, “I tell my patients that if I didn't have my students with me, I wouldn't be half the doctor I am.”

While the ultimate benefit of mentoring is the growth of the protégé and improved health care for patients, according to Canby, she noted mentors often find it particularly rewarding to help receptive students.

“Last year, on New Year's Eve, my resident chose to spend the night with me doing rounds and assisting with deliveries,” Canby said. “It was nice to be able to share my love for my field with someone who appreciated it. I realized that I was making a difference in someone's life and that was gratifying.”



Duke Starr, DO, and Kimberly N. Jackson, DO, a Family Medicine resident at St. Joseph Health Center in Warren.



OOA Leaders Attend AOA House of Delegates in Chicago



ROBERT S. JUHASZ

Thirty-eight Ohio DOs were in Chicago, July 19-21, 2013, for the American Osteopathic Association House of Delegates, where Robert S. Juhasz, DO, of Cleveland, was elected AOA president-elect.

The House, comprised of more than 500 delegates representing osteopathic state medical associations, specialty societies, interns, residents and students from throughout the country, set organizational policies, developed position statements impacting physicians and patients, and elected officers.

Juhasz, a past president of the OOA, has served on the AOA Board of Trustees since 2005. He has held numerous leadership positions within the AOA's bureaus, councils and committees and was chair of the Education Policy and Procedure Review Committee from 2009-2011. He has been an ardent champion of osteopathic

education as well as research that provides evidence to support utilization of osteopathic principles and practice.

"Dr. Juhasz has been an advocate and leader in the osteopathic profession at the local, state, and national levels for 30 years," said OOA Delegation Chair George Thomas, DO, a past AOA president. "His vision and dedication, along with his strong knowledge of policy issues, clearly demonstrate his ability to lead in our rapidly changing health care environment."

To highlight Juhasz's candidacy for the position, the OOA provided all delegates with a brochure detailing his extensive history of accomplishments and leadership.

"It is truly an honor to be selected by my fellow osteopathic physicians to serve the profession in this new role," Juhasz said. "I am greatly appreciative of this opportunity to continue to serve as an advocate for the advancement of osteopathic medicine in order to help ensure our patients have access to the best health care possible."

Juhasz will be installed as AOA president at the next House of

Delegates in July 2014.

Norman E. Vinn, DO, a family physician from California, was installed as president for 2013-2014. Vinn said his exposure to osteopathic medicine began by watching the dedication his father, who was a DO, had to his patients and to the osteopathic medical profession. Years later, Vinn's own daughter would follow her father and grandfather into osteopathic medicine.

Delegates considered more than 100 policy positions, including four submitted by the OOA.

OOA President Robert L. Hunter, DO, served as chair of the Ad Hoc Committee, while four Ohioans were appointed to reference committees: Stuart B. Chesky, DO (Constitution and Bylaws); Robert W. Hoster, Jr., DO (Educational Affairs); Paul T. Scheatzle, DO (Professional Affairs); and John F. Ramey, DO (Public Affairs).

The OOA won the AOA's Strategic Team Award and Recognition (STAR) for the second consecutive year. The award is given to affiliate organizations that make significant contributions to advancing the

profession-wide objectives identified in the AOA Strategic Plan. Nova Southeastern University College of Osteopathic Medicine also received a STAR. When presenting the award, Vinn specifically cited the OOA's new Mentor Hall of Fame and work with OU-HCOM students.

Per tradition, the Ohio delegation hosted a reception for women delegates. This year's reception was dedicated to John B. Crosby, JD, who retired as AOA executive director at the conclusion of the meeting after 16 years of service.

The Ohio delegation included Victor D. Angel, DO; Peter A. Bell, DO; Barbara A. Bennett, DO; John C. Biery, DO; David A. Bitonte, DO; William J. Burke, DO; Cleanne Cass, DO; Stuart B. Chesky, DO; Michael E. Dietz, DO; Nicholas A. Elliott, OMS II; William F. Emlich Jr., DO; E. Lee Foster, 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; Kenneth H. Johnson, DO; Robert S. Juhasz, DO; Gordon J. Katz, DO; Christopher J. Loyke, DO; Ronobir R. Mallick, DO; Paul A. Martin, DO; Charles D. Milligan, DO; Austin T. Moore, OMS



PHOTO COURTESY OF OOA

At the conclusion of the House of Delegates, Adrienne White-Faines, MPA (center) assumed the AOA executive director position as John B. Crosby, JD, retired after more than 15 years of service. Here, AOA President Norman E. Vinn, DO (left) and President-elect Robert S. Juhasz, DO, escort White-Faines to the podium to address the delegates.

II; Thomas J. Mucci, DO; Eugene D. Pogorelec, DO; John F. Ramey, DO; Albert M. Salomon, DO; Paul T. Scheatzle, DO; Edward W. Schreck,

DO; M. Terrance Simon, DO; Richard J. Snow, DO; George Thomas, DO; John F. Uslick, DO; Charles G. Vonder Embse, DO; and Schield M. Wikas, DO.

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Cheryl Markino, Editor, *Buckeye Osteopathic Physician*



OU-HCOM Welcomes 142 Aspiring Physicians at White Coat Ceremony

The Ohio University Heritage College of Osteopathic Medicine welcomed 142 aspiring osteopathic physicians and surgeons during the 38th annual Convocation and White Coat Ceremony, August 3, 2013, in Athens.

The Class of 2017, consisting of 51 percent males and 49 percent females, is the largest in the 38-year history of OU-HCOM. Ninety-three percent are from Ohio, also a record, with 12 percent coming from one of Ohio's 19 Appalachian counties. Nineteen percent are minorities. More than 30 members are first generation college students. Six percent are the children of osteopathic physicians. The students' average age is 23.4 years.

The class also holds the record for the highest combined MCAT (Medical College Aptitude Test) scores in the college's history.

Six members of the class are receiving scholarships from various branches of the United States military, which they will enter as physicians upon graduation.

Eight of the students were in the inaugural class of the Rural and Urban Scholars Pathways program, a new initiative made possible by the Osteopathic Heritage Foundations gift. The program was developed to directly address Ohio's shortage of primary care physicians.

Thanks to the expansion of the joint DO/PhD program, also made possible in part by funding from the Osteopathic Heritage Foundations, three incoming students will pursue both a doctorate in osteopathic medicine and a doctor of philosophy degree.

In 2011, the Columbus-based Osteopathic Heritage Foundations' awarded \$105 million to the college, representing the largest private donation ever given to a college or university in Ohio.

Sharing medical school anecdotes and recounting self-deprecating moments in their early days as physicians, several Convocation



speakers offered poignant reminders of the humbling reality of being a physician and caring for patients.


Jack Brose, DO, offered the Class of 2017 some touching advice in his keynote address as the recipient of the Phillips Medal of Public Service, the highest honor bestowed by the college.

"Patients will judge you on whether you exhibit genuine concern for them as people," he said. "Empathy and communication skills will be your most important medical instruments, so please speak in words your patients can understand and avoid medical jargon. Even simple medical terms can be misunderstood."

Brose also told the class it is a rare privilege to be responsible for preserving someone's life. "You will be among the select few to have that honor," he said. "No matter what specialty you choose, it is as important, and usually more important, to treat the person inside of the body as it is to treat the body itself."

OOA President Robert L. Hunter, DO, also addressed the students. "You are the future of osteopathic medicine — and we are committed to your success," he said. "We will be here for you over the next four years and beyond, providing extracurricular education, and

leadership and networking opportunities. It is through these opportunities that you will discover the national leadership role that Ohio plays in the osteopathic profession."

The students' white coats, with OOA armpatch, are a gift from the Ohio Osteopathic Foundation. Medical students are required to wear the short white coat while accompanying physicians in clinical settings. Unlike other medical schools, OU-HCOM has long bestowed the coat in the early weeks of classes, since the students have patient contact and clinical experiences in their first weeks of medical school. 

OHIO DOs IN THE NEWS

Deaths in the Family

OOA Life Member **Francis V. Dono, DO**, of Columbus, died unexpectedly, July 14, 2013, after a brief illness.

Dono received his osteopathic medical degree in 1958 from the College of Osteopathic Medicine and Surgery in Des Moines. After his internship, he completed residency programs in obstetrics/gynecology and surgery at Doctors Hospital in Columbus.

At Doctors, he was executive vice president of Medical Affairs and later medical director of Patient Safety and Quality and Ambulatory Services, the position from which he retired in 2012.

Throughout his career, he stressed patient safety and quality and was a pioneer in the cause. His leadership in the field was instrumental in helping OhioHealth, the Columbus community, and the state of Ohio develop strong safety standards and practices. In recognition, he received the William C.

Kelley Safety Leadership Award from the Ohio Hospital Association.

Dono's other awards include the Columbus Osteopathic Association's James F. Sosnowski, DO, Distinguished Service Award and the Pontifical College Josephinum's Pope Leo XIII Good Shepherd Award, which he received along with his wife Marilyn for their stewardship and devoted service to the development of Catholic priests.

Active in his community, he was a member of the Serra Club, volunteer and board member of the Women's Care Center of Columbus, and volunteer with JOIN (Joint Organization for Inner-City Needs), a charity that provides material needs for low-income families in Franklin County.

Over the past few years, Dono helped create Physician Diversity Scholars, a mentoring program between Ohio University Heritage College of Osteopathic Medicine and OhioHealth.

Memorial contributions may be sent to Pontifical College Josephinum; OU-

HCOM; JOIN; or the Women's Care Center of Columbus.

Paul A. Wehrum, Sr., DO, died August 1, 2013, of natural causes. He was 82 years old.

Wehrum, who practiced family medicine in Cuyahoga County for more than 50 years, served as president of the Cleveland Academy of Osteopathic Medicine and on the OOA Board of Trustees. He was also a longtime delegate to the OOA House of Delegates.

Following his internship at Doctors Hospital in Columbus he became a founding staff member of Brentwood Hospital (now South Pointe) in Cleveland. He and his medical partner, Frederick J. Jaeger, DO, were among the first house physicians at Brentwood. At the hospital, Wehrum worked in the Emergency Department at times while developing his Family Medicine practice in Bedford. He did house calls, OB/deliveries, and assisted in many patients' surgeries.



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Wehrum enjoyed family activities, including travel, sailboat racing, and fishing for walleye and northern pike on Dumoine Lake in Quebec. He was a voracious reader and had an interest in history, especially US military history. He was very knowledgeable about the US Civil War and World Wars I and II. He had a quick wit, loved to make others laugh, and was a superior storyteller.

Among his large family of survivors are three sons, all who became osteopathic physicians, including OOA Trustee Henry L. Wehrum, DO, of Columbus; and Paul A. Wehrum, Jr., DO, of Zanesville.

Memorial donations may be made to Chicago College of Osteopathic Medicine.

OOA Life Member **Earl C. Scheidler, DO**, of Cincinnati, died August 13, 2013. He was 78 years old.

Scheidler, who practiced family medicine for 50 years until his retirement last year, referred to himself as an "old country doctor" and treated entire generations of families. He willingly treated patients at his home after hours, at night, or whenever the need arose. In appreciation, his patients often gifted him with baskets of produce, baked goods or handmade items.

In the early 1960s, he and several colleagues were instrumental in bringing medical care to an underserved Appalachian community in Eastern Kentucky where they started a free clinic. Scheidler was also an advocate and mentor for underprivileged boys at Boystown, a home for orphaned boys and boys in foster care, as well as an integral part of the Resident Home for the Mentally Retarded.

His participation in high school and collegiate athletics led him to pursue a specialty in sports medicine. He donated his time as team physician for the University of Dayton for more than 30 years and for several local high schools in numerous sports.

He served on the OOA Board of Trustees, including a term as president-elect in the 1970s. In 1978 he received the OOA's highest honor, the Distinguished Service Award, and in 1976 he was named Ohio ACOFP Family Physician

of the Year. Last year, the Cincinnati Academy of Osteopathic Medicine honored him upon his retirement, citing his love for the osteopathic profession, passion for teaching, and commitment to his patients.

Among his survivors are eight children including OOA Members Joseph S. Scheidler, DO; Peter A. Scheidler, DO; and Stanley E. Scheidler, DO, all of Hamilton.

Memorials may be made to the Dr. Earl Scheidler Memorial Scholarship at Purcell Marian High School in Cincinnati.

Physician News

Victor D. Angel, DO, and the **Cincinnati Academy of Osteopathic Medicine** are recipients of HealthSource of Ohio's Community Health Award for 2013. As executive director of the Academy, Angel arranged for osteopathic medical students at the federally qualified community health center to participate in Academy events. According to HealthSource of Ohio CEO, "the Cincinnati Academy of Osteopathic Medicine's stance that 'once you are accepted into an osteopathic medical school, you are one of us' has substantially contributed to the success of our students." HealthSource is a training site for students attending AT Still University School of Osteopathic Medicine in Arizona. Students spend their first year on the main campus in Mesa and then three years at one of 11 federally qualified health centers around the country, including HealthSource in Milford, Ohio.

Kathleen Bertuna, DO, was elected chief of staff at O'Bleness Memorial Hospital in Athens. Her term runs through 2015. She is a board-certified physician specializing in obstetrics and gynecology.

Gregory P. Bloxdorf, DO, was elected president of the Ohio Association of Osteopathic DMEs.

Jack Brose, DO, of Athens received the 2013 Friend of Family Medicine Award from the Ohio Academy of Family Physicians (OAFP). The award recognizes his work as vice provost for health affairs at Ohio University and previous

dean of OU-HCOM. He received the award, August 10, at the OAFP Awards Ceremony & Dinner in Columbus.

William J. Burke, DO, was named dean of Ohio University Heritage College of Osteopathic Medicine's new central Ohio campus. He started the new position July 22, 2013.

Charles L. Geiger, DO, joined the active medical staff at Licking Memorial Hospital. He is board certified in family practice.

Robert S. Juhasz, DO, was named president of Cleveland Clinic's South Pointe Hospital in Warrensville Heights. Juhasz, who has been with Cleveland Clinic for 15 years, also currently serves as associate dean for OU-HCOM, Northeast Ohio Extension Campus, overseeing the search for a new dean and the architectural design of the new medical school which will be located on the South Pointe Hospital campus. Juhasz was also recently elected American Osteopathic Association president-elect.

Cynthia M. McGowan, DO, a family physician, joined Fairfield Healthcare Professionals office in Carroll, Ohio.

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