Buckeye Osteopathic Physician

The Quarterly Publication of
The Ohio Osteopathic Association
Spring 2015

Symposium Preview

Keynote speaker shares leadership lessons from the first American Women's Everest Expedition

SCALING NEW HEIGHTS

OHIO'S PREMIER CME PROGRAM

April 22-26, 2015
Hilton Columbus
Easton Town Center

FEATURED SPEAKER

Alison Levine

The adventurer, businesswoman and best-selling author describes how climbing the world's tallest peaks holds lessons on leadership and overcoming challenges.

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2015 OHIO OSTEOPATHIC SYMPOSIUM

A Collaboration of Ohio University Heritage College of Osteopathic Medicine and Ohio Osteopathic Association

OHIO Heritage College of Osteopathic Medicine

OHIO OSTEOPATHIC ASSOCIATION

Buckeye Osteopathic Physician

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Contents

VALUING *quality* OVER *quantity*

Payment reform programs in Ohio aim to decrease costs and improve care

By Vince Guerrieri

The payment model for medical services — particularly when it comes to Medicare and Medicaid — is fractured.

Ohioans pay, on average, $7,000 annually in medical charges, more than in 32 other states, but their health outcomes are poor. Twenty-nine states have a healthier workforce, and Ohio ranks 42nd in preventable hospitalizations and 47th in infant mortality in the country.

The state recently expanded access to Medicaid, providing health care coverage to roughly 450,000 newly eligible individuals. Medical Director of Ohio Medicaid Mary Applegate, MD, called this increased access to health care a game-changer. "This is the first chance we have to get more people into a system," she said. "One reason Ohio's outcomes are poor is that we're only measuring people in the system. People outside the health system are doing poorly, and it's dragging our numbers down. Once people are in the system, we still need to work on providing access to a routine source of primary care with the right-sized access to specialists."

However, simply improving access is not enough to fix the state's health care problems. "The system was designed to pay," Applegate said. "It was not designed to get people to a better health status. People are getting more health care, but not necessarily getting healthier."

In fact, Applegate said that the fee-for-service health care model encourages providers to deliver more services for patients, which results in higher costs. The Institute of Medicine estimates that up to 30 percent of all health care spending may be wasted through inefficient delivery of care or unnecessary procedures.

Fragmented care also contributes to poor outcomes. Richard J. Snow, DO, vice president of clinical transformation for OhioHealth in Columbus, said that specialists naturally have a narrow focus because they only treat one part of the body or a specific condition. "We're actually paid to be in our own silos," he said, adding that variations can be seen in cost without any corresponding variation in the quality of care.

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5-Year Goal for Payment Innovation

Goal: 80-90 percent of Ohio's population in some value-based payment model (combination of episode- and population-based payment) within five years.

State's Role: Shift rapidly to PCMH and episode model in Medicaid fee-for-service, require Medicaid MCO partners to participate and implement, and incorporate into contracts of MCOs for state employee benefit program.

	Patient-centered medical homes	Episode-based payments
Year 1	In 2014, focus on Comprehensive Primary Care Initiative (CPCi) Payers agree to participate in design for elements where standardization and/or alignment is critical Multi-payer group begins enrollment strategy for one additional market	State leads design of five episodes: asthma acute exacerbation, perinatal, COPD exacerbation, PCI and joint replacement Payers agree to participate in design process, launch reporting on at least 3 of 5 episodes in 2014 and tie to payment within year
Year 3	Model rolled out to all major markets 50 percent of patients are enrolled	20 episodes defined and launched across payers
Year 5	Scale achieved state-wide 80 percent of patients are enrolled	50-plus episodes defined and launched across payers

Retrospective Episode Model Mechanics

Patients and providers continue to deliver care as they do today

1 **Patients** seek care and select providers as they do today

2 **Providers** submit claims as they do today

3 **Payers** reimburse for all services as they do today

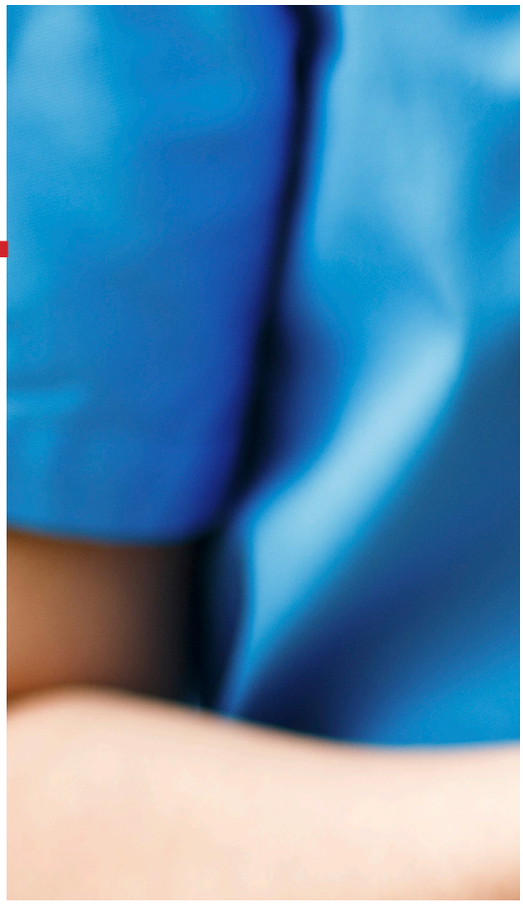
Calculate incentive payments based on outcomes after close of 12 month performance period

4 Review claims from the performance period to identify a **'Principal Accountable Provider'** (PAP) for each episode

5 Payers calculate **average cost per episode** for each PAP. Compare average costs to predetermined "commendable" and "acceptable" levels

6 **Providers may:**
Share savings: if average costs below commendable levels and quality targets are met
Pay part of excess cost: if average costs are above acceptable level
See no change in pay: if average costs are between commendable and acceptable levels

Ohio Governor's Office of Health Transformation



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These issues have prompted state and federal initiatives to recalibrate the health system to pay for quality over quantity. In 2013, Ohio was awarded a $3 million State Innovation Model grant to design a state health care innovation program. In December 2014, after submitting the design, the state was awarded a $75 million grant (the second largest amount in the country, trailing only New York's award of $99 million) to implement the program. The program promotes the sharing of data among practitioners and other stakeholders to address fragmentation and improve the quality and patient-centered value in care.

Another key aspect of the program is a patient-centered medical home (PCMH) model and a model for episodic care. Episodic care, which refers to specific health incidents that can be addressed by practitioners usually in hospital settings, would expand from five in the first year of the program to 20 in year three and finally 50 in year five. The five initial episodes are asthma, perinatal care, chronic obstructive pulmonary disease, percutaneous coronary intervention and joint replacement.

Applegate proposed a hypothetical situation in which a patient gets a knee replacement, improperly rehabilitates

afterward resulting in pain severe enough to prompt the prescribing of chronic opioid medications and an inability to return to work before the joint is fully healed, and ends up developing pain that would have to be managed as well.

In an episodic care setting, a patient might have physical therapy before the operation to strengthen muscles and increase flexibility, making recovery easier, and continuing with better adherence through the post-operative period with less pain and faster recovery of function. The goal is to encourage specialists to focus more on pre- and post-operative care, rather than just the procedure. A study co-authored by Snow concluded that patients who received physical therapy before an operation were less likely to need acute care afterward. "Facilitating these things gets much more important when you get paid for it," he said.

Applegate said the transformation will likely include benchmarking, with providers receiving performance reports, and some type of payment based on outcome, for both episodes and PCMH. "It wouldn't surprise me if 30 percent of payment is based on quality measures, not unlike what we have seen in the Medicare models" she said. "We have not designed the PCMH payment model yet, but a portion of payment will be based on quality. Right now the current payment model is based on volume."

In addition, under the current system, hospitals frequently become default treatment locations for many people, thanks to a lack of organization and planning on a community level. The new program will include a PCMH model, allowing the sharing of information among providers and community health organizations, including hospitals and health departments.

Some practitioners in Southwest Ohio are already part of a federal pilot program, the Comprehensive Primary Care Initiative, administered by the Centers for Medicare & Medicaid Innovation. In 2012, the Cincinnati-Dayton area was named one of seven test areas for the four-year program. A total of 75 practices were allowed to participate. Of those, 61 came from Ohio, including the Kettering Health Network in the Dayton area.

Katherine A. "Toni" Clark, DO, a member of the Kettering Health Network, said one immediate change was that practices got a per-member monthly care management fee ranging from $5 to $45. "That allows you to have reimbursement for all of the work — which is a third to a half of the work we do — when the patient isn't in the room," Clark said. "Physicians' appointment times can be filled with patients whose concern could be addressed via phone or electronically, or not by a physician or other provider, but there has not been a means to be reimbursed for that time. This can hinder access to face-to-face encounters."

Since starting in the program in 2013, Clark said her practice has sorted the patients by severity of medical conditions, developed the ability to track the use of medical services and quality markers, and hired a care manager to keep track of particularly high-risk patients. Any trip to the emergency room or hospital stay is followed up with an appointment within a week, and Clark said costs and usage have decreased. "This has been fantastic for us and our patients," she said. "We feel like we're really on the cutting edge."

Although government-run health programs are currently implementing the changes, many large insurance providers throughout the state are partners in the project, so that these changes may influence the private sector, as well.

Ultimately, Snow said, the focus on quality of care will allow doctors to do what they went to medical school for: treat patients and make them better, if not well. "This is actually good for primary care physicians," he said. "It gets you off the treadmill of fee-for-service and into managing populations to their greatest health."

Mark A. DeWalt, DO, and Heritage College student Greer Campbell with a patient at DeWalt's medical practice in Hilliard. Campbell, a first-year medical student, is assigned as part of the college's Clinical and Community Experiences program that prepares first- and second-year medical students for clinical rotations by integrating basic science fundamentals and clinical skills.

volunteer physician-teachers

PLAY CRUCIAL ROLE IN OSTEOPATHIC EDUCATION

By Jim Phillips | Photos by Bill Pratt

Some might call them medical education's unsung heroes. But the Ohio University Heritage College of Osteopathic Medicine is on an ongoing mission to make sure its far-flung army of preceptors know how indispensable their work is — and how appreciated.

"Preceptor" is the traditional name given to physicians who volunteer to serve as adjunct faculty. They provide an invaluable service to the college and the profession by teaching, mentoring and evaluating third- and fourth-year medical students and residents in hospitals, clinics and private offices.

"I think they should be the *sung* heroes, instead of the unsung heroes of medical education," said Heritage College Executive Dean Kenneth H. Johnson, DO. "I personally feel a deep sense of gratitude for our preceptors. I can reflect back on my own training and remember how important they were to me in my development, both on a personal and professional level."

Osteopathic medical schools have long relied on a unique, volunteer-staffed apprenticeship model to provide vital training for their advanced medical students. For the Heritage College, that system's institutional structure is the Centers for Osteopathic Research and Education (CORE).

The CORE system, now with 33 partner teaching facilities in Ohio and other states, traces its origins to 1978, when the college established regional campuses to provide clinical rotations for third- and fourth-year students. As of January 1, the Heritage College reported having 2,215 physicians approved as preceptors through the CORE, with approval pending for another 55.

The college's preceptors, including both DOs and MDs, work in most every specialty and setting, though some specialties are harder to fill.

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Henry L. Wehrum, DO, examines a patient as Heritage College student Alexander J. Campolo, OMS IV, looks on. Campolo served a two-week elective rotation in nephrology in February at Doctors Hospital in Columbus.

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"Some are inpatient, some are outpatient," noted David L. Tolentino, DO, executive assistant dean for clinical education and CORE assistant dean at St. John Medical Center in Westlake. "Some are rural, some are suburban, and some are in the city. They are all over, depending on the wants and needs of our students, and what they're looking for in their educational development."

Teaching styles also range widely, though the college has been pushing for more uniformity and evaluation. "It's varied," said third-year Heritage College student Dane A. Black of his preceptors' approaches. "Some of them are much more clinically oriented. Some of them will actually sit you down and give you kind of detailed lectures."

Michael T. O'Neil, DO, who precepts in emergency medicine at St. John Medical Center, describes his teaching style as largely just shadowing. "It's, 'Come along with me; we're going to do this together, and we're going to talk about it in real time.'"

O'Neil's colleague at St. John, internist John V. Cua, MD, includes a significant amount of classroom-type pedagogy. "I typically give them a one-hour lecture ahead of time, just to get them acquainted with the issues, the medical problems," Cua said. After realizing that many students needed additional training in basic clinical skills, he developed his own PowerPoint presentations of "condensed and concentrated material," to help them master skills such as interviewing.

Mark A. DeWalt, DO, who practices family medicine with his brother David at OhioHealth's Hilliard Health Center, said he draws from the best practices of his own preceptors. "I try to emulate some of the things they did," he explained. "We give students a lot of autonomy. Sometimes we'll give them little assignments to learn about this or that."

Phillip D. Roberts, DO, is a preceptor in family medicine at Southern Ohio Medical Center in Portsmouth. "I like to keep it a little interactive, myself," he said of his approach. "I pretty much send students in to see patients." After seeing patients, students and residents present the cases to Roberts and figure them out together. "I basically keep up a running dialogue in my head — say out loud what I'm thinking about the patient," Roberts said. "And I like to do topics, so I try to squeeze them in somehow."

Keeping the volunteer ranks of preceptors filled is an ongoing challenge for the college, and it's become a more concerted and focused effort thanks to the opening of a second campus in Dublin last year, and a third scheduled to open this summer in Cleveland. College officials are working to line up preceptors for at least 100 new rotations by July of this year.

Establishing relationships and making sure potential preceptors know about the strong support network available from the college are both key to this effort, recruiters say. "We count on our very hardworking and dedicated CORE assistant deans throughout the state to make sure that the needs of our clinical preceptors and teachers and clinical faculty are being met," Tolentino explained. "We definitely emphasize organizations like the Ohio Osteopathic Association. We emphasize the local OOA academies.

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>
> ***— Kenneth H. Johnson, DO***
> ***Executive Dean, Heritage College***

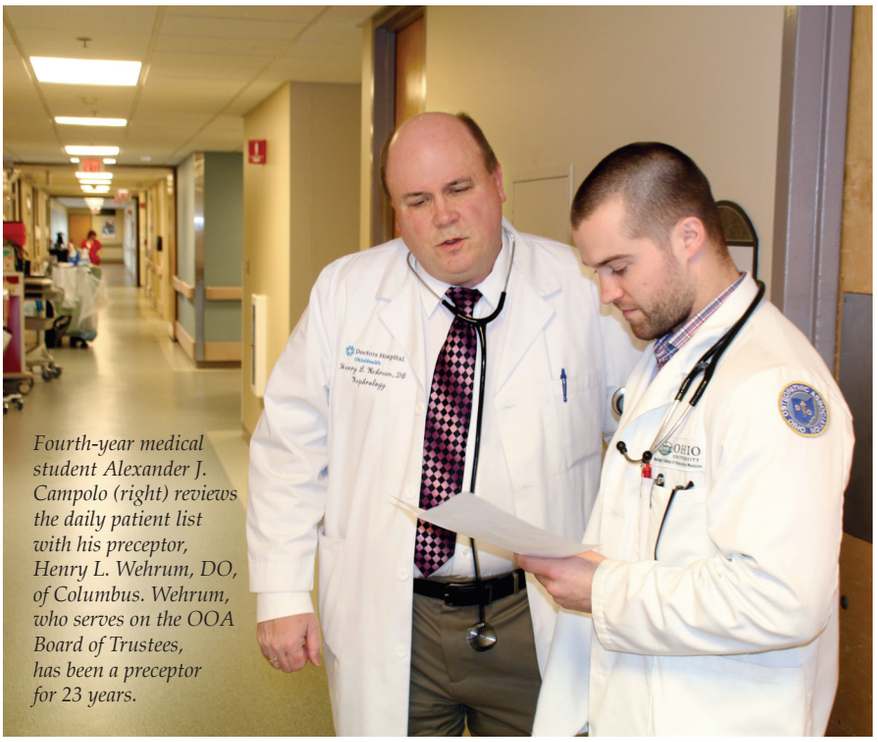
We emphasize the fact that the college's Office of Faculty Development has a website, which is very, very important. It has information on everything from how to deal with a troublesome student or resident to how to grade or evaluate a trainee."

He added that at the end of each academic year, preceptors are provided with all comments and evaluations of their work from their students, which constitutes "almost a 360 evaluation" of a preceptor's performance. In addition, once a year, Tolentino and Sarah McGrew, the college's director of pre-doctoral education, visit every CORE site with students based at it. "We meet with the students, key faculty and program directors, just to make sure everything's going OK, and everyone's needs are being met, and see what we can help with," Tolentino said.

The status of Group IV adjunct faculty member, a requirement for all preceptors, also brings perks including Ohio University library and database access; opportunity to take part in special college programs for physicians; admission to vendor, book, research and other fairs hosted by the college and university; campus parking privileges; and a variety of discounts on items ranging from books to hotel rooms.

Anita M. Steinbergh, DO, CORE assistant dean for central Ohio, recruits preceptors in that part of the state. She's aided by Greg Morrison, MD, vice president for educational partnerships and professional diversity at OhioHealth, who has helped open doors to that system's hospitals and others in the region. In her recruiting, she appeals to the fact that all physicians learned from preceptors in their student days. "We all know we have been taught by others, and if we can, we ought to be giving back," she explained.

OhioHealth and Cleveland Clinic, the college's preeminent education partners for the Dublin and Cleveland sites, respectively, have guaranteed rotations for students in their facilities across central and northeastern Ohio.



Fourth-year medical student Alexander J. Campolo (right) reviews the daily patient list with his preceptor, Henry L. Wehrum, DO, of Columbus. Wehrum, who serves on the OOA Board of Trustees, has been a preceptor for 23 years.

CORE Assistant Dean Peter A. Bell, DO, who like Steinbergh is based in Dublin, acknowledged that Dublin and Cleveland have put the pressure on to increase preceptor numbers, but said he believes the college will reach its goal.

"I am optimistic we will," he said. "It's really a matter of finding the right people. Just because someone practices internal medicine doesn't mean that person is going to be a great preceptor for a clinical rotation. But yes, we're getting there."

Hovering in the background are developments that could discourage some physicians from precepting. These include a push for higher productivity in medical practices, which squeezes the time physicians can give students, and the pending adoption by 2020 of a single graduate medical education accreditation system for all US residency and fellowship programs.

One strength that the osteopathic system hopes to rely on through these changes is its strong tradition of serving the profession by teaching students in an apprenticeship model.

"We have folks that, out of the kindness of the heart, or their passion for teaching and training, or whether they feel like they should pay it back or pay it forward, take students, period. They just do it," Bell noted. "Our greatest challenge has been the productivity issue. But some people are just natural teachers. They take the students in; they love the emotional reward they get; they feel they're doing their duty and enjoy teaching; and it does not slow them down."

Related to the new single-accreditation system, the osteopathic profession is taking steps to ensure that its traditional values, including those

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Emily Herfel (right), now a third-year student at the Heritage College, completed a summer externship two years ago with Sharon E. VanNostran, DO, at Summa Akron City Hospital.

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of its post-doctoral teaching model, are maintained. Robert A. Cain, DO, associate dean for graduate medical education at the Heritage College and the CORE's chief academic officer, is closely involved in this effort. He chairs the Osteopathic Principles Committee, a newly formed component of the expanded ACGME that now includes the American Osteopathic Association and American Association of Colleges of Osteopathic Medicine.

As the medical profession and medical education evolve, Cain said, the challenge will be to explore new ways to keep precepting attractive to physicians and to successfully communicate the benefits it already entails.

"We need to find a new way to engage these historical volunteers meaningfully, that recognizes the challenges that they face in their individual practice, but helps us transition into the new system," Cain said. "We're going to have to look at this and say, 'In today's world of medicine, how do we make it desirable to be a preceptor?' That's important to us, and we're thinking about it as we move into this new setting."

At its best, the preceptor-student relationship benefits both parties and inspires the student with a desire to precept. "I would love to teach whenever I get up there to that level," Black said. For the student, the preceptor supplements classroom learning with the insights that can only be gained through long experience with patients.

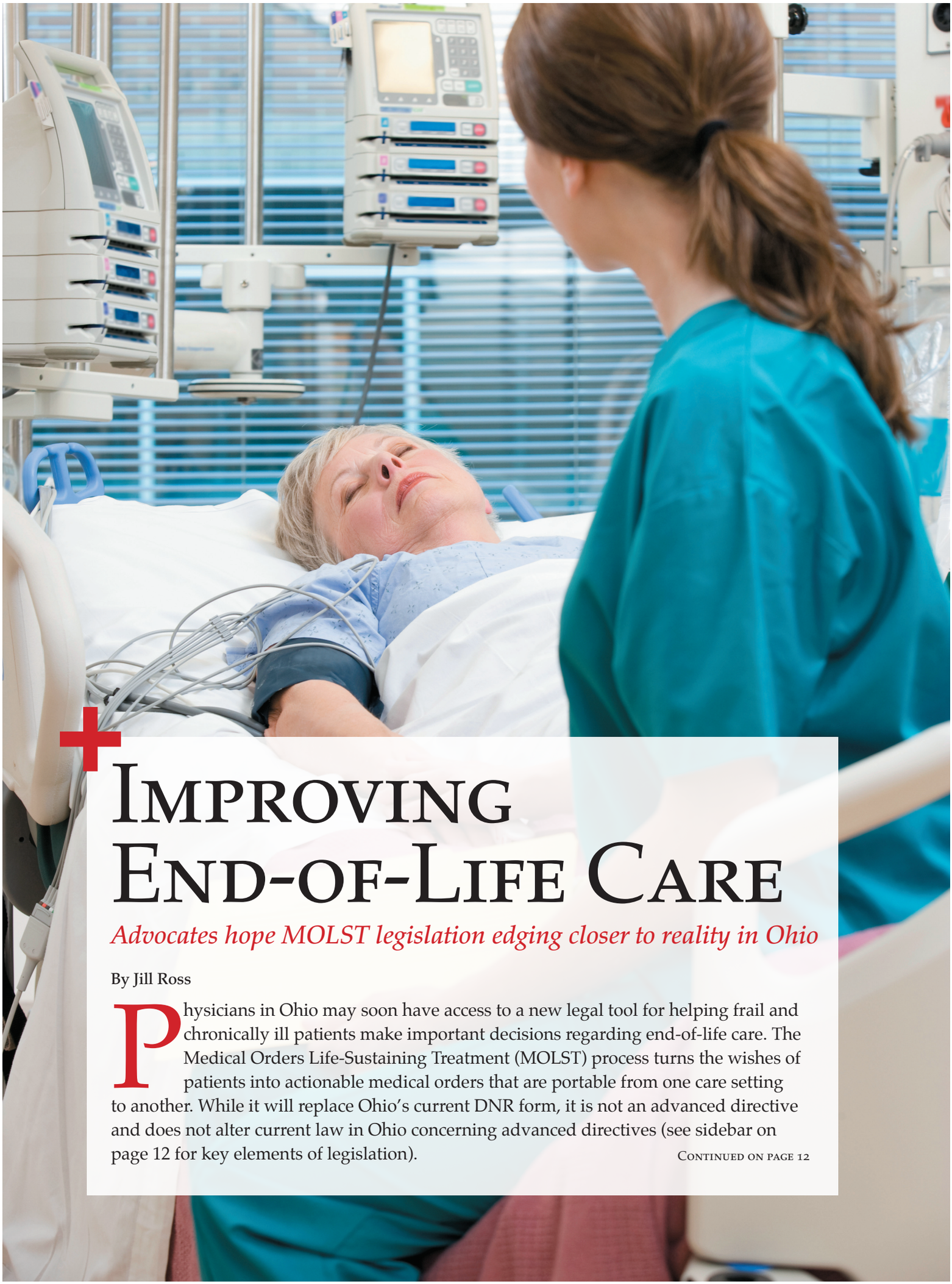
Third-year student Adam Jara, who is in the college's DO/PhD program, said a good preceptor will repeatedly call his attention to clues about a patient's condition he might otherwise have missed. "Oh yeah! All the time," he said. "And I think a lot of that comes from empathy. As a student, you're so caught up in the biochemistry of medicine, sometimes you have to be reminded to watch for the psycho-social elements."

Tolentino, a preceptor in internal medicine, teaches because he loves it. "I was there, and I remember what it was like to learn from preceptors," he said. "I work in West Shore Primary Care, and some of my preceptors from my student days are now my partners. And they're still precepting, and it's kind of cool working with them now, shoulder-to-shoulder."

Teaching also reflects well on a physician in a patient's eyes, he suggested. "I think one of the rewards of being a preceptor is it builds *your* credibility with your patients," Tolentino said. "The patients see you as a teacher, guiding the future of health care with these students who are going to become interns and residents and future doctors. It says something about you."

DeWalt appreciates the fresh energy that students bring. "I really enjoy having the students because they are very enthusiastic and fun to have around," he said. "Everything is new to them, and they're excited to learn all the things they've only seen in books or on computers. I think that students are a value to preceptors because they inspire you to stay excited about medicine."

For Cua, it's simple. "I just enjoy teaching," he confessed. "You both learn when you teach."



Improving End-of-Life Care

Advocates hope MOLST legislation edging closer to reality in Ohio

By Jill Ross

Physicians in Ohio may soon have access to a new legal tool for helping frail and chronically ill patients make important decisions regarding end-of-life care. The Medical Orders Life-Sustaining Treatment (MOLST) process turns the wishes of patients into actionable medical orders that are portable from one care setting to another. While it will replace Ohio's current DNR form, it is not an advanced directive and does not alter current law in Ohio concerning advanced directives (see sidebar on page 12 for key elements of legislation).

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> With the aging population and the chronic nature of most illnesses today, along with the developing technology and ability to treat disease, our health care system supports individuals longer on their journey toward death.
>
> ***— Jeff Lycan, RN***
> ***President and CEO, Midwest Care Alliance***

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"With the aging population and the chronic nature of most illnesses today, along with the developing technology and ability to treat disease, our health care system supports individuals longer on their journey toward death," explained Jeff Lycan, RN, president and CEO of Midwest Care Alliance and long-standing member of Ohio's Honoring Wishes task force, which was formed to promote the POLST/MOLST paradigm and process in Ohio.

According to Lycan, recently published research has demonstrated that individuals with serious illnesses who used a tool like MOLST had greater opportunity to have their wishes honored. Depending on the treatment pathway they chose, many individuals avoided hospital admissions, while those who wanted more aggressive care utilized more hospital-based services.

For example, a doctor could, with the informed consent of the patient, issue medical orders for any or all of the following: provide comfort measures (palliative care) only; do not attempt resuscitation; do not intubate; do not hospitalize; no feeding tube; and so on. The orders should be honored by all health care providers in any setting, including emergency responders who are summoned by a 911 call after the patient loses medical decision-making capacity. (Currently, there is no legal requirement that medical professionals and medical facilities in Ohio honor a MOLST form.)

Cleanne Cass, DO, director of community care and education at the Hospice of Dayton, is a longtime leader in the field and was one of the first osteopathic physicians in Ohio to become certified in hospice and palliative care. She says that more than anything, the MOLST is meant to be a conversation, not just a form. It's a process that can be taught to chaplains, social workers and other health care professionals, although the form does require the signature of a physician, nurse practitioner or physician's assistant (who is working within his or her scope of practice). The patient, or the patient's legal guardian, will also sign the form.

MOLST isn't for everyone. The form is meant for patients who have life-limiting illnesses. If physicians aren't sure whether their patient needs this conversation, they should ask themselves, "Would I be surprised if this person died within the next year?" If the answer is no, then the conversation should be initiated.

The proposed form is two pages, with a third page of instructions. The form is quickly scanable, with DNR information provided at the top. It's also recommended that patients attach a copy of their current power of attorney and any living will/advanced directives. It's important to note

Key Elements for Proposed MOLST Legislation

It incorporates cardiopulmonary resuscitation orders. Unlike the DNRCC protocol, MOLST will encourage and facilitate more communication between the patient and medical staff about end-of-life decisions, while allowing more flexibility to make changes as conditions change.

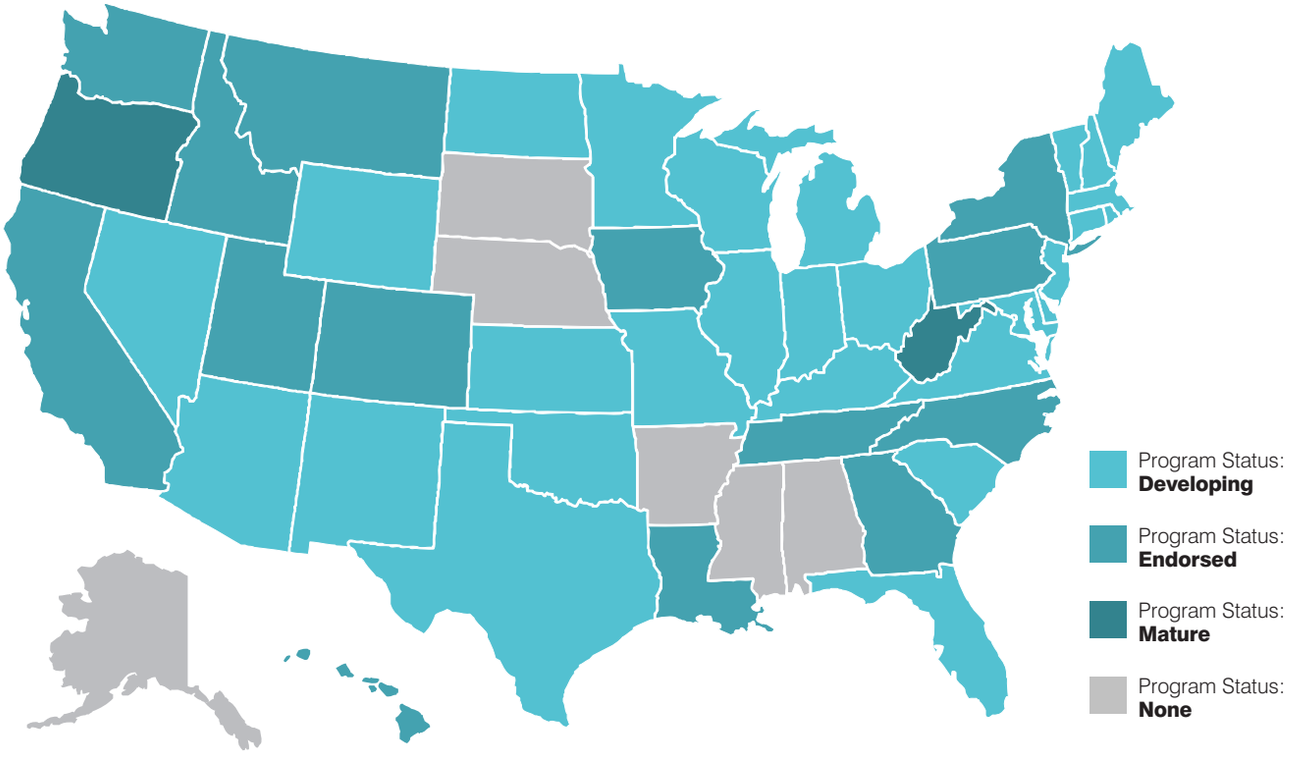
It's patient-centered and patient-driven. The uniform form will allow patients to better understand and drive their own end-of-life care, including decisions regarding the administration of life-sustaining treatment.

No one is required to complete a MOLST form. Further, nothing in the legislation, or on the MOLST form itself, will create a bias in favor of more aggressive or less aggressive forms of treatment.

It's transferrable across settings of care. A MOLST form will be transferable across all settings, including emergency settings. A copy of a MOLST form is equally valid as an original, and medical professionals will be required to notify other medical professionals if they know a patient or decision maker has completed a MOLST form.

It provides immunity to health care workers. Like current DNR law, the new law will protect health care personnel, acting under their scope of practice, who follow end-of-life orders from civil and criminal liability.

MOLST/POLST Legislation Across the United States



> I am extremely hopeful the MOLST legislation will be passed in Ohio this year. Many people have worked very hard for the past three years to assure that Ohio will be able to provide appropriate and compassionate end-of-life care.
>
> ***— Peggy Lehner***
> ***Ohio State Senator***

that a MOLST form does not replace traditional advance directives.

Although the current DNR practice will be sunsetted, any forms previously filled out will be honored. No other laws are changed due to MOLST legislation.

Cass notes the MOLST form can provide a "wonderful gift" to families who sometimes find themselves placed in the undesirable position of having to make stressful medical decisions during a loved one's final days. "With the MOLST, your next of kin is not speaking for himself, he is speaking for you. It's your words." She relates the story of a family who was able to confidently tell the doctor, "We don't have any tough decisions to make. We know exactly what [the patient] wanted."

Currently, 21 states have enacted laws similar to MOLST; 24 are in the process of development (see map below and access an interactive version at www.polst.org). In some states, the forms are called Physician Orders for Life-Sustaining Treatment (POLST), but in Ohio, the program would be called MOLST to convey that other health care professionals besides physicians can write the orders. The legislation, sponsored by


Sen. Peggy Lehner

State Sen. Peggy Lehner (R-Kettering), is expected to be introduced in the 131st Ohio General Assembly in early 2015.

"I am extremely hopeful the MOLST legislation will be passed in Ohio this year," Lehner said. "Many people have worked very hard for the past three years to assure that Ohio will be able to provide appropriate and compassionate end-of-life care."

SYMPOSIUM PREVIEW

Scaling New Heights

Mountain climber Alison Levine will share her experience as team captain of the first American Women's Everest Expedition when she keynotes the Ohio Osteopathic Symposium.

PHOTO COURTESY KEPPLER SPEAKERS

Leadership Lessons from a Polar Explorer

Imagine yourself on the highest mountain in the world. You have to deal with the physiological effects of extreme altitude, plus bone-chilling temperatures, battering winds and a climbing team that's counting on all of its members to make smart decisions. There's simply no room for poor judgment. One mistake or misstep can result in an "unrecoverable error."

Drawing on her experience as team captain of the first American Women's Everest Expedition, adventurer and mountaineer Alison Levine will share what she's learned when she presents *On the Edge: The Art of High-Impact Leadership* at the Ohio Osteopathic Symposium.

A leadership expert and history-making polar explorer, Levine has climbed the highest peak on every continent and skied to the North and South poles — a feat called the Adventure Grand Slam. It's an accomplishment that fewer than 40 people in the world can claim. In January 2008, she became the first American to complete a 600-mile traverse from west Antarctica to the South Pole. She completed the journey on skis while hauling 150 pounds of her gear in a sled harnessed to her waist.

But her climb to the top did not come easily. In 2002, Levine and her team spent nearly two months on Everest, ascending, descending and ascending again to acclimatize their bodies to the altitude. On the final day of climbing, they were only a few hundred feet shy of the summit when bad weather forced them to turn back.

Levine, who has had three heart surgeries and suffers from Raynaud's disease, has used her experience tackling some of the world's most dangerous environments during her 20-plus years in the business world.

She makes a compelling case that the leadership principles from the world of extreme adventure also apply to today's health care environment.

"In any situation where lives are on the line or the stakes are exceptionally high," she said, "there's no better training ground for leaders than settings where people are pushed beyond their perceived limits."

Reviewers who have critiqued Levine's *New York Times* best-selling book say her advice is flat-out contrarian and flies in the face of other management gurus and executive coaches. Levine encourages big egos, ignoring the rules, ditching the plan, depriving yourself of sleep and rewarding failure. She focuses on the topics of creating cohesive teams, taking responsible risks and developing no-nonsense leaders that can succeed in times of uncertainty. Her unique approach to leadership offers a framework to help people scale whatever peaks they aspire to climb — whether literal or figurative — with practical, humorous and often unorthodox advice about how to grow as a leader.

Levine's keynote speech at the Symposium is Saturday, April 25 at 11 am.

The Power of Music: *Alive Inside* Film Screening

Sixteen thousand long-term care facilities in the United States serve as home for 1.6 million individuals, most of whom face cognitive and physical challenges related to aging. They have left familiar surroundings, familiar faces, and even

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Donate an iPod (new or used) for Music & Memory

In conjunction with the film screening of *Alive Inside*, the Advocates for the Ohio Osteopathic Association (AOOA) are collecting iPods and other music devices at the Symposium for distribution to nursing care facilities to provide the therapy described in the documentary. The preferred device, if new, is the iPod Shuffle. It's the smallest iPod and retails for $49 or less. Other used iPods and different brands will also be accepted. In addition, the AOOA is accepting cash donations, which will be used to purchase iPods and iTunes gift cards to help pay for music files to be downloaded onto the devices.

PHOTO COURTESY
KEPPLER SPEAKERS

A scene from the film Alive Inside. PHOTO COURTESY BOND360

Continued from page 15

their favorite music. Despite the best efforts of loved ones, these patients' lives often lack spontaneity, choice and reliable social interaction.

This year's Symposium looks at dementia with a panel of experts, coordinated by Ohio Department of Aging Director Bonnie K. Burman, and a special screening of *Alive Inside,* a documentary film chronicling the experiences of individuals who have been revitalized through music.

"When you are caring for someone with dementia, you begin to feel as if the real person is trapped inside their body, just below the surface, wanting to come out," Burman said. "For them, their memories of things they once held dear are lost in a cloud of fog. The Music & Memory program started with a simple question: What if something as simple as a beloved song was the key to help someone with dementia cut through that fog? The answer was clear: it can."

Alive Inside, directed by Michael Rossato-Bennett, follows social worker Dan Cohen, founder of the nonprofit organization Music & Memory, as he

fights against a broken health care system to demonstrate music's ability to combat memory loss and restore a sense of self to those suffering from dementia. The film also reveals the human connection found in music and how its healing power, according to the director, can triumph where medication falls short.

According to Burman, the principles and practices of Music & Memory hold tremendous potential for older Ohioans and their caregivers. "Beloved music often calms chaotic brain activity and enables the listener to focus on the present moment and regain a connection to others," she said. "Music allows them to feel like themselves again, to converse, socialize and stay present. More importantly, it helps care providers minimize adverse behaviors with less medicine, and creates lasting relationships between residents and caregivers."

Burman also noted that care providers such as nursing homes are realizing that quality, person-centered care that considers the whole person, and not just diagnoses, is not only better for the patient and his family, but also creates a more rewarding work environment. She said programs like Music & Memory are an important, meaningful way for health providers to improve the quality of life and care for those they serve.

Movie reviewers have called *Alive Inside* an inspirational and emotional story that leaves audiences humming, clapping and cheering. Burman concurs. "The first time I saw the power of music in action, I was a changed person."

The dementia panel and film screening at the Symposium is Thursday, April 23 at 7 pm.

Sharing, Innovating and Celebrating

OOA President Paul T. Scheatzle, DO, said that the Symposium, a collaboration started in 2010 between OOA and Ohio University Heritage College of Osteopathic Medicine, has become the premier event in the state for osteopathic continuing medical education.

"The education component offers practical information and clinically relevant topics presented by experts in the field," he said. "The overall objective is to deliver a well-constructed CME program that provides innovative, timely information that you can immediately put to use in your practice."

Scheatzle noted the Symposium occurs during National Osteopathic Medicine (NOM) Week, which is April 19-25. "It's appropriate since both NOM Week and the Symposium bring the osteopathic medical profession together to celebrate our distinctive philosophy and unique brand of high quality health care."

Several celebrations are on tap at the Symposium, including a Women's Only Happy Hour, Awards Reception and a special networking event to foster mentoring relationships for students.

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Drug Developed at Heritage College Offers Hope for Diabetes Patients

A drug developed at Ohio University Heritage College of Osteopathic Medicine shows promise in halting the onset of obesity-related Type 2 diabetes. Lab results from preclinical studies found the drug made treatment groups, which were on a high fat diet, more insulin sensitive, halted an increase in fat mass and prevented the onset of Type 2 diabetes.

"The implications are enormous," said Kelly McCall, PhD, associate professor of endocrinology at the Heritage College. "This drug could significantly change the treatment protocol for Type 2 diabetes."

McCall, her research team and colleague Frank Schwartz, MD, Heritage College professor of endocrinology and JO Watson Diabetes Research Chair, have been investigating how the drug, C-10, affects various autoimmune-inflammatory diseases.

According to the Centers for Disease Control and Prevention, one out of three people will develop Type 2 diabetes in their lifetime. Early research indicates the disease could potentially be slowed or stopped in patients who take C-10, which blocks a key pathway that plays a role in the disease.

"The preclinical lab results showing C-10's effects on Type 2 diabetes are very promising," said McCall, whose studies have been supported through multiple grants, including a $2.6 million grant from the National Institutes of Health. C-10 is currently awaiting clinical trials.

"We are enormously proud of our many researchers, including Drs. McCall and Schwartz," said Heritage College Executive Dean Kenneth H. Johnson, DO. "With determination and patience, they search for solutions to the most prevalent health problems we face today. As we've seen repeatedly, discovery drives medicine, and it changes lives for the better."

In other research news, Felicia Nowak, MD, PhD, and her team at the Heritage College have been investigating Porf-2 to see if it has a role in cell proliferation.

When she first discovered Porf-2, a previously unknown gene, Nowak knew she had found an important puzzle piece to understanding the developing brain. What she would later learn is that the gene may also be pivotal in the development of novel approaches to treat tumor growth, neurodegenerative diseases and diabetes complications.

Twenty years ago while creating a cDNA library of a rat's hypothalamus, she isolated the gene she called Pre-Optic Regulatory Factor 2. Since then, Nowak, an associate professor of molecular endocrinology, and her students have been experimenting with the gene to better understand how it functions.

Nowak found that Porf-2, which has now been sequenced in human and mouse genomes, plays a critical role in a form of programmed cell death known as apoptosis, sometimes called cellular suicide. In our bodies, cells routinely undergo a cycle of growth and death, when old or broken cells die and new cells are created to take their place. Apoptosis is the body's way of removing aged or unnecessary cells.

"The possibilities from a health standpoint are enormous," said Nowak. "If you could control Porf-2, then theoretically you could stop or slow down the loss of neurons in a specific area. The pro-apoptotic and anti-proliferative functions of Porf-2 make it a candidate to play a role in cancer treatment and tumor suppression. The power of this approach is that specific targeting can be done to decrease the risks."

In addition, Porf-2 may play a role in diabetes, as Nowak found that insulin decreases the levels of the gene.

"Research like that being done by Dr. Nowak strengthens our ability to advance the practice of evidence-based medicine and may radically alter how some diseases will be treated in the future," said Johnson.

Heritage College Faculty Publish Book on Research Challenges

Two faculty members at Ohio University Heritage College of Osteopathic Medicine have co-authored a new book on the challenges facing field researchers and how to handle them.

Gillian H. Ice, PhD, and Nancy J. Stevens, PhD, collaborated with Darna L. Dufour, PhD, anthropology professor at University of Colorado, Boulder. "Disasters in Field Research: Preparing for and Coping with Unexpected Events," was published by Rowman & Littlefield.

The book offers guidance to researchers working in foreign settings, about potential problems that can impact their research and personal well-being. Topics include permits and permissions, money and transportation, equipment and data management, recruiting and retaining research subjects, cultural misunderstandings, safety and health risks.

Ice is associate professor of social medicine and director of Ohio University's Global Health Initiative. Stevens is professor of functional morphology and vertebrate paleontology, and director of the Heritage College Patient-Centered Continuum curriculum.

Ohio DOs in the News

Deaths in the Family

OOA Life Member **Arthur B. Bok Jr., DO,** 86, died December 17, 2014.

Bok practiced medicine in the Dayton community for 43 years.

A longtime sports fan and athlete, he pioneered the sports medicine program at University of Dayton (UD), where he played football and was later inducted into the Athletic Hall of Fame. Following his graduation, he was offered a contract to play professional football for the Baltimore Colts, but opted instead to attend Chicago College of Osteopathic Medicine, from which he graduated in 1954.

Bok served as UD team physician for 23 years, vice-president and team physician for the Dayton Gems IHL hockey team, and team physician for Meadowdale High School, Fairview High School Athletics and Troy Skating Club.

He was a fellow in the American College of Sports Medicine and the American College of Osteopathic Family Physicians.

His survivors include his wife of 63 years, Jeanne; five children; 19 grandchildren; and one great granddaughter.

Expressions of sympathy may be made to University of Dayton Athletics (Brian Tracy, Director of Athletic Development, 300 College Park, Dayton 45469); Franciscan Friars (1615 Vine Street, Cincinnati 45202); or Hospice of Dayton Foundation (324 Wilmington Avenue, Dayton 45420).

OOA Life Member **Anton F. Kilonsky, DO**, 85, long-time resident of Hudson, died at his home in Williamsburg, Virginia, December 3, 2014.

An esteemed family physician in his community, he held a private medical practice in Hudson for the majority of his career. He was affiliated with Cuyahoga Falls General Hospital and served on the hospital board of trustees.

Kilonsky earned his undergraduate degree from the University of Scranton and then attended Philadelphia College of Osteopathic Medicine where he received his medical degree in 1958.

He proudly served his country as a sergeant in the US Army Medical Corp in the Korean War.

His survivors include Catherine, his wife of nearly 60 years; four children; and 10 grandchildren.

Memorial donations may be made to Franciscan Sisters, TOR of Penance of the Sorrowful Mother (369 Little Church Road, Toronto 43964) where his granddaughter, Sarah, is a postulant.

Michael J. Namey Jr., DO, died unexpectedly on October 4, 2014. He was 61 years old.

Namey, who resided in Hermitage, Pennsylvania, began his medical career as an emergency room physician with St. Joseph's Hospital in Warren, Ohio, and continued at St. Joseph's in Andover, where he eventually served as medical director. He later opened his own medical office, practicing there until 2011 when he joined Primary Health Network's Andover office.

During his career he served many patients and was medical director for numerous specialty care centers in the area. He was an affiliate of Edgewood Surgical Center and St. Joseph's Health Center, as well as an adjunct professor of family medicine for Lake Erie College of Osteopathic Medicine.

Professionally, he maintained memberships in the OOA, American Osteopathic Association, American College of Emergency Physicians, American College of Osteopathic Family Physicians and Ohio Medical Directors Association. He graduated from Kansas City College of Osteopathic Medicine in 1981.

Active in his community, he coached and mentored many young people on the court, field and golf course. He was a past board member for Heritage's Hickory Little League and was a driving force to install lighting at the sports complex.

Namey is survived by his wife Beth, with whom he shared 32 years of marriage; three children; a grandson; siblings; and a large extended family.

Memorial contributions may be made to the Namey Family Foundation (in care of Shenango Valley Foundation, 7 W. State Street, Suite 301, Sharon, PA 16146).

OOA Life Member **Alexander Zacour, DO,** formerly of Orrville, died March 31, 2014, after a long illness. He was 90 years old.

Following a three-year residency in radiology in Cleveland, Zacour became a certified radiologist and practiced general diagnostic radiology at Wayne General Hospital in Orrville from 1954-1980. After retiring from active practice, he served as chair of the Ohio Area XI Physicians Peer Review board of directors for four years.

Throughout his long professional career, Zacour, who graduated from the University of Pittsburgh and Philadelphia College of Osteopathic Medicine, received numerous awards and accolades for his work.

In addition to his medical interests, he enjoyed baseball, gardening, reading and vacationing in Florida.

He is survived by his wife of 62 years, Ann Elizabeth; three sons, including Kevin A. Zacour, DO, of Doylestown, and Todd A. Zacour, DO, of Canal Fulton; and 10 grandchildren.

Memorial donations may be made to LifeCare Hospice (2525 Back Orrville Road, Wooster 44691).

Physician News

Timothy J. Barreiro, DO, of Canfield, was appointed to the Ohio Commission on Minority Health for one-year term. He was appointed by Ohio Gov. John Kasich.

Katherine A. "Toni" Clark, DO, represented the profession at a Capitol Hill briefing in Washington, DC, January 30, 2015. The panel presentation focused on The Patient-Centered Medical Home's Impact on Cost and Quality.

Alan L. Meshekow, DO, of Massillon, received the Distinguished Service Award from the American College of Osteopathic Surgeons, September 19, 2014. He was recognized for his outstanding accomplishments and leadership in the field of surgery and for furthering the osteopathic profession.

Christopher T. Meyer, DO, was named chief executive officer and chairman of the Board of Governors at Holzer Health System effective January 1, 2015. He will lead the strategic direction for the organization and further the system's mission to improve the health and well-being of those served and improve the care experience of Holzer's patients throughout the region.

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