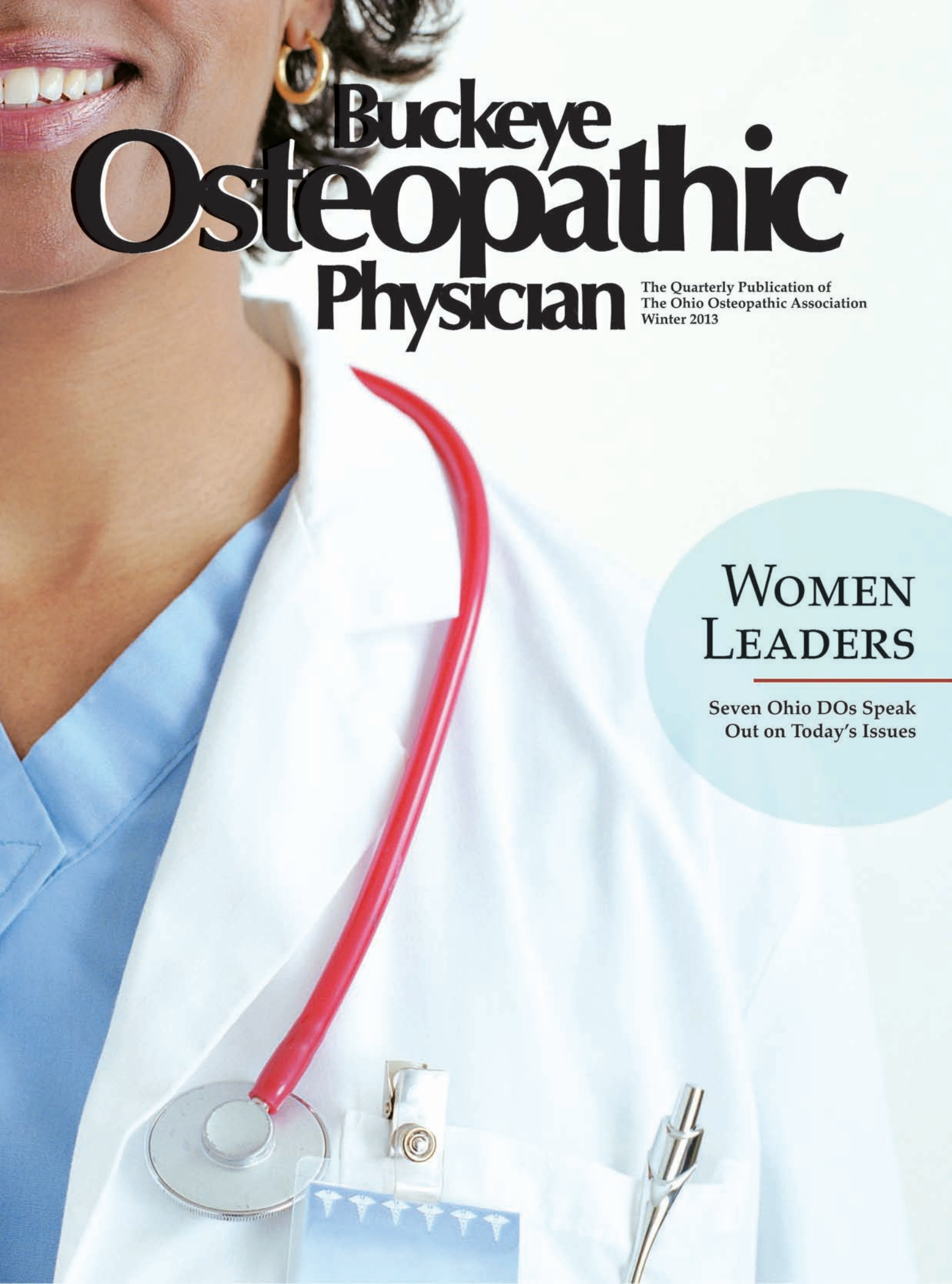

# Buckeye Osteopathic Physician

The Quarterly Publication of
The Ohio Osteopathic Association
Winter 2013

## Women Leaders

Seven Ohio DOs Speak Out on Today's Issues

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# Women Leaders

## History and viewpoints from prominent female DOs in Ohio

While many are aware that osteopathic medicine in Ohio has made incredible strides in the past several decades, they may not be aware of the powerful role of women physicians in the state.

**By Stephanie Skernivitz**

Women have been part of the osteopathic medical profession since the first class convened at the American School of Osteopathy (ASO) in 1892. There were five women and sixteen men. Today, women account for more than a third of all DOs nationwide—a number that is expected to rise as more women enroll each year in osteopathic medical schools throughout the US.

Ohio, in particular, has been a role model for the nation. Several women DOs helped to incorporate the OOA in 1898, and a few years later, Grace Huston, of Circleville, enrolled at ASO to become Ohio's first osteopathic student.

In 1923, Ohio's women DOs banded together to form the Ohio Women's Osteopathic Association, with a focus to support programs boosting osteopathic education. The group established a scholarship loan fund specifically for Ohio women students enrolled at osteopathic medical schools.

The OOA was years ahead of its time when it elected its first woman president, Gertrud Helmecke Reimer, DO, of Cincinnati, to head the association in 1938. Although nearly 50 years would pass before Mary L. Theodoras, DO, of Dayton would become the second woman to be elected OOA president, the path had been well paved for others to follow.

Women DOs in Ohio have achieved milestone accomplishments throughout the decades. In 1975, Evelyn L. Cover, DO, of Columbus, became the first woman to ever serve on the State Medical Board. She was also the first DO and first woman to serve as the medical board president. In 1993, Barbara Ross-Lee, DO, made national headlines and was featured in *USA Today* when she was named dean of Ohio University Heritage College of Osteopathic Medicine, making her the first African-American woman to lead a medical school in the US. In 2000, Amelia G. Tunanidas, DO, of

Youngstown, followed in Theodoras' footsteps by being elected second vice president of the American Osteopathic Association (AOA) and becoming the second woman DO from Ohio to serve on the AOA Board of Trustees. Alison A. Clarey, DO, of Dayton, would break the glass ceiling in 2006 when she became the first woman to serve as president of the American College of Osteopathic Surgeons. And today, Ohio continues its tradition of saluting women physicians by hosting a reception for women delegates at the AOA House of Delegates.

Women DOs of yesterday led the way, so women leaders of today could continue to make a persuasive impression on tomorrow's medicine. Seven such leaders speak to *Buckeye Osteopathic Physician* about current issues facing the profession.

## ACGME Negotiations

The latest indicator of osteopathic evolution surfaced officially in late October. The American Osteopathic Association, Accreditation Council for Graduate Medical Education, and American Association of Colleges of Osteopathic Medicine inked an arrangement to create one united accreditation platform for US graduate medical education programs, effective July 2015. Finer points of the process for ACGME to accredit all osteopathic graduate medical education programs presently accredited by AOA are being ironed out now. As a result, AOA and AACOM would be recognized as organizational members of ACGME. (*See page 18 for complete details.*)

Addressing the ACGME news, Tracy L. Marx, DO, chair of the family medicine department at OU-HCOM, said: "Currently, we lose a lot of graduates to ACGME accredited residencies. But now that they're considering merging the two, it will make it easier for grads to stay in the osteopathic profession and not feel like they have to abandon their osteopathic roots for allopathic training. It will be nice to have opportunities for unified accreditation."

"Yet from one standpoint, we want to maintain our identity. So accreditation has its benefits and negative points, which will undoubtedly be fleshed out in more detail in the coming months. If programs are unified, then maybe someone could suggest that we only have to have one certifying board—and one type of degree. It could go down that slippery slope. Our training is very different—the holistic approach makes all the difference," said Marx.

Currently, more than 9,000 programs in GME are accredited by ACGME with approximately 116,000 resident physicians, 8,900 of which are osteopathic physicians.

Weighing in on the ACGME news, Anita M. Steinbergh, DO, who serves

CONTINUED ON PAGE 4

# MEET THE WOMEN

### Barbara A. Bennett, DO

Served on OOA Board of Trustees for eight years, with a term as president (2008-2009). Current delegate to the AOA House. Past president of OU-HCOM Society of Alumni & Friends and Dayton District Academy of Osteopathic Medicine. OU-HCOM clinical associate professor of family medicine since 1986. Named Ohio ACOFP Family Physician of the Year in 2001.

### Katherine A. "Toni" Clark, DO

Past president of Ohio ACOFP and Dayton District Academy of Osteopathic Medicine. Currently serves on Ohio Board of Nursing Committee on Prescriptive Governance, a multidisciplinary panel established by state law. Earned fellow designation from American Institute for Healthcare Quality. Received Ohio ACOFP Distinguished Service Award in 2008.

### Karen J. Jacobs, DO

Currently president of Ohio Psychiatric Physicians Association (OPPA). Twice received OPPA President's Award (2008, 2011). Appointed member of the State of Ohio Medicaid Pharmacy and Therapeutics Committee. Served on Ohio Attorney General Task Force on Criminal Justice and the Mentally Ill. Past president of Cleveland Psychiatric Society. Named 2007-2008 Teacher of the Year at Cleveland Clinic Department of Adult Psychiatry.

### Tracy L. Marx, DO

Named chair of OU-HCOM Department of Family Medicine in 2012. Largely responsible for the college's curriculum on pain and palliative care. Chosen in 2009 as a fellow for the Harvard Medical School Center for Palliative Care. Completed a postdoctoral public health service fellowship through Michigan State University's Primary Care Faculty Development Fellowship Program, with an emphasis on research, curriculum development and leadership. Recognized authority on end-of-life, hospice and palliative care.

### Ruth E. Purdy, DO

First female internal medicine resident at Doctors Hospital. Served as chief of staff and Board of Trustee member at same facility, where she championed the first ICU in an adult-care facility. Received AOA's first-ever Mentor of the Year Award in 2006. Has received many awards throughout her career, including OOA Distinguished Service Award (2006), OU-HCOM Phillips Medal, and was the first female recipient of Philadelphia College of Osteopathic Medicine's highest honor, OJ Snyder Memorial Medal (1989).

### Anita M. Steinbergh, DO

Member of the State Medical Board of Ohio since 1993 and currently serving as president. A founding member and served as chair of the Midwest Regional Medical Boards. Earned fellow designation from the Federation of State Medical Boards. Chaired OOA Ethics/Peer Review Committee. Received OOA Distinguished Service Award in 2010, Columbus Osteopathic Association (COA) Advocate Award (1997) and COA Distinguished Service Award (2012).

### Geraldine N. Urse, DO

Currently serves on OOA Board of Trustees and Ohio ACOFP Board of Governors. Past president of Columbus Osteopathic Association. Director of Doctors Hospital Family Practice residency program in Grove City and OU-HCOM associate professor of family medicine. Completed Midwestern University Costin Institute Fellowship. Appointed to Doctors Hospital/OhioHealth Medical Executive Committee. Holds the designation of Fellow of the ACOFP. Received OU-HCOM Outstanding Alumna Award in 2010.

Continued from Page 3

as president of the State Medical Board of Ohio, said in the recent past, residents who were in an AOA or ACGME residency could apply for AOA or ACGME fellowships if desired. "Currently there are many more applicants than there are fellowships available. Because these fellowships are so competitive there's a desire to limit the people who come into ACGME-certified fellowships. ACGME said 'We can't continue to do this.'" The good news, according to Steinbergh, is that this move by ACGME will "enhance the DO's ability to get fellowship training in the areas that they desire. It is ultimately a positive move for our profession."

Geraldine N. Urse, DO, a Columbus family physician, residency program director and board member of OOA and Ohio Society of the American College of Osteopathic Family Physicians (Ohio ACOFP), said: "One of the profession's greatest hurdles is to make sure there are training spots for grads so they have opportunities to compete in fellowships, such as being fellowship trained in cardiology or sports medicine.

"To have those taken away because you did an osteopathic internship or training would be terrible. That has been addressed via this memo of understanding. There is a move toward a full implementation of the ACGME memo by 2015," Urse said.

## Changing Demographics

In the meantime, the profession is experiencing unprecedented growth.

"There is progress," Urse said. "We're in recruiting season for residents. I have six slots open for new residents next year and we have over 60 applicants—an increase of 20 over last year."

According to American Association of Colleges of Osteopathic Medicine, in the 2010-11 application cycle, the number of applicants to osteopathic medical schools topped 14,087, a 7-percent increase over 2009-10 figures. AOA statistics show that DOs are one of the fastest growing segments of health care in the US. A total of 100,000 osteopathic physicians will be active in medical practice by 2020.

There's also been a steady rise in the number of females represented in the profession. In 1977, AACOM noted 14 percent of applicants to osteopathic schools were women, compared to 53 percent female applicants in 2010-11.

## Women In Leadership

### OOA Presidents

Gertrud Helmecke Reimer, DO 1935
Mary L. Theodoras, DO 1984
Amelia G. "Amy" Tunanidas, DO 1997
Alison A. Clarey, DO 1999
Barbara A. Bennett, DO 2008

### OOA Board of Trustees 2012-2013

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Jennifer J. Hauler, DO
*Trustee*

Geraldine N. Urse, DO
*Trustee*

Molly E. Malone-Prioleau, DO
*Resident Representative*

### Ohio ACOFP Presidents

Mary L. Theodoras, DO 1971
Katherine A. "Toni" Clark, DO 2003
Ioanna Z. Giatis, DO 2011

### Ohio ACOFP Board of Governors 2012-2013

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*Governor*

Tracy L. Marx, DO
*OU-HCOM Department Representative*

Randi Amstadt, OMS II
*OU-HCOM Student Representative*

Interesting to note is where DO physicians choose to serve. A 2010 study in the *Journal of the American Association of Medical Colleges* ranked OU-HCOM first in Ohio and tied for 11th among all US medical schools for producing the highest percentage of graduates practicing in rural areas.

Karen J. Jacobs, DO, a psychiatrist with Cleveland Clinic and president of the Ohio Psychiatric Physicians Association, said: "OU-HCOM puts out more primary care doctors, family practitioners, internal medicine physicians, and pediatricians that are willing to locate themselves in areas where they can treat Ohio's most underserved populations. OU-HCOM has long distinguished itself as graduating providers with a true desire to treat those in need." While Jacobs treats patients in an urban area, she is also acutely aware of the shortage of specialists in underserved areas. In addition to recruiting more psychiatrists to serve in parts of Ohio with less access to care, they are hoping to use telemedicine as another means to reach this population.

## New Schools Help Address Demand

The profession's growth can be partially attributed to schools such as Ohio University opening up satellite branches, two of which are to debut in Columbus and Cleveland. And across the nation, new schools are opening in Indiana, Wisconsin, Alabama and North Carolina.

Significant in Ohio is OU-HCOM's big step forward in the anticipated central Ohio campus opening in 2014 in Dublin and its memo of understanding with the Cleveland Clinic. Urse, who is currently a professor in family medicine for OU-HCOM, will be involved at the Dublin campus.

## Certification Trend

There's a new push for continued specialty certification that potentially may be integrated into licensure renewal by state boards. How does this play out in everyday practice? Medical Board President Steinbergh said: "The public assumes physicians are competent all the time. Some fall short though. We want to stress maintenance of competency issues as a profession. In the realm of osteopathic medicine, it's called osteopathic continuous certification."

AOA's Bureau of Osteopathic Specialties is requiring that each specialty certifying board institute osteopathic continuous certification, effective January 1, 2013, as a way for board-certified DOs to stay current and show competency in their specialty. DOs with time-limited certification must participate in five OCC components to keep board certification status.

> Currently, we lose a lot of graduates to **ACGME accredited residencies**. But now that they're considering merging the two, it will make it easier for grads to stay in the osteopathic profession and not feel like they have to **abandon their osteopathic roots** for allopathic training.
>
> ***– Tracy L. Marx, DO***
> ***Chair, OU-HCOM Family Medicine Department***

Jacobs added that maintenance of certification is a controversial issue. "While some organizations may feel this is the way to show the public a profession's level of competency," she said, "others feel that the many hours of CMEs that physicians earn yearly should be enough to show they are keeping up with their profession. Additionally for those who were board certified before recertification became the norm, this comes as a rather new, and challenging process."

## Full Acceptance

One of the key shifts in osteopathic medicine in recent decades, according to Ruth E. Purdy, DO, a retired internist in Columbus, is that osteopathic medicine is widely accepted by the medical community at large.

"One by one the schools are looking more at the person who is submitting the application rather than the person's paper, i.e. credentials," Purdy said. "I no longer notice a stigma on either side. Many years ago, I couldn't get into a post-graduate course in Chicago. They returned my application because I was a DO," said Purdy, who in 2006 received the very first Mentor of the Year Award from AOA.

Barbara A. Bennett, DO, a past president of OOA, said: "When I first did hospital work years ago on staff at Kettering, I recall the nurses giving a report on one of my patients as I started my day. 'This is a patient of Dr. Barb Bennett. She's a DO, but she's OK,'" Bennett said. "Back in those days they didn't think that we could do our job. I don't think anybody thinks that anymore. Patients used to ask, 'What's the difference between DO and MD?' Now, nobody asks."

Katherine A. "Toni" Clark, DO, a past president of Ohio ACOFP, said: "Today, DOs are so accepted that the concern is that we may lose our distinctiveness."

Bennett agrees that such an issue of osteopathic identity and distinction is critical, especially in terms of educational post-graduate programs. "It's about keeping DOs in the osteopathic profession versus allopathic."

## Benefits of Organizational Membership

All of the key movers and shakers in osteopathic medicine in Ohio attribute much of their growth professionally to the impact of the organizations to which they belong.

As an example, Urse currently serves on the OOA Board of Trustees and Ohio ACOFP Board of Governors, and is a past president of Columbus Osteopathic Association. She said her state-level involvement has given her better insight about what affects all osteopathic physicians, whether in Columbus, Northeast or Southwest Ohio. "Board committee work helps me keep my finger on the pulse of what's going on in the state."

As president of the Ohio Psychiatric Physicians Association (OPPA), Jacobs has the unique distinction as the first DO to be president of that statewide group.

"Interestingly this had not crossed my mind, another member pointed this out to me. I am proud to serve in this role and hope to represent the organization as well as my fellow DOs with gusto and integrity."

Jacobs said OOA Executive Director Jon F. Wills passed on an important nugget of wisdom: "Sometimes you need to learn it is about building bridges. There may not be any major accomplishment during your term in office. However if you can make relationships and build those bridges, you will get where you want to go. By making those long term relationships, things will happen."

Things are already brewing in the state of Ohio, according to Jacobs, in regard to several legislative initiatives that OPPA is following. SB 329 allows psychologists to create a pilot project in prisons, whereby six psychologists could prescribe psychotropic medications to prisoners.

In the past 20 years, bills of this sort have popped up across the US, and of the 169 bills introduced, only two have passed. Jacobs said this bill in particular is problematic as it allows a lower standard of care to be administered to Ohio prisoners. She noted she is also working on other state initiatives that address prescribing practices in the child, adolescent, and elderly population.

## National-Scale Plans, Medical Home Model

Bennett, who served as OOA president in 2008, is actively involved in the evolution of the patient-centered medical home, having participated in a pilot project conducted by CareSource, a Dayton-based Medicaid managed care organization. "I fell into this involvement while serving as president of OOA. I attended a health care summit where they were discussing the model, this wave of the future, especially for primary care physicians."

In Bennett's words, the patient-centered medical home is a team-based health care delivery model led by physicians, in collaboration with physician assistants

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> We have to get back to basics. Primary care physicians need to direct patient care, to be able to provide appropriate medical care in an appropriate setting, and empower patients to make decisions in their own care.
>
> ***– Anita M. Steinbergh, DO***
> ***President, State Medical Board of Ohio***

> I remember the first day of using the electronic records—I cried all day. But today, I see the benefits. It offers outstanding benefits for patients and myself, especially with quality of care.
>
> ***– Barbara A. Bennett, DO***
> ***Past President, Ohio Osteopathic Association***

Continued from page 5

and/or nurse practitioners, that provides comprehensive medical care to patients with the goal of obtaining major health outcomes.

Because of the health care summit she attended, Bennett became involved with CareSource and was asked to be part of its pilot patient-centered medical home project. As a result of participating, CareSource also helped Bennett and Providence Medical Group become NCQA-certified in patient-centered medical health, Level 3.

Following NCQA certification, the medical practice then pursued application for the Comprehensive Primary Care Initiative (CPCI) established by the Centers for Medicare & Medicaid Services (CMS).

"The purpose is to help primary care practices deliver better, coordinated patient-centered care, which is made possible via the Affordable Care Act," Bennett said. "CPCI will invest in primary care practices and help small businesses, patients, and taxpayers use dollars more wisely."

Clark, who was appointed to the Ohio Board of Nursing's Committee on Prescriptive Governance, spoke of how her practice also is participating in the federal CPCI demonstration project that is linked with the patient-centered medical home model. It is a multi-payer initiative encouraging teamwork between public and private health care payers to strengthen primary care.

"It is exciting that our practice was chosen to be part of CPCI, which was rolled out to five or six Medicare markets," Clark said. "And CMS selected only 75 practices from each market."

"The cool thing about the CPCI project," she continued, "is the payers and health plans recognize the value of patients in a medical home concept. Patients in a medical home have a physician who knows all about them, and they are often better than in a hospital setting where care can be fragmented."

Steinbergh agreed that the medical home model is where health care is going. "We have to get back to basics," she said. "PCPs need to direct patient care, to be able to provide appropriate medical care in an appropriate setting, and empower patients to make decisions in their own care."

## Electronic Records

A few paces ahead of the emergence of the patient-centered medical home model is the implementation of electronic records. While some argue the advent of electronic records has diminished the ability to have honest patient interaction, Clark differs. "The computer just becomes another person in the room," she said. "With our patients, we scoot up and interact with each other and use the computer to teach patients and go through their numbers (i.e., cholesterol, BP) together."

"Every time the patient leaves the office, we talk about immunizations, instructions, patient education materials, and the after-visit summary. I'm enthused, but it definitely takes longer. Yet the quality of what we do as physicians is better. The trick is to figure out how to be compensated for that."

With efforts by the federal government to encourage all practices to have electronic records up and running by 2014, Bennett's office got a head-start in 2011, using Athena Net for scheduling, bill, and accessing medical records.

"I remember the first day of using the electronic records—I cried all day. But today, I see the benefits. It offers outstanding benefits for patients and myself, especially with quality of care," she said.

"One advantage is that patients can access their records via a portal. They also can send me emails asking questions, as well as request test and lab results," Bennett said. "Many patients are already taking advantage of this, at least 50 percent of our patients."

## Primary Care at Heart of Osteopathic Medicine

In order to sustain the quality primary care that osteopathic physicians desire to provide, revisiting how physicians are compensated is important, Steinbergh said.

"PCPs have always been at the heart of medical care. With that comes the need to produce more PCPs. The problem is that it has not been a lucrative specialty—young people want to go where the money is. Currently, the health care dollars are procedurally driven. As a result, PCPs don't get properly rewarded with reimbursement. We are hoping there will be more financial incentives for young people to go into primary care, such as debt forgiveness."

## Care for the Uninsured

By January 2014 with 35 million more people expected to be insured, the question, according to Clark, is, "'Who's going to take care of all of these people?' We're already taking care, but more will be at our doorstep. It's a wonderful opportunity, but it's huge."

Clark helps train medical residents by working with the poorest people. "We're the care of last resort. We see people who have no insurance, people whom no one will see. Many times they can't buy medicine. How do you justify not treating them? Policies tend to pay for preventive care, lipid screening, colonoscopy, Pap smear—and then they're on their own to pay the deductible. They're underinsured."

## Unconventional Path

For Jacobs, she views medicine from a very distinctive lens, seeing her work as an osteopathic physician and psychiatrist as her unique "passion and calling."

The holistic philosophy is the essence of osteopathic medicine. As a psychiatrist, she feels it is essential to apply this philosophy with every patient that is assessed and treated. Jacobs goes on to state that, "Our strength as osteopathic physicians comes from our ability to look at the patient as a whole, a trait none of us should ever stray from."

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# Game Changer:

## Hospitals seek alternative accreditation through HFAP

Maintaining standards of care is undoubtedly a good thing. And everyone agrees that hospitals, both big and small, need to be accredited if they wish to be reimbursed by Medicare. Where opinions diverge, however, is in which accrediting body should do the vetting.

By Jan O'Daniel

There are seven accreditation organizations recognized by the Centers for Medicare & Medicaid Services (CMS) for purposes of certifying compliance. Most notably, however, are the "big three": The Joint Commission, Det Norske Veritas Healthcare, Inc. (DNV) and Healthcare Facilities Accreditation Program (HFAP).

While each accrediting organization certainly has its merits, HFAP might be of particular interest to osteopathic physicians simply by virtue of its founding institution, the American Osteopathic Association (AOA).

### The Nation's Oldest Accrediting Body

"In the mid 1940s, the AOA started to put together a process to ensure a stable and consistent set of requirements that ensured osteopathic hospitals were high quality, had licensed medical staff, were protected against fire, and all those things that make for a safe environment," said Joseph L. Cappiello, chief operating officer of HFAP. "Although most medical centers assume there's one accrediting body—The Joint Commission—AOA's HFAP program has been accrediting since 1945, making us the oldest continuous accreditor in the country."

Cappiello

> "Our (HFAP's) goal is to be educative and consultative, not play 'gotcha' games."
>
> — ***Joseph L. Cappiello***
> ***COO, HFAP***

Because HFAP has not shared the prominence that The Joint Commission

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has, Cappiello (who spent 12 years as the vice president for Accreditation Field Operations at The Joint Commission) has called HFAP the "silent accreditor."

That, however, is changing.

Under Cappiello's direction, HFAP is on mission to modernize itself and promote additional exposure to markets that have not yet heard of it or simply do not know enough about it.

## Standards Help Mitigate Risk

For those who don't know, HFAP is a universal accreditation organization, authorized by CMS to help hospitals, ambulatory care/surgical facilities, mental health facilities, physical rehabilitation facilities, clinical laboratories, and critical access meet or exceed CMS standards.

"At its fundamental best," said Cappiello, "accreditation is simply a risk-reduction strategy. Accreditation essentially says if you are 100-percent compliant with 100 percent of the standards 100 percent of the time, the likelihood of bad events is diminished. Good standards, being held accountable to those standards, and being in compliance with them 24/7 doesn't prevent error or bad things from occurring, but it certainly mitigates the risk of those things occurring."

That's where CMS standards come into play. Health care facilities accredited for Medicare participation by one of the CMS-recognized accreditation organizations may be "deemed" by CMS to have satisfied Medicare's health and safety standards, known as Conditions of Participation (CoPs).

Cappiello said HFAP standards are 80 to 85 percent directly correlated to the federal requirements in the CoPs.

"We haven't adopted standards because they are politically correct or because a special interest group wants to see a standard this way or that way," he said. "We adopt standards that have a track record of demonstrating effectiveness. We don't penalize facilities for being non-compliant; but we do hold them accountable to correct those things within a very specific period of time. Our goal is to be educative and consultative, not play 'gotcha' games."

## Making an Accreditation Switch

It is HFAP's very close interpretation of the CMS standards that prompted Fisher-Titus Medical Center in Norwalk to switch from dual accreditation by both The Joint Commission and HFAP to just HFAP accreditation in 2011.

"We were Joint Commission-accredited first," said Patrick J. Martin, Fisher-Titus' CEO, "then HFAP in 1985. In order to work more closely with an expanding osteopathic portion of our medical staff, we pursued the second accreditation so that our osteopathic physicians could gain some of the same benefits, such as continuing education credits."

Martin

Then in 2010 with Joint Commission and HFAP up for renewal, Fisher-Titus terminated The Joint Commission relationship going into 2011. When investigating whether or not to drop Joint Commission accreditation, Fisher-Titus not only gauged staff reaction and debated at the board level, it conducted a management assessment of both accreditation programs.

The result?

Fisher-Titus determined that both The Joint Commission and HFAP accomplish the same thing in terms of using CMS standards as the basis for accreditation.

"But, our experience indicated that HFAP used a purer interpretation of the CMS standards. And HFAP does a

## Ohio Hospitals Accredited by HFAP

HFAP accredits hundreds of acute care hospitals, critical access hospitals, ambulatory surgical centers, clinical laboratories, behavioral/mental health facilities, ambulatory care/office-based surgery centers, and primary stroke centers nationwide. Here's a list of facilities in the Buckeye State:

- Affinity Medical Center (Massillon)
- Alliance Community Hospital (Alliance)
- Bridgewell Hospital of Cincinnati (Cincinnati)
- Doctors Hospital (Columbus)
- Firelands Regional Medical Center (Sandusky)
- Fisher-Titus Medical Center (Norwalk)
- Fort Hamilton Hospital (Hamilton)
- Genesis Healthcare Systems (Zanesville)
- Grandview Hospital and Medical Center (Dayton)
- Greene Memorial Hospital (Xenia)
- Humility of Mary Health Partners St. Joseph Health Center (Warren)
- Kettering Medical Center (Kettering)
- Marietta Memorial Hospital (Marietta)
- McCullough Hyde Memorial Hospital (Oxford)
- Mercy St. Vincent Medical Center (Toledo)
- Riverview Health Institute (Dayton)
- Soin Medical Center (Beavercreek)
- South Pointe Hospital (Warrensville Heights)
- Southview Hospital and Medical Center (Dayton)
- Summa Western Reserve Hospital (Cuyahoga Falls)
- Sycamore Medical Center (Miamisburg)
- Wayne HealthCare (Greenville)
- Wilson Memorial Hospital (Sidney)

*Learn more about HFAP at hfap.org.*

> "It was not hard to make the switch to HFAP. We discussed it at medical staff leadership meetings and our board approved."
>
> ***— Roy Chew, PhD***
> ***Executive Vice President, Kettering Health Network***

good job of detailing what's expected and required. It's literally detailed in black and white. Our experience with The Joint Commission is there's a little more subjectivity and dependence upon surveyor interpretation. HFAP details with specificity about what's required to meet the standards," Martin said.

## Interpreting the Standards

What typically causes fear and panic during an accreditation survey, says Gary L. Moorman, DO, vice president of medical affairs at Fisher-Titus and an HFAP hospital surveyor, is the unknown—especially how individuals on the survey team might interpret the standards.


MOORMAN

"For HFAP, it is very clear in their standards publications which ones are HFAP standards and which ones are CMS standards. It's an open book test for HFAP standards because of the way the standards are constructed and the simple process in which they're organized: the standard is listed followed by an explanation of the standard, an explanation of how to meet the standard, and a scoring segment for that standard," Moorman said. "It gives a lot of guidance for field surveyors to understand where to look for the things the institution is doing to meet the standard."

For Roy Chew, PhD, executive vice president of Kettering Health Network, HFAP's rigorous program and clear focus on CMS CoPs was the linchpin in their decision to switch from Joint Commission to HFAP accreditation.


CHEW

"What I knew from working with The Joint Commission most of my life was that they had really lost their focus on these CMS CoPs," he said. "They were surveying us on different things that would vary from year to year, and these different areas of focus were not always in conjunction with the CoPs."

After giving serious consideration to HFAP and realizing that not only had the program been around a long time and was more cost-effective, it had a proven track record with other hospitals in the Dayton area. Kettering Health Network had HFAP survey all seven of their hospitals in 2011.

Said Chew: "It was not hard to make the switch to HFAP. We discussed it at medical staff leadership meetings and our board approved. Everyone was in favor of moving to this new system, which we considered to be more rational."

HFAP, while rigorous, lets facilities know in advance what they'll examine and what the scoring guidelines are.

The guidelines are very clear, Chew said.

"You know exactly what they look at and how they judge you. It not only takes the guesswork out of the process, it's more educational, too. While The Joint Commission still accredits the vast majority of hospitals, and that's fine, HFAP proves that there are other accreditation options."

# A Closer Look at Osteopathic Research in Ohio

## Funding and educational support drive the advancement of evidence-based OMM

Research surrounding the benefits of osteopathic principles and practice is advancing as the field has pushed to strengthen the pool of evidence-based medicine. The drive has been helped largely by increases in funding from the National Institutes of Health and Ohio's osteopathic foundations coupled with the development of academic programs that support students and faculty in honing research skills.

By Heather Onorati

A recent article published in the *Journal of the American Osteopathic Association* by OU-HCOM researcher Brian C. Clark, PhD, and his colleagues notes that more than 18 million US adults receive manual therapies every year at a $3.9 billion out-of-pocket cost.

Although there is growing evidence to support the efficacy of manual therapies, there is a lack of knowledge surrounding the mechanisms of why and how they work, according to Clark, professor of physiology and director of the Ohio Musculoskeletal and Neurological Institute. But researchers at OU-HCOM have been delving into this space, bolstered, in part, by several large grants recently awarded to the college.

The largest award given to the college—and the largest given to any college or university in Ohio—was a $105-million grant from the Osteopathic Heritage Foundations (OHF) in 2011. The gift, intended to address critical issues facing health care, has offered the faculty and students significantly enhanced research capabilities through the use of new facilities and research funding.

> To my knowledge there is not a single study that has systematically compared and contrasted two different types of manual therapies. Typically they'll compare OMT as a sort of singular entity. So we don't really know what types of manual therapies work the best.
>
> ***– Brian C. Clark, PhD***
> ***Professor of Physiology, OU-HCOM***

## Low Back Pain

One of these critical issues is the cost of treating musculoskeletal disorders and diseases. These conditions are the leading cause of disability in the United States. Back pain costs are reported to exceed $85 billion in both health care expenses and lost wages.

And nearly 90 percent of Americans will experience low back pain at some point in their lives, explained Clark, who recently received a five-year, $2.1-million grant from the National Institutes of Health (NIH).

Clark and James S. Thomas, PhD, professor of physical therapy at Ohio University, received the funding for their research, dubbed "The RELIEF Study" (Researching the Effectiveness of Lumbar Interventions for Enhancing Function), which is aimed at finding more effective non-surgical treatments for lower back pain.

The study will randomize 162 patients with lower back pain to one of three different treatment approaches: a group that receives a high velocity, low amplitude thrust twice per week for three weeks; a group that receives non-thrust manipulation (i.e., the muscle energy technique) twice per week for three weeks; and a group that receives laser therapy twice per week for three weeks. The researchers will compare these three interventions to assess which is most effective at reducing clinically relevant symptoms.

Within that study, Clark and Thomas also will evaluate the effects on the interventions on brain excitability, spinal reflexive excitability and on changing the activation patterns of the low back muscles using innovative technologies, such as transcranial magnetic stimulation and muscle functional magnetic resonance imaging.

"The economic burden of back pain is absolutely staggering. It's a ubiquitous problem that costs a lot of money, and we don't really have great treatments," Clark said. He added that this study will contribute to enhancing the literature surrounding the effectiveness of different types of manual therapies and the types of patients most likely to respond to each.

"To my knowledge there is not a single study that has systematically compared and contrasted two different types of manual therapies. Typically they'll compare OMT as a sort of singular entity. So we don't really know what types of manual therapies work the best," he said.

Researchers also are looking at better methods for diagnosing musculoskeletal abnormalities. David C. Eland, DO, and colleagues at OU-HCOM are looking at tissue compliance as an objective measure of somatic dysfunction using a computerized pressure input and monitoring device called the Phantom.

The study has grown out of research using a device called the virtual haptic back, which was developed as an educational tool through collaboration between researchers at OU-HCOM and Ohio University Russ College of Engineering to simulate palpation.

"The instrument that's used for the virtual haptic back was found to be a good way to test tissue using controlled increments in pressure to see how it responds to that pressure," Eland said. "We used the Phantom to do that over the muscles of the low back, both in control subjects and in patients with low back pain."

The findings might help doctors confirm musculoskeletal diagnoses with an objective test that confirms or denies the physician's subjective impression, Eland said. Which, he added, could put the profession on a better footing for research that confirms the efficacy of osteopathic manipulative treatment for various clinical problems.

## Forefront of Diabetes

Another critical research focus is diabetes. According to the US Centers for Disease Control and Prevention (CDC), the number of Americans diagnosed with the disease has more than tripled since 1980—from 5.6 million to 26 million in 2011. Further, the CDC estimates that as many as 1 in 3 American adults could develop diabetes by the year 2050. Type 2 diabetes specifically has become an epidemic. The OHF funding has facilitated the ability of researchers at OU-HCOM to explore novel treatment approaches to better manage this disease.

Jay H. Shubrook, Jr., DO, associate professor of Family Medicine and director of OU-HCOM's Clinical Research Unit, is currently exploring short-term intensive insulin treatment as a first-line therapy for patients with newly diagnosed type 2 diabetes.

The study follows case reports in which Shubrook treated a series of patients with short-term insulin therapy for approximately 12 weeks, then withdrew them from the insulin and found that, over time, some patients maintained glycemic control for up to four years without additional treatment.

These results prompted a larger, more rigorous trial to explore whether the use of insulin therapy as a primary treatment is better than routine care. Patients are randomized to receive traditional routine care for 15 months or four shots of insulin per day for 12 weeks, at which point, the insulin is withdrawn and then they are followed without treatment for the remainder of the 15 months. Shubrook said the trial will wrap up during 2013, but the results so far have been very positive.

To examine why this treatment approach works, Aili Guo, MD, PhD, assistant professor of Endocrinology

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at OU-HCOM created a mouse model to explore the theory that early insulin therapy preserves beta-cell function.

Preliminary data of circulating insulin and C-peptide levels suggest that insulin treatment improved diabetic control and β-cell function, lasting four weeks after insulin withdrawal in the high fat diet-induced type 2 diabetic mouse model. Further evaluation of insulin secretion from isolated islets may provide more direct evidence in this regard, she said.

John Kopchick, PhD, distinguished professor of Molecular Biology and the Goll-Ohio Eminent Scholar in the Department of Biomedical Sciences and Edison Biotechnology Institute, is focusing on the role of growth hormone in diabetes.

He is widely known for his discovery of a growth hormone receptor antagonist. The compound has since become an approved drug marketed by Pfizer for the treatment of acromegaly. It has been used to treat thousands of patients and has made a significant change in the status of their disease. In addition to helping these patients, the drug, Somavert (Pegvisomant for injection), garnered millions of dollars for the university.

Kopchick and his team are working to understand the molecular and cellular processes that lead to disease. Previous studies have indicated that growth hormone may inhibit glucose metabolism. They have shown that the growth hormone receptor antagonist could be used to stop the "bad" effects of growth hormone on glucose metabolism in diabetic individuals.

Kopchick and his team are also continuing to study the underlying mechanisms important for the development of diabetes and, in doing so, have uncovered several blood biomarkers of the disease that physicians could use to help identify patients at risk for developing type 2 diabetes and for guiding their therapy.

## Relating with Patients

While uncovering novel therapeutics is important, they won't help if patients don't comply with treatment.

"It's well-known in the medical community that when the relationship between the physician and patient is healthy, it has a positive impact on clinical outcomes and, in particular, in chronic disease situations," said David J. Massello, vice president of the Foundation for Osteopathic Research and Continuous Education (FORCE). FORCE is a foundation created in 2011 by the American Academy of Osteopathy (AAO) to focus on clinically applicable research in osteopathic manipulative medicine and its dissemination.

Massello participated in a study funded by the AAO and the Theodore F. Classen Chair for Osteopathic Research and Education and conducted by Leonard Calabrese, DO, vice chair, Rheumatic and Immunologic Diseases at Cleveland Clinic. Calabrese is the first dual chair holder in Cleveland Clinic history, serving as RJ Fasenmyer Chair of Clinical Immunology, and Theodore F. Classen DO Chair in Osteopathic Research and Education. He collaborated with Mohammadreza Hojat, PhD, of Jefferson Medical College in Philadelphia.

The focus was on empathy in students of osteopathic medicine, which follows on decades of work that Hojat has done in which he has noted that incoming allopathic medical students have very high empathy scores, but by years three and four, empathy drops significantly and remains low.

Subsequently, he has also published two studies that found when physician empathy scores are higher, diabetic patients' key markers—A1c and LDL—were more likely to be in normal ranges, while patients of physicians with lower empathy scores were more likely to be outside normal ranges.

Wondering if empathy scores would fair similarly or differently in a college of osteopathic medicine, the researchers used a validated survey instrument developed by Hojat called the Jefferson Scale of Physician Empathy. What they found might indicate a difference in the third and fourth years that has some relevance to the way empathy is expressed in the physician community and its resiliency over time.

They've theorized that the osteopathic curriculum, specifically teaching osteopathic manipulative treatment (OMT) and osteopathic principles and practice (OPP), might play a part in affecting these scores in years three and four. They've noted that a recent study conducted at the New Jersey School of Osteopathic Medicine and published in the *Journal of the American Osteopathic Association* found that empathy in the third and fourth years did not drop.

"So the hypothesis going forward and what will become part of a much larger empathy study funded through FORCE will ask: If we put a dozen DO schools into the study and add several MD schools for comparators, do they all behave the same way? The osteopathic schools all teach OMT as a requirement of being a DO school. So do all of these schools have the same effect? And what about the amount of hours spent in the OMT curriculum especially lab hours where you find the osteopathic apprentice teaching model, or the student selection process?" Massello said.

All of these will be included in the larger study design. Calabrese and Hojat have agreed to work with the foundation on this important project.

## Paving the Way

Sound academic research in the field is growing with support from the Centers for Osteopathic Research and Education (CORE), a unique collaboration between OU-HCOM, Ohio teaching hospitals and nationwide colleges of osteopathic medicine.

CORE Research Office, the research education arm of the consortium, provides support to medical student, resident and clinical faculty researchers when they're developing their ideas, writing their proposals and analyzing their data, explained Grace Brannan, PhD, executive research director for CORE Research.

The office sponsors an annual poster exhibition and competition in partnership with OU-HCOM and Ohio Osteopathic Association. The competition began in 2006 as an OU-HCOM/CORE internal competition with six participants. It has since grown significantly.

Last year's competition saw 82 research abstracts and posters focused on case reports or clinical/biomedical research studies submitted from Ohio, Missouri, Illinois, Washington, Virginia, Kentucky, Arizona and Iowa.

"We have observed that if we train medical students as early as their first year, then they are better equipped to meet their residency requirements and they tend to be proactive about research, which results in a better-defined study that has more value and impact to our vocation," Brannan said. "I think we have grown research to the point where they are very interested and see its value."

PHOTO COURTESY OF OOA

*OOA leaders from across the state met September 8-9, 2012, in Columbus for leadership training and strategic planning.*

# OOA Hosts Leadership Retreat

About 30 OOA Board members, District Academy officers and staff participated in a leadership retreat, September 8-9, 2012, in Columbus. Diana Ewert, director of Affiliate Affairs at the American Osteopathic Association, lead the work session.

The retreat focused on teamwork, education, advocacy and membership (TEAM) at the local level.

OOA President John F. Ramey, DO, noted the discussion regarding value of membership was of particular interest. He said the highest level of OOA dues translates into $1.44 per day. "Add district, national, specialty and certification dues, and the amount is still probably less than $5 a day, and definitely less than $10," he said. "So we need to start asking, 'Is our profession worth a daily coffee at Starbucks for advocacy and representation in today's world?'"

As an immediate result of the retreat, OOA Vice President Paul T. Scheatzle, DO, started peer-to-peer recruitment efforts in the Akron-Canton area; Board Trustee Geraldine N. Urse, DO, contacted Columbus physicians with lapsed membership; OU-HCOM Student Council President Simon R. Fraser, OMS II, surveyed all students to gauge knowledge of OOA activities as well as suggestions for engagement; Valerie Van Ravenswaay, OMS III, former Student Council president, is working on a succession plan for past Student Council leaders to remain connected to the OOA Board after serving their term as student trustee; and OOA staff identified new membership materials that are needed and met with a graphics firm to discuss design concepts.

## Welcome!

In 2012, the following physicians joined the Ohio Osteopathic Assocation, the only statewide organization that represents DOs.

**Joshua K. Aalberg, DO**
NSUCOM-2005 Diagnostic Radiology
Franklin County - Columbus District

**George J. Abate, DO**
OUHCOM-2002 Obstetrics & Gynecology
Hancock County - Northwest Ohio District

**Brenda L. Adamovich, DO**
WVSOM-2005 Neurology
Wheeling, West Virginia

**Michael Adornetto, DO**
OUHCOM-1989 Internal Medicine - Pediatrics
Cuyahoga County - Cleveland District

**William G. Alter, DO**
PCSOM-2006 Obstetrics & Gynecology
Warren County - Dayton District

**Cecilia W. Banga, DO**
OSUCOM-2007 Obstetrics & Gynecology
Shelby County - Dayton District

**Rene D. Bermudez, DO**
PCOM-1999 Dermatology
Concord, North Carolina

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**Chad R. Bigony, DO**
OUHCOM-2006 Family Practice
Athens County - Marietta District

**Charles J. Bradac, DO**
WVSOM-1990 Family Practice
Belmont County - Marietta District

**Dan C. Breece, DO**
WVSOM-2002 Emergency Medicine
Washington County - Marietta District

**Trevor M. Bullock, DO**
OUHCOM-2008 Family Practice
Lucas County - Northwest Ohio District

**Joseph D. Bushek, DO**
OUHCOM-2008 Emergency Medicine
Scioto County - Columbus District

**John R. Casey, DO**
VCOM-2008 Emergency Medicine
Franklin County - Columbus District

**Anne M. Clark, DO**
LECOM-2006 Obstetrics & Gynecology
Wyandot County - Columbus District

**Cary T. Cline, DO**
LECOM-2009 Family Practice
Lorain County - Cleveland District

**Thomas R. Conley, DO**
OUHCOM-2009 Family Practice
Erie County - Sandusky District

**Kim D. Cooley, DO**
LECOM-2006 Emergency Medicine
Summit County - Akron/Canton District

**Wassim Eid, DO**
MSUCOM-2004 Internal Medicine
Lorain County - Cleveland District

**Tammy L. Eisentrout, DO**
PCOM-2000 Family Practice
Stark County - Akron/Canton District

**Russell D. Ensign, DO**
LECOM-2007 Anesthesiology
Stark County - Akron/Canton District

**Michael F. Evers, DO**
WesternU/COMP-2000 Anesthesiology
Franklin County - Columbus District

**Boyce K. Fish, DO**
WesternU/COMP-2008 Emergency Medicine
Montgomery County - Dayton District

**Stephen R. Fleischer, DO**
OUHCOM-2006 Surgery
Greene County - Dayton District

**Jason L. Gessel, DO**
WVSOM-2007 Orthopedic Surgery
Washington County - Marietta District

**Justin A. Horwitz, DO**
LECOM-2009 Internal Medicine
Franklin County - Columbus District

**Kenneth H. Johnson, DO**
UNECOM-1992 Osteopathic Manipulative Medicine
Athens County - Marietta District

**Kristin M. Johnson, DO**
OUHCOM-2003 Neurology
Franklin County - Columbus District

**Chris J. Kalucis, DO**
OUHCOM-1989 Otorhinolaryngology & Facial Plastic Surgery
Cuyahoga County - Cleveland District

**Susan M. Kaufman, DO**
PCOM-1988 Family Practice
Auglaize County - Lima District

**Gregory S. Keagy, DO**
PCOM-1980 Cardiovascular Surgery
Muskingum County - Marietta District

**Gwyn E. King, DO**
OUHCOM-2007 Dermatology
Montgomery County - Dayton District

**Hydi F. Laidlaw-Smith, DO**
OUHCOM-1999 Surgery
Knox County - Columbus District

**Jennifer E. Lam, DO**
MWU/AZCOM-2003 Anesthesiology
Hamilton County - Dayton District

**John J. Leskovan, DO**
OUHCOM-2006 Surgery
Lucas County - Northwest Ohio District

**Scott C. Lindsay, DO**
PCOM-2005 Plastic & Reconstructive Surgery
Clinton County - Dayton District

**Nathan J. Lowien, DO**
OUHCOM-2008 Emergency Medicine
Scioto County - Columbus District

**Lili A. Lustig, DO**
VCOM-2009 Family Practice
Cuyahoga County - Cleveland District

**Barry Marolt, DO**
DMUCOM-2007 Internal Medicine
Cuyahoga County - Cleveland District

**Bryan L. Martin, DO**
DMUCOM-1984 Allergy & Immunology
Franklin County - Columbus District

**Dena E. Mason-Zied, DO**
OUHCOM-2000 Family Practice
Warren County - Dayton District

**Shane M. Matheny, DO**
OUHCOM-2005 Internal Medicine
Fairfield County - Columbus District

**Amanda N. McConnell Mack, DO**
OUHCOM-2008 Neurology
Lawrence County - Marietta District

**Lisa A. Mementowski, DO**
OUHCOM-2008 Family Practice
Medina County - Cleveland District

**Frederick L. Morey, DO**
LECOM-2008 Internal Medicine
Cuyahoga County - Cleveland District

**Beth H.K. Mulvihill, DO**
PCOM-1982 Obstetrics & Gynecologic Surgery
Franklin County - Columbus District

**Austen S. Musick, DO**
OUHCOM-2008 Family Practice
Franklin County - Columbus District

**Michael A. Necci, DO**
DMUCOM-2005 Orthopedic Surgery
Stark County - Akron/Canton District

**David M. Olson, DO**
LECOM-2009 Family Practice
Stark County - Akron/Canton District

**Amy M. Park, DO**
OUHCOM-2007 Obstetrics & Gynecology
Montgomery County - Dayton District

**Alicia Hope Parks, DO**
OUHCOM-2005 Internal Medicine
Franklin County - Columbus District

**Elizabeth A. Patterson, DO**
OUHCOM-2007 Family Practice
Franklin County - Columbus District

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Total contributions to the OOF were $3,605 for the period of January 1, 2012, to October 31, 2012. To make a contribution, send your check to OOF, 53 W. Third Avenue, Columbus, Ohio 43201.

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Ohio Osteopathic Association

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Ohio Osteopathic Association

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Ohio Osteopathic Association

**Charles L. Payne, DO**
LECOM-2006 Internal/Emergency Medicine
Columbiana County - Youngstown District

**William H. Phillips, DO**
PCOM-1995 General Vascular Surgery
Franklin County - Columbus District

**Lili J. Poon, DO**
NYCOM-2006 Sleep Medicine
Summit County - Akron/Canton District

**Carl T. Ratliff Jr., DO**
OUHCOM-2006 Child and Adolescent Psychiatry
Montgomery County - Dayton District

**Helen Jill Rice, DO**
KCUMB/COM-2007 Family Practice
Fairfield County - Columbus District

**Jason A. Rigoni, DO**
LECOM-2002 Surgery
Allen County - Lima District

**George S. Rizk, DO**
WVSOM-2007 Family Practice
Warren County - Dayton District

**Shaun E. Roe, DO**
OUHCOM-2008 Family Practice
Belmont County - Marietta District

Michael J. Romanelli, DO
NYCOM-1989 Anesthesiology
Franklin County - Columbus District

**Gennaro D. Romanello, DO**
LECOM-2006 Emergency Medicine
Cuyahoga County - Cleveland District

**Ashley M. See-Pfeiffer, DO**
OUHCOM-2007 Emergency Medicine
Franklin County - Columbus District

**Jody L. Short, DO**
WesternU/COMP-2002 Neurology
Montgomery County - Dayton District

**Aashi Singh, DO**
LECOM-2006 Internal Medicine
Cuyahoga County - Cleveland District

**Rajinder P. Singh, DO**
KCUMB/COM-2006 Neurology
Montgomery County - Dayton District

**James A. Smith, DO**
OU-HCOM-2004 Cardiovascular Diseases
Wood County - Northwest Ohio District

**Kristin M. Smith, DO**
LECOM-2008 Family Practice
Wayne County - Akron/Canton District

**M. Rick Stjernholm, DO**
LECOM-2006 Surgery
Stark County - Akron/Canton District

**Daryn R. Straley, DO**
KCUMB/COM-2000 Family Practice
Athens County - Marietta District

**Victoria Y. Tong, DO**
OUHCOM-2009 Emergency Medicine
Scioto County - Columbus District

**David W. Towle, DO**
DMUCOM-1986 Family Practice
Ross County - Columbus District

**Mark T. Warren, DO**
OUHCOM-2001 Diagnostic Radiology
Greene County - Dayton District

**Robert M. West, DO**
KCUMB/COM-2008 Proctology
Montgomery County - Dayton District

**Jonathan A. Winner, DO**
OUHCOM-2009 Family Practice
Mercer County - Lima District

**Sharon L. Witt, DO**
NSUCOM-2009 Family Practice
Franklin County - Columbus District

**Georgia Zachopoulos, DO**
LECOM-2007 Emergency Medicine
Cuyahoga County - Cleveland District

**Miriam P. Zidehsarai, DO**
MWU/AZCOM-2002 Nephrology
Summit County - Akron/Canton District

# DOs, MDs Move Toward Single, Unified Accreditation System for GME

The American Osteopathic Association (AOA), Accreditation Council for Graduate Medical Education (ACGME), and American Association of Colleges of Osteopathic Medicine (AACOM) have entered into an agreement to pursue a single, unified accreditation system for graduate medical education programs in the United States beginning in July 2015. The three organizations will work toward defining a process, format and timetable for ACGME to accredit all osteopathic graduate medical education programs currently accredited by AOA. AOA and AACOM would then become organizational members of ACGME.

Ohio Osteopathic Association President John F. Ramey, DO, said OOA supports the effort as a unified accreditation system will preserve access to ACGME residency and fellowship programs for DOs and formally recognizes AOA training and board certification for DOs wanting to serve, and currently serving, as ACGME faculty. The OOA also supports the retention of OPP/OMM core competencies for osteopathic-focused training programs and AOA board certification for all DOs through this new single accreditation system.

"Ohio was fortunate to have several physicians involved in the negotiations with the ACGME since July 2011," Ramey said. "We are grateful to Kenneth H. Johnson, DO, dean of Ohio University Heritage College of Osteopathic Medicine; former OU-HCOM Assistant Dean D. Keith Watson, DO; and Doctors Hospital VP of Medical Education William J. Burke, DO, for their work."

Johnson stressed the agreement addresses GME only, not undergraduate medical education. "The agreement does not include changes in osteopathic college accreditation, physician licensing or

PHOTO COURTESY OF OOA

*OOA President John F. Ramey, DO, (left) and OU-HCOM Dean Kenneth H. Johnson, DO, at the special reception, held October 25, 2012, at the site of the college's new Central Ohio campus.*

## OU-HCOM unveils plans for new Central Ohio campus

Leaders of the profession, college faculty, staff, students, and alumni joined officials from the City of Dublin and OhioHealth for a welcome gala at the site of the new OU-HCOM Central Ohio Extension Campus (COEC), held October 25, 2012.

"We know it takes a village for a medical school to undergo the kind of transformational growth that we believe will make Ohio a national destination for medical education, and we thank the city of Dublin for their friendship, enthusiasm and support in making this site possible," said Ohio University President Roderick J. McDavis, PhD.

Other speakers at the event included Richard A. Vincent, president and CEO of the Osteopathic Heritage Foundations; OU-HCOM Dean Kenneth H. Johnson, DO; and Bruce Vanderhoff, MD, chief medical officer of OhioHealth.

Separately, the Commission on Osteopathic College Accreditation (COCA) conducted its inspection for the COEC. The site team spent two days in late October 2012 in Athens and Columbus to review the facilities and plans for renovations, faculty adequacy model and staffing plan, and student services plan and the delivery of the curriculum.

In the exit conference, open to the public, COCA Site Team Chair James W. Cole, DO, said, "You may not realize how great this place is. You all are the gold standard for colleges of osteopathic medicine. I appreciate what you do here. This is a very special place."

> A unified accreditation system creates an opportunity to set universal standards for demonstrating competency with a focus on positive outcomes and the ability to share information on best practices.
>
> — ***Ray E. Stowers, DO***
> ***President, AOA***

individual physician certification," Johnson said. He also noted while there are potential benefits, there also are many details to be discussed and much to be determined.

Among the topics of discussion for the three organizations are:

- Modification of ACGME accreditation standards to accept AOA specialty board certification as meeting ACGME eligibility requirements for program directors and faculty;
- Programs in graduate medical education currently accredited solely by AOA to be recognized by ACGME as accredited by ACGME; and
- Participation by AOA and AACOM in accreditation of programs in graduate medical education to be solely through their membership and participation in ACGME.

AOA President Ray E. Stowers, DO, said Americans deserve a health care system where continuously improving the quality of care and the health of patients is the driving force. "A unified accreditation system creates an opportunity to set universal standards for demonstrating competency with a focus on positive outcomes and the ability to share information on best practices."

Currently, ACGME accredits more than 9,000 programs with about 116,000 resident physicians, including more than 8,900 osteopathic physicians. The AOA accredits more than 1,000 osteopathic graduate medical education programs with about 6,900 DO residents.

OOA leadership will continue to work with Johnson, AOA, and others to ensure the concerns of OOA members, Ohio students and the Centers for Osteopathic Research and Education are addressed. For more information, visit www.osteopathic.org/acgme.

# Ohio DOs in the News

## Deaths in the Family

**Chester J. Prusinski,** DO, 73, of Gates Mills, died August 6, 2012, at Austinburg Nursing & Rehabilitation Center.

He was in private practice in Cleveland and Jefferson, Ohio, and medical director at Glenbeigh in Rock Creek, Ohio. He was board certified in Addiction Medicine.

Prusinski was a member of Alcoholics Anonymous (24 years); Benedictine Catholic High School Alumni; Case Western Reserve Alumni; Kansas City College of Osteopathic Medicine Alumni (1963 graduate); and Aircraft Owners and Pilots Association.

He enjoyed travel, skiing, boating, aviation, reading, motorcycles, ball games and woodworking.

Survivors include a large family of grandchildren and children, including Christopher Prusinski, DO, of Florida. There are three generations of DOs in the family.

Memorial donations may be made to the American Brain Foundation, 201 Chicago Avenue South, Minneapolis, MN 55415, www.curebraindisease.org.

## Physician News

**Gregg M. Alexander, DO**, of London, was named "Super Doc" by the Ohio Health Information Partnership for his work on health information technology. He received the award, April 26, 2012, during the Partnership's statewide conference.

**Gavin P. Baumgardner, DO**, of Dublin, received a 2012 OhioHealth Prism Award. He is an internist at Doctors Hospital.

**Abigail C. Chudzinski, DO**, a pediatrician, recently joined New Beginnings Pediatrics in Norwalk and Bellevue.

**Deborah L. Coates, DO**, joined the Licking Memorial Pain Management Clinic, located on the Hospital's second floor. She is board certified in anesthesiology and pain management.

**Dean L. Colwell, DO**, of Hilliard, received a 2012 Prism Award from OhioHealth for excellence in administration.

**Sharon L. George, DO**, of Warren, celebrated her 20th year in practice in September. A celebration at her office included a health fair, entertainment, and a presentation from the mayor recognizing her service to the Warren community.

**J. Thomas Hardy, DO**, was appointed chief of staff of the Dayton Veterans Affairs Medical Center, a 500-bed facility with 2,000 employees.

**Jennifer J. Hauler, DO**, of Tipp City, was appointed as an OOA representative to the Ohio Pharmaceutics and Therapeutics Committee, which recommends prior authorization and coverage policies for the Medicaid fee for service drug formulary.

**Charles T. Mehlman, DO**, of Cincinnati, received the 2012 Distinguished Service Award from Ohio University Alumni Association. He was honored at a special reception, October 12, 2012.

**NEW**
**ICD-10 DEADLINE:**
**OCT 1, 2014**

# 2014 COMPLIANCE DEADLINE FOR ICD-10

The ICD-10 transition is coming October 1, 2014. The ICD-10 transition will change every part of how you provide care, from software upgrades, to patient registration and referrals, to clinical documentation, and billing. Work with your software vendor, clearinghouse, and billing service now to ensure you are ready when the time comes. ICD-10 is closer than it seems.

CMS can help. Visit the CMS website at **www.cms.gov/ICD10** for resources to get your practice ready.

CMS ICD-10
Official CMS Industry Resources for the ICD-10 Transition
*www.cms.gov/ICD10*

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# LEADING THE TRANSFORMATION OF PRIMARY CARE

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*Pending final AOA approval