Buckeye Osteopathic Physician

The Quarterly Publication of
The Ohio Osteopathic Association
Winter 2017

Ohio Legalizes Medical Marijuana

What House Bill 523 means for the medical profession

ALSO INSIDE: OOA's new strategic plan and vision for osteopathic medicine in Ohio

Blanchard Valley Hospital inpatient tower

Join a Medical Team Where Your Voice Matters!

Beautiful community. Financially stable, independent health system.

Immediate openings available:

- Endocrinology
- Family Medicine
- Gastroenterology
- OB/GYN
- Pediatric Hospitalist
- Psychiatry - Adult
- Psychiatry - Adolescent
- Pulmonology
- Rheumatology
- Urology
- Vascular Surgery

Blanchard Valley Health System in Findlay, Ohio is currently recruiting physicians who are seeking the balance between an enriching professional career and an enjoyable lifestyle. Located within an affluent and close-knit community, BVHS offers organizational and financial stability, career growth and excellent compensation and benefits.

Blanchard Valley Hospital was recently named one of the nation's 100 Top Hospitals® by Truven Health Analytics™. BVHS has been nationally recognized for many clinical and quality accomplishments. The culture of our organization is founded on our mission of "Caring for a lifetime."

Please consider visiting our health system and community. Call Donna for a private tour.

Blanchard Valley
HEALTH SYSTEM
FINDLAY, OHIO

Donna Ridenour
BVHS Physician Recruiter
Donna Ridenour
Office: 419.429.6401
Cell: 419.306.4173
FAX: 419.422.1604
dridenour@bvhealthsystem.org

Buckeye Osteopathic Physician

The Quarterly Publication of the Ohio Osteopathic Association
Winter 2017 · Volume 86 · Number 3 · USPS 068-760

Buckeye Osteopathic Physician Magazine

Buckeye Osteopathic Physician (08983070) is published quarterly for the Ohio Osteopathic Association, 53 West Third Avenue, Columbus, Ohio 43201. Telephone 614-299-2107; Fax 614-294-0457; www.ooanet.org. Subscription price for non-members is $25 per year. Periodicals postage paid at Columbus, Ohio. Send address changes to Buckeye Osteopathic Physician, PO Box 8130, Columbus, Ohio 43201.

Editor: Cheryl Markino

For advertising information, call 614-461-7645

Advertisers in this Issue

Blanchard Valley Health System

Contents

Correction: The Fall 2016 issue incorrectly identified Todd R. Fredricks, DO, as a member of the Ohio National Guard. He is a member of the West Virginia Army National Guard.

Follow us on Twitter and Facebook

@OhioDOs www.facebook.com/OhioDO

NEW YEAR, *New Plan*

The Ohio Osteopathic Association has a new strategic plan and vision for the future of osteopathic medicine in Ohio

By Cheryl Markino

The OOA completed the most ambitious strategic planning process it's conducted in the past 20 years with key partner organizations like Ohio University Heritage College of Osteopathic Medicine, Osteopathic Heritage Foundations, Centers for Osteopathic Research and Education and affiliated colleges of osteopathic medicine and hospital systems all participating. As a result, a new mission was established for the organization and the entire Ohio profession developed a shared vision.

Strategy Summit, May 12–13, 2016, in Columbus.

CONTINUED FROM PAGE 3

The idea for a "family-wide" plan was born four years ago when OOA Executive Director Jon F. Wills and Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) Executive Dean Kenneth H. Johnson, DO, were on their monthly conference call. Ohio was facing the daunting tasks of opening two new campuses in Cleveland and Dublin, possible restructuring of the Centers for Osteopathic Research and Education (CORE) to facilitate ACGME accreditation, providing preceptors and postdoctoral training opportunities for an expanding student enrollment and preparing for leadership changes at OOA and partner organizations.

The OOA, OU-HCOM and CORE executive committees met in November 2013 to begin the visioning process. Eventually, a professional facilitator was retained to move the process forward. In October 2016, the OOA Board of Trustees adopted a new strategic vision and mission for osteopathic medicine in Ohio.

"The timing was right," said OOA President Geraldine N. Urse, DO. "We really needed to put together a roadmap for the future," she said. "Particularly because Jon Wills is preparing to retire this year. Now we can say to the next executive director, 'here's the direction we want to go, help us get there.'"

With the help of facilitator Josh Mintz, of Cavanaugh Hagan Pierson & Mintz, a management consulting firm in Washington, DC, the process included one-on-one interviews with key informants, an online survey, focus groups and a final summit with leaders from the OOA, OU-HCOM, CORE and Osteopathic Heritage Foundations.

Interviews with 10 thought leaders in the profession were conducted to identify major issues, opportunities and challenges facing osteopathic medicine and osteopathic medical education.

That was followed by the survey sent to 4,000 individuals in the OOA database, including members, non-members, students, residents, medical educators and hospital administrators. Designed to obtain input from a broad cross-section of the osteopathic medical community, it netted a response rate of approximately 10 percent, which is consistent with the average 10–15-percent response rate for external surveys (e.g., member/customer surveys), making it statistically valid.

Urse said some general themes regarding opportunities and challenges emerged from the survey:

- Maintaining osteopathic identity and distinctiveness, particularly in light of the shift to the single accreditation system.
- Development and sustainability of osteopathically recognized residency programs within the ACGME system.
- Ensuring access to quality osteopathically recognized residencies, fellowships, training programs and clerkships, particularly given the growth in the number of DO graduates and the shift to the single accreditation system.
- Promoting the use of OPP and OMT as an integral part of practice to ensure care.
- Increasing the number of primary care physicians and addressing the growth of other health professions (mid-level providers) in primary care delivery.

Overall, respondents rated continuing medical education and advocacy as the OOA's two most important services. Rounding out the top six are public awareness, research, leadership development and community building.

As a final step in data collection, three separate focus groups were held, each with distinct participants: OOA board members, osteopathic medical students and representatives from the graduate medical education community including staff from Lake Erie College of Osteopathic Medicine and AT Still University.

Across all three focus groups, the question of "osteopathic identity" was a key topic, particularly given the desire to grow OOA's membership, the transition to the single accreditation system and the equal acceptance of osteopathic physicians within health systems and among the public. Three distinct definitions of identity were shared during the focus groups: osteopathic physicians, physicians who practice osteopathically and physicians.

As one participant in the GME focus group noted, being an osteopathic physician used to be a *group* identity. If you were a DO, you trained within the osteopathic community, practiced in osteopathic hospitals and referred to other osteopathic physicians. Today, having won the battles for professional equality, being an osteopathic physician is more of an *individual* sense of identity. DOs are now osteopathic by choice, not by requirement. This presents both opportunities and challenges for the OOA as it plans for the future.

"How the OOA navigates this issue is more than a matter of semantics," said Urse. "It influences so many areas of the OOA: our mission, what types of programs and services we offer and our definition of membership."

Regarding the latter, there was a high level of support across all three focus groups to consider opening membership in OOA to MDs who have trained in osteopathically recognized residency programs. A majority of participants also supported opening membership to any MD who wants to be connected to the osteopathic community.

While not recommending that membership be opened to other health professions, in light of the shift to more interprofessional practice and collaborative care teams, there was an openness to engaging other health professions in OOA's CME programs and conferences, as appropriate.

Urse said the student focus group was also insightful. "They shared why they thought their peers lose their osteopathic identify over time," she said. "How the OOA can address and respond to that situation will only help and strengthen our profession in the long run."

Participants agreed that with the transition to the single accreditation system, it could be difficult to build strong connections with graduates once they enter residency, particularly those DOs who don't enter osteopathically recognized programs. It's important for the OOA to demonstrate value and relevance to students throughout their four years of medical school to keep them as members during residency and beyond.

One focus group participant, noting that younger DOs are the future of the profession and comprise the largest segment of osteopathic physicians, said, "If we cannot engage this cohort of DOs, there is no long-term future for the profession."

All of the data from the interviews, survey and focus groups was used to frame the discussion at the final Strategy Summit, held May 12–13, 2016, in Columbus, where the new vision, mission and strategic framework were drafted.

Urse said while the Summit agenda focused on the OOA's role, participants also recognized that the osteopathic

CONTINUED ON PAGE 6

+ Changing assumptions about the environment for OOA's work requires a new strategy and way of thinking

The Old Assumptions	The New Assumptions
Fighting for the right to practice	Legal parity with allopathic medicine
Fighting systemic discrimination	Dealing with individual bias
Independent / small group practice	Health system / large group practice
Separate hospitals (and fighting for reimbursement)	DOs and MDs working side-by-side in hospitals
Five colleges of osteopathic medicine	33 COMs at 48 teaching locations in 31 states
DOs comprised less than 10 percent of physicians nationwide	DOs comprise more than 20 percent of physicians nationwide and are projected to comprise 25 percent within 10 years
DOs practice patient-centered care	All physicians (claim to) practice patient-centered care
In-person	In-person and online
Few women	50-percent women
Perception as not being as good as MDs	Perception of being equivalent to MDs
Always fighting	Detente

CONTINUED FROM PAGE 5

community in Ohio functions as system. "When envisioning the future, we needed to consider the roles and contributions of the entire system — not just the OOA," she said.

Looking to the future, summit participants identified the statewide vision for osteopathic medicine: **Improving the health of the people of Ohio by delivering on the promise of osteopathic medicine.**

The summit focused on five key questions:

- How does the changing sense of "osteopathic identity" among DOs impact the future of OOA (e.g., composition of membership, expectations for engagement, role as a "professional home")?
- As the landscape for continuing medical education becomes more complex, competitive and uncertain, what should be the future of OOA's continuing medical education programs, both in terms of content focus and delivery strategy?
- OOA has historically focused on advocacy to ensure full and equal practice rights for osteopathic physicians and to combat systemic discrimination against osteopathic medicine. Now that DOs have achieved parity with MDs in terms of practice rights and DOs are no longer facing systemic discrimination, what should be the future of OOA's advocacy efforts?
- OOA's programs and services have traditionally been focused on the needs of, and provided value to, osteopathic physicians working in independent or small group practice. As the majority of osteopathic physicians in Ohio are now employed by large group practices and health systems, how can OOA demonstrate value in these health systems?
- Recognizing that the osteopathic community in Ohio functions as a system, how do we collaborate across organizations to advance shared goals? What are the roles and contributions of each member of the "osteopathic alliance" that is comprised of the multiple organizations contributing to the advancement of osteopathic medicine in Ohio?

Urse said delivering on the promise of osteopathic medicine means preparing the kind of physicians that are needed to advance health in our state. That means physicians who are grounded in the tenets of osteopathic medicine espoused by Andrew Taylor Still, MD, DO.

She explained that much of the discussion centered on the "quadruple aim." Most physicians are familiar with the "triple aim," with its three objectives to optimize health system performance by enhancing patient experience, improving population health and reducing costs. The quadruple aim adds the goal of improving the work life of health care providers, including clinicians and staff. The addition recognizes that physicians and others on the health care team report widespread burnout and dissatisfaction — which often leads to lower patient satisfaction and reduced health outcomes.

All of the strategic planning partners agree that reaching the vision is not the work of the OOA alone. Achieving improved health outcomes for all Ohioans will require cooperation among many, including the osteopathic organizations in Ohio.

For a copy of the final report, go to www.ooanet.org.

An Integrated Osteopathic Health Plan to Prepare Physicians for the Future of Practice

VISION Improved health for the people of Ohio by delivering on the promise of osteopathic medicine.

MISSION Support Ohio's health systems and osteopathic physicians in delivering principle-centered medicine and achieving the quadruple aim through the practice of osteopathic medicine.

GOALS

Provide high quality and convenient continuing medical education programs that support physicians in achieving the quadruple aim: better outcomes, lower cost, improved patient experience and improved physician experience and wellbeing.

Advocate on behalf of the osteopathic profession to create the enabling environment to improve the health of the people of Ohio and achieve the quadruple aim (e.g., policy, regulation, funding, representation in AOA).

Serve as the unifying platform for osteopathic medicine in Ohio, supporting cross-system connections and learning, linking policy, practice and education, and promoting osteopathic identity.

OHIO LEGALIZES MEDICAL MARIJUANA

By William Wagner

What the passing of House Bill 523 means for osteopathic medicine and the medical profession as a whole

Call it progress. On September 8, 2016, with the passage of House Bill 523, Ohio joined the rapidly growing list of states to legalize medical marijuana. Progress, however, can be a double-edged sword. A law such as this, which is subject to a great deal of public and governmental scrutiny, puts significant pressure on Ohio's applicable regulatory bodies, as well as the state's physicians.

Continued on page 10

CONTINUED FROM PAGE 9

The agencies have been up to the task so far, thanks in part to the generous time they have been afforded to put an infrastructure in place before the Ohio Medical Marijuana Control Program becomes operational on Sept. 8, 2018.

"When the program went into effect, it was noted that nobody expected it to be operational [immediately]," said Tessie Pollock, director of communications for the State Medical Board of Ohio. "So within that law, there were certain deadlines for each of the agencies."

For example, the Medical Board has until September 8, 2017, to establish its rules for physicians who are certified to recommend medical marijuana for patients. Said Pollock, "I think the timeline gives us a very good prospect for drafting rules. We've certainly done a lot of research."

The State of Ohio Board of Pharmacy is operating under a similar framework. Its deadline for adopting dispensary and patient/caregiver regulations is also September 8, 2017.

"We're still in the process of gauging what the demand will be," said Cameron McNamee, director of policy and communications for the Board of Pharmacy. "And we're looking at a variety of factors, such as the number of physicians that will be approved, the potential patient population in Ohio, who has the conditions that would qualify them for use of medical marijuana and geographic distribution. We're looking at a whole host of factors."

Ohio benefits from not being among the first states out of the gate on the medical marijuana front.

"It's been very helpful to observe what other states [that have legalized medical marijuana] have done," Pollock said. "Just speaking to them about what has worked well and what they would have done differently is beneficial."

The Pharmacy Board, for instance, has been examining other states in regard to dispensaries and registering patients.

"Every state is so different, but they all have lessons to be learned," McNamee said. "Certainly one factor that is important from our end is that we have a system that is capable of easily registering patients. I know some states have been dealing with what they refer to as really long backlogs. We're looking at the best way to efficiently register patients so that there isn't the backlog that some other states have encountered."

Along those lines, Ohio's legislature gave the regulatory agencies autonomy in establishing their rules, something McNamee views as a decided plus.

"It's a challenge because a lot of the decisions were left to administrative rule, but that gives the agencies that are charged with the implementation of the program a lot of flexibility," he said. "Other states, particularly early on, were very much locked into how their programs would function and then had to go back and get legislative changes. But the legislature in Ohio has given us a lot of flexibility, which will be very beneficial to us as we learn what has worked for some states and hasn't worked for other states."

Not everyone, however, is sold on the idea of legalized medical marijuana in Ohio. Among the skeptics is Darren J. Sommer, DO, of Columbus. In written testimony submitted to the Ohio House of Representatives Medical Marijuana Task Force on behalf of the Ohio Osteopathic Association before the law was passed, he maintained that medical marijuana would make a nominal difference in the lives of Ohioans.

"Currently, estimates suggest that less than one percent of the population would truly need marijuana for medicinal purposes," he said. "That is about 120K Ohio residents. The implications from the passage of such a law versus the minority of people impacted is extraordinarily imbalanced."

The conditions that qualify in Ohio for use of medical marijuana include AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, cancer, chronic traumatic encephalopathy, Crohn's disease, epilepsy or another seizure disorder, fibromyalgia, glaucoma, hepatitis C, inflammatory bowel disease, multiple sclerosis, pain

CONTINUED ON PAGE 12

“We’re still in the process of gauging what the demand will be, and we’re looking at a variety of factors, such as **the number of physicians** that will be approved, the **potential patient population** in Ohio, **who has the conditions** that would qualify them for use of medical marijuana and geographic distribution.”

– CAMERON MCNAMEE
DIRECTOR OF POLICY
AND COMMUNICATIONS
OHIO BOARD OF PHARMACY

Continued from page 10
that is either chronic and severe or intractable, Parkinson's disease, positive status for HIV, post-traumatic stress disorder, sickle cell anemia, spinal cord disease or injury, Tourette's syndrome, traumatic brain injury and ulcerative colitis. In the future, other conditions can be added to this list through a yet-to-be-finalized petition process.

To recommend the use of medical marijuana for a patient, a physician must obtain certification from the State Medical Board of Ohio. The board, according to its website (med.ohio.gov/affirmativedefense), "recommends that physicians consult with their private legal counsel and/or employer for interpretation of the legislation.

OOA Legal Counsel Eric Jones, Esq, noted the new law currently provides an affirmative defense against prosecution for marijuana possession. "This means that a person in possession of marijuana who is being prosecuted may have a valid defense to such possession given that he or she meets certain requirements," he said. "These requirements include a written recommendation from a doctor showing that the patient satisfies certain criteria, and the fact that the patient only used the marijuana in a particular way or for a specific purpose."

Jones also said that since the state's certification process has yet to be developed, doctors need to be careful. "Physicians should be very cautious in recommending medical marijuana to patients," he said, "and should speak to legal counsel prior to the release of applicable rules and regulations by the Medical Board."

Sommer also believes physicians need to take caution — and that the legislation places too much of a burden on physicians. "It is important to recognize that in any state that has

legalized marijuana, physicians do not write a 'prescription' for the drug," he said. "Doing so would place them at risk for federal prosecution. Physicians make written medical 'recommendations' for medicinal marijuana, which allows a patient to obtain and utilize the drug." He noted that state medical boards have attempted to walk a fine line between accepting that physicians licensed in their state will recommend marijuana based on state laws, but also appreciate the contradiction with federal rules. "If the State of Ohio feels compelled to provide its citizens with the right to use marijuana, it should *not* do so by placing Ohio physicians at risk," Sommer said.

In general, one of the greatest worries is that patients will attempt to abuse the law. McNamee, however, is confident that the program will be executed properly.

"Our message has always been that it's going to be treated like a medicine and produced like a medicine," he said. "And the Medical Board has a lot of authority to determine how doctors recommend this medicine. The Medical Board is going to take this very seriously."

Ohio's Medical Marijuana Law

Legalizes medical marijuana for certain medical conditions, including:

1. Pain that is either chronic and severe or intractable
2. PTSD
3. Traumatic brain injuries

- Available via edibles, oils, patches, plant material and tinctures
- Vaporization but not smoked
- Home-grown prohibited

Effective Sept. 8, 2016, but up to two years before regulatory structure is in place.

THE PATHWAY TO UPDATE *Payment Reform*

Making Sense of CPC, CPC+, MACRA, APM, MIPS…

By Amy J. Randall-McSorley

The path to updating the payment reform system has been a long and arduous one. Reform of the payment system for hospitals, physicians and other providers that also promotes high quality of care for patients comes with varying levels of complexity. Step by step we are getting there. These steps include several new payment models: CPC, CPC+ and MACRA (APM and MIPS).

The Affordable Care Act, signed into law in March 2010, led to a variety of clinical models becoming the underpinning for the new payment models. These models are designed to reward health care providers for delivering quality care while decreasing costs. Accountable Care Organizations (ACO), primary care medical homes (PCMH) and bundled payments for episodes of care are a few of the more recognized models.

These models reward providers with financial incentives for coordinating care for their patients, including eliminating duplicative or unnecessary x-rays, screenings and tests. In addition, through the widespread use of health information technology, the health care data needed to track these efforts is being made available to providers through electronic health records.

The National Commission on Physician Payment Reform helped drive this payment reform. On March 4, 2013, the commission issued a report that provided a five-year blueprint for transitioning to a blended payment system and the eventual elimination of fee-for-service payments. The report recommended freezing updates for procedural diagnosis codes in favor of increasing values for evaluation and management codes. It also sought to eliminate higher facility-based payments for services that can be performed in lower-cost settings. The Centers for Medicare & Medicaid Services (CMS) adopted many of the commission's recommendations as it structured new payment models, including linking payment to quality performance.

Cathy Costello, JD, director of CliniSyncPLUS and coordinator of the retired Regional Extension Center Program in Ohio, stressed how important it is for providers to understand these new programs. "These models are new approaches to patient care and not just a repackaging of the older MU programs," Costello said. "There are at least a dozen new models, some specialty-specific, that allow practices to tailor more specifically their business model to their patients and their own needs. Participation will require providers to recognize that the models will be driven by changes in their business practices and better documentation of all their quality efforts."

One of the new models, CPC+, is an expansion of a model called CPC Traditional. CPC Traditional was tested as a pilot over four years by primary care practices in various regions of the country. Ohio Osteopathic Association (OOA) Executive Director Jon F. Wills explained the Comprehensive

CONTINUED ON PAGE 16

The Patient-Centered Primary Care Collaborative hosted a Congressional briefing in Washington, DC, January 2015, where Katherine A. "Toni" Clark, DO, of Dayton (far left), was invited to serve on the panel.

PHOTO COURTESY OF PCPCC

> Our participation has been a catalyst to the rest of our primary care network to transform and work with our health plans to obtain and understand our practice data to identify high-need patients and improve their care.
>
> – KATHERINE A. "TONI" CLARK, DO

CONTINUED FROM PAGE 15

Primary Care (CPC) initiative also involved a limited number of primary care practices in Ohio's Dayton and Cincinnati regions. The payment model included a monthly, non-visit-based care management fee and the opportunity to share in any net savings to the Medicare program. The pilot CPC program concluded in 2016, but is being replaced going forward with the CPC+ program.

The CPC pilot program covered almost a half-million Medicare and Medicaid patients treated by over 2,000 providers. Katherine A. "Toni" Clark, DO, a family physician from Dayton, is one of them.

Clark explained her CPC model was a unique one: two small practices (Integrated Medical Group where she works and its partner practice, a primary care internal medicine office) in a large system, the Kettering Health Network. The practice was already in the process of PCMH transformation before starting in CPC.

"We received significant care management payments monthly from CMS and additional payments from commercial payers to support care management services, EHR report building, patient self-management training and efforts, as well as many, many hours of collaborative educational experiences," she said. "Our participation has been a catalyst to the rest of our primary care network to transform and work with our health plans to obtain and understand our practice data to identify high-need patients and improve their care. It's been a seed to improve care in our practices, network, community and now hopefully the state of Ohio which will be the region for our CPC+ efforts."

The biggest differences between the new CPC+ program and the original pilot is that the "plus program" covers a larger geographic area, has a longer duration (five years), includes two tracks with management fees across risk tiers, switches from a total cost of care to a performance-based incentive and requires health information technology partners.

Wills noted CPC+ includes three payment elements:

- **Care Management Fee (CMF):** Provides a non-visit based CMF paid per beneficiary per month. The amount is risk-adjusted to account for the intensity of care management required for each practice's patient population.
- **Performance-based incentive payment:** Prospectively pays and retrospectively reconciles a performance-based incentive based on how well the practice performs on patient experience measures, clinical quality measures and utilization measures that drive total cost of care.
- **Payment under the Medicare Physician Fee Schedule:** Track 1 bills and receives payment from Medicare FFS as usual. Track 2 also continues to bill as usual, but the FFS payment is reduced to account for shifting a portion of Medicare FFS payments into CPC payments. It is expected the CPC payments will be larger than the FFS payment amounts they are intended to replace.

The State of Ohio has its own version of CPC for its Medicaid program. A new project from the Governor's Office of Health Transformation and Ohio Department of Medicaid allows the state's four largest private health insurance plans, along with Medicaid and Medicaid-managed care, to pay for value rather than volume. Like the national program, Ohio financially rewards primary care practices that keep people well and hold down the total cost of care.

Other payment models to consider are APM and MIPS. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) changes how payments are made to providers who care for Medicare recipients even for providers that choose to remain in a fee for service model. This is the MIPS model. The new framework will reward providers for offering better care with less quality reporting but more evidence of patient-centered care. The second big category of new payment models is the Advanced Payment Model or APM. There are numerous specific models under the APM that move away from a traditional payment structure into different payment options, but all have quality and cost reporting requirements.

Wills said the OOA has long been involved with payment reform efforts. In addition to Clark, who participated in the pilot program and represented the profession at a Congressional briefing on the topic, he noted that Peter A. Bell, DO, of Columbus; Paul A. Martin, DO, of Dayton; and Richard J. Snow, DO, of Columbus, are among those who have worked to reform the reimbursement system and advance quality in patient care.

For more information about MACRA, CliniSyncPLUS has a series of videos available at www.ooanet.org

GLOSSARY

APM: Alternative Payment Models
CPC: Comprehensive Primary Care
CPC+: Comprehensive Primary Care Plus
HIT: Health Information Technology
MACRA: Medicare Access & CHIP Reauthorization Act of 2015
MIPS: Merit-Based Incentive Payment System
MU: Meaningful Use EHR Incentive Program
PCMH: Patient-Centered Medical Home

7th Annual
Osteopathic Poster Competition & Exhibition

Saturday,
April 22, 2017
8:00 am – 12:00 pm
HILTON AT EASTON TOWN CENTER, COLUMBUS, OHIO

Sponsored by
- Ohio University Heritage College of Osteopathic Medicine
- Centers for Osteopathic Research and Education
- Ohio Osteopathic Association

Participate in Ohio's Osteopathic poster competition to gain valuable research and scholarly work exposure.

Network with judges who are osteopathic researchers and clinicians.

Gain valuable poster presentation experience.

PARTICIPANTS: Students, Interns, Residents, Fellows, Faculty, Practicing Physicians, Medical Administrators
**Faculty, Administrators & Practicing Physicians may exhibit but are not eligible for competition*

ABSTRACTS: 250 word max (use Abstract Submission Form)

DEADLINE: January 31, 2017

ACCEPTANCE: Acceptance notification by February 28, 2017

COST: $25 per presenter

CATEGORIES: Biomedical/Clinical Research, Case Reports, Exhibition (Health Policy/Educational issues)

PRIZES AWARDED:
$1000 – First Place
(Biomedical/Clinical Research & Case Reports categories)
$500 – Second Place
(Biomedical/Clinical Research & Case Reports categories)
$750 – Ohio ACOFP Poster Award
All DO Family Medicine residents in an Ohio AOA or ACGME Family Medicine residency are eligible.

OHIO OSTEOPATHIC SYMPOSIUM
A Collaboration of
Ohio University Heritage College of Osteopathic Medicine
and Ohio Osteopathic Association

FOR MORE INFORMATION
Karen Collins, MPA, Program Manager
740-593-2322 or collink3@ohio.edu

OHIO Heritage College of Osteopathic Medicine
CORE
OHIO OSTEOPATHIC ASSOCIATION

Ohio DOs in the News

Deaths in the Family

Cindy L. (Cates) Congeni, DO, of Canton, Ohio, died Nov. 7, 2016. She was 51 years old. An anesthesiologist, she practiced medicine in Canton for 20 years, most recently at Mercy Medical Center.

She was a 1991 graduate of Ohio University Heritage College of Osteopathic Medicine. Congeni was a devoted mother of three. In addition to her family, she loved her work, music and cooking.

Among her survivors are her husband Jeff, daughter Sophia, and twin sons Leo and Max as well as a large circle of friends and family. Her final resting place is Mansfield Cemetery. Memorials may be made to Mercy Development Foundation, c/o Mercy Medical Center, 1320 Mercy Dr., NW, Canton, OH 44708.

OOA Life Member **Valentino A. "Val" Rongaus, DO**, died Oct. 1, 2016, at his home in Silver Lake, Ohio. He was 88 years old.

Rongaus, a surgeon, attended the College of Osteopathic Medicine & Surgery in Des Moines, Iowa, and graduated in 1962. As a physician for more than 35 years, he touched countless lives.

He earned his undergraduate degree from the University of Pittsburgh in 1957. Prior to that, he proudly served his country as a member of the Army Air Corps from 1948–1951, stationed on Guam for much of his service. He was discharged on July 31, 1951, as a corporal.

Rongaus was dedicated to his family. Survivors include his daughter; two granddaughters; a longtime companion; as well as a number of nieces, nephews, and cousins.

To express condolences, visit www.massafrafuneralhome.com.

Physician News

Kenneth H. Johnson, DO, executive dean at Ohio University Heritage College of Osteopathic Medicine, was re-appointed to his position as chair of the Commission on Osteopathic College Accreditation. The commission, part of the American Osteopathic Association, is the accrediting agency for osteopathic medical colleges. As COCA chair, Johnson is responsible for providing leadership and guidance, particularly in the area of policy development.

Paul A. Martin, DO, of Dayton, was named to the Physician's Electronic Health Record Coalition (PEHRC) Executive Committee. The coalition, comprised of more than 20 medical societies representing more than 600,000 physicians, shares information to support the use of health information technology.

Welcome New Members!

Ohio Osteopathic Association members pledge to serve as advocates for patients and subscribe to the mission of maintaining the highest standards of ethical conduct in all phases of medicine and surgery. The following physicians joined the OOA, the only statewide organization that represents DOs, between November 2015 and October 2016.

Timothy D. Amidon, DO
OUHCOM-2001 Emergency Medicine
Erie County - Sandusky District

Katherine E. Binns, DO
OUHCOM-2005 Family Practice
Madison County - Columbus District

Benson S. Bonyo, DO
OUHCOM-1998 Family Practice
Summit County - Akron/Canton District

Patrick E. Bull, DO
PCOM-2005 Orthopedic Surgery
Franklin County - Columbus District

Amy M. Byerly, DO
DMUCOM-1998 Obstetrics & Gynecology
Montgomery County - Dayton District

Gregory P. Carozza, DO
MWU/AZCOM-2005 Orthopedic Surgery
Stark County - Akron/Canton District

Edward Clack, DO
ATSU/SOMA-2012 Family Practice
Montgomery County - Dayton District

Edward A. Craft, DO
WVSOM-2011 Family Practice
Cuyahoga County - Cleveland District

Robert J. Cromley, DO
LMUDCOM-2012 Family Practice
Ottawa County - Sandusky District

Misty I. Dickerson, DO
OUHCOM-2008 Obstetrics & Gynecology
Montgomery County - Dayton District

Kristie Bailey Downs, DO
NSUCOM-2007 Family Practice
Lawrence County - Marietta District

Charles R. Fisher, DO
LMUDCOM-2012 Family Practice
Fairfield County - Columbus District

Sarah A. Flaherty, DO
OUHCOM-2003 Anesthesiology
Franklin County - Columbus District

Shannon C. Gilham, DO
OUHCOM-2003 Obstetrics & Gynecology
Lorain County - Cleveland District

Hilary S. Haack, DO
PCOM-2013 Family Practice
Guernsey County - Marietta District

Scott A. Hewitt, DO
NSUCOM-2009 Surgery
Montgomery County - Dayton District

Samantha E. Houser, DO
VCOM-2011 Obstetrics & Gynecology
Montgomery County - Dayton District

Christiane K. Hunt, DO
NSUCOM-2008 Ophthalmology
Franklin County - Columbus District

Alicia M. Jones, DO
LECOM-2009 Family Practice
Cuyahoga County - Cleveland District

Mohammad S. Khan, DO
OUHCOM-2009 Pulmonary - Critical Care
Summit County - Akron/Canton District

Hoang Lim, DO
MWU/AZCOM-2010 Surgery
Coshocton County - Akron/Canton District

Jeffery A. Madachy, DO
KCOM/ATSU-2013 Family Practice
Delaware County - Columbus District

Megan Loveland Meyer, DO
OUHCOM-2012 Family Practice
Franklin County - Columbus District

Ashley N. Muckala, DO
OSUCOM-2007 Internal Medicine
Oklahoma

Rebecca J. Nduaguba, DO
OUHCOM-2012 Pediatrics
Athens County - Marietta District

Thuy Nguyen, DO
WVSOM-2012 Family Practice
Lawrence County - Marietta District

Sara A. Nicholas, DO
LECOM-2011 Obstetrics & Gynecology
Columbiana County - Western Reserve District

Chelsea A. Nickolson, DO
LMUDCOM-2013 Internal Medicine
Montgomery County - Dayton District

Richard N. O'Desky, DO
KCUMB/COM-1978 Occupational/Environmental Medicine
Summit County - Akron/Canton District

Joseph P. O'Hanlon, DO
LECOM/Bradenton-2009 Surgery
Guernsey County - Marietta District

Julie A. Ott, DO
OUHCOM-2005 Emergency Medicine
Franklin County - Columbus District

Ryan M. Palmer, DO
OUHCOM-2009 Orthopedic Surgery
Franklin County - Columbus District

Max L. Pavlock, DO
LECOM-2006 Family Practice
Sandusky County - Sandusky District

Michelle A. Roda, DO
KCOM/ATSU-1989 Neurology
Cuyahoga County - Cleveland District

Betty K. Rumschlag, DO
KCOM/ATSU-2006 Family Practice
Erie County - Sandusky District

Ryan F. Sandlin, DO
OUHCOM-2010 Obstetrics & Gynecology
Scioto County - Marietta District

Frederick E. Soliman, DO
LECOM-2011 Sports Medicine-Family Practice
Athens County - Marietta District

Suzanne M. Staraitis, DO
OUHCOM-2011 Family Practice
Cuyahoga County - Cleveland District

David F. Sypert, DO
OUHCOM-2012 Internal Medicine
Franklin County - Columbus District

Anthony G. Tesmond, DO
MWU/CCOM-1984 Family Practice
Erie County - Sandusky District

Jennifer E. Thomas, DO
PCSOM-2010 Internal Medicine
Franklin County - Columbus District

Arthur S. Ulatowski, DO
OUHCOM-1991 Cardiovascular Diseases
Cuyahoga County - Cleveland District

Louis E. Volino, DO
OUHCOM-2012 Internal Medicine
Mahoning County - Western Reserve District

Joseph J. Weber, DO
NSUCOM-2005 Orthopedic Surgery
Lucas County - Northwest Ohio District

Aaron J. Wolkoff, DO
OUHCOM-2010 Sports Medicine-Family Practice
Medina County - Cleveland District

Michael P. Zacharias, DO
OUHCOM-2007 Cardiovascular Diseases
Cuyahoga County - Cleveland District

Alysia M. Zeigler, DO
LECOM-2012 Family Practice
Mahoning County - Western Reserve District

Samuel W. Zerkle, DO
LECOM-2010 Emergency Medicine
Muskingum County - Marietta District

Contributors to the Ohio Osteopathic Political Action Committee

The following list is based on contributions from April 14, 2015, to April 15, 2016. OOPAC's primary goal is to elect candidates who support the OOA's policy agenda. OOPAC supports candidates for Ohio statewide or state legislative offices who have demonstrated their beliefs in osteopathic medicine and the principles to which osteopathic medicine is dedicated.

Governor's Circle ($1,000 or more)

Robert S. Juhasz, DO, Concord
Anita Steinbergh, DO, Columbus

Rotunda Club ($500 to $999)

John C. Baker, DO, Warren
Barbara A. Bennett, DO, Kettering
William J. Burke, DO, New Albany
Cleanne Cass, DO, Dayton
Roberta J. Guibord, DO, Perrysburg
Jennifer L. Gwilym, DO, Athens
Charles D. Milligan, DO, Orrville
Thomas J. Mucci, DO, Poland
Eugene D. Pogorelec, DO, Massillon
John F. Ramey, DO, Huron
M. Terrance Simon, DO, Massillon
George Thomas, DO, Chagrin Falls
Geraldine N. Urse, DO, Columbus
Henry L. Wehrum, DO, Columbus
Jon F. Wills, Columbus

Chairman's Club ($250 to $499)

Victor D. Angel, DO, Milford
David A. Bitonte, DO, Uniontown
Michael E. Dietz, DO, New Richmond
John R. Ellison, DO, Gallipolis
Melinda E. Ford, DO, Athens
Sharon L. George, DO, Warren
Edward E. Hosbach, II, DO, Coldwater
Robert W. Hostoffer, Jr., DO, Cleveland
Mark Jeffries, DO, Dayton
Richard A. Langsdorf, DO, Massillon
Kelly L. Ramey, DO, Huron
Jean S. Rettos, DO, Athens
Darren J. Sommer, DO, Dublin
John F. Uslick, DO, Canton
Maury L. Witkoff, DO, Gahanna
Naomi F. Wriston, DO, Westerville

Patrons (up to $249)

Mark E. Brado, DO, Canal Fulton
Angela L. Brinkman, DO, Chardon
George N. Darah, DO, Sylvania
Nicholas G. Espinoza, DO, Perrysburg
E. Lee Foster, DO, Cortland
David D. Goldberg, DO, Dayton
Jennifer J. Hauler, DO, Tipp City
Nicklaus J. Hess, DO, Springboro
Jennifer Horvath, Dayton
John M. Jonesco, DO, Oberlin
Edward J. Kinkopf, DO, Xenia
Timothy D. Law, Sr., DO, Marietta
Alan L. Meshekow, DO, Canton
Elizabeth L. Myer, DO, Youngstown
Judith A. Roulier, Sylvania
Albert M. Salomon, DO, Gahanna
Gary L. Saltus, DO, New Albany
Edward W. Schreck, DO, Athens
Charles G. Vonder Embse, DO, Columbus
Christine B. Weller, DO, Centerville
Kevin G. Wietecha, DO, Canton
Schield M. Wikas, DO, Cuyahoga Falls

Ohio Osteopathic Foundation Donors

Total contributions to the OOF were $4,030 for the period of Nov. 1, 2015, to Oct. 31, 2016. To make a contribution, mail a check to the OOF (53 W. Third Ave., PO Box 8130, Columbus, Ohio 43201), call (800-234-4848) or go online (www.ooanet.org). For memorial donations, an acknowledgement of the gift is sent to the family of the deceased. No amounts are mentioned.

General Fund
David L. Bowman, DO
Karl E. Harnish, DO
Amanda Y. Laubenthal, DO
Beth H.K. Mulvihill, DO
Timothy H. Omley, DO
Joseph S. Scheidler, DO
M. Terrance Simon, DO
Richard A. Vincent

Education Fund
Fisher-Titus Medical Center

Nelson J. Musson, DO Fund
Linda Guipe

OOF Memorials
In Memory of Richard H. Bracken, DO
Scott D. Barkin, DO

In Memory of Thomas C. Dozier, DO
Jon F. Wills | Ohio Osteopathic Association

In Memory of Dale R. Feister, DO
Ohio Osteopathic Association

In Memory of Elliott P. Feldman, DO
Ohio Osteopathic Association

In Memory of Donald V. Hampton, DO
Jon F. Wills | Ohio Osteopathic Association

In Memory of Richard A. Josof, DO
Jon F. Wills | Ohio Osteopathic Association

In Memory of Victor N. Kassicieh, DO
Ohio Osteopathic Association

In Memory of Anthony J. Linz, DO
Ohio Osteopathic Association

In Memory of Daryn R. Straley, DO
Ohio Osteopathic Association

In Memory of Anthony J. Tenoglia, DO
Jon F. Wills | Ohio Osteopathic Association

In Memory of Harold Thomas, DO
Jon F. Wills | Ohio Osteopathic Association

In Memory of Richard D. Walters, DO
Ohio Osteopathic Association

+ save the date

2017 Ohio Osteopathic Symposium

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

April 19–23

Hilton Columbus, Easton Town Center

Registration, schedule and details:
www.ooanet.org/cme

OHIO UNIVERSITY Heritage College of Osteopathic Medicine

OHIO OSTEOPATHIC ASSOCIATION

Buckeye Osteopathic Physician
Ohio Osteopathic Association
53 West Third Avenue
Columbus, Ohio 43201-0130

www.ooanet.org
ELECTRONIC SERVICE REQUESTED

PERIODICALS POSTAGE
PAID AT COLUMBUS, OHIO

Let's PULL Together

PRIDE • UNITY • LOYALTY • LEGACY

Leave a Legacy to Sustain the Osteopathic Profession in Ohio

MAKE YOUR TAX-DEDUCTIBLE DONATION TODAY:

800-234-4848 • www.ooanet.org

"As a rower, I value teamwork and pulling together for a common goal. Let's do that for our profession. We will strengthen the future of osteopathic medicine and lead the transformation of health care in Ohio if we all PULL together."

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