



OHIO OSTEOPATHIC ASSOCIATION

Action by the 2013 House of Delegates

DOs from across Ohio convened May 17-18, at the Hilton at Easton Town Center in Columbus for the Ohio Osteopathic Association House of Delegates. The event was held in conjunction with the Ohio Osteopathic Symposium.

Delegates elected officers, debated 14 resolutions, and adopted policy positions that affect Ohio's health care delivery system. Speaker of the House John F. Uslick, DO, of Canton, and Vice Speaker Stuart B. Chesky, DO, of Vermilion, presided over the two-day meeting.

During the Symposium, Robert L. Hunter, DO, of Beavercreek, was installed as OOA president for 2013-2014 and the following slate of officers was unanimously approved by delegates:

- President-Elect Paul T. Scheatzle, DO, of Canton
- Vice President Robert W. Hostoffer, Jr., DO, of Cleveland
- Treasurer Geraldine N. Urse, DO, of Columbus
- House Speaker John F. Uslick, DO, of Canton
- House Vice Speaker David A. Bitonte, DO, MBA, of Canton

Following the meeting, four resolutions were submitted to the AOA House of Delegates for its July 19-21, 2013, annual meeting in Chicago:

- Implementation of Social Media Guidelines
- Energy Drink Dangers
- Protection of the Doctor-Patient Relationship as Related to Proposed Gun Control Laws
- Maintaining Insurance Participation Choice among Physicians

New Policy Statements Adopted

Delegates adopted five new positions. The full text of those resolutions is printed here.

Implementation of Social Media Guidelines

WHEREAS, a 2012 survey shows that about one in four physicians use social media daily or multiple times a day to scan or explore medical information, and 14 percent use social media each day to contribute new information; and

WHEREAS, social media use offers valuable and real-time health information to help guide patients and consumers; and

WHEREAS, social media allows health care consumers the ability to tap into health experts that they can trust; and

WHEREAS, social media establishes a relationship with the community; and

WHEREAS, with the growing benefits of social media in medicine, there are some unclear dangers of social media use in our profession; and

WHEREAS, other professional organizations currently have professionalism in the use of social media policies, therefore be it

RESOLVED, that the OOA encourages the AOA to explore and define a "Professionalism in Social Media" policy; and, be it further

RESOLVED, that the OOA supports the use of appropriate social media by osteopathic physicians as a method to promote our profession and practices; and, be it further

RESOLVED, that a copy of this resolution be submitted to the 2013 AOA House of Delegates for national consideration.

Energy Drink Dangers

WHEREAS, the energy drink business has grown to a more than \$3.4 billion-a-year industry that grew by 80 percent last year after the launch of more than 500 new energy drinks; and

WHEREAS, 31 percent of US teenagers say they drink energy drinks representing approximately 7.6 million adolescents and an increase of almost 3 million in three years; and

WHEREAS, one study of college student consumption found 50 percent of students drank at least 1-4 energy drinks monthly; and

WHEREAS, the most popular energy drinks contain elevated amounts of caffeine and often other ingredients such as L-carnitine, ginseng, ephedra, guarana (as an additional source of caffeine), taurine, and sugar all of which present health risks when consumed in large quantities; and

WHEREAS, caffeine is known to produce detrimental health effects in adolescents including dehydration, digestive problems, obesity, anxiety, insomnia, and tachycardia; and

WHEREAS, energy drinks are not regulated in the United States, are sold as dietary supplements, and are not required to have the amounts of ingredients listed on the label; and

WHEREAS, when energy drinks are mixed with alcohol the potential dangers are much greater and there is also a risk of abuse, as energy drinks mask the effect of consuming alcohol by making the effects of the alcohol less apparent; and

WHEREAS, 42 percent of emergency room cases in 2011 involved energy drinks mixed with either alcohol or medications such as Ritalin or Adderall; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association support community awareness and education regarding the effects and dangers of consuming energy drinks as well as encourage physicians to increase screening for the use of energy drinks; and be it further

RESOLVED, that upon successful passage of this resolution, a copy be sent to the American Osteopathic Association for consideration at the House of Delegates meeting in July.

Protection of the Doctor-Patient Relationship as Related to Proposed Gun Control Laws

WHEREAS, the tragic December 14, 2012, shootings at Sandy Hook Elementary School in Newtown, Connecticut, have initiated national discussion regarding measures to reduce gun-related violence in the United States by the President, Congress, the media, state lawmakers, as well as health care professionals; and

WHEREAS, in 1974, the Supreme Court of California ruled on the Tarasoff case which held that mental health professionals have a duty to protect individuals who are being threatened with bodily harm by a patient; and

WHEREAS, the Tarasoff case has been the adapted practice by many states and is generally already followed by many medical entities across the country; and

WHEREAS, any measures regarding the reporting of information about patients and gun ownership or use of guns must always be balanced with the inviolable trust established in the patient-doctor relationship as pledged by the Osteopathic Oath, and Oath of Hippocrates as well as federal law, specifically HIPAA; and

WHEREAS, the American Osteopathic Association, in its policy statement H301-A/05 states that in all matters of health care, the physician-patient relationship must be protected; now therefore, be it

RESOLVED that while the Ohio Osteopathic Association (OOA) supports measures that save the community at large from gun violence, the OOA opposes public policy that mandates reporting of information regarding patients and gun ownership or use of guns EXCEPT in those cases where there is duty to protect, as established by the Tarasoff ruling, for fear of degrading the valuable trust established in the patient-doctor relationship; and be it further

RESOLVED that upon successful passage of this resolution, a copy be sent to the American Osteopathic Association for consideration at its annual House of Delegates meeting in July.

Maintaining Insurance Participation Choice among Physicians

WHEREAS, the Affordable Care Act of 2010 helps create a private health insurance market through the creation of Affordable Insurance Exchanges with state-based marketplaces, which will launch in 2014, providing an estimated 36 million newly-insured Americans and small businesses with a place to find a suitable insurance plan; and

WHEREAS, osteopathic medical practices may decide to accept a variety of insurance plans while others may not find it financially acceptable to do so based on location of practice, reimbursement rates, number of patients in an individual plan, or other factors; and

WHEREAS, the Ohio Osteopathic Association, in recognizing the autonomy of the practicing osteopathic physician, respects the choice of a physician on whether or not to participate in each individual insurance plan, including government insurance; and

WHEREAS, the American Osteopathic Association, in its H215-A/06 policy statement opposes any legislation that requires mandatory participation of physicians in Medicare or Medicaid programs as a basis for licensure; now therefore be it

RESOLVED, that the Ohio Osteopathic Association reaffirms and expands the H215-A/06 policy statement to oppose any legislation that requires mandatory participation of physicians in ANY insurance plan, including Medicare, Medicaid, private insurance plans or any plan derived under the Affordable Care Act's state-based insurance exchanges as a basis for licensure; and therefore be it further

RESOLVED, that upon successful passage a copy of the resolution be sent to the AOA for consideration at its annual House of Delegates meeting in July.

Engaging Osteopathic Physicians as Preceptors

WHEREAS, osteopathic medical education in Ohio relies strongly on community-based preceptors to teach students and residents; and

WHEREAS, trainees in office-based teaching environments gain educational experiences that are reflective of real-world medicine; and

WHEREAS, Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) plans to open branch campuses in Columbus and Cleveland, which will mean more students within the Centers for Osteopathic Research and Education (CORE) system in need of clinical experiences and therefore more preceptors to teach them; and

WHEREAS, it is important for the osteopathic profession that preceptors are not only effective teachers, but also quality clinicians; and

WHEREAS, continuing medical education programs provide current best practices in medicine and can help to improve clinical knowledge, physician performance, and patient outcomes; and

WHEREAS, Nationwide Children's Hospital of Columbus successfully uses voucher programs for participating preceptors to use for its CME programs to incentivize community physicians to volunteer in teaching its interns and residents; and

WHEREAS, the osteopathic profession should encourage and incentivize physicians in the state to participate as preceptors for CORE students and trainees; and

WHEREAS, physician preceptors who are training the next generation of osteopathic physicians should be recognized and valued; now therefore be it

RESOLVED, the Ohio Osteopathic Association work with Ohio University Heritage College of Osteopathic Medicine (OU-HCOM), Centers for Osteopathic Research and Education (CORE), and others to investigate incentives for physician preceptors of CORE osteopathic trainees.

Existing Position Statements Amended and/or Reaffirmed

By action of the Board of Trustees, the OOA Resolutions Committee submits each policy statement to the House of Delegates every five years for reaffirmation, deletion or amendment. The "whereas" clause is deleted when a resolution is reaffirmed.

Complementary and Alternative Medicine

RESOLVED, that the Ohio Osteopathic Association encourages its members to become knowledgeable about all forms of complementary and alternative medicine in order to advise their patients about the benefits or liabilities of these therapies; and be it further,

RESOLVED, that the Ohio Osteopathic Association supports legislation and regulations which protect the right of Ohio physicians to use all forms of therapies which benefit patients, provided the patient has given appropriate informed consent. (*Original 1998*)

Continuing Medical Education, Reduced Registration Fees for Retired and Life Members

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to offer all OOA-sponsored continuing medical education programs at a reduced registration fee of at least 25 percent for all OOA member physicians who document their status as retired or life members; and be it further

RESOLVED that the OOA continue to encourage all osteopathic continuing

medical education sponsors in the state of Ohio to offer reduced registration fees in a similar manner. *(Original 1988)*

End of Life Care

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages member physicians to discuss advance directives with all their patients, and end of life options when appropriate; and be it further

RESOLVED, that the OOA continue to offer continuing medical educational programs on end of life care to update member physicians on the latest clinical and legal issues pertaining to pain management and end of life care; and be it further

RESOLVED, that the OOA supports the right of physicians to carry out the wishes of terminally-ill patients as declared in statutorily-recognized advance directives; and be it further

RESOLVED, that the OOA continues to seek regulatory and legislative protection as necessary to ensure the right of physicians to utilize all medically accepted palliative care and pain management methodologies during end of life care without fear of legal prosecution or disciplinary action; and be it further

RESOLVED, that the Ohio Osteopathic Association continue to monitor and participate in legislative and regulatory initiatives involving end of life care. *(Original 1988)*

False Qualification Standards and Advertising for the MD Degree

RESOLVED, that the Ohio Osteopathic Association protest any solicitations by medical schools which attempt to undermine the integrity of the DO degree by offering to confer MD degrees to DOs through false qualification standards; and, be it further

RESOLVED, that the Ohio Osteopathic Association continue to urge the Ohio State Medical Board to only recognize the DO or MD degree when full American Osteopathic Association (AOA) or Liaison Committee on Medical Education (LCME) curricular requirements have been met for each degree and when the appropriate state licensing examinations have been successfully passed. *(Original 1999)*

Hospice, Support

RESOLVED that the Ohio Osteopathic Association continues to support governmental funding of Hospice programs *(Original 1993)*

Infectious Waste Disposal

RESOLVED that the Ohio Osteopathic Association recommends that the Ohio Department of Health (ODH) promote and encourage educational programs for the public regarding safe and effective disposal of home-generated medical supplies. *(Original 1993)*

Medicare Services

RESOLVED that the Ohio Osteopathic Association continue to work with Medicare and all health insuring corporations offering a Medicare product in Ohio to ensure osteopathic input in all policies and appeal mechanisms that deal with osteopathic procedures; and be it further

RESOLVED, that the OOA continue to support the appropriate reimbursement of osteopathic treatment modalities. *(Original 1988)*

Mopeds, Motorcycles, Non- Motorized Cycles and All- Terrain Vehicles

RESOLVED that the Ohio Osteopathic Association continues to support legislation to ensure the safe and efficient operation of non-motorized cycles, mopeds, motorcycles, and all-terrain vehicles in the state of Ohio. *(Original 1988)*

Ohio Insurance Guaranty Association

RESOLVED, the Ohio Osteopathic Association continue to advocate for increasing the Ohio Insurance Guaranty Association's claims limits to adequately cover the claims of liquidated medical professional liability insurance companies; and be it further

RESOLVED, that the Ohio Osteopathic Association continue to actively seek financially stable sources of medical liability, in order to protect its member physicians. *(Original 1998)*

Osteopathic Anti-Discrimination

RESOLVED that the Ohio Osteopathic Association continue to seek, whenever necessary, amendments to the Ohio Revised Code and the Ohio Administrative Code, which prohibit discrimination against osteopathic physicians by any entity on the basis of degree, AOA approved training or osteopathic specialty board certification. *(Amended by Substitution in 1998, originally passed in 1993)*

Osteopathic Education, Promoting a Positive and Enthusiastic Approach

RESOLVED that the Ohio Osteopathic Association (OOA) continue to challenge its physician membership to maintain and promote a positive and enthusiastic outlook about the future of osteopathic medicine; and be it further

RESOLVED that the OOA in conjunction with the Ohio Osteopathic Foundation, the Ohio Osteopathic Hospital Association and the Ohio University Heritage College of Osteopathic Medicine urge practicing physicians to serve as enthusiastic and compassionate role models in spite of rapidly evolving changes in the healthcare delivery system which are sometimes demoralizing to practicing physicians; and be it further,

RESOLVED, that the OOA membership and affiliated groups continue to aggressively recruit and help retain bright, energetic, enthusiastic and compassionate young people as osteopathic students. *(Original 1988)*

Health Plans, Stability and Continuity of Care

RESOLVED, that the Ohio Osteopathic Association supports legislation and regulations that ensure stability and continuity of patient care when changes are made to a health plan's drug formulary or provider network.

Medication Reconciliation

RESOLVED, that the Ohio Osteopathic Association encourages the use of medication reconciliation lists containing drug names, dosages, routes, and administration times to help the health care team identify potential drug interactions and avoid medication errors during the exchange of information between all health care settings. *(Original 2008)*

Reaffirmation of the DO Degree

RESOLVED, that the Ohio Osteopathic Association enthusiastically embraces

the heritage and philosophy of Dr. Andrew Taylor Still by reaffirming the DO, Doctor of Osteopathic Medicine, degree as the recognized degree designation for all graduates of colleges of osteopathic medicine accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA). *(Original 2008)*

Suicide Prevention and Screening

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to encourage and promote the professional use of suicide prevention screening programs like the "Columbia Teen Screen," "American Foundation for Suicide Prevention College Screening Project" and the "College Response"; and, be it further,

RESOLVED, that the OOA work closely with the Advocates for the Ohio Osteopathic Association to promote these screening programs along with the Yellow Ribbon Suicide Prevention Program to Ohio's schools, colleges and universities; and be it further

RESOLVED, that the OOA encourages AOA Category 1-A continuing medical education programs to include education about suicide prevention and screening. *(Original 2008)*

Taser Safety (In memory of Kevin Piskura)

RESOLVED, the Ohio Osteopathic Association (OOA) encourages state and federal agencies to develop guidelines for post-taser immediate emergency care to be included in taser certification and annual recertification for all law enforcement professionals who might use a taser. *(Original 2008)*

Wireless Enhanced 9-1-1 Services for the State of Ohio

RESOLVED, the Ohio Osteopathic Association endorses state legislation to expedite implementation of Phase I, Phase II, and Phase III wireless enhanced 9-1-1 services to ensure that emergency call centers in all Ohio counties can identify wireless telephone numbers, use global positioning to locate call positions, and receive text messages from wireless phones. *(Original 2008)*

Patient Medical Care Expense Control

RESOLVED, that the Ohio Osteopathic Association encourages and supports the development of a Centers for Medicare & Medicaid Services (CMS) website designed to provide simple, straight-forward, and user-friendly public access to the Medicare reimbursement schedule for all medical services in all US geographical market segments. *(Original 2008)*

Resolutions Defeated, Referred, or Withdrawn

One resolution, **Setting Standards for Medical Tattoos**, was referred back to the Columbus Osteopathic Association.