

Buckeye Osteopathic Physician

The Quarterly Publication of
The Ohio Osteopathic Association
Spring 2017

The Signs of Human Trafficking

How DOs can identify
those in need of help



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SCHOLAR 7 HELPS PHYSICIANS GAIN CONFIDENCE AND EXPERIENCE IN RESEARCH

By Nicholas Dekker

In early 2015, the Scholar 7 program was established to help physicians build their experience in conducting research. Developed by Robert W. Hostoffer, Jr., DO, past president of the Ohio Osteopathic Association (OOA), the program takes its name from the seven video lectures it features.

Participants complete the program at their own pace. Lectures cover topics like making hypotheses, gathering preliminary data, exploring methods, drawing conclusions and preparing applications for Institutional Review Board (IRB) review.

“With the ACGME single accreditation process,” said Brian P. Peppers, DO, PhD, who runs the program with Hostoffer, “we have noticed a great deal of stress among colleagues about developing research projects. It became clear that excellent clinicians and hospitals were focusing more on infrastructure of a research department rather than the generation of research ideas and the skills to follow ideas to completion.”

The goal, Peppers said, is creating a self-replicating research culture. “Interns, residents and fully licensed physicians are earning experience,” he said. “Some research projects will work, others will

not, but it’s the pursuit and the skills to do so that is the focus of our program.”

“The Scholar 7 project is meant to help physicians recharge those skill sets,” added Hostoffer, “and remove barriers towards reaching their research goals.”

Residents have shared that their Scholar 7 participation has been a topic of interest and a bonus on job or fellowship interviews. “We couldn’t be more pleased with the results so far,” said Hostoffer. “Seeing the enthusiasm as clinicians and doctors-in-training focus on their ideas and projects is priceless.”

Christopher M. Wood, DO, a third-year resident in Internal Medicine at



University Hospitals Richmond Medical Center, signed up for Scholar 7 during his second year of residency.

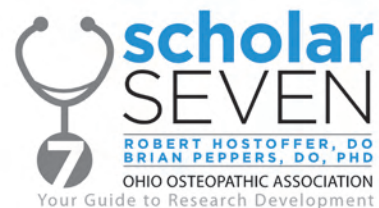
"The program took the intimidation factor out of everything," Wood said, "From the development of the hypothesis all the way to IRB submission. It makes something that can be overwhelming into a manageable step-by-step program."

Woods' group abstract, developed through the Scholar 7 program, won the Cleveland Academy of Osteopathic Medicine's abstract contest, and he's already involved in two more research projects.

OOA President Geraldine N. Urse, DO,

said the video series is a valuable tool for all OOA members, whether practicing physicians, residents or medical students. "It is imperative that we help these populations be successful in their research endeavors," she said. "For practicing physicians who have been away from research for a while, the Scholar 7 program will help them refresh their skills; for students, it is a great program to initiate their skill set."

Urse commended Hostoffer for the project. "Dr. Hostoffer's efforts and expertise in developing this program demonstrate his commitment to enhancing osteopathic medical



education," she said. "During his term as OOA president his focus was for us to 'pull together' and with the development of the Scholar 7 program he has demonstrated this well." ❦

Find out more and get access to the seven video lecture series at www.oonet.org.





THE SIGNS OF HUMAN TRAFFICKING

By Jill Ross

Human trafficking is one of the world's fastest growing crimes, according to the US Department of Justice. Gathering reliable data is challenging, but experts estimate there are 21 million trafficking victims worldwide, approximately half of whom are minors.

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Public health plays an important role in identifying labor and sex trafficking victims. According to a journal article in the *Annals of Health Law*, up to 88 percent of victims have been seen by a health care worker. However, given the lack of relevant education and guidelines, it's not surprising that medical professionals may lack the knowledge to identify trafficking victims or offer them the right kind of help.

Mandatory reporting statutes, which exist in all 50 states, were created to protect children from abuse and neglect. However as of 2016, only 14 states have enacted legislation that specifically covers trafficking via

mandatory reporting laws. "So it's important that health care workers stay a little more alert," said Kathleen Hackett, RN, BSN, a pediatric sexual assault nurse examiner with University Hospitals Rainbow Babies & Children's Hospital in Cleveland.

Hackett knows what she is talking about. She first became interested in trafficking when she noticed something strange happening in the ER. When hospital staff tried to call a teenage girl with lab results, a man answered and then hung up. When they tried another number in the girl's file, her mother answered and said her daughter was missing. The following weekend, the

exact same scenario played out.

Since then, Hackett has become involved with the Collaborative to End Human Trafficking. With a \$30,000 grant, the Collaborative recently put together a one-hour training video for the hospital systems in Cleveland, working with a representative from each healthcare system. Since they've launched the training video and established new processes at Rainbow Babies, Hackett estimates they've identified up to 11 minors who may have slipped through the cracks before.

Human trafficking is such a huge issue that Jeffrey J. Barrows, DO, founder of Gracehaven, a shelter for adolescent

PHOTO BY DUSTIN FRANZ



+ Learn more:

Interested readers can obtain the Collaborative's video and manual mentioned in the article for the cost of shipping. Contact the Collaborative to End Human Trafficking, collaborativeinitiative.org, 440-356-2254.

The Ohio Human Trafficking Task Force has also created a 50-minute video about the signs and indicators of human trafficking and who it impacts in Ohio. humantrafficking.ohio.gov.

- Unusual red flags, which can include a lack of eye contact, wearing clothing that is inappropriate for the weather or an adult who knows too much personal information (such as an "uncle" who knew the date of a girl's last period).
- Physical indicators, such as old traumas that healed badly, strange tattoos or markings, or the presence of diseases normally prevented by immunizations. Victims are also at high risk for multiple sexually transmitted infections.

Experts have developed a multistep process for evaluating potential victims, which Barrows said can be easily remembered by using the acronym "SOAR":

- **STOP** to consider any red flags. Separate the patient from other adults.
- **OBSERVE** by conducting a physical exam.
- **ASK** questions, such as "where do you live?" Or, "do you go to school?" Avoid asking, "why?," which can shut down a conversation.
- **RESPOND** by being prepared. Know the proper law enforcement authority to contact for minors. Give adults hotline numbers and, if they refuse help, tell them to come back if they ever feel unsafe.

Barrows said in some ways Ohio is ahead of other states. New rules state that any physician renewing his or her license must watch two short videos on sex and labor trafficking. "It's a good start, but we have a long way to go," said Barrows, who estimates only 5 to 10 percent of health care workers have a solid understanding of response protocol relating to human trafficking. Currently, he is working on a national effort to develop a free online toolkit to help health care institutions develop such a protocol.

Although some may view these requirements as yet another time-

consuming task, Hackett said in her experience it's been empowering for hospital staff. "Initially we hit a lot of resistance, especially from doctors. It does slow down the ER," she said. "But if we can't identify people at risk, we are not doing our jobs."

The students at Ohio University Heritage College of Osteopathic Medicine have also shown great interest in the topic. Separately, they organized a series of lectures this past winter to educate students and faculty members on response protocols and intervention. Speakers included Barrows and Sister Anne Victory, RN, of the Collaborative to End Human Trafficking. Each presentation had at least 150 students and other guests in attendance.

Darcey Hull, a second year student and president of the Humanism in Medicine Club at The Heritage College, Cleveland planned the three-part series. Hull, who has been involved with human trafficking outreach for several years, heard Barrows when he presented at the college last year. He then connected her to Sister Victory, with whom she worked during the summer of 2016 while the Collaborative developed the training protocol for human trafficking detection and response.

Hull said the pivotal importance of the health care provider stunned her. "Physicians, nurses and others are on the 'front lines' as they may be the only professionals with whom these people being trafficked interact," she said. "Many stories have surfaced about providers not recognizing signs and then missing the opportunity to help someone, because it seems that what we are not aware of, we tend not to see. So it's not only important for physicians, but also for medical students, to learn how to look for the warning signs and how to respond." ❦

girls in Central Ohio, moved out of private practice to focus on training health care professionals to recognize signs of trafficking. Some signs are obvious — because most victims do not have timely access to health care, by the time they reach a clinician it is likely that problems are well advanced.

There are also more subtle signs, which Barrows says can fall into three categories:

- Control issues, such as a dominant person who accompanies the patient into the examining room. This can also manifest in obsessive "checking in" via cell phone.



The Heritage College, Cleveland Sets New Curriculum

The college is implementing new methods of physician training

By Robert Sberna

In November 2015, Ohio University Heritage College of Osteopathic Medicine was selected to join 31 other medical schools in an American Medical Association initiative that aims to transform the way physicians are educated.

PHOTOS COURTESY OF OHIO UNIVERSITY
HERITAGE COLLEGE OF OSTEOPATHIC MEDICINE



As a member of the AMA's "Accelerating Change in Medical Education" consortium, The Heritage College is on the forefront of implementing new methods of physician training that will serve the future needs of the US health care system.

A national advisory panel chose the consortium's 32 medical schools from a pool of 170 eligible schools. The selection process required each school to propose a redesign of current medical education curriculums. The Heritage College was selected, in large part, because of the strength of its "transformative care curriculum," a competency-based program that integrates primary care delivery and medical education.

The curriculum is being developed by the college and its affiliate, Cleveland Clinic. The new curriculum will be

implemented at the college's Cleveland campus in 2018, said Isaac J. Kirstein, DO, dean at Cleveland.

Noting that the new curriculum infrastructure is designed to maximize the amount of education that is done right at the point of care, Kirstein said, "At the earliest part of their training, we will get students out of the classroom and into the front lines of patient care. They will be responsible for keeping a panel of patients healthy right from their first month of medical training."

The collaboration between the college and Cleveland Clinic will begin initially with eight students who have a commitment to primary care medicine.

"They will be students who have a clear understanding of the program and what it means to be a leader in the new era of primary care medicine," said

Kirstein. He added that the students will complete medical school in three years instead of four. Upon graduation, they will be automatically admitted to a family medicine residency at Cleveland Clinic.

"An important aspect of this program is that we are training primary care doctors who are going to stay in Ohio," Kirstein said. "In the future, keeping the people of Ohio healthy will require a new set of skills that, quite frankly, medical education has not always focused on. However, I think that the Cleveland Clinic, as well as medical institutions across the country, is seeing the importance of converting from a 'sick care' system to a health care system. Ultimately, we want our students to become leaders in providing care that's focused on keeping communities healthy in addition to treating the acutely ill." 🌿



+ LOWERING THE RATE OF *Infant Mortality*

Ohio's infant mortality rate is among the highest in the US | By Vince Guerrieri

Too many Ohio parents have found themselves facing the loss of a child. The tragedy of infant mortality is a major problem in Ohio — one that needs a solution.

The state is 45th in the nation in the rate of infant mortality — children who aren't living to their first birthday. The problem is even more pronounced for African-American babies, who are dying at nearly three times the rate — 14.3 per 1,000 births — than that of white babies.

"It's system-wide," said Darren C. Adams, DO, an OB/GYN as well as the Scioto County coroner. "It's not just one problem."

Adams was part of the state's Infant Mortality Task Force, formed to come up with a comprehensive plan to address the issue. The task force, chaired by Ohio Senators Shannon Jones (R-Springboro) and Charleta B. Tavares (D-Columbus), produced legislation, Senate Bill 332, that was passed in the fall and will be implemented to address the issue.

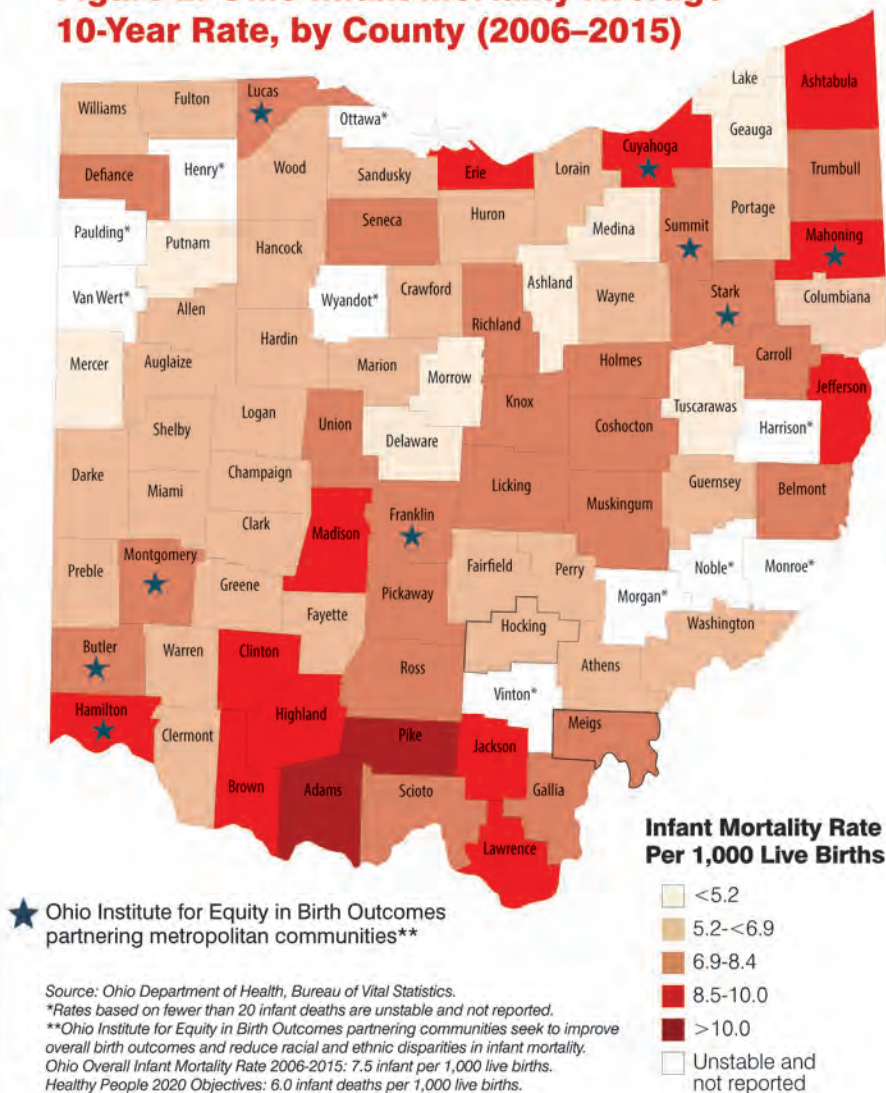
"It's challenging," said Jones, who left the Ohio Senate in December and is now a Warren County commissioner. "There isn't a single cause and there isn't an inclusive deployment. So much of a person's health is dependent on things outside of a doctor's office."

The task force found that infant mortality is affected only 20 percent by medical care. The remainder is "social determinants," which covers a lot of ground, from transportation to a peaceful home life (and a place to live) to healthy habits.

"It doesn't start with the pregnancy,"



Figure 2: Ohio Infant Mortality Average 10-Year Rate, by County (2006–2015)



Adams said. “It all starts with pre-conception care. Some mothers show up at 25, 26 weeks, and we can’t really intervene. The organs develop in the first trimester.”

One of the things the task force has done is identify “hot spots,” places with higher incidences of infant mortality and potential contributing factors of low birth weights and premature births.

“That way, we can concentrate on some of those areas to address those social determinants,” Jones said.

To that end, Adams said there are efforts to encourage good preventive

care, including smoking cessation — one of the largest factors in low birth weight and premature birth, both contributing factors to infant mortality — and addressing the opiate crisis in Ohio.

“Locally, if we can get moms weaned off opiates and then weaned off whatever we put them on prior to delivery, the hospital stays are getting shorter for the babies,” Adams said.

The state is also investing \$500,000 for an “A-B-C” informational campaign to remind parents of the best sleeping practices for children: Alone, on their Backs, in a Crib.

Jones said Medicare reform will also play a role in reducing infant mortality as the state moves away from a fee-for-service model and toward more managed care and outcome-based payment.

“Our work is not complete,” Tavares said. “Ohio did not attain one of the worst infant mortality rankings in the nation overnight; and it may take several years before we reach our goals. We have to hold all our partners accountable and we have to continue to work on these issues. There is more work to be done.”

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+ 2015 OHIO INFANT MORTALITY DATA: GENERAL FINDINGS

Infant Mortality In Ohio

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Infant mortality is defined as the death of a live-born baby before his or her first birthday. An infant mortality rate is the number of babies who died during the first year of life per 1,000 live births. Ohio's target is to achieve fewer than 6.0 infant deaths per 1,000 live births in every racial and ethnic group, which aligns with the national Healthy People 2020 objective established in 2010.¹ Ohio's All Races Infant Mortality Rate in 2010 was 7.7 infant deaths per 1,000 live births.

In 2015, 1,005 Ohio infants died before their first birthday, compared to 955 in 2014. Ohio's 2015 All Races Infant

Mortality Rate was 7.2 deaths per 1,000 live births, compared to 6.8 deaths per 1,000 live births in 2014.

Ohio's Black Infant Mortality Rate in 2015 remains well above the Healthy People 2020 objective, and black infants in Ohio died at nearly three times the rate as white infants. Ohio's White Infant Mortality Rate in 2015 was better than the national Healthy People 2020 objective, and the Hispanic Infant Mortality Rate met the Healthy People 2020 objective. Ohio's All Races Infant Mortality Rate, White Infant Mortality Rate and Black Infant Mortality Rate all have been trending downward significantly since at least 1990 (Figure 1).[†]

Table 1: Ohio Infant Mortality Rate (2013–2015) (Number of Deaths per 1,000 Live Births)

GROUP	2013	2014	2015
All Races	7.4	6.8	7.2
RACE			
White	6.0	5.3	5.5
Black	13.8	14.3	15.1
American Indian	*	*	*
Asian/Pacific Islander	*	*	*
ETHNICITY			
Hispanic	8.8	6.2	6.0
Non-Hispanic **	7.3	6.9	7.3

Table 2: Ohio Infant Mortality, by Race and Ethnicity (2015)

GROUP	Infant Deaths (Numbers)	Infant Mortality Rate (Per 1,000 Live Births)
RACE		
White	580	5.5
Black	367	15.1
American Indian	2	*
Asian/Pacific Islander	16	*
ETHNICITY		
Hispanic	42	6.0
Non-Hispanic **	963	7.3
Total (All Races)	1,005***	7.2

Source: Ohio Department of Health, Bureau of Vital Statistics. *Rates based on fewer than 20 infant deaths are unstable and not reported. **Non-Hispanic births and deaths include those of unknown ethnicity.

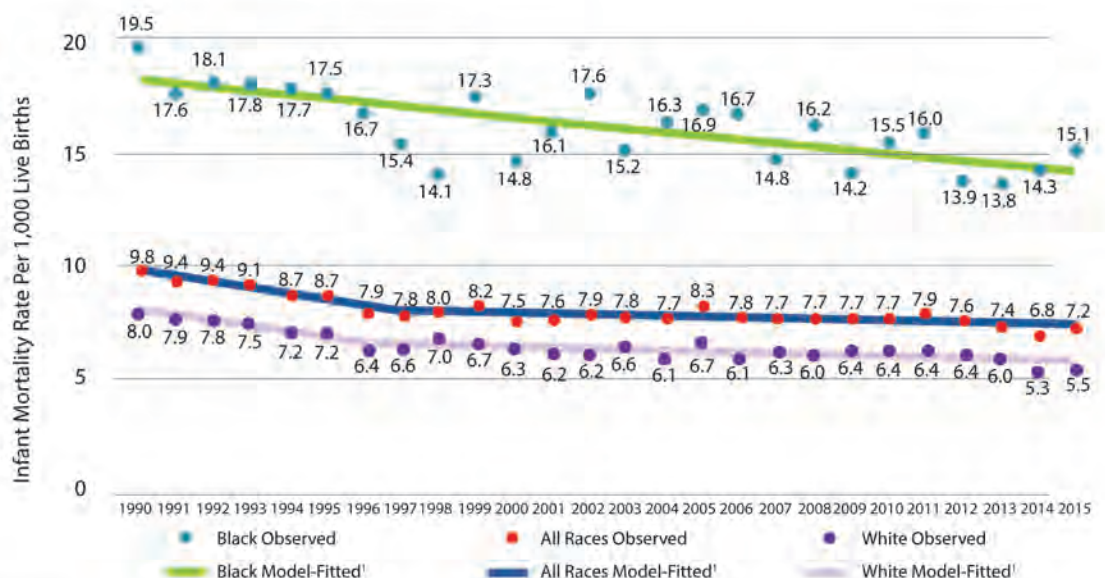
¹ Healthy People 2020 is a national collaborative established in 2010 that provides science-based, national objectives for improving the health of Americans. It is managed by the federal Office of Disease Prevention and Health Promotion within the U.S. Department of Health and Human Services.

* Rates based on fewer than 20 infant deaths are unstable and not reported. ** Non-Hispanic births and deaths include those of unknown ethnicity. *** Ethnicity is separate from race, and a single infant death may be included in both a race category and an ethnic category. In order to avoid double counting, only infant deaths by race are included in total deaths.

Figure 1: Trends in Ohio Infant Mortality Rates, by Race (1990–2015)

Source: Ohio Department of Health, Bureau of Vital Statistics.

¹ Model-Fitted[†] Definition – Jointpoint software models were used to test the statistical significance of changes in trends using a Monte Carlo permutation method. The same methods were used to assess All Races, Black and White Infant Mortality trends. In all cases, the best fitting line for the observed data is presented.



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Health Policy Day Addresses Ohio's Opioid Abuse Problem

For several years, Ohio has been struggling with a deadly opioid abuse problem and the Ohio osteopathic profession, led by Ohio University Heritage College of Osteopathic Medicine, has stepped up to fight against it. A day of health policy discussion for first-year medical students, Feb. 3, 2017, on the theme of *Healing Ohio's Opioid Crisis* is the latest example of the ongoing commitment to bringing the principles of osteopathic medicine to bear on this issue.

As Heritage College Executive

Dean Kenneth H. Johnson, DO, noted in kicking off the college's fourth annual Health Policy Day, stemming the painkiller epidemic is "deeply important to the medical school, and to the citizens of Ohio, and something that we have been working on consistently and deeply for years." Unintentional drug overdose became the state's number one cause of accidental death in 2007, and currently Ohio leads the nation in the number of deaths by opioid overdose.

The Heritage College has taken a leading role in understanding

and alleviating this public health calamity through community outreach programs to help patients with drug dependencies and through enhanced efforts to prepare its students to deal with the issue as practicing physicians.

The college was in the first set of medical schools to answer a 2016 call from the White House requiring students to undergo prescriber education aligned with Centers for Disease Control guidelines before they can graduate. Under the direction of Associate Dean for Academic Affairs Nicole Wadsworth, DO, and



Unintentional drug overdose became the state's number one cause of accidental death in 2007, and currently Ohio leads the nation in the number of deaths by opioid overdose.

in conjunction with Ohio University's Office of Instructional Innovation, the Heritage College is producing a mini-documentary about the issue for students. The film stresses the use of the CDC guidelines and promotes osteopathic manipulative treatment as a form of pain management.

The college's Community Health Programs tackle the opioid problem at the patient level, with programs including one aimed at getting opioid-dependent pregnant women into medication-assisted treatment before they give birth.

The Ohio Osteopathic Association (OOA), led by Executive Director Jon F. Wills, has been involved in the issue at the state policy level for a number of years. Several OOA members served on the Governor's Cabinet Opiate Action Team and helped develop new

prescribing guidelines issued last year in an effort to curb the misuse and abuse of prescription pain medications and unintentional overdoses.

Additionally, OOA representatives have long worked with state legislators and regulators to address issues related to the Ohio Automated Rx Reporting System, the statewide prescription drug monitoring program.

At the health policy event — which saw more than 240 medical students from all three campuses participate — a panel of state officials discussed what the state is doing through legislation and regulation. Participants included State Medical Board President Amol Sooin, MD; Assistant Medical Director of the Ohio Department of Health Mental Health and Addiction Services Justin Trevino, MD; and State Rep. Terry Johnson, DO, who co-authored a 2011

law cracking down on "pill mill" pain clinics. The panel was organized with the help of Wills, who moderated.

Anita M. Steinbergh, DO, a member of the State Medical Board, reminded students that opioids can harm physicians as well as their patients. Citing 2015 statistics, she said that of disciplinary cases taken before the board, 29 percent had to do with physician impairment through drugs or alcohol, while another 25 percent dealt with prescribing issues. Steinbergh promised the students that when they become physicians, "this is going to be very real to you."

Daniel Skinner, PhD, Heritage College assistant professor of health policy, provided a brief review of the issue's history and urged students to "ask why our society makes such an

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easy target for the sale and abuse of opioids.”

Two second-year medical students, Alex J. Myers and Macey S. Brandeberry, shared accounts of how opioid abuse by friends and loved ones has touched them personally. Both stressed that a physician must always remember the addict’s shared humanity, and try — even when it’s difficult — to practice the osteopathic values of empathy and treating the whole person.

A panel of medical practitioners shared insights from the front lines on how the opioid issue has affected their practice.

That panel included Katherine J. Kropf, DO, Heritage College assistant professor of family medicine; Cleanne Cass, DO, administrative medical director of Hospice of Dayton; Sarah E. Adkins, PharmD, a clinical pharmacist with Ohio State University College of Pharmacy who teaches classes on drug information at the Heritage College through a partnership with Ohio State; and Stevan A. Walkowski, DO, an associate professor and chair of the college’s Department of Osteopathic Manipulative Medicine.

They covered topics ranging from how to handle “drug-seeking” patients



to the need for physicians to be better educated on non-opioid alternatives for pain, whether those are different types of drugs or interventions such as OMM.

A repeated theme was the need for empathy and honest communication with patients, whether they’re addicted to painkillers or sincerely seeking pain relief.

“You don’t have to throw your empathy out the window just because you feel manipulated,” Kropf advised.

“Learn how to talk with your patients, because they want to know what you think,” Adkins added.

In what might have served as a fitting tagline for the day, Terry Johnson reminded students that as osteopathic physicians, their best guideline for dealing with opioids should be the dictum that it’s all about the patient.

“Make this about healing,” he advised. “Make this about getting well.”



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OHIO DOs IN THE NEWS

Deaths in the Family

OOA Life Member **Sidney E. Corbin, DO**, died September 30, 2016, in Vancouver, Washington, after a three-month illness. He and his wife, Freda, of 55 years, relocated to the Northwest in 2015 to be near their daughters.

Corbin, a longtime resident of Cuyahoga Falls, served that community as an anesthesiologist for his entire 30-year medical career. He was chair of the department of anesthesia at Cuyahoga Falls General Hospital before retiring in 1994. He was involved in medical education and directed a residency training program for many years. Corbin was also a board examiner and member of the American Osteopathic Association of Anesthesiologists board of trustees.

Prior to entering medical school at Philadelphia College of Osteopathic Medicine, where he graduated in 1959, he attended pharmacology school at the University of Pittsburgh. He completed his residency training at then Green Cross Hospital in Cuyahoga Falls.

Corbin was an avid sports fan and supported all of the major league teams in Cleveland for more than 50 years.

In addition to his wife, he is survived by three children, four grandchildren and many nieces and nephews.

OOA Life Member **William F. Emlich, Sr., DO**, of Centerburg, died February 1, 2017, following an extended illness. He was 85 years old.

Emlich, a family physician, dedicated his life to the practice of medicine in Centerburg, where he started his career in 1959. He was beloved by his patients, who in 1977 donated funds to buy all the equipment for the renovated ICU-CCU unit at Martin Memorial Hospital. The unit was dedicated in Emlich's name as a "living tribute" to his work as a physician. He also served as chief of staff and on the board of trustees at Knox Community Hospital.

Active in organized medicine, he was a delegate for many years at the OOA House of Delegates and in 1995

was named Ohio ACOFP Family Physician of the Year.

He was a graduate of Kirksville College of Osteopathic Medicine.

Emlich was civic-minded and served his community in many ways. He was on the Salvation Army Board of Trustees, medical director of the volunteer fire department, and assistant county coroner, among other activities.

In addition to spending time with his family, he enjoyed building things and was never happier than when he had a hammer or trowel in his hands.

He is survived by his wife of 65 years, Norma, and a large circle of friends, colleagues and family including his son William F. "Rusty" Emlich, Jr., DO, who is a past president of the OOA, and his wife Margo, a past president of the Advocates for the Ohio Osteopathic Association.

Memorial contributions may be made to the Ohio Osteopathic Foundation.

OOA Life Member **Harry C. Hall, DO**, died October 1, 2016.

He served in WWII in the Army Air Corp as a co-pilot in a B-24 and flew 50 missions. Later, he attended the University of Southern California, and graduated from the California College of Osteopathic Physicians and Surgeons in 1951.

Hall practiced family medicine for more than 30 years and owned Ridgeview Clinic in Parma. He was on staff at Parma, St. John West Shore and Brentwood hospitals, and served as physician for the City of Parma Heights police for 10 years.

In the 1970s, he was one of the first two DOs accepted at Parma Community Hospital after working to gain privileges there for osteopathic physicians. According to the *Parma Sun Post* (December 24, 1970), it was the first medical facility in the Cleveland area to allow DOs on staff.

Most important to him was his deep faith, which he demonstrated through his compassion. He prayed with his patients, shared his faith and was a member of the Christian Medical Foundation.

He is survived by his wife of 69 years, Muriel, and a large family

including son Larry C. Hall, DO, of Dayton, grandchildren and great-grandchildren.

OOA Life Member **John E. Hammond, DO**, died October 30, 2016. He was 92 years old.

Hammond, a family physician, received his bachelor's degree from Otterbein College before graduating from Kirksville College of Osteopathic Medicine in 1952. He was on staff at Doctors Hospital in Columbus for more than 40 years and was a physician at Master Clinics in Columbus. He also served as a prison physician at the Ohio Reformatory for Women in Marysville.

He enjoyed barbershop harmony and was a member the Singing Buckeyes.

Hammond is preceded in death by wife Ernestine. His survivors include daughter Kelly Van Fossen, DO, and son-in law Duke Matsuyama, DO.

Memorial contributions may be made to Osteopathic Heritage Foundation or OhioHealth Hospice.

Thomas E. Jarrett, DO, 95, died December 16, 2016, at Hospice of Dayton.

He graduated in 1944 from Kirksville College of Osteopathic Medicine, interned at Grandview Hospital and completed a pediatric residency in Des Moines, Iowa.

He was dedicated to medical education and trained numerous residents, many of whom are still in practice. At Grandview Hospital, he served as chief of pediatrics.

Jarrett is survived by his wife of 66 years, Heloise.

Memorial donations may be directed to Hospice of Dayton.

OOA Life Member **Stanley W. Kimball, DO**, of Shaker Heights, died January 10, 2017. He was 99 years old.

Kimball, a radiologist, was a 1943 graduate of the Chicago College of Osteopathy. Prior to matriculating there he attended Worcester Polytechnic Institute in Massachusetts (originally to become a chemist) and then attended Colby College in Waterville, Maine.

Kimball, who credited his interest in

osteopathic medicine to an aunt who was a DO and saved his life as a child, grew up in New Hampshire. He attended a one-room schoolhouse through 8th grade and then to get to high school 10 miles away, he took the Boston-Maine train. After school, he helped his mom at the general store she owned. At night, he studied by kerosene lamp.

He was preceded in death by his wife and brother John Kimball, DO. His survivors include six children, 12 grandchildren and 17 great-grandchildren.

OOA Life Member **Elton D. Lehman, DO**, 81, died at his home in Mount Eaton, October 25, 2016.

Lehman devoted much of his life to the health and well-being of Ohio's Amish population. During his 40 years in family practice he had a positive effect on the area's public health, especially for women and newborns, having delivered more than 6,000 babies including 72 sets of twins and a set of triplets. He helped fund and spearheaded the construction of a birthing center specifically for the unique needs of Amish women.

In 1998, Lehman was honored as Country Doctor of the Year and was featured on NBC's *Today* show and in national publications. He received many awards during his career, including OOA Distinguished Service Award, Ohio Department of Health Distinguished Rural Health Provider; Ohio ACOFP Family Physician of the Year; *Wooster Daily Record* Citizen of the Year; and Outstanding Achievement Award from Midwestern University Chicago College of Osteopathic Medicine, where he graduated in 1963.

Lehman served on the staff and board of trustees at the former Doctors Hospital of Stark County. He also served

on the board for the Wayne County Health Department, William McKinley Mental Health Society, Association of Birth Centers of Ohio, Mental Health and Recovery Board of Wayne and Holmes Counties, Austin Bailey Foundation and Lighthouse of Hope.

He authored and co-authored numerous articles and books related to his rural medical practice.

Throughout his life, Lehman's commitment to his community extended beyond his medical practice, as he served as town mayor, village councilman, assistant coroner and president of the historical society.

Because of his passion for medicine and love of others, he donated his body to Ohio University Heritage College of Osteopathic Medicine.

He is survived by a large family including his wife Phyllis.

OOA Life Member **Charles A. Marks, DO**, died September 21, 2016. He was 88 years old.

Marks, an anesthesiologist, was on staff at then Brentwood Hospital in Warrensville Heights from 1957 to 1993. He was a graduate of the Chicago College of Osteopathy, John Carroll University and Cleveland St. Ignatius High School.

He was married to his wife, Margaret, for 41 years. Other survivors include four children, three grandchildren and a brother.

OOA Life Member **Wallace J. Miller, DO**, of Sebring, died March 26, 2016.

Following high school graduation, he entered military service and three years later, he was honorably discharged from the Army, having earned a Purple Heart. He attended the University of Akron, graduated from Wheaton

College (Illinois), and received his medical training at Kirksville College of Osteopathy and Surgery. He interned at Green Cross Hospital in Cuyahoga Falls and then practiced family medicine in Uniontown for 33 years.

Miller was an active member of Gideons International, served on the boards of Cuyahoga Valley Christian Academy and Stony Glen Camp for many years and enjoyed membership in the Airstream Club.

Preceded in death by Clarann, his wife of 62 years, he is survived by his three children, eight grandchildren, six great-grandchildren and sister.

Memorial contributions may be made to Gideons International Alliance Camp (PO Box 3154, Alliance 44601); Copeland Oaks Foundation (715 S. Johnson Rd., Sebring 44672); or Child Evangelism Fellowship (310 Orchard Ave., Cuyahoga Falls 44221).

Physician News

Amy L. Kerger, DO, of Columbus, was a guest on SiriusXM radio's nationally syndicated show *Doctor Talk*, January 25, 2017. She participated as part of a women's health segment and talked (and took calls) about breast imaging issues. Show producers invited her after seeing newspaper, TV and radio interviews she has done in the Central Ohio market. Kerger is an assistant professor in the radiology department at Ohio State University Wexner Medical Center.

J. Todd Weihl, DO, of Grove City, was named director of medical education at OhioHealth O'Bleness Hospital in Athens. Previously he was the residency program director at Doctors Hospital Family Practice Center. ☞

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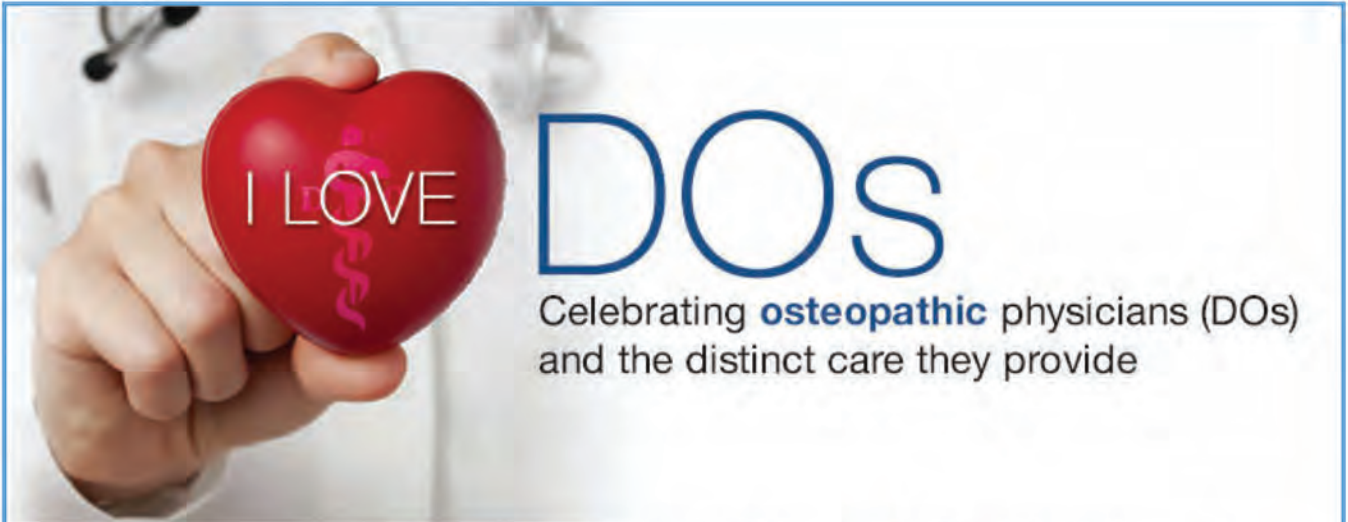


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Robert W. Hostoffer, Jr., DO, OOA President, 2015-2016

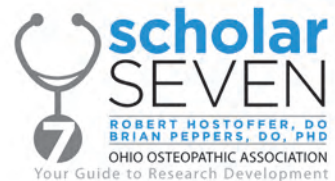
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